

Children Living in a World with AIDS¹

Outline

“Children living in a world with AIDS” is the theme for the next general discussion of the Committee on the Rights of the Child. The discussion will take place on 5 October 1998 during the nineteenth session of the Committee at the United Nations Office at Geneva. United Nations bodies and specialized agencies as well as non-governmental organizations and individual experts are invited to take part.

The purpose of the general discussions is to foster a deeper understanding of the contents and implications of the Convention as they relate to specific topics. The discussions are public. The decision to devote a day of discussion to this topic was taken by the Committee at its seventeenth session in accordance with rule 75 of its provisional rules of procedure.

Since its identification in the early 1980s, AIDS has drastically changed the world in which all children live. It is estimated that since the beginning of the epidemic close to 4 million children under 15 years old have been infected worldwide, and that nearly 3 million of them have died. The impact of HIV/AIDS in the daily lives of children is enormous as they all run the potential risk of being infected with or affected by HIV/AIDS.

The history of the epidemic has shown that vulnerable persons, including children, are the most likely to be infected. Infection increases vulnerability as it exposes victims to discrimination and injustice. This vicious circle, which affects in particular the developing world, where more than 90 per cent of infected people live, has a huge impact on the future of our societies because most infected people are in their peak productive and reproductive years. The AIDS epidemic therefore threatens the social and economic development of all States, especially the most fragile ones. According to the United Nations Development Programme (UNDP), several countries have already fallen in the ranking of the Human Development Index mainly as a consequence of the reduction of life expectancy and economic production due to AIDS.

Initially, children were considered to be only marginally affected by the epidemic. However, the international community has discovered that unfortunately, children are at the heart of the problem. According to UNAIDS - the Joint United Nations Programme on HIV/AIDS - the most recent trends are alarming: in most parts of the world, the majority of new infections are in young people between the ages of 15 and 24, sometimes younger. Women are also increasingly becoming infected: in 1997, 46 per cent of the people who died of AIDS were women. In most regions of the world, the vast majority of infected women do not know they are infected and may unknowingly infect their children before or during birth or through breastfeeding. Over 90 per cent of the children who have acquired the virus were infected by their HIV-positive mothers. Consequently, many States have recently registered an increase in their infant and child mortality rates.

Young adolescents are also vulnerable to HIV/AIDS because their first sexual experience may take place in an environment in which they have no access to proper information and guidance. Young people who are drug users are, of course, at high risk.

HIV/AIDS has also generated double victimization of children living in especially difficult circumstances, such as victims of sexual exploitation, forced and exploitative labour, detention, forced recruitment, extreme poverty and drug addiction and children members of such groups as asylum seekers and unaccompanied and refugee children. Those children are

¹ Excerpted from CRC/C/79, Annex VI, 19th Session, 5 October 1998.

proportionally at higher risk of infection by the virus. Because HIV is primarily transmitted through sexual intercourse, discriminatory attitudes with respect to sex often lead to the stigmatization and marginalization of children living and interacting with persons with HIV/AIDS.

In the absence of a cure or a vaccine, the main way of slowing the spread of HIV is prevention. The Convention on the Rights of the Child contains human rights whose enforcement is extremely relevant in preventing and combating the spread of AIDS among children and adolescents and avoiding their being adversely affected by the disease and its consequences. This will be the starting point for the discussion.

All too often, the issue of children and AIDS is perceived as mainly a medical problem, although in reality it touches on a much wider range of issues. In this regard the right to health (article 24 of the Convention) will be central to the discussion. But AIDS impacts so heavily on the lives of all children that it affects all their rights - civil, political, economic, social and cultural. The general principles of the Convention - non-discrimination (art. 2), the best interests of the child (art. 3), the right to life, survival and development (art. 6), respect for the views of the child (art. 12) - will therefore be the guiding themes in the consideration of this issue at all levels of the fight against the disease: prevention, care and protection.

Adequate preventive measures can only be provided to children and adolescents if their rights are fully respected, including their right to access information and material aimed at the promotion of their social, spiritual and moral well-being and physical and mental health (art. 17), their right to preventive health care and family planning education and services (art. 24 (f)), their right to an appropriate standard of living (art. 27) and their right to privacy (art. 16).

Protection and adequate care can only be provided in an environment which promotes and protects all rights, especially the right not to be separated from parents (art. 9), the right to privacy (art. 16), the right to be protected from violence (art. 19), the right to special protection and assistance by the State (art. 20), the rights of children with disabilities (art. 23), the right to health (art. 24), the right to social security, including social insurance (art. 26), the right to education and leisure (arts. 28 and 31), the right to be protected from economic exploitation, from illicit use of narcotic drugs and from sexual exploitation (arts. 32, 33, 34 and 36), the right to be protected from abduction, sale and trafficking as well as torture or other cruel, inhuman or degrading treatment or punishment (arts. 35 and 37), and the right to physical and psychological recovery and social reintegration (art. 39).

Experience has shown that many obstacles hinder delivery of effective prevention and care services and the support of community initiatives on HIV/AIDS. Denial that a problem exists can block the political and individual commitment needed for effective programmes. Financial, technical and human resources to support community-based action are difficult to mobilize. In too many cases, even essential services are limited, poorly managed or technically unsound.

The Committee on the Rights of the Child and its wide range of partners clearly has a role to play in facilitating the shaping of a proper environment within all States to lift taboos, provoke constructive dialogue, and promote and protect all the rights of the child living in a world with AIDS. The main objectives of the theme day will therefore be as follows:

- (a) To strengthen the identification and understanding of all the human rights of children living in a world with AIDS and evaluate their status at the national level;

- (b) To promote the general principles of the Convention in the context of HIV/AIDS, including the rights of the child to be protected from discrimination and to have his or her views taken into account;
- (c) To identify measures and good practices to increase the level of implementation by States of rights related to the prevention of HIV/AIDS and the care and protection of children infected with or affected by the virus; to develop appropriate models of advocacy to promote the rights of the child in the context of HIV/AIDS at all levels (governmental, intergovernmental, non-governmental, professional groups, etc.), and in all sectors of society, including in the family and at school;
- (d) To contribute to the formulation and promotion of child-oriented policies, strategies and programmes to prevent and combat HIV/AIDS at the national level;
- (e) To promote at the national level the adoption of guidelines on HIV/AIDS and child rights, in the light of the Guidelines on HIV/AIDS and Human Rights jointly issued by the Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS.

In this framework, the Committee on the Rights of the Child invites written contributions on all the issues and topics mentioned above, which should be sent before 15 August 1998 to:

Committee on the Rights of the Child
 Secretariat
 Office of the High Commissioner for Human Rights
 Palais des Nations, 1211 Geneva 10 - Switzerland

Summary of Discussion²

210. In the light of rule 75 of its provisional rules of procedure, the Committee on the Rights of the Child has decided periodically to devote one day of general discussion to a specific article of the Convention or to a theme in the area of the rights of the child in order to enhance understanding of the contents and implications of the Convention.

211. At its seventeenth session, the Committee decided to devote its next day of general discussion, to be held on 5 October 1998, to the issue of “Children living in a world with HIV/AIDS”.

212. In an outline prepared to guide the general discussion, the Committee pointed out that the HIV/AIDS epidemic had drastically changed the world in which all children lived. Millions of children had been infected and died worldwide since the beginning of the epidemic. Later research had pointed out that women and children, initially considered to be only marginally affected, were increasingly becoming infected; the majority of new infections in many parts of the world concerned young people between the ages of 15 and 24. Younger children were predominantly infected by HIV-positive mothers who were not aware of their infection and transmitted the virus to their children before or during birth or through breastfeeding. Adolescents were also highly vulnerable to HIV/AIDS, and more so because their early sexual experiences often took place without access to proper information. The epidemic had also increased victimization of children living in particularly difficult circumstances, who were at greater risk of infection, which in turn led to stigmatization and

² CRC/C/80.

greater discrimination. The Committee stressed the relevance of the rights contained in the Convention on the Rights of the Child to prevention efforts, recalling that HIV/AIDS was often seen primarily as a medical problem, while the holistic, rights-centred approach required to implement the Convention was more appropriate to the much broader range of issues which must be addressed by prevention and care efforts.

213. The Committee identified five main areas to be considered during the day of general discussion:

- (i) Identifying and understanding the rights of children living in a world with HIV/AIDS and evaluating their status at the national level;
- (ii) Promoting the general principles of the Convention in the context of HIV/AIDS, including non-discrimination and participation;
- (iii) Identifying best practices in the implementation of rights related to the prevention of HIV/AIDS infection, and the care and protection of children infected or affected by the epidemic;
- (iv) Contributing to the formulation and promotion of child-oriented policies, strategies and programmes to prevent and combat HIV/AIDS;
- (v) Promoting the adoption at the national level of approaches inspired by the international guidelines on HIV/AIDS and human rights jointly issued by the Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS.

214. As for previous thematic discussions, the Committee invited representatives of United Nations organs, bodies and specialized agencies, as well as other competent bodies, including non-governmental organizations, research and academic organizations, individual experts and children, to contribute to the discussion.

215. Several organizations and individual experts submitted contributions and other relevant documents on this theme. The list of these contributions is contained in annex VI.

216. Representatives of the following organizations and bodies participated in the day of general discussion:

Governmental bodies

Permanent Mission of Germany to the United Nations Office at Geneva, Permanent Mission of Sweden to the United Nations Office at Geneva, Swedish International Development Agency (SIDA).

United Nations entities and specialized agencies

Food and Agriculture Organization of the United Nations, International Labour Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the NGO Liaison Office of the United Nations Office in Geneva, the Office of the United Nations High Commissioner for Human Rights, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund, the World Health Organization.

Non-governmental organizations

Association François-Xavier Bagnoud (FXB) Uganda, Arab Organization for Human Rights, Casa Alianza, Children's Forum 21, Children's Rights Office (UK), Coalition Against Trafficking in Women, Defence for Children International (DCI), DCI Israel, Enfants du monde-Droits de l'homme, Federation for the Protection of Children's Human Rights (Japan), FXB Centre for Health and Human Rights, International Baby Food Action Network, International Council of Women, International Federation of Social Workers, International Inner Wheel, International Women's Anthropology Conference, International Women's Rights Action Watch (IWRAP), New Humanity, NGO Group on the Convention on the Rights of the Child, NGO Group/Focal Point on Sexual Exploitation, NGO Working Group on Nutrition, Save the Children International Alliance, Save the Children UK, Save the Children USA, Swedish Save the Children, World Federation of Methodist Women, World Association of Girl Guides and Girl Scouts, World Vision International.

217. The meeting was opened by Ms. Sandra Mason, Chairperson of the Committee, who welcomed participants and expressed the hope that the discussion would be a source of useful information, facilitate understanding of the relevant issues and lead to the formulation of recommendations that would assist the Committee, States parties, and other partners in their promotion of the implementation of the Convention on the Rights of the Child. She reminded participants of the key objectives set by the Committee for the day of discussion.

218. The first half of the morning session was dedicated to the statements by the High Commissioner for Human Rights, Mrs. Mary Robinson, by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Peter Piot, by the Rapporteur of the Committee on the Rights of the Child, Mrs. Nafsiah Mboi, and by four young representatives of the Children's Forum of Nepal.

219. The High Commissioner for Human Rights welcomed the holding of a discussion day on the theme of children living in a world with HIV/AIDS. Infants, young children and adolescents were all confronted with a serious challenge to the enjoyment of their rights as a result of the pandemic. The Convention on the Rights of the Child and in particular the four general principles that it enunciated, provided a powerful framework for efforts to reduce the negative impact of the disease on the lives of children. She emphasized the limits on a child's capacity to influence his or her own behaviour or that of others to prevent HIV infection, often compounded by the denial of access to information. She drew the attention of participants to the relevance of the international guidelines on HIV/AIDS and human rights, elaborated jointly by her Office and UNAIDS.

220. Mr. Piot highlighted the need to find ways to ensure that the needs of children were fully considered in HIV/AIDS prevention and care strategies and the potential of the Convention on the Rights of the Child, and human rights treaties in general, in work on HIV and AIDS. He recalled that UNAIDS has already used the theme of "Children living in a world with AIDS" to raise awareness about the integration of the needs of children into activities that were mainly being targeted at adults. Mr. Piot pointed out that millions of children were now infected by HIV, while even more were affected by the epidemic as it spread through their families and communities. UNAIDS was concentrating on the potential of young people to help change the course of the epidemic, as prevention efforts could work spectacularly well among young people. He shared with participants the four main lessons that UNAIDS had learnt: first, that adolescents were effective peer educators for HIV prevention; second, that schools must teach "life-skills education", that was to say, skills in communicating on sexuality and healthy living; third, the need for youth friendly health services; and fourth, that children needed to be active participants in the search for a response to the epidemic. The key

objective for HIV/AIDS policies dealing with children must be to empower children to protect themselves. In addition, efforts to confront the epidemic must deal with structural factors which made it impossible for people to protect themselves, including generalized attitudes which served as barriers to education and the provision of health services. The process of reporting to the Committee on the Rights of the Child provided an ideal opportunity for all partners at the national level to assess progress in prevention and care, and to map out future courses of action. He concluded by reminding participants that the bottom line in HIV prevention was the need to apply what is known to work, even when it required tough and unpopular political choices. That included investing resources in putting young people at the centre of the response to the epidemic and empowering them to be forces for change.

221. Mrs. Mboi said that the Committee on the Rights of the Child was looking for ways to increase its effectiveness in helping to mobilize global awareness and action on behalf of the children who now faced a special risk in a world with AIDS. She reminded participants that what had initially been seen as a health problem had increasingly been recognized as a highly complex phenomenon where many different factors came into play. The Convention on the Rights of the Child, with its comprehensive approach, was particularly relevant to the experience of children with HIV/AIDS. It was explicit, for example, about the right of children to protection against poverty, sexual abuse or sexual exploitation, and equally clear about the right to education, access to information, or adequate health care. The indivisible and interdependent nature of the Convention's articles made it a uniquely appropriate tool to promote a child's empowerment. The protection of rights could save a life, or ensure an acceptable quality of life for a child infected and/or affected by HIV and AIDS. She then pointed out the interrelation between the three topics of discussion chosen for the morning session, non-discrimination, prevention and care. In conclusion, Mrs. Mboi emphasized that while Governments had a primary responsibility in promoting and protecting children's rights, experience had taught the Committee that the larger the role played by civil society, the greater the likelihood that rights would be well reflected in local and national agendas. Of course, the role that young people could and should play in HIV/AIDS matters was even more essential.

222. Four young representatives of the Children's Forum of Nepal also made brief statements. Tejman Raika described the activities of the Forum, which had allowed him to learn about the Convention on the Rights of the Child, and to request and receive information on HIV/AIDS which could be passed on to other members of the Forum through peer education. Radhika Mishra mentioned early marriage as a particularly important problem, as it interrupted education, in particular that of young girls, who were then cut off from access to information and become more vulnerable to HIV/AIDS, which could be transmitted to them by their own husbands. Unfortunately, some older men held the mistaken belief that their infection could be cured through sexual contact with young girls. Sandesh Koirala said that reluctance to talk about sex was a strong characteristic of national culture that limited access to information about safe sex. Infected children lost their right to survival, while those affected through the infection of their parents might see their right to education and development compromised. Ganga Rimal explained that young people active in the Children's Forum had sought to increase knowledge about HIV/AIDS among their peers, to discuss those issues with them, to give lectures in their schools and to conduct competitions among other students. The children pointed out that their own education efforts were more relevant to other children, and that they needed adults to allow them to carry out those activities and to support their initiatives, giving equal weight to children's and adult's rights. They would like to see HIV/AIDS education integrated into the school curricula, health services made more youth friendly, increased support provided to street children and, in general, better education and opportunities made available to children.

223. UNICEF presented a CD-Rom projection on “Children living in a world with HIV/AIDS: new challenges, new choices”, which described graphically the impact that the pandemic was having on the lives of children around the world.

224. After the introductory statements, Mrs. Sofia Gruskin, from the François-Xavier Bagnoud Centre for Health and Human Rights, emphasized that although the three discussion groups would focus on non-discrimination, prevention and care issues, in practice prevention and care were increasingly recognized as being part of the same continuum, and as complementary rather than distinct strategies to address the epidemic, while the issue of non-discrimination was also a key component of prevention and care strategies. Addressing the issue of non-discrimination would start the discussion from the point of view of rights, while prevention and care often started their analysis of HIV/AIDS problems from the point of view of public health strategies, although in fact they required a much more comprehensive approach.

225. The participants then divided into three groups for the rest of the morning session. Discussion Group I, on “Non-discrimination” was chaired by Mrs. Lisbeth Palme; Mr. Mark Connolly and Mrs. Miriam Maluwa, both of UNAIDS, served as facilitators for the discussion and the rapporteur was Mrs. Cecilia Thompson, of the Office of the High Commissioner for Human Rights. Discussion Group II, on “Prevention” was chaired by Mrs. Queenie Mokhuane, with Mrs. Sofia Gruskin, of the FXB Centre for Health and Human Rights serving as facilitator and Mrs. Gerison Lansdown, of the Children's Rights Office (UK) as rapporteur. Discussion Group III, on “Care” was chaired by Mrs. Nafsiah Mboi; Mr. Bertil Linblad, of UNICEF, was the facilitator and Mr. Markus Stalhöffer, of the World Health Organization, served as rapporteur. Mr. Bruce Abramson, a consultant for UNAIDS, served as rapporteur for the day of discussion.

226. During the afternoon session, the rapporteurs of the three discussion groups presented to the plenary meeting the main issues of concern that had been identified by each group. The presentation of the results of the group discussions was followed by a general discussion. At the end, Mr. Abramson, rapporteur for the day of discussion, presented a summary of the main issues raised during the day.

227. The discussions emphasized the interconnection between HIV/AIDS-related strategies and a rights-centred approach to the child. It was suggested that HIV/AIDS was similar to other problems faced by children, in that the same factors that compromised the enjoyment of other rights increased the vulnerability of children in the context of the HIV/AIDS epidemic. They included, for example, poverty, gender discrimination and the difficulties faced by children in need of special protection, whether institutionalized, living in the streets, involved in armed conflicts or substance abuse, exploited and abused, etc. The holistic approach enshrined in the Convention on the Rights of the Child meant that promoting its implementation could be a powerful tool in addressing the needs of children suffering from the tragic consequences of the epidemic. Further dissemination of and training on the Convention was needed in the context of HIV/AIDS efforts. However, a point that attracted attention was the need to avoid singling out HIV/AIDS for special attention that ignored similar problems faced by other children. For example, strategies designed to provide care for the growing number of orphans that the epidemic was causing must be targeted to all orphans in the community; focusing solely on those orphaned by AIDS must be avoided.

228. Participants referred to the need to make more and better use of existing and new international legal instruments that would assist in the effort to improve HIV/AIDS prevention and care. While repeated reference was made to the international guidelines on HIV/AIDS and human rights, other instruments could also be of use. For example, the new ILO standards were intended to prevent the worst forms of child “labour” that contributed to

increased vulnerability, including the sale and trafficking of children, child prostitution, involvement of children in the production and trafficking of drugs, etc.

229. The discussion identified several areas in which States should be encouraged to review existing laws or enact new legislation: to fully implement article 2 of the Convention on the Rights of the Child and in particular to prohibit discrimination based on real or perceived HIV status; to guarantee inheritance rights and security of tenure for children, irrespective of their gender; to regulate the minimum age for access to health counselling, care and welfare benefits; to guarantee the right of children to have access to HIV-related information and to voluntary testing, as well as to protection against mandatory testing; to protect children against sexual abuse and provide for rehabilitation of victims and the prosecution of perpetrators; and to recognize the specific rights of the child to privacy and confidentiality with respect to HIV/AIDS.

230. Participants agreed on the need to recognize that children were holders of rights and had a right to participate, in accordance with their evolving maturity, in the development of policies and programmes related to HIV/AIDS information and education. Children had a right to express their opinion and have it taken into account. The children from Nepal requested that the programmes and policies prepared by States, international agencies and NGOs provide the support that would allow children to participate fully and actively in the planning and implementation of strategies designed to provide HIV/AIDS prevention and care in a non-discriminatory manner. The participation of children and adolescents, and in particular girls, as peer educators, both within and outside of schools should be actively promoted. Young people should, in particular, be involved in the design and development of health-care policies and programmes, including comprehensive adolescent reproductive health policies. The natural solidarity of young people should be the basis for encouraging children to participate as care givers according to their evolving capacity. Participants pointed out that it was important to address the barriers that existed to effective participation of children, often rooted in the attitudes of adults.

231. It became apparent from the discussion that the information available was not reaching all those who needed to have access to it, as was evidenced by the persistence of fears and myths relating to HIV/AIDS. For example, participants commented on the connection between child prostitution and HIV/AIDS: the dangerously mistaken myth that younger prostitutes were less likely to transmit the virus was dragging more and ever younger girls and boys into prostitution. When appropriate information/education/communication campaigns were carried out, they could work, but strategies must go beyond the provision of information to a search for effective ways to change attitudes. Access to information was identified as a fundamental human right, which should become the key element of prevention strategies; denial of the child's right to information compromised the enjoyment of many other rights. Information on HIV/AIDS should be made available through age-appropriate media, and should also reach adults with influence over children's lives, including parents, teachers and health professionals, to enable them to support children in the exercise of their rights. States should emphasize the provision of adequate training in HIV/AIDS-related children's issues to persons employed in child-care agencies and institutions. Information campaigns should be regularly evaluated to ascertain their effectiveness and carefully targeted to reach different groups, in order to reduce fear and misperceptions concerning HIV/AIDS and its transmission. Participants mentioned the conflict between the need to promote policies and programmes to raise awareness about the serious risks posed by the epidemic and the danger of dramatizing the disease in ways that contributed to the discrimination suffered by those infected and affected by HIV/AIDS. In that context, several references were made to the need to use language carefully and avoid terminology that referred, for example, to children with HIV/AIDS as "victims" or to children orphaned by AIDS as "AIDS orphans".

232. States should develop HIV/AIDS and children's rights education programmes for the media to ensure that the rights to privacy and confidentiality of children affected by HIV/AIDS were protected in reporting on HIV issues.

233. The children from Nepal raised the question of the need to identify the best strategies for channelling information about HIV/AIDS to different groups of children. States should incorporate in the school curricula material relating to the rights of the child, reproductive health and HIV/AIDS. Participants also referred to alternatives that had been proved to work in different situations, including involving young people in the programming of community radio stations; the use of "question books" in which children identified the questions they wanted answered; the use of focus group discussions or, when possible, individual counselling for each child; disseminating information on television and so reaching children who did not attend school; or focusing on the training of trainers. The children pointed out that different media could and must be used to reach different groups, and that while peer education was probably the most effective system to disseminate information to older children, no single strategy could reach all children. HIV/AIDS information and the channels used to disseminate it must be adapted to the social, cultural and economic context, and strategies for the dissemination of information must take into account the diversity of audience groups and be structured accordingly.

234. Improved access to information was also a crucial issue in the provision of care. The need to increase and disseminate knowledge of community-based HIV/AIDS prevention and care strategies which had positive outcomes was emphasized. Participants agreed that States must reassess HIV/AIDS data collection and analysis to ensure that they covered children as defined in the Convention on the Rights of the Child (persons under 18 years of age). There was an urgent need for States to collect sex and age disaggregated data, which must inform the development of effective prevention strategies.

235. The discussion suggested that, while outright discrimination based on HIV/AIDS had been always highlighted as a problem, there was now a need to broaden the fight to include all forms of discrimination that contributed to increasing the impact of the epidemic. States, international agencies and NGOs should attempt to provide a supportive and enabling environment to address underlying prejudices and discrimination through the promotion of community dialogue and through specially designed social and health services. They should also promote education and training programmes explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS. The Committee on the Rights of the Child should search for creative strategies to encourage the international community, as well as States, to pay special attention to children who were particularly powerless and thus more vulnerable to discrimination and HIV infection.

236. Participants emphasized the dramatic impact, in terms of HIV/AIDS vulnerability, of the particularly severe discrimination faced by girls. Lack of control over their own lives increased their level of risk; when young girls had older men as sexual partners, that powerlessness was increased. Raising the age of legal consent could help to prevent that imbalance, but increased the danger that public strategies would be based on false assumptions, as the average age of first sexual experience was very often much lower than the age of legal consent. Specific targeting of young women for access to services, information and participation was underlined as an urgent priority, while the gender-based roles predominant in each situation should be carefully considered when planning strategies for specific communities. Reference was also made to the particular problems posed by discrimination against HIV-infected people, which disproportionately affected girls and women when associated with judgemental attitudes about sexual activity. Participants pointed out that discrimination based on sexual orientation was also of particular relevance in the context of HIV/AIDS, as homosexual boys and girls, as well as belonging to a particularly vulnerable group, often faced acute discrimination.

237. There were repeated references to the need to see children as a non-homogeneous group, and to take into account the different needs of children of different ages, of girls, of children living in urban or rural settings, of substance abusers, of sexually exploited or abused children, of those involved in armed conflict, of disabled children, etc. Preventive strategies and decisions on care strategies should be relevant to the social, economic, cultural and political context in which children lived. While the best approach to care to children living in many rural or urban settings might be through support to families, children living and/or working in the streets, exploited children, or children living in abusive families might require alternative forms of care.

238. States, international agencies and NGOs should ensure that health, care and counselling services met the needs of children and young people. The aim of all care policies and programmes must be to provide child/youth oriented, child/youth appropriate, and child/youth friendly services, and efforts were needed to identify barriers to the provision of such youth friendly services. A rights-centred approach recognized the child's status as a subject of rights, and the right of children to request health services autonomously, including in the area of sexually transmitted diseases or the prevention of teenage pregnancies.

239. Groups whose needs must be considered in HIV/AIDS-related care included children born with HIV, children orphaned by AIDS, those whose rights were threatened as a result of the epidemic's impact on health and other public services, and traditional care givers (including family members and communities). Adequate care must include the periodic review of the situation of children in foster care or in need of such care.

240. Participants discussed at length the need for additional research and for strategies that minimized the risk of mother-to-child transmission of HIV without automatically promoting the use of bottle-fed formula. Alternatives such as warming mother's milk to destroy the virus, or establishing breast-milk banks, recurring to wet-nurses, etc., needed to be better explored, and health-care workers must be trained on the availability of such alternatives and on the need to support the mother's decisions, with primary consideration given to the best interests of the child.

241. The discussion suggested that NGOs could be a source of innovative approaches and that they played a fundamental role in the provision of care to many groups of children not reached by more conventional services, but they could not be expected to provide the broad coverage required for the entire population of children. NGOs should explore the possibilities for new partnerships which could bring together organizations that deal with human rights, children-centred ones and AIDS-focused NGOs to look together for ways to respond to the epidemic.

242. Words of thanks to all the participants were delivered in the name of the Committee by Mrs. Awa Ouedraogo. Representatives of UNAIDS thanked the Committee for choosing the theme for the discussion day; with most of the co-sponsors of UNAIDS having participated actively in the discussions, the main recommendations emanating from the day would become a useful reference for their work on the epidemic, as well as for the Committee on the Rights of the Child.

243. On the basis of the recommendations of the discussion groups and the general discussion that followed on the various issues, the following recommendations were formulated by the Committee:

- (a) States, programmes and agencies of the United Nations system and NGOs should be encouraged to adopt a children's rights-centred approach to HIV/AIDS. States should incorporate the rights of the child in their national

HIV/AIDS policies and programmes and include national HIV/AIDS programme structures in national mechanisms for monitoring and coordinating children's rights;

- (b) States should adopt and disseminate the International Guidelines on HIV/AIDS and Human Rights and ensure their implementation at the national level. Programmes and agencies of the United Nations system, as well as NGOs, should contribute to the dissemination and implementation of the guidelines;
- (c) The right of children to participate fully and actively in the formulation and implementation of HIV/AIDS strategies, programmes and policies should be fully recognized. A supportive and enabling environment should be provided, in which children are allowed to participate and receive support for their own initiatives. The proven effectiveness of peer education strategies, in particular, should be recognized and taken into account for its potential contribution to the mitigation of the impact of the HIV/AIDS epidemic. The key objective of HIV/AIDS policies should be to empower children to protect themselves;
- (d) Access to information as a fundamental right of the child should become the key element in HIV/AIDS prevention strategies. States should review existing laws or enact new legislation to guarantee the right of children to have access to HIV/AIDS-related information, including to voluntary testing;
- (e) Information campaigns targeting children should take into account the diversity of audience groups and be structured accordingly. Information on HIV/AIDS should be adapted to the social, cultural and economic context, and it should be made available through age-appropriate media and channels of dissemination. In the selection of target groups, attention should be given to the special needs of children who experience discrimination or who are in need of special protection. Information strategies should be evaluated for their effectiveness in leading to changes of attitude. Information on the Convention on the Rights of the Child and on HIV/AIDS issues, including the teaching of life-skills, should be incorporated in school curricula, while different strategies should be designed to distribute such information to children who cannot be reached through the school system;
- (f) HIV/AIDS data collected by States, and by programmes and agencies of the United Nations system, should reflect the Convention's definition of a child (human beings under 18 years of age). Data on HIV/AIDS should be disaggregated by age and gender and reflect the situation of children living in different circumstances and of children in need of special protection. Such data should inform the design of programmes and policies targeted to address the needs of different groups of children;
- (g) More information should be collected and disseminated on best practices, in particular on community-based approaches to HIV/AIDS which have positive outcomes;
- (h) More research should be carried out on mother-to-child transmission, and in particular on the risks of and alternatives to breastfeeding;
- (i) Information designed to raise awareness about the epidemic should avoid dramatizing HIV/AIDS in ways that can lead to further stigmatization for those affected by the epidemic;

- (j) States should review existing laws or enact new legislation to implement fully article 2 of the Convention on the Rights of the Child, in particular to prohibit expressly discrimination based on real or perceived HIV status and to prohibit mandatory testing;
- (k) Urgent attention should be given to the ways in which gender-based discrimination places girls at higher risk in relation to HIV/AIDS. Girls should be specifically targeted for access to services, information and participation in HIV/AIDS-related programmes, while the gender-based roles predominant in each situation should be carefully considered when planning strategies for specific communities. States should also review existing laws or enact new legislation to guarantee inheritance rights and security of tenure for children irrespective of their gender;
- (l) Prevention and care strategies designed to deal with the epidemic should focus on children in need of special protection, including those living in institutions (whether social welfare ones or detention centres), those living or working in the streets, those suffering from sexual or other types of exploitation, those suffering from sexual or other forms of abuse and neglect, those involved in armed conflict, etc. States should, in particular, review existing laws or enact new legislation to protect children against sexual exploitation and abuse and to ensure rehabilitation of victims and the prosecution of perpetrators. Particular attention should also be given to discrimination based on sexual orientation, as homosexual boys and girls often face acute discrimination while being a particularly vulnerable group in the context of HIV/AIDS;
- (m) HIV/AIDS care should be defined broadly and inclusively to cover not only the provision of medical treatment, but also of psychological attention and social reintegration, as well as protection and support, including of a legal nature;
- (n) Barriers to the provision of youth friendly health services should be identified and removed. States should review existing laws or enact new legislation to regulate the minimum age for access to health counselling, care and welfare benefits. The formulation of comprehensive adolescent reproductive health policies should be based on the right of children to have access to information and services, including those designed to prevent sexually transmitted diseases or teenage pregnancy;
- (o) States should review existing laws or enact new legislation to recognize the specific rights of the child to privacy and confidentiality with respect to HIV/AIDS, including the need for the media to respect these rights while contributing to the dissemination of information on HIV/AIDS;
- (p) States, programmes and agencies of the United Nations system, and NGOs should explore the possibilities for new partnerships which could bring together organizations that deal with human rights, children-centred ones and AIDS-focused ones to look together for ways to respond to the epidemic and to work together in reporting to the Committee on the Rights of the Child.

List of Documents Submitted³

By members of the Committee on the Rights of the Child

- Introductory statement by Mrs. Nafsiah Mboi, Rapporteur, Committee on the Rights of the Child
- General discussion on “Children living in a world with AIDS” - Outline of the Committee on the Rights of the Child

By the Office of the High Commissioner for Human Rights

- Statement of the High Commissioner for Human Rights
- HIV/AIDS and Human Rights: International Guidelines - OHCHR and UNAIDS, Geneva, 23-25 September 1996

By the Joint United Nations Programme on HIV/AIDS (UNAIDS)

- Statement by Mr. Peter Piot, Executive Director, UNAIDS, October 1998
- Children confronting HIV/AIDS: charting the confluence of rights and health - UNAIDS, 1998
- Non-discrimination as a human rights and public health strategy - UNAIDS, 1998
- Prevention as a public health and human rights strategy - UNAIDS, 1998
- Rapport sur l'épidémie mondiale de VIH/SIDA, WHO, UNAIDS, June 1998
- Integrating HIV/STD prevention in the school setting: a position paper - UNAIDS, August 1997
- HIV and infant feeding: a policy statement - UNAIDS, WHO and UNICEF, May 1997
- Learning and teaching about AIDS at school - UNAIDS, October 1997
- Mother-to-child transmission of HIV - UNAIDS, November 1997

By the World Health Organization

- HIV and infant feeding: guidelines for decision-makers - WHO, UNAIDS and UNICEF, June 1998
- By the United Nations Children's Fund
- Working paper: Care and protection of children and young people affected by HIV/AIDS - UNICEF, New York
- New challenges, new choices - CD-ROM on HIV/AIDS by UNICEF, New York

By the Food and Agriculture Organization of the United Nations

- Rural children living in farm systems affected by HIV/AIDS - Jacques du Guerny, FAO, Rome

By the International Labour Office

- The sex sector: the economic and social bases of prostitution in South-East Asia - Lin Lean Lim, ILO, Geneva 1998

³ CRC/C/75, Annex VI.

- Fighting against prostitution of children and other forms of child labour: from community action to the provisional plan in the north of Thailand - IPEC, September 1998
- Questionnaire on projects/activities on trafficking in women and children in the ESCAP Region - IPEC, February 1998

By the United Nations Development Programme

- The impact of HIV/AIDS on children, families and communities: risks and realities of childhood during the HIV epidemic (Issues paper 30) - UNDP, New York, 1998

By the International Federation of Red Cross and Red Crescent Societies

- Preventing the spread of HIV/AIDS among children and adolescents - International Federation of Red Cross and Red Crescent Societies, Geneva

By non-governmental organizations, research institutions and individual experts

- Children confronting HIV/AIDS: charting the confluence of rights and health - Daniel Tarantola and Sofia Gruskin, in Health and Human Rights, vol. 1, No. 1, 1998, François-Xavier Bagnoud Centre for Health and Human Rights, Harvard School of Public Health
- Children living in a world with AIDS: submission based on Uganda's experience - Musisi Geoffrey, Association François-Xavier Bagnoud, Luweero, Uganda
- Summary report on the Consultation Workshop on Child Labour and HIV/AIDS - Dr. Dusit Duangsa, Chiangmai University, 28 January 1998
- NGO programmes and projects on child sexual abuse and exploitation and HIV/AIDS - Focal Point on Sexual Exploitation of Children, Geneva
- Issues of concern - William Duncan, Hague Conference on Private International Law, The Hague, 1 September 1998
- Working with children affected by AIDS: World Vision Uganda experience - Jane Mijumbi, World Vision Uganda, 1998
- HIV/AIDS and the nutrition rights of infants - George Kent, University of Hawai'i, 7 September 1998
- Forum for culture and human development submission, Bangladesh
- Health and Adolescent Refugees Project (HARP): Information Sheet No. 1 - World Association of Girl Guides and Girl Scouts
- Report of the work of Casa Alianza's Luna project - Ann-Louise Birch, Casa Alianza
- HIV prevention, children's rights and homosexual youth - Defence for Children International-Israel
- HIV/AIDS prevention, care and discrimination: the barriers to putting children and young people on the agenda - Lyn Elliot, Save the Children International Alliance, September 1998
- Community mobilization to address the impacts of AIDS: a review of the COPE II programme in Malawi - Jill Donahue and John Williamson, 17-30 January 1998
- Coping with crisis: mobilizing community response to the impacts of AIDS in Malawi - Save the Children (USA)
- NGO summary of the International Guidelines on HIV/AIDS and Human Rights - International Council of AIDS Service Organizations (ICASO)