**UNICEF Intervention**

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In most cultures, childhood and adolescence are often portrayed as a time of innocence, fun, exploration and general happiness. We all know, of course, that what we read in books and see on movies doesn't always match reality. In few other areas is that truth so starkly evident as in places with high burdens of HIV, malaria and other infectious diseases. The world is as much of a threat as a joy for many children and adolescents in such environments.

A few devastating HIV statistics show what those young people and all of us here are up against. In 2015 alone, an estimated 110,000 children died of AIDS worldwide and as many as 150,000 young people under the age of 15 were infected with HIV. Alarmingly, in a world where increasing access to HIV treatment has saved millions of lives, adolescents represent the only age group where deaths due to AIDS are *not* decreasing.

That is a trend that should scare us all, especially because the size of the high-risk group is only getting larger. Some 1.8 million adolescents aged 10 to 19 across the globe were living with the virus in 2015, a number that is 28 per cent higher than in 2005. That year alone, an estimated 250,000 adolescents aged 15 to 19 were newly infected with HIV.

How can we reverse such terrible trends? The best answer is the most obvious: prevent infections in the first place. This is as relevant for HIV as it is for any other infectious disease that continues to kill hundreds of thousands of children and adolescents. Even better, we know what works to prevent adolescents and children from being infected with most of these diseases. To continue using HIV as an example, we have strong evidence from contexts around the world that many programmes and interventions can make a big, positive difference in preventing infection among the youngest. They include regular and easy access to HIV testing, to condoms, to comprehensive sex education, and to targeted, high-quality social welfare and protection services.

Yet we continue to fail children -- and adolescents, in particular -- even though we have this knowledge and evidence. There are many reasons, but perhaps the most important are those related to stigma, discrimination, fear and ignorance. Often, the very same cultures that celebrate and sometimes seem to enforce young people's innocence and purity are those where children and adolescents are most at risk.

These young and highly vulnerable people can't get the information, support and services they need to adequately protect them from HIV, and they may not even know they need such things.

New approaches are needed, because the current ones certainly aren't working. We talk a lot about human rights in the context of HIV, TB and malaria, and across health and development more generally. This is good and necessary. Talking about human rights removes abstraction. Humans are the ones who are affected by diseases, and it is their rights that are thus affected.

We should not forget this when we think about children and adolescents. Not only do they have basic human rights, but they are supposed to be protected and celebrated in more specific ways by virtue of children's rights. A rights-based appeal on their behalf might help to move the barriers that keep them in perilous risk of HIV and other preventable and treatable infectious diseases.

The case for doing more for children and adolescents is clearly spelled out throughout the Convention on the Rights of the Child. Most obviously in regards to HIV, Article 6 proclaims that "States Parties recognize that every child has the inherent right to life", while Article 24 is even more specific. It maintains that "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."

These rights are not static. In recent years countries have agreed that more specific and targeted direction is needed. In September 2016, the Committee on the Rights of the Child adopted its General Comment 20 on the rights of the child during adolescence. With the adoption of General Comment 20, States now have access to detailed guidance on the measures necessary to ensure the realization of the rights of children during adolescence, cognizant also of the 2030 Agenda for Sustainable Development. The General Comment highlights the importance of a human rights-based approach that includes recognition and respect for the dignity and agency of adolescents; their empowerment, citizenship and active participation in their own lives; the promotion of optimum health, well-being and development; and a commitment to the promotion, protection and fulfilment of their human rights, without discrimination.

The rights stated in the CRC are straightforward. They clearly indicate that all adolescents and children should have access to all treatment options for HIV and other diseases that are available and on treatment and care protocols in a country. But Articles 6 and 24, as well as General Comment 20, may not be enough for adolescents and children at risk for HIV. It is instead Article 13 of the original CRC that we should bear in mind as we contemplate the shameful situation around the world in which children and adolescents continue to be infected by HIV and other preventable diseases.

Article 13 reads: "The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice." This article is important because it is about knowledge and self-determination. For adolescents, most notably, it means that they have the *right* to know how HIV is transmitted, how they can protect themselves and others, and where and how they can get the support they need, when they need it.

This is truly a situation where knowledge can be power -- the power to stay healthy and safe. Using a rights-based approach to engage with and support adolescents could open doors and reverse some of the awful trends we see in HIV and other diseases. *How* we do this is as critical to get right as *what* we do. This is where communities come in. Community-based organisations and other similar local structures are the most effective and reliable sources of the information and knowledge young people need.

It's a matter of both trust and experience, with a dose of reality thrown in. Community groups, their staff and volunteers are more approachable. They typically are not seen as strict authority figures or as likely to violate a young person's privacy, such as by disclosing anything to parents. They are more likely to be honest, to take adolescents seriously, and to engage with them as the savvy, smart and already well-informed young people they may already be. Many community groups engage directly with young people on both ends, by using peer-based approaches, to further their acceptability and trust.

Communities therefore offer a great starting point to uphold and sustain the rights of children and adolescents. They can be particularly useful regarding raising awareness about HIV and prevention, and by imparting knowledge and information about safe, nurturing and welcoming places to get important services such as HIV testing, counselling and support.

Communities also tend to take a broad view of clients' needs and expectations, which means they are just as likely to be able and willing to provide information and referrals regarding SRHR and violence and abuse, among other things adolescent want to know more about.

These are some of the reasons UNICEF seeks to work directly with and for communities whenever possible in its efforts to improve the rights and lives of children and adolescents in all countries, regardless of the size of the disease burden or strength of the health system and response. This focus has led to several innovative interventions and programmes in a wide range of different places and contexts. Two recent examples illustrate the kind of thinking and partnerships that are driving UNICEF’s work in the field and support to countries’ responses to HIV and other diseases. Both also suggest that targeted interventions have a much wider development impact, which is an increasingly outcome in an increasingly integrated development environment.

Cash transfers are one intervention. The core of many of these programmes consists of providing vulnerable populations such as adolescents with small sums of money on a regular basis. The idea is to reduce recipients’ dependence on other people, such as men, for basic needs such as food and clothing. The assumption is that this in turn will improve the likelihood that adolescent girls will be able and willing to stay in school and feel less pressure or inclination to have sex for security reasons. Results from several studies have been promising. Findings from a study in Malawi showed that adolescent girls receiving cash transfers had reduced HIV infections by 64% and reductions in herpes prevalence by 76%. A study in Tanzania found a 20% reduction in curable sexually transmitted infections among cash transfer recipients after 12 months.

UNICEF drove innovation at an entirely different level and in an entirely different context with recent work in distressed regions of Ukraine. Military conflict led to the Ukrainian government losing control of part of its eastern lands in early 2014. These regions were home to some 20% of the country’s people living with HIV, and there was an immediate and real threat that life-saving antiretroviral therapy would be interrupted due to a lack of antiretroviral drugs. The health and well-being of more than 8,000 patients were on the line, among them some 300 HIV-positive children and 600 pregnant women.

UNICEF spearheaded an emergency fund that worked to ensure that sufficient medicines and diagnostic supplies were purchased and supplied as needed in the conflict-affected areas. Its efforts and those of its partners enabled continuity of services and uninterrupted access to HIV treatment. In addition, the fund helped ensure that other parts of the HIV response would not languish either. For example, through the fund some 10,000 pregnant women were tested for HIV and those who tested positive were referred for treatment to prevent mother-to-child transmission of HIV.

One critical feature of both of these interventions is that they could not have succeeded without communities. Local groups and organizations helped to set up and run the cash transfer initiatives in Africa. They were instrumental in Ukraine for taking care of the ‘last mile’, a term that refers to getting the important pills and other services directly into clients’ hands. Peer groups and other community structures were on the ground in both places to identify needs and provide support based on their deep knowledge and experience. Without community partnerships, UNICEF would not have been able to play such a pivotal role in overcoming some major barriers to individuals’ human rights to health and security.

Thank you.