

Mr Chairman,

As the Commission may recall, at its 56th session, WHO addressed the particular situation of adolescent boys. This year, in light of the UN General Assembly Special Sessions on Children and HIV/AIDS, we would like to emphasize the sexual and reproductive health of the world's 1.2 billion adolescents, as a key component of adolescents' overall health and development. It is the commitment of WHO to support the optimal physical and psychosocial development of adolescents, including a healthy sexuality, and thereby the protection and fulfilment of their right to the highest attainable standard of health.

In September, the Special Session on Children will pay specific attention to this once largely forgotten but critically important age group, and WHO strongly supports the inclusion of adolescent health and development as one of the key outcome areas of the Session. Though adolescents are generally perceived to be healthy, more than one million of them annually lose their lives mostly through accidents, suicide, violence, pregnancy related complications and treatable or preventable illnesses.

Adolescents are at the centre of the HIV/AIDS pandemic, with over two and a half million youth becoming infected with HIV each year. In view of this, WHO is pleased to note the inclusion of the internationally agreed target on reduction of HIV/AIDS using infection rates in youth as the benchmark, in the outcome documents for both the Special Sessions on Children and on HIV/AIDS. WHO has strengthened its attention to this area by, *inter alia*, expanding its HIV/AIDS department with a view to being better able to fulfil its technical functions with its Governmental, UN and civil society partners.

Furthermore, globally, between one-fifth and one-sixth of all births each year are to women aged 15 to 19. Adolescent girls, especially in the younger age group, face special risks in pregnancy, as do their babies. More women aged 15-19 years die from pregnancy-related causes than from any other cause, making maternal mortality among this age group twice as high as for women in their 20s. Young adolescents, especially those not yet 15, are more likely than older adolescents and adult women to experience premature labour, miscarriage and stillbirth and they are up to four times as likely as

women over 20 to die from pregnancy-related causes. These deaths and ill health are the tragic manifestation, among other things, of sex and age discrimination both within society broadly and at the level of health services. Adolescents' right to the highest attainable standard of health can only be protected and fulfilled through the provision of information and services to address their reproductive and sexual needs in a manner consistent with their evolving capacities as young people, as emphasized in the ICPD Plus Five and Beijing Plus Five Consensus documents. These services should include the prevention of unwanted pregnancy, appropriate care during pregnancy and childbirth, and the prevention and treatment of sexually transmitted infections, including HIV/ AIDS.

Sexual and reproductive health of adolescents is further undermined by the alarming and very widespread incidence of sexual violence, a direct violation of the right to freedom from all forms of violence, and which has an impact on adolescents' enjoyment of all other human rights. Sexual violence affects children and adolescents in all parts of the world. In some countries, up to 36% of girls and 29% of boys have suffered from child sexual abuse, while in others, up to 46% of girls, and 20% of boys have experienced sexual coercion.

Child sexual abuse and coercion may result in non-fatal injuries, sexually-transmitted diseases including HIV/AIDS, unwanted pregnancies, mental health sequelae and death. Victims of child sexual abuse and coercion are more likely to adopt self-destructive behaviours; they are twice as likely to have multiple partners in a single year and to engage in casual sex with partners they do not know; and four times as likely to have worked in prostitution. WHO has addressed sexual violence through the production of the first World Report on Violence and Health, which will present global evidence on the magnitude and causes of sexual violence, and will propose effective strategies and policies to prevent the growth of this problem

In conclusion, Mr Chairman,

WHO, in collaboration with its UN partners, has articulated five major areas of interventions for the promotion of adolescent health and development. These are the creation of safe and supportive environments, provision of information, provision of

counselling and skills, and improving their access to health services and facilitating their participation. However, all too often, these basic requirements and indeed rights continue to remain largely unfulfilled, leading to poor personal development and endangerment of future productivity. In many ways, it could be said that problems such as HIV/AIDS and too early and unwanted pregnancies are symptomatic of a collective failure to protect and fulfil the health and development rights of adolescents

WHO is committed to support Governments in their efforts to provide the safe and supportive environments for the health and development of adolescents; environments that provide them opportunities to grow and thrive in good health. The participation of multiple sectors in the community, including young people themselves, is crucial in this respect.

Finally, WHO calls upon States Parties to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women to give effect to their legal obligations under these instruments and to strengthen implementation efforts.

Thank you, Mr Chairman.