

## **HEALTH - HEALTH CARE AND TREATMENT**

### **IV. CONCLUDING OBSERVATIONS**

#### **CERD**

- Yugoslavia (Serbia and Montenegro), CERD, A/50/18 (1995) 48 at para. 244.

The immediate drafting and implementation of legislation with a view towards the outlawing of every manifestation of racial discrimination and the full implementation of the Convention is recommended. Particular attention should be paid to the legal regulation of matters such as the media and freedom of expression, employment and trade unions, the education system, and the health-care system.

- United Kingdom of Great Britain and Northern Ireland, CERD, A/51/18 (1996) 35 at paras. 233, 246 and 249.

#### *Paragraph 233*

Special concern is expressed for the Irish Traveller community, whose situation affects their right to public health care and social services under article 5 (e).

#### *Paragraph 246*

Effective programmes should be established to care for the health and educational needs of the Irish Traveller community in Great Britain and Northern Ireland.

#### *Paragraph 249*

An effort should be made to make available in the principal minority languages important public information, particularly concerning basic health care.

- Bolivia, CERD, A/51/18 (1996) 41 at paras. 268, 274 and 284.

#### *Paragraph 268*

Note is taken, with concern, of the conditions of extreme poverty principally affecting members of the indigenous population. Poverty is evident in the lack of access to some basic services, such as provision of clean water, medical care, education and electricity.

#### *Paragraph 274*

The new measures to provide maternity care and medical care for infants until the age of five years are welcomed and considered to be in conformity with article 5 (e) of the Convention.

#### *Paragraph 284*

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Immediate attention should be paid to the development of rural areas where many indigenous communities are situated. The Government should consider the expansion of the economic and social infrastructure to enable those communities to be provided with access to clean water, energy, medical care, education, and other essential services and, in this regard, it calls special attention to the situation of the Guaraní people. The Government is encouraged to seek international assistance towards this end.

- India, CERD, A/51/18 (1996) 51 at para. 365.

Special measures should be taken by the authorities to prevent acts of discrimination towards persons belonging to the scheduled castes and scheduled tribes, and, in cases where such acts have been committed, to conduct thorough investigations, to punish those found responsible and to provide just and adequate reparation to the victims. The importance of the equal enjoyment by members of these groups of the rights to access to health care, education, work and public places and services, including wells, cafés or restaurants is stressed.

- China, CERD, A/51/18 (1996) 57 at para. 410.

Concern is expressed about the content and implementation of the law of 1995 on mother and child health care and its impact on minority nationalities.

- Venezuela, CERD, A/51/18 (1996) 65 at para. 476.

Appropriate measures should be taken to provide health-care services for indigenous communities, particularly those located in remote regions of the country.

- Namibia, CERD, A/51/18 (1996) 67 at para. 496.

Concern is expressed at the fact that black people and mixed race people (coloureds), who comprise 95 per cent of the population, still face serious discrimination in many areas, such as access to property, education, employment, health care or housing.

- Algeria, CERD, A/52/18 (1997) 52 at para. 388.

It is noted with appreciation that education at all levels is free, as is public health care.

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- Norway, CERD, A/52/18 (1997) 77 at para. 609.

Concern is expressed about allegations that immigrants of African descent disproportionately test positive for HIV and that Africans have been obliged to undergo tests for HIV simply because they are Africans.

- Czech Republic, CERD, A/53/18 (1998) 35 at para. 122.

It is noted with concern that the State party does not have civil or administrative law provisions expressly outlawing discrimination in employment, education, housing and health care and that there exists no administrative regulation explicitly prohibiting racial discrimination by public institutions and agencies.

- Cambodia, CERD, A/53/18 (1998) 55 at para. 298.

Action should be taken at the legislative, administrative and judicial levels to protect the right of everyone, including ethnic Vietnamese, to enjoy their rights under article 5 of the Convention, especially the right to security of person and protection by the State against violence or bodily harm, to public health and medical care and to education and training.

- Peru, CERD, A/54/18 (1999) 21 at para. 155.

Major shortcomings in the health services provided for the rural population in the Andes and in Amazonia are noted, as are allegations of forced sterilization of women belonging to indigenous communities. It is also noted that there is a difference of almost 20 years between the life expectancy of people of indigenous origin and that of the rest of the population.

- Slovakia, CERD, A/55/18 (2000) 47 at para. 265.

Concern is expressed that a disproportionately large number of Roma suffer higher mortality rates, have poorer nutrition levels, and low levels of awareness of maternal and child health. Moreover, poor access to clean drinking water, adequate sanitation, and high exposure to environmental pollution in Roma settlements are matters of concern. The State party should take all necessary measures to ensure that the Roma enjoy the full right to health and health care. It is recommended that the State party prioritize and target social services for persons belonging to the most vulnerable groups.

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- Czech Republic, CERD, A/55/18 (2000) 50 at para. 283.

The Committee reiterates its concern at the lack of criminal, civil or administrative law provisions expressly outlawing racial discrimination in education, health care, social care, the penitentiary system, as well as in the private sphere. It is recommended that the State party undertake legislative reform to safeguard the enjoyment, without any form of discrimination, by all segments of the population, of the economic, social and cultural rights listed in article 5 of the Convention. Such reform should include the provision of adequate reparation for victims of racial discrimination.

- Japan, CERD, A/56/18 (2001) 34 at para. 177.

While noting the recent increase in the number of refugees accepted by the State party, concern is expressed about the different standards of treatment applicable to Indochinese refugees on the one hand and the limited number of refugees of other national origins on the other. Whereas Indochinese refugees have access to accommodation, financial aid and state funded Japanese language courses, such assistance is as a rule not available to other refugees. The State party should take measures to ensure equal entitlement of all refugees to such services. In this context, the State party is also recommended to ensure that all asylum-seekers have the right to an adequate standard of living and medical care.

- United States of America, CERD, A/56/18 (2001) 64 at para. 398.

While noting the numerous laws, institutions and measures designed to eradicate racial discrimination affecting the equal enjoyment of economic, social and cultural rights, concern is expressed about persistent disparities in the enjoyment of, in particular, the right to adequate housing, equal opportunities for education and employment, and access to public and private health care. The State party should take all appropriate measures, including special measures according to article 2, paragraph 2, of the Convention, to ensure the right of everyone, without discrimination as to race, colour, or national or ethnic origin, to the enjoyment of the rights contained in article 5 of the Convention.

### **ICCPR**

- New Zealand, ICCPR, A/50/40 vol. I (1995) 38 at para. 182.

It is regretted that despite improvements, Maori still experience disadvantages in access to health care, education and employment.

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- Nigeria, ICCPR, A/51/40 vol. I (1996) 37 at para. 285.

The poor conditions in places of detention that include severe overcrowding, lack of sanitation, lack of adequate food, clean water and health care, all of which contribute to a high level of death in custody is disturbing. It is incompatible with the Covenant to hold prisoners under conditions which do not meet the basic guarantees provided in article 10 of the Covenant as well as in the United Nations Standard Minimum Rules for the Treatment of Prisoners, despite the State's adoption of prison regulations, contained in chapter 366 of the Prisons Act (1990).

*See also:*

- Guyana, ICCPR, A/55/40 vol. I (2000) 53 at para 371.

- Switzerland, ICCPR, A/52/40 vol. I (1997)19 at para. 109.

Discussions aimed at harmonizing the various cantonal laws on criminal procedure should be intensified, with due respect for the provisions of the Covenant, particularly with regard to fundamental guarantees during police custody or incommunicado detention. The Committee particularly emphasizes the need to allow suspects to contact a lawyer and their family or friends and to have suspects examined by an independent doctor as soon as they are arrested, after each period of questioning and before they are brought before the examining magistrate or released.

- Georgia, ICCPR, A/52/40 vol. I (1997) 40 at paras. 243 and 254.

*Paragraph 243*

Crowding, poor sanitary conditions and lack of medical care have resulted in a high rate of infectious disease and a very alarming mortality rate, particularly among juvenile detainees. This prison situation does not comply with the provisions of article 10 of the Covenant.

*Paragraph 254*

All persons who are arrested must immediately have access to counsel, be examined by a doctor without delay and be able to submit promptly an application to a judge to rule on the legality of the detention.

- India, ICCPR, A/52/40 vol. I (1997) 67 at para. 438.

The right of detainees to legal advice and assistance and to have a medical examination should be guaranteed.

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- Israel, ICCPR, A/53/40 vol. I (1998) 45 at para. 308.

Deeply imbedded discriminatory social attitudes, practices and laws against Arab Israelis that have resulted in a lower standard of living compared with Jewish Israelis, as is evident in their significantly lower levels of education, access to health care, access to housing, land and employment, are of serious concern.

- Algeria, ICCPR, A/53/40 vol. I (1998) 52 at para. 360.

The State party must ensure that a person's detention should not exceed the limit provided by law and that they have a right to medical examination on arrest and at the end of their detention.

- Belgium, ICCPR, A/54/40 vol. I (1999) 26 at paras. 83 and 88.

### *Paragraph 83*

That suspects do not, at present, have access to counsel and to medical visits from the moment of arrest is of concern.

### *Paragraph 88*

The practice of keeping psychiatric patients in prison psychiatric annexes for several months before transferring them to hospitals that treat mental disorders is incompatible with articles 7 and 9 of the Covenant and should be discontinued.

- Chile, ICCPR, A/54/40 vol. I (1999) 44 at para. 211.

The criminalization of all abortions, without exception, raises serious issues. A legal duty imposed upon health personnel to report on cases of women who have undergone abortions may inhibit women from seeking medical treatment, thereby endangering their lives. State parties are under a duty to take measures to ensure the right to life of all persons, including pregnant women whose pregnancies are terminated. Therefore, exceptions to a general prohibition of all abortions should be introduced and the confidentiality of medical information should be protected.

### *See also:*

- Costa Rica, ICCPR, A/54/40 vol. I (1999) 54 at para. 280.

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- Cambodia, ICCPR, A/54/40 vol. I (1999) 57 at para. 306.

Concern is expressed at reports of serious overcrowding, levels of ill-health among prisoners and a lack of health care. Urgent steps should be taken to ensure that basic minimum standards are met in all prisons and places of detention.

- Congo, ICCPR, A/55/40 vol. I (2000) 43 at para. 282.

Minimum conditions should be guaranteed for all prisoners, and necessary medical care should be provided.

- Mongolia, ICCPR, A/55/40 vol. I (2000) 49 at paras. 332 and 333.

### *Paragraph 332*

The lack of humane conditions of detention, including timely medical care, sanitation and adequate space are of concern.

### *Paragraph 333*

Steps should be taken to improve prison conditions to ensure that imprisonment does not damage prisoners' health.

- Kyrgyzstan, ICCPR, A/55/40 vol. I (2000) 57 at paras. 390, 397 and 398.

### *Paragraph 390*

Provision should be made for medical examination of detained persons, particularly of persons held in pre-trial detention, in order to ensure that no physical abuse of detainees occurs.

### *Paragraph 397*

Concern remains about inhuman prison conditions. This is characterized by overcrowding, inadequate food and medical care, and by the fact that convicted persons are frequently not kept segregated from the accused and that juvenile offenders are frequently detained in the same detention centres as adults (art. 10).

### *Paragraph 398*

The State party must ensure that all persons deprived of their liberty are treated with humanity and respect for their inherent dignity. Specifically, it must ensure that all detainees are afforded adequate food and medical care.

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- Ireland, ICCPR, A/55/40 vol. I (2000) 61 at para. 449.

The State party is urged to continue its efforts to take positive action to overcome discrimination and to ensure the equal enjoyment of rights by members of the Travelling community and in particular to improve their access to health, education and welfare services, including accommodation, and their participation in political and public life.

- Venezuela, ICCPR, A/56/40 vol. I (2001) 49 at para. 77(19).

The criminalization of all non-therapeutic abortion poses serious problems, particularly in the light of unchallenged reports that many women are undergoing life-threatening illegal abortions. The legal duty imposed on health workers to report cases where women have undergone abortions may deter women from seeking medical treatment, thereby endangering their lives. The State party must adopt the necessary measures to guarantee the right to life (article 6) for pregnant women who decide to terminate their pregnancies, including amending the law to create exceptions to the general prohibition of all non-therapeutic abortion. The State party should protect the confidential nature of medical information.

- Uzbekistan, ICCPR, A/56/40 vol. I (2001) 59 at para. 79(7).

Provision should be made for medical examination of detained persons, particularly of persons held in pre-trial detention, in order to ensure that no physical abuse of detainees occurs. Free access to lawyers, doctors and family members should be guaranteed immediately after the arrest and during all stages of detention.

- Syrian Arab Republic, ICCPR, A/56/40 vol. I (2001) 70 at para. 81(13).

The many allegations of inhumane prison conditions and inadequate medical care in a number of prisons, particularly military prisons, including Tadmur prison remain of concern. Steps should be taken to improve prison conditions in these facilities. It must be ensured that all persons deprived of their liberty are treated with humanity and with respect for the inherent dignity of the human person. Appropriate and timely medical care must be available to all detainees.

### ***See also:***

- Democratic People's Republic of Korea, ICCPR, A/56/40 vol. I (2001) 98 at para. 86(16).

## **ICESCR**



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- Kenya, ICESCR, E/1994/23 (1993) 24 at para. 83.

Concern is expressed over the fact that government expenditure on health care appears to be constantly decreasing. It is also of concern that the introduction of fees for treatment in hospitals has its most negative effects on the particularly vulnerable groups and members of Kenyan society.

- Uruguay, ICESCR, E/1995/22 (1994) 23 at para. 82.

Steps should be taken to improve health care for people living in areas distant from the capital, particularly by extending its primary health-care programme.

- Philippines, ICESCR, E/1996/22 (1995) 30 at paras. 120 and 122.

### *Paragraph 120*

With regard to health services, the Government's plans to privatize and decentralize much of its programme are noted. While there is no reason why the private sector should not be fully involved in the provision of health services, it is emphasized that such an approach does not in any way relieve the Government of its Covenant-based obligation to use all available means to promote adequate access to health-care services, particularly for the poorer segments of the population.

### *Paragraph 122*

It is noted with concern that, in the face of a rapidly growing population infected by HIV and AIDS, only several hundred of an affected population estimated to be in excess of 30,000 have been registered under the Government's programme. This would seem to indicate that the programme is either punitive of those who register or is not adequately publicized and made available to victims of the virus.

- Ukraine, ICESCR, E/1996/22 (1995) 50 at para. 275.

The Government should continue to make full use of international assistance in the collection and analysis of data in general, including data regarding the most vulnerable groups of persons, and in addressing their needs. Such categories of persons include pensioners, the unemployed, children with disabilities and children assigned to homes or institutions, members of repatriated minority groups and victims of the Chernobyl accident. With regard to the latter group, it is urged that special assistance and medical care be further granted to the persons concerned and that special measures continue to be taken to clean the environment and to dispose of contaminated objects and consumable items with which people may come into contact.

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- Algeria, ICESCR, E/1996/22 (1995) 54 at para. 298.

The high mortality rate among young girls in the 1-10 age group, which, as acknowledged by the Government, is due to the fact that better care is provided for boys, is noted with concern.

- Paraguay, ICESCR, E/1997/22 (1996) 22 at paras. 78 and 90.

### *Paragraph 78*

The inequitable distribution of health services between urban and rural areas is of concern. The very small number of medical and paramedical personnel in the country is also noted. The high rates of infant mortality and infant morbidity are also matters of concern, as are the high maternal mortality rate and the inadequacy of guidance and family-planning services.

### *Paragraph 90*

Measures should be taken to improve the system of health care, which should take into account the needs of all segments of society, and reduce the disparities from which the system now suffers.

- Guatemala, ICESCR, E/1997/22 (1996) 29 at para. 145.

The value of the shift in health and education policy towards promoting access to health care and services and to education for the most disadvantaged groups of society is acknowledged and it is strongly recommended that this focus be maintained.

- Dominican Republic, ICESCR, E/1997/22 (1996) 44 at para. 235.

The issue of limited access to safe drinking-water for the rural population and those living in deprived urban areas, the higher incidence of infant mortality in certain socio-economic groups, the deplorable situation of persons with disabilities, the prevalence of endemic diseases, the inadequacy of social welfare and social security, the persisting housing shortage and the inadequacy of access to health care, are of concern.

- Belarus, ICESCR, E/1997/22 (1996) 51 at para. 286.

Although it is noted that the Government's assurance that sufficient detoxification and rehabilitation centres for drug and alcohol addicts have been created, concern remains that what is being done in this area does not appear to be sufficient to meet the needs that exist.

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- United Kingdom of Great Britain and Northern Ireland (Hong Kong), ICESCR, E/1997/22 (1996) 58 at para. 346.

It is of concern that comprehensive social security assistance (CSSA) recipients are not granted reimbursement for expenses for traditional medicine, given the fact that Hong Kong residents frequently use traditional medicine and that Hong Kong courts grant such reimbursements in civil liability actions.

- Russian Federation, ICESCR, E/1998/22 (1997) 27 at paras. 114 and 127.

### *Paragraph 114*

The inadequate funding of hospitals is a major source of concern. Moreover, the non-availability of medicines is also a source of preoccupation, particularly for those who cannot afford them.

### *Paragraph 127*

It is recommended that the funding of hospitals be increased and that medicines and medical attention be made available to those who cannot afford them, given the existing problems.

- Peru, ICESCR, E/1998/22 (1997) 33 at paras. 141, 152 and 165.

### *Paragraph 141*

The greatest obstacles to the fulfilment of economic, social and cultural rights include, *inter alia*, the lack of proper health services and the drastic reduction of public expenditures in the field of health.

### *Paragraph 152*

The high mortality rate among children and women due to the lack of proper health services, or inadequate health services is of concern.

### *Paragraph 165*

The State party is encouraged to take steps to improve the health-care system and to extend it to all sections of the population.

- Dominican Republic, ICESCR, E/1998/22 (1997) 43 at paras. 216 and 234.

### *Paragraph 216*

It is noted that approximately 500,000-600,000 Haitian illegal workers reside in the State party, some of them for one or two generations, without any legal status and any protection of their economic,

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social and cultural rights. Particular concern is expressed about the situation of the children, who do not receive Dominican nationality on the grounds that they are children born of foreigners in transit. These children are thus denied their most basic social rights, such as the rights to education and health care.

### *Paragraph 234*

The Government is urged to adopt positive measures to improve living conditions in the bateyes. Sugar cane companies should be required to provide inhabitants of the bateyes with basic facilities, such as water and electricity, and with health and social services.

- Iraq, ICESCR, E/1998/22 (1997) 50 at para. 266.

With respect to article 12 of the Covenant, it is noted with concern that, with the destruction of parts of the infrastructure in the State party, the non-availability of safe drinking water has led to widespread contaminated water and related health problems, such as waterborne and diarrhoeal diseases and cholera. Due to food shortages and the resulting restrictions on its distribution, and to the non-availability of certain medicines, medical equipment and other articles of personal hygiene, the standard of physical health of the population is declining at a rapid pace. In particular, certain diseases previously eradicated from the State party have reappeared, such as typhoid, infantile paralysis, tetanus, viral hepatitis, Giardia, German measles, kala-azar, undulant fever, haemorrhagic fever, croup, whooping cough, rickets, scabies, hydrocysts and rabies.

- United Kingdom of Great Britain and Northern Ireland, ICESCR, E/1998/22 (1997) 56 at paras. 298 and 310.

### *Paragraph 298*

Concern is expressed that waiting times for surgery can be 18 months or longer. In practice, this situation has worsened over the past six months and now calls for immediate action. The continuation of this situation calls into question whether the State party has made its best efforts to satisfy the provisions of article 12 of the Covenant.

### *Paragraph 310*

The present waiting time for surgery is unacceptable. The State party should take immediate steps to reduce it.

- Azerbaijan, ICESCR, E/1998/22 (1997) 61 at paras. 339, 340, 353 and 354.

### *Paragraph 339*

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With respect to article 10 of the Covenant, it is regretted that women are not receiving adequate medical care during pregnancy and childbirth. Questions regarding the effect on women of the proposed introduction of a three-tier fee system for medical care remain unanswered.

### *Paragraph 340*

Alarm is expressed over the prolonged decline in the standard of living. This is evident in the rising level of poverty, the large proportion of the population living without safe drinking water, the lack of affordable housing, the decline in agricultural production due to the inefficiencies of the process of privatization of State farms and therefore inadequacies in food production and distribution, the declining quality of medical care and the declining numbers of persons benefiting from medical care.

### *Paragraph 353*

The Government should ensure that all women receive adequate medical care during pregnancy and childbirth.

### *Paragraph 354*

The Government should address as a matter of utmost urgency the basic needs of the population, including safe drinking water, food, affordable housing and health care.

- Uruguay, ICESCR, E/1998/22 (1997) 67 at paras. 368 and 377.

### *Paragraph 368*

The resources devoted to public health and education are considered inadequate. Alarm is expressed at the fact that the very low wages paid to nurses has led to a low ratio of nurses to doctors (lower than 1:5), which tends to diminish the quality and accessibility of medical care available to the community.

### *Paragraph 377*

The necessary legislative and economic measures should be adopted to protect the rights of persons with disabilities and street children. Particular importance should be given to information programmes in respect of health care, both physical and mental.

- Luxembourg, ICESCR, E/1998/22 (1997) 69 at para. 397.

Concern is expressed about the absence of specialized geriatric doctors and facilities to address the problems of the large ageing population in the State party.

- Nigeria, ICESCR, E/1999/22 (1998) 27 at paras. 122 and 124.

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### *Paragraph 122*

It is noted with concern that gross underfunding and inadequate management of health services during the last decade had led to the rapid deterioration of health infrastructures in hospitals. Frequently, hospital patients not only have had to buy drugs, but have also had to supply needles, syringes and suture thread, in addition to paying for bed space. As a result many Nigerian doctors have chosen to emigrate.

### *Paragraph 124*

The fact that the Government's social and health allocations are consistently diminishing and that the authorities have reintroduced primary school fees in certain States and imposed hospital charges where they did not exist before is regretted.

- Israel, ICESCR, E/1999/22 (1998) 43 at paras. 244, 246, 256 and 265.

### *Paragraph 244*

The severe consequences of closure on the Palestinian population is noted with grave concern. Closures have prevented access to health care, first and foremost during medical emergencies, which at times have tragically ended in death at checkpoints and elsewhere.

### *Paragraph 246*

Concern is expressed over the effect of the directive of the Ministry of the Interior, according to which Palestinians may lose their right to live in the city if they cannot prove that East Jerusalem has been their "centre of life" for the past seven years. The serious lack of transparency in the application of the directive is regretted. It is noted with concern that this policy is being applied retroactively both to Palestinians who live abroad and to those who live in the West Bank or in nearby Jerusalem suburbs, but not to Israeli Jews or to foreign Jews who are permanent residents of East Jerusalem. This system has resulted in, *inter alia*, the separation of Arab families and the denial of their right to social services and health care, including maternity care for Arab women, which are privileges linked to residency status in Jerusalem.

### *Paragraph 256*

It is noted with concern that the recently adopted Arrangements Law has the effect of eroding the principles of universality and equality set out in the National Health Insurance Law. The Arrangements Law imposes payments for medical services in addition to the health tax; a periodic health tax links the amount of tax required to the amount of health services needed, thereby increasing inequality in health care. It is of concern that this provision does not conform to the Government's avowed commitment to an equitable health-care system.

### *Paragraph 265*

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The State party should respect the right to self-determination as recognized in article 1, paragraph 2, of the Covenant, which provides that "in no case may a people be deprived of its own means of subsistence". Closure restricts the movement of people and goods, cutting off access to external markets and to income derived from employment and livelihood. The Government should undertake to ensure safe passage at checkpoints for Palestinian medical staff and people seeking treatment, the unhampered flow of essential foodstuffs and supplies, the safe conduct of students and teachers to and from schools, and the reunification of families separated by closures.

- Cyprus, ICESCR, E/1999/22 (1998) 50 at para. 288.

The allegations of inhuman or degrading treatment of mentally ill patients in some health institutions is alarming. Such a situation constitutes a serious violation of the State Party's obligations under articles 2 and 12.

- Switzerland, ICESCR, E/1999/22 (1998) 59 at para. 362.

The high costs of health services in Switzerland that are administered by private companies, which must be paid for in full by both workers and pensioners, to the consequential detriment of their standard of living is noted with concern.

- Canada, ICESCR, E/1999/22 (1998) 63 at para. 417.

Federal and provincial agreements should be adjusted so as to ensure, in whatever ways are appropriate, that services such as mental health care, home care, child care and attendant care, shelters for battered women and legal aid for non-criminal matters, are available at levels that ensure the right to an adequate standard of living.

- Iceland, ICESCR, E/2000/22 (1999) 26 at para. 86.

The State party should increase its social welfare expenditures so as to strengthen its health and social welfare centres around the country. The development of a social indicator model of drug and alcohol abuse and its treatment is recommended. In addition, there should be an elaboration of educational and social programmes to deal with problems of the victims of alcohol and drug abuse on a long-term basis.

- Ireland, ICESCR, E/2000/22 (1999) 33 at para. 143.

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The relatively high rate of teenage suicide and the long waiting lists for medical services at public hospitals are of concern.

- Cameroon, ICESCR, E/2000/22 (1999) 56 at para. 340.

It is noted with regret that medical facilities for all sections of the population remain inadequate and unequally distributed.

- Mexico, ICESCR, E/2000/22 (1999) 62 at paras. 380 and 404.

### *Paragraph 380*

The persisting plight of indigenous populations is of concern, particularly those of Chiapas, Guerrero, Veracruz and Oaxaca, who have limited access to, *inter alia*, health services, education, work, adequate nutrition and housing.

### *Paragraph 404*

The State party is urged to take more effective measures to ensure access to basic health-care services for all children and to combat malnutrition, especially among children belonging to indigenous groups living in rural and remote areas.

- Italy, ICESCR, E/2001/22 (2000) 34 at paras. 123 and 138.

### *Paragraph 123*

It is noted with regret that asylum-seekers have access to subsidized health care only in emergency situations. This policy is not in compliance with the provisions of the Covenant.

### *Paragraph 138*

The State party is urged to extend the subsidized health-care system to asylum-seekers without discrimination.

- Congo, ICESCR, E/2001/22 (2000) 43 at paras. 206 and 213.

### *Paragraph 206*

Grave concern is expressed regarding the decline of the standard of health in the Congo. The AIDS



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epidemic is taking a heavy toll on the country, while the ongoing financial crisis has resulted in a serious shortage of funds for public health services, and for improving the water and sanitation infrastructure in urban areas. The war has caused serious damage to health facilities in Brazzaville. According to a joint study by WHO and UNAIDS, some 100,000 Congolese, including over 5,000 children, were affected by HIV at the beginning of 1997. More than 80,000 people are thought to have died from AIDS, with 11,000 deaths reported in 1997 alone. Some 45,000 children are said to have lost either their mother or both parents as a result of the epidemic.

### *Paragraph 213*

The State party is strongly urged to pay immediate attention to and take action with respect to the grave health situation in its territory, with a view to restoring the basic health services, in both urban and rural areas, and to preventing and combating HIV/AIDS and other communicable diseases such as cholera and diarrhoea. The Government is encouraged to work closely with WHO and UNAIDS in its efforts to cope with these problems.

- Mongolia, ICESCR, E/2001/22 (2000) 53 at paras. 273, 274 and 283.

### *Paragraph 273*

The Committee is disturbed to learn about the deteriorating health situation for Mongolians since 1990 and regrets that government expenditure on health has decreased in recent years (according to the Government submission, public expenditure on health fell from 5.8 per cent of GDP in 1991 to 3.6 per cent in 1998). The challenges faced by the State party include improving access to health-care services in rural areas and for the poor, the relatively low life expectancy, the increase in non-communicable and degenerative diseases, as well as sexually transmitted diseases, substance abuse, child suicide, high maternal mortality, especially in rural areas, and limited access to contraceptives. Concern is expressed that there is no policy response to address increasing substance abuse and child and adolescent suicide.

### *Paragraph 274*

The degrading conditions for detainees, who have been reported to suffer from overcrowding, inadequate medical care and hygiene and from malnourishment, are noted with concern.

### *Paragraph 283*

It is recommended that the State party continue taking steps to ensure that persons living in remote areas have progressively greater access to essential health services. In this respect, the attention of the State party is drawn to General Comment No. 14 on the right to health.

- Sudan, ICESCR, E/2001/22 (2000) 57 at paras. 314 and 324.

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### *Paragraph 314*

Concern is expressed about the persisting problem of malaria, often a cause of death in the State party, as well as the increasing incidence of HIV/AIDS. A lack of medicines at affordable prices compounds these difficulties.

### *Paragraph 324*

The State party is urged to address the root causes of the problem of internally displaced persons and in the short and medium term, to cooperate fully with international and non-governmental organizations in the field, in order to provide for adequate (interim) measures ensuring the basic needs of this group, such as adequate basic shelter, employment, food and health care, and the continuation of education for the children.

- Australia, ICESCR, E/2001/22 (2000) 66 at paras. 375 and 387.

### *Paragraph 375*

The partnership between the State party and indigenous communities in initiatives aimed at providing greater access for indigenous peoples to culturally appropriate health services is welcomed, as is the allocation of significant resources for the improvement of indigenous health in general.

### *Paragraph 387*

Despite the guarantees of coverage for all under the Medicare system, deep concern is expressed that the problem of long waiting periods for medical services in hospitals, and in particular for surgery, has not been sufficiently addressed.

- Finland, ICESCR, E/2001/22 (2000) 73 at paras. 445, 446, 457 and 458.

### *Paragraph 445*

The weakening of the public health care system as a result of cuts in the Government's health spending is regretted.

### *Paragraph 446*

Particular concern is expressed about certain municipalities that allocate insufficient funds to health care services. This has resulted in inequality with regard to levels of health care service provision depending on the place of residence, to the detriment in particular of children, persons with physical and mental disabilities and older persons.

### *Paragraph 457*

It is recommended that the State party ensure that adequate resources are afforded to public health services and that the cost of private health care remains affordable to all sectors of society.

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### *Paragraph 458*

The State party is called upon to ensure that municipalities provide adequate health services, especially to vulnerable groups such as children, older persons and persons with physical and mental disabilities.

- Morocco, ICESCR, E/2001/22 (2000) 82 at para. 539.

It is regretted that the State party has not adopted a national strategy and action plan on health, and that health coverage provided by the State party does not cover more than 20 per cent of the population. Moreover, the Committee is concerned that access to primary health care in rural areas is even more limited, in comparison to the urban areas.

- Honduras, ICESCR, E/2002/22 (2001) 33 at paras. 133 and 154.

### *Paragraph 133*

Concern is expressed about the insufficiency of medical services, especially in rural areas, and the difficulties experienced by people in gaining access to health care institutions. Deep concern is expressed about the high incidence of HIV/AIDS in the State party, which is among the highest in the region, and the inadequate information provided by the State party on the measures it has taken with regard to the provision of essential drugs.

### *Paragraph 154*

The State party is urged to undertake effective measures to address the high rate of persons living with HIV/AIDS, and in particular to facilitate access to essential drugs, and to seek international cooperation to this effect.

- Hong Kong Special Administrative Region (China), ICESCR, E/2002/22 (2001) 39 at paras. 182 and 207.

### *Paragraph 182*

Regret is expressed that in relation to the care of persons with mental illness, the Hong Kong Special Administrative Region is reluctant to authorize the prescribing of new drugs that are more costly, but more effective and have been shown to produce fewer side effects for the mentally ill.

### *Paragraph 207*

It is recommended that a comprehensive review be undertaken of mental health policy and that effective measures be adopted to ensure that persons with mental illness enjoy the right to adequate and affordable health care.

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- Republic of Korea, ICESCR, E/2002/22 (2001) 45 at paras. 221 and 236.

### *Paragraph 221*

It is noted that the "economy-first" approach adopted by the State party has resulted in a low priority placed on the protection of economic, social and cultural rights. This has led to the marginalization of certain groups in society in such matters as housing, social welfare, and health care.

### *Paragraph 236*

It is disturbing to note that the portion of the Government budget allocated to health, which is under 1%, is low and declining. Concern is expressed at the predominance of privately operated health care facilities - estimated to exceed 90% of all health care facilities, a trend that accelerated in the wake of the financial crisis; and the consequent negative implications for access to health care by the most marginalized sectors of society.

- Bolivia, ICESCR, E/2002/22 (2001) 52 at paras. 268, 269 and 298.

### *Paragraph 268*

Deep concern is expressed about the extent of poverty in Bolivia. According to UNDP figures, 88.8% of all households in Bolivia have an income below the poverty line. Moreover, 90% of these households live in rural areas. This situation is reflected in indicators such as infant mortality, life expectancy, literacy rate and access to sanitation, potable water and health care services. In this regard, the highly uneven distribution of wealth is deplored.

### *Paragraph 269*

Particular concern is expressed about the marginalisation of, and discrimination against, indigenous communities who constitute the majority of Bolivia's rural population, and suffer from inadequate access to basic education, adequate housing, and health services. Moreover, it is of concern that the State party does not acknowledge the economic, social and cultural rights of indigenous populations as a distinct group.

### *Paragraph 298*

The State party is called upon to take measures to reduce the female mortality rate and in particular to bring about a reduction of deaths caused by illegal abortion and unassisted child birth.

- Togo, ICESCR, E/2002/22 (2001) 57 at paras. 319 and 324.

### *Paragraph 319*

Concern is expressed about the extremely low quality of health services and the significant lack of

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qualified personnel in the public sector, and in particular, about the alarming rate of HIV/AIDS cases, which is three times as high as the average for countries with a low human development index (185.2 cases per 100,000 people, as opposed to the average of 67.5), and amounting to 8.52% of the adult population living with HIV/AIDS.

### *Paragraph 324*

The State party is urged to take action with respect to the current health situation in the country, which still remains inadequate to address the basic health needs of the population, such as the improvement of basic health services and providing the necessary preventive and remedial steps in combating the HIV/AIDS pandemic and other communicable diseases. It is recommended that the State party take into account the General Comment No. 14 on the right to an adequate standard of health.

- Senegal, ICESCR, E/2002/22 (2001) 61 at paras. 359, 380 and 382.

### *Paragraph 359*

It is of concern that asylum-seekers are denied access to basic social services while waiting for a decision on their status which takes a long time.

### *Paragraph 380*

The State party is urged to expedite the consideration of the applications of asylum-seekers and to provide them with basic social services, including hospital care and free education for their children.

### *Paragraph 382*

The shortage of hospitals and health centres and the unequal distribution of health facilities in the country should be addressed. In this regard, the State party is urged to provide health services in the various regions of the country in order to provide incentives for doctors and nurses to move out of Dakar and Thiès.

- Syrian Arab Republic, ICESCR, E/2002/22 (2001) 67 at para. 398.

The measures taken to provide health services and education for nomadic peoples, such as mobile first aid facilities and dispensaries and mobile schools and libraries, are noted with satisfaction.

- Ukraine, ICESCR, E/2002/22 (2001) 78 at paras. 499, 510 and 512.

### *Paragraph 499*

The deterioration in the health of the most vulnerable groups, especially women and children, and in

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the quality of health services is of concern. The rise in the incidence of sexually transmitted diseases (STD) and the spread of HIV/AIDS is noted with concern. There is also concern about the high incidence of alcohol abuse and tobacco use, especially among persons under 18 years.

### *Paragraph 510*

The State party is encouraged to strengthen its efforts to combat the trafficking and commercial sexual exploitation of women and children. It is recommended that the State party vigorously pursue the enforcement of criminal laws in this regard; ensure that victims are not penalized and are provided with rehabilitation; ensure that the National Coordination Council against Trafficking in Human Beings is adequately resourced and staffed; and reinforce its cooperation with international and regional organizations, as well as on a bilateral basis.

### *Paragraph 512*

The State party should ensure that its commitment to primary health care is met by adequate allocation of resources and that all persons, especially from the most vulnerable groups, have access to health care. It is suggested that the State party establish comprehensive reproductive health programmes, as well as measures to ensure that abortion is not perceived as a method of contraception. It is further recommended that adolescents have access to and are provided with reproductive health education, as well as with STD and HIV/AIDS prevention programmes. Children should be provided with accurate and objective information about alcohol and tobacco use, and activities by the public mass media promoting their consumption should be discouraged.

- Nepal, ICESCR, E/2002/22 (2001) 83 at paras. 543, 545, 550 and 570.

### *Paragraph 543*

It is noted with regret that 29 per cent of the population has no access to safe water, 90 per cent has no access to health services and 84 per cent has no access to sanitation.

### *Paragraph 545*

It is noted with concern that only Tibetans who arrived in Nepal before 1990 and the Bhutanese are recognized as refugees by the authorities. It is further noted that while the Tibetan refugees benefit from appropriate treatment, the Bhutanese refugees are not allowed to work, are not allowed freedom of movement outside their refugee camps, and do not have access to the same health and educational facilities as Nepalese citizens.

### *Paragraph 550*

The Committee is concerned that under the current national health plan for 1997-2017, the role of the State in the development of a national health care system, consistent with the structural adjustment programmes, is minimized. It is further noted that the mental health service is insufficient

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and that there is no community mental health programme available.

### *Paragraph 570*

The State party should acknowledge people other than those from Tibet and Bhutan as refugees and provide the same kind of treatment to all refugees. The State party is invited to consider acceding to the Convention relating to the Status of Refugees and its Protocol, the Convention relating to the Status of Stateless Persons and the Convention on the Reduction of Statelessness.

- Japan, ICESCR, E/2002/22 (2001) 90 at paras. 606 and 633.

### *Paragraph 606*

It is of concern that despite large resettlement programmes planned and executed by Hyogo Prefecture in the aftermath of the great Hanshin-Awaji earthquake, the population most affected has not always been consulted adequately, and as a consequence, many single older persons now live in environments totally unfamiliar to them with little or no personal attention. Apparently, little or no psychiatric or psychological treatment is being offered for people who have lost their families. Many resettled earthquake victims who are over 60 years of age lack community centres, access to health centres and outpatient nursing.

### *Paragraph 633*

Hyogo Prefecture should be encouraged to step up and expand its community services, in particular to older and disabled persons.

- Germany, ICESCR, E/2002/22 (2001) 97 at paras. 666, 667, 680, 684 and 685.

### *Paragraph 666*

Grave concern is expressed about inhumane conditions in nursing homes owing to structural deficiencies in nursing, as confirmed by the Medizinischer Dienst der Spitzenverbände der Krankenkassen (Medical Service of the national associations of health insurance funds).

### *Paragraph 667*

It is of concern that the victims of trafficking in persons, and in particular women, are doubly victimized, owing to a lack of sensitization of police, judges and public prosecutors, a lack of appropriate care for victims, and the risks and dangers awaiting them upon deportation to their home countries.

### *Paragraph 680*

The necessary legislative and administrative measures should be taken to oblige employers to respect labour legislation and to declare the persons they employ, in order to reduce the number of illegal

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workers who do not enjoy the minimum protection of their rights to social security and health care.

### *Paragraph 684*

Urgent measures should be adopted to improve the situation of patients in nursing homes.

### *Paragraph 685*

Training programmes should be undertaken for those dealing with victims of trafficking in persons to ensure that they are sensitized to the needs of the victims, to provide better protection and appropriate care, and to ensure that victims can claim redress before courts of law.

- Israel, ICESCR, E/2002/22 (2001) 103 at paras. 704 and 706.

### *Paragraph 704*

Deep concern is expressed about the continuing gross violations of economic, social and cultural rights in the occupied territories, especially the severe measures adopted to restrict the movement of civilians between points within and outside the occupied territories, severing their access to food, water, health care, education and work. It is of particular concern that on frequent occasions, the State party's closure policy has prevented civilians from reaching medical services and that emergency situations have ended at times in death at checkpoints. There is alarm over reports that the Israeli security forces have turned back supply missions of the International Committee of the Red Cross and the United Nations Relief and Works Agency for Palestine Refugees in the Near East attempting to deliver food, water and medical relief to affected areas.

### *Paragraph 706*

The State party is urged to exercise its powers and responsibilities to put an end to the violence, the loss of human lives and the restrictions imposed on the movement of civilians between points within and outside the occupied territories. In this regard, the State party is urged to implement without delay its obligations under the Covenant and to desist from decisions and measures resulting in violations of the economic, social and cultural rights of the population living in the occupied territories. The Committee expresses its firm conviction that the implementation of the International Covenant on Economic, Social and Cultural Rights can play a vital role in procuring a lasting peace in Israel and Palestine.

## **CEDAW**

- Russian Federation, CEDAW, A/50/38 (1995) 99 at para. 547.



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Concern is expressed over the inadequate public health financing which led to a reduction in guaranteed state medical aid to women and children, while state expenditure for education in general was being curtailed.

- Iceland, CEDAW, A/51/38 (1996) 12 at paras. 100 and 104.

### *Paragraph 100*

In order to ensure the protection of migrant women, the Government should continue the provision of adequate health and counselling services and monitoring of the increasing number of intermarriages between Icelandic men and migrant women which the Government is undertaking.

### *Paragraph 104*

The Government should adopt a public health approach to the issue of violence against women and facilitate the reporting of violence through primary health-care providers.

- Morocco, CEDAW, A/52/38/Rev.1 part I (1997) 11 at para. 78.

Special measures should be taken to reduce maternal mortality rates and protect women's right to life by ensuring full and timely access of all women to emergency obstetric care.

- Slovenia, CEDAW, A/52/38/Rev.1 part I (1997) 15 at paras. 118 and 121.

### *Paragraph 118*

Current efforts to restructure the financial systems underlying health care and social security benefits, including pensions, should be designed to avoid detrimental effects on women as wage earners and beneficiaries in those sectors.

### *Paragraph 121*

Measures for the early detection and the preventive treatment of breast cancer should be increased.

- Saint Vincent and the Grenadines, CEDAW, A/52/38/Rev.1 part I (1997) 21 at paras. 140 and 147.

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### *Paragraph 140*

That women had to seek spousal consent for tubal ligation is of concern. Concern was also expressed over the fact that the law precluded safe abortion and prevented women from taking control of their reproductive health.

### *Paragraph 147*

The Government, in collaboration with non-governmental organizations, churches and all individuals and competent authorities, should introduce gender-sensitive reproductive and sexual health education, information and counselling in order to curb the very high rate of pre-teen and teenage pregnancy and should integrate reproductive and sexual health services, including family planning, into primary health care.

- Turkey, CEDAW, A/52/38/Rev.1 part I (1997) 24 at paras. 178 and 190.

### *Paragraph 178*

The practice of forced gynaecological examinations of women in the investigation of allegations of sexual assault, including of women prisoners while in custody is noted with grave concern. Such coercive practices are degrading, discriminatory and unsafe and constituted a violation by state authorities of the bodily integrity, person and dignity of women.

### *Paragraph 190*

The high number of women in rural areas working in family enterprises is of concern since their work was not recognized in the formal economy, they did not receive social security benefits and their access to health services was limited.

- Venezuela, CEDAW, A/52/38/Rev.1 part I (1997) 30 at para. 236.

The reduction in health budgets, the rise in the maternal mortality rate, the lack of and limited access to family-planning programmes (especially for teenagers), the lack of statistics on acquired immunodeficiency syndrome and women's limited access to public health services are of concern. In addition, legislation that criminalized abortion, even in cases of incest or rape, remains in force.

- Canada, CEDAW, A/52/38/Rev.1 part I (1997) 42 at para. 329.

The trend towards the privatization of health care programmes, which could seriously affect the accessibility and quality of services available to Canadian women, especially the most vulnerable and disadvantaged, is noted with concern.

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- Armenia, CEDAW, A/52/38/Rev.1 part II (1997) 78 at paras. 59, 60 and 67.

### *Paragraph 59*

The lack of access of women engaging in prostitution to appropriate health services, including for the prevention and care of HIV/AIDS, is noted.

### *Paragraph 60*

As to the subject of women's health, deep concern is expressed with regard to the Government's plan to consider proposals for privatization of the health system. The adverse effects for women and other vulnerable groups of privatization in the health area, even in highly developed countries is emphasized.

### *Paragraph 67*

In the planning and implementation of privatization policies and programmes, the Government of Armenia should ensure that it fulfilled its social responsibilities and obligations under international human rights law so that its policies and programmes would not deprive women and other vulnerable groups of enjoyment of their human rights, especially in the area of health.

- Namibia, CEDAW, A/52/38/Rev.1 part II (1997) 82 at para. 105.

Concern is expressed over the fact that the health of prostitutes is not taken into account and that, unlike other women, they did not have access to health care.

- Israel, CEDAW, A/52/38/Rev.1 part II (1997) 87 at para. 181.

Public health services should supply free and accessible contraceptives.

- Italy, CEDAW, A/52/38/Rev.1 part II (1997) 106 at paras. 353 and 359.

### *Paragraph 353*

The limited availability of abortion services for women in southern Italy, as a result of the high incidence of conscientious objection among doctors and hospital personnel, is of concern.

### *Paragraph 359*

The Government is urged to embark on public sensitization campaigns in relation to domestic violence in its various manifestations (sexual, physical, etc.) to ensure the protection of human rights of women and the girl child in the family. In particular, it is recommended that measures be

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introduced to encourage complaints and provide mechanisms for effective and timely response to such claims. Health professionals should be trained in the care and management of domestic violence cases.

- Australia, CEDAW, A/52/38/Rev.1 part II (1997) 111 at para. 397.

The continuing adverse situation of Aboriginal and Torres Strait Islander women is of concern. Major causes of concern included a higher incidence of maternal mortality, lower life expectancy, reduced access to the full range of health services, a high incidence of violence, including domestic violence, and high unemployment rates. Their situation, as well as that of migrant women, was further compromised by an apparent rise in racism and xenophobia.

- Bangladesh, CEDAW, A/52/38/Rev.1 part II (1997) 117 at para. 438.

Concern is expressed over the fact that maternal mortality and infant mortality rates remained high and that available primary health and reproductive health services were still inadequate and often inaccessible to poor, rural and marginalized women. Moreover, family planning services still mainly targeted women, and not enough education on male responsibility in reproduction had been introduced.

- Croatia, CEDAW, A/53/38/Rev.1 part I (1998) 10 at para. 109.

Concern is expressed over the services pertaining to women's reproductive health which are the first to be affected as a result of the Government's financial constraints. Information regarding the refusal, by some hospitals, to provide abortions on the basis of conscientious objection of doctors is also of concern as this is considered to be an infringement of women's reproductive rights.

- Mexico, CEDAW, A/53/38/Rev.1 part I (1998) 32 at para. 403.

Efforts should be continued to reduce poverty among rural women, particularly indigenous women, and to work together with non-governmental organizations, making special efforts to promote education, employment and health programmes conducive to the integration of women into the development process, both as beneficiaries and as protagonists.

- South Africa, CEDAW, A/53/38/Rev.1 part II (1998) 58 at paras. 133 and 134.

*Paragraph 133*

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The uneven distribution of health care services in the country is of concern. The insufficient data disaggregated by sex being kept on birth rates and in disease registers as well as the fact the practice of female genital mutilation has not been given any attention is noted.

### *Paragraph 134*

Efforts should be made to ensure equal access to health services throughout the entire country. The Government should continue its efforts to ensure women, particularly poor women, have access to family planning programmes and related information to increase women's choices and as a means of empowerment.

- New Zealand, CEDAW, A/53/38/Rev.1 part II (1998) 68 at paras. 275 and 276.

### *Paragraph 275*

Concern is expressed over the fact that the ongoing privatization of social services and the introduction of fee-based systems in areas such as health reduces women's, especially poor and Maori women's, access thereto.

### *Paragraph 276*

The impact of privatization on social services, especially in health, should be closely monitored so as to ensure equal access to quality health care for all women.

- Peru, CEDAW, A/53/38/Rev.1 part II (1998) 72 at paras. 328, 337-340 and 342.

### *Paragraph 328*

The necessary practical measures should be taken to implement Act No. 26260 to treat the victims of domestic violence and to provide training to police officers, members of the army, and court, medical and paramedical personnel, psychologists and nursing staff whose job it is to treat the victims. Official records should also be kept and the necessary monitoring system should be established so as to make it possible to evaluate the magnitude of the problem and how it is evolving.

### *Paragraph 337*

The Committee notes with concern that maternal and infant mortality and teenage pregnancy rates are high and that preventable diseases are common, all of which contributed to serious flaws in the Peruvian health system. The main factor which affected women primarily in the most disadvantaged sectors is lack of resources to avail themselves of medical care when needed and with the necessary speed.

### *Paragraph 338*

All efforts should be made so that such women may exercise their right to health and receive proper

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care and the necessary information from medical and paramedical personnel as part of basic respect for their human rights.

### *Paragraph 339*

The close link between the number of abortions performed and the high maternal mortality rate is of concern. Criminalizing abortions does not discourage abortions, but rather has the effect of making the procedure unsafe and dangerous for women.

### *Paragraph 340*

The law on abortion should be reviewed to ensure that women have access to full and complete health services, which include safe abortion, and to emergency medical attention when complications arise from abortions.

### *Paragraph 342*

Family planning programmes that emphasize sex education, use of adequate contraception and responsible use of sterilization services where necessary, with the patient's express authorization and after the consequences of such procedure had been fully explained, should be established.

- Kyrgyzstan, CEDAW, A/54/38/Rev.1 part I (1999) 15 at paras. 124 and 126.

### *Paragraph 124*

The expansion of the network of crisis centres and the establishment of consultative services to provide necessary medical assistance to women victims of violence, in both urban and rural areas, is recommended.

### *Paragraph 126*

Programmes to create awareness about the negative impact of alcoholism and drug addiction on individuals and on society in general should be put into place. Rehabilitation programmes for victims of such addictions should be introduced.

- Georgia, CEDAW, A/54/38/Rev.1 part II (1999) 53 at para. 112.

The creation of insurance plans that sufficiently cover women patients in hospitals and in ambulatory medical care is recommended.

- Democratic Republic of the Congo, CEDAW, A/55/38 part I (2000) 21 at paras. 220, 227, 229 and 231.

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### *Paragraph 220*

The Government is urged to adopt and enforce laws that prohibit the prostitution of girl children as well as to introduce appropriate measures for the social rehabilitation of prostitutes and to ensure that psycho-educational services are provided, in particular to these very young prostitutes. In addition, in view of the HIV/AIDS pandemic in the State party, full attention must be paid to the provision of health services for prostitutes.

### *Paragraph 227*

The high rates of maternal and infant mortality, the low rate of contraceptive use, particularly in rural areas, and the decline in health services are noted with deep concern.

### *Paragraph 229*

The Government should promote the improvement of health services for women throughout their life-cycle, taking into account the Committee's general recommendation 24 on women and health.

### *Paragraph 231*

The Government is urged to pay the greatest attention to the needs of rural women and to ensure that they benefit from the policies and programmes adopted in all spheres. Rural women's equal participation in decision-making, and access to health services and credit should be ensured.

### *See also:*

- Cameroon, CEDAW, A/55/38 part II (2000) 53 at para. 62.
  
- Burkina Faso, CEDAW, A/55/38 part I (2000) 25 at paras. 274-276.

### *Paragraph 274*

The precarious state of women's health, especially in rural areas, is of particular concern. The high rates of maternal and infant mortality caused by infectious diseases and malnutrition result from the lack of local health-care centres and adequate health-care providers. The lack of access for women to family planning services is also noted with concern.

### *Paragraph 275*

The Government should pay particular attention to this problem, in order to improve the indicators of women's health. National reproductive health programmes should be drawn up both for women and for girls in order to prevent early pregnancy and induced abortion.

### *Paragraph 276*

The access of women to primary health services and drinking water should be facilitated. The Government is encouraged to integrate family planning services in primary health care so that women

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can have easier access to them. The State party should organize awareness-raising and information activities for women about contraceptive measures and should involve men in these activities. The legislation on abortion should be reviewed and coverage should be provided by social security. Furthermore, the female population should be made aware of the risks and consequences of sexually transmitted diseases, including HIV/AIDS.

- Germany, CEDAW, A/55/38 part I (2000) 29 at para. 318.

A comprehensive assessment should be undertaken of the situation of foreign women, including their access to education and training, work and work-related benefits, health care and social protection.

- Belarus, CEDAW, A/55/38 part I (2000) 34 at para. 374.

The Government should maintain adequate and affordable physical and mental health services for women throughout their life cycle, including for older women. In particular, the Government is urged to increase affordable contraceptive choices for women and men so as to increase the use of contraception. The occupational health and safety legislation and standards, with a view to reducing protective standards should be reviewed, which often have a discriminatory effect on women in general and pregnant women in particular. The collection of data on illnesses affecting women more than men and the monitoring of HIV/AIDS prevalence among women, is further recommended. Further efforts should be made by the Government to address the effects on women and children of the Chernobyl disaster, availing itself of international humanitarian assistance.

- Republic of Moldova, CEDAW, A/55/38 part II (2000) 56 at paras. 109 and 110.

### *Paragraph 109*

While declines in women's mortality rates are noted, concern is expressed about the status of women's health, especially women's reproductive health, and that abortion is apparently used as a means of fertility control.

### *Paragraph 110*

The Government is urged to maintain free access to basic health care, to include a life-cycle approach to women's health in its health policy, and to improve its family planning and reproductive health policy, including availability and accessibility of modern contraceptive means.

- Lithuania, CEDAW, A/55/38 part II (2000) 61 at paras. 158-161.



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### *Paragraph 158*

It is of concern that the Government has not addressed the health needs of Lithuanian women by taking into account the life-cycle approach recommended by the Beijing Platform for Action and as stated in general recommendation 24 on article 12, relating to women and health. The high rate of abortion among women and a lack of access to various methods of family planning, including contraceptives, especially among women in rural areas, are also noted with concern. Concern is also expressed over the increase of tuberculosis and mental diseases among women, as well as the high rate of anaemia among pregnant women.

### *Paragraph 159*

The Government should fully implement a life-cycle approach to women's health. Comprehensive research into the specific health needs of women, the financial and organizational strengthening of family planning programmes and the provision of wide access to contraceptives for all women, including rural women, are further recommended.

### *Paragraph 160*

Concern is expressed over the fact that the Government does not have enough information on the situation of rural women, especially older rural women, as concerns their cash income, health situation, access to free health care services and social and cultural opportunities.

### *Paragraph 161*

The Government should monitor existing programmes and develop additional policies and programmes aimed at the economic empowerment of rural women, ensuring their access to productive resources and capital as well as to health care services and to social and cultural opportunities.

- Iraq, CEDAW, A/55/38 part II (2000) 66 at paras. 201, 203 and 204.

### *Paragraph 201*

The fact that sanctions have had a negative impact on women and children in areas such as health care, nutrition, employment and other basic social services, is recognized. Nevertheless, concern is expressed at the failure of the Government to put in place specific and targeted measures to address these problems.

### *Paragraph 203*

The overall health situation of women is of concern. The high incidence of maternal mortality and the lack of basic health services, medicines and reproductive health services, including qualified birth attendants, are noted. It is of particular concern that, given the socio-economic difficulties, no measures have been put in place to address the mental and psychological health of women. That no

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steps have been taken to determine the prevalence of HIV/AIDS in the country, and that no relevant preventive education and information campaigns aimed at women exist, are also matters of concern.

### *Paragraph 204*

The Government is urged to put in place mechanisms to provide the greatest possible protection of women's health rights. Women and children should be targeted effectively so that they benefit from available resources and such resources should not be diverted to other purposes. The Government should take a holistic view of women's health, in line with general recommendation 24 relating to article 12 of the Convention, and should put in place measures to ensure women's mental and psychological well-being.

- Austria, CEDAW, A/55/38 part II (2000) 70 at paras. 237 and 239.

### *Paragraph 237*

The Government should replicate, at the federal level, the Vienna programme on women's health and intensify efforts to apply a gender perspective in health care by initiating and sponsoring relevant research, taking into account General Recommendation 24 on article 12, relating to women and health.

### *Paragraph 239*

The lack of data disaggregated by sex on the impact of policies and programmes, is of concern. The Government should improve the collection of data to integrate gender perspectives into health care, taking into account sex-disaggregated data on causes of morbidity and mortality.

- Cuba, CEDAW, A/55/38 part II (2000) 73 at para. 257.

The State party is commended with appreciation for its encouraging national indicators for social development, especially women's generally high literacy rates, and the favourable indicators in the field of women's health, including access to basic health care, low maternal, infant and women's mortality rates and a decline in abortion rates.

## **CAT**

- Switzerland, CAT, A/49/44 (1994) 20 at para. 132.

Reform of the legislation and practice relating to police custody and pre-trial detention is desirable, particularly the right to get in touch with one's family, immediate access to a lawyer and the right to

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a medical examination by a doctor of the detained person's choice or drawn from a list of doctors compiled by the Medical Association.

*See also:*

- Libyan Arab Jamahiriya, CAT, A/50/44 (1995) 16 at para. 101.
  
- Chile, CAT, A/50/44 (1995) 10 at para. 60.

In a spirit of collaboration, an in-depth review of procedure should be undertaken, especially as regards police powers of detention and the right of the detainee to free access to and communication with family members and legal advisers and a physician whom he trusts; and the advisability of explicitly abolishing those rules such as automatic obedience, which are not compatible with the Convention.

- Mauritius, CAT, A/50/44 (1995) 20 at para. 143.

The State party should pursue its efforts to undertake legislative reforms, more particularly in regard to prison administration, periods of police custody and the right to be attended to by a doctor or to be visited by a family member.

- Italy, CAT, A/50/44 (1995) 21 at para. 157.

The State party should better guarantee the right of a victim of torture to be compensated by the State and to provide some programme of rehabilitation for him, and should monitor effective compliance with safeguards during preliminary custody, especially access to a doctor and legal counsel.

- Switzerland, CAT, A/53/44 (1998) 11 at para. 100.

The authorities should investigate the allegations of medical treatment carried out on persons who are being expelled without their consent.

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- New Zealand, CAT, A/53/44 (1998) 19 at paras. 172 and 175.

### *Paragraph 172*

The periodic review of the clinical status of mental patients committed to mental hospitals ensures that such compulsory treatment will not violate the mental patients' right to freedom.

### *Paragraph 175*

Allegations that prisoners were molested by the guards with fists and legs, that they were not provided with medical treatment and were deprived of food and proper places of detention cannot be considered as instances of torture, although they amount to cruel and degrading treatment.

- Germany, CAT, A/53/44 (1998) 19 at para. 195.

All detainees, at the outset of their custody, should be given a form in a language they understand, outlining their rights, including the right to be informed of the reason for their arrest, to contact a relative and a lawyer of their choice, to submit a complaint about their treatment and to receive medical assistance.

- Tunisia, CAT, A/54/44 (1999) 11 at para. 97.

The fact that many of the regulations existing in Tunisia for arrested persons are not adhered to in practice are of concern, particularly the requirement of medical examination with regard to allegations of torture and the carrying out of autopsies in all cases of death in custody.

- Paraguay, CAT, A/55/44 (2000) 27 at para. 150.

The lack of programmes for redress and the rehabilitation of the physical and mental health of the victims of torture, as required by article 14 of the Convention is of concern.

- Armenia, CAT, A/56/44 (2001) 17 at para. 39.

Counsel, family members and the doctor of their own choice must be guaranteed immediate access to persons deprived of liberty.

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- Belarus, CAT, A/56/44 (2001) 19 at para. 45.

The overcrowding, poor diet and lack of access to basic hygiene facilities and adequate medical care, as well as the prevalence of tuberculosis, in prisons and pre-trial detention centres are matters of concern.

- Georgia, CAT, A/56/44 (2001) 35 at paras. 81 and 82.

### *Paragraph 81*

The lack of adequate access for persons deprived of liberty to counsel and doctors of their choice as well as visits of family members is a matter of concern.

### *Paragraph 82*

It is recommended that :

Measures be taken to ensure that all persons deprived of their liberty or arrested by law enforcement officials: i) are informed promptly of their rights, including the right to complain to the authorities against ill-treatment, the right to be informed promptly of the charges against them and the right to counsel and doctor of their choice; ii) have prompt access to counsel and doctor of their choice as well as family members.

In order to ensure that perpetrators of torture do not enjoy impunity, urgent steps be taken to: i) establish an effective and independent complaints mechanism; ii) make provisions for the systematic review of all convictions based upon confessions that may have been obtained through torture; iii) make adequate provisions for compensation and rehabilitation of victims of torture.

Steps be taken to continue education and training activities on the prevention of torture and the protection of individuals from torture and ill-treatment for police and for the staff of prisons, as well as for forensic experts and medical personnel in prisons in examining victims of torture and documenting acts of torture.

- Bolivia, CAT, A/56/44 (2001) 40 at paras. 95 and 96.

### *Paragraph 95*

Concern is expressed with respect to the following:

Overcrowding, lack of amenities and poor hygiene in prisons, the lack of basic services and of appropriate medical attention in particular, the inability of the authorities to guarantee the protection of detainees in situations involving violence within prisons. In addition to contravening the United

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Nations Standard Minimum Rules for the Treatment of Prisoners, these and other serious inadequacies aggravate the deprivation of liberty of prisoners serving sentences and those awaiting trial, making such deprivation cruel, inhuman and degrading punishment and, in the case of the latter, punishment served in advance of sentence.

### *Paragraph 96*

The exceptional nature of those few cases in which the State has accepted its obligation to compensate for damage caused by exceptionally serious violations of the right to life would appear to demonstrate the absence of any State policy relating to redress for victims of human rights violations. There is particular concern about the lack of government initiatives for the rehabilitation of torture victims.

- Slovakia, CAT, A/56/44 (2001) 43 at para. 104.

Concern is expressed over the lack of adequate guarantees of the rights of persons deprived of liberty to have access to counsel and a doctor of his or her choice, as well as prompt medical exams.

- Czech Republic, CAT, A/56/44 (2001) 46 at paras. 113 and 114.

### *Paragraph 113*

The lack of adequate guarantees of the rights of persons deprived of liberty to notify a close relative or third party of their choice, to have access to doctors of their choice and to have access to counsel as from the outset of their custody are matters of concern.

### *Paragraph 114*

All persons deprived of their liberty should be guaranteed the rights to notify a close relative or third party of their choice, the right to have access to a lawyer of their choice, as from the very outset of their custody, and the right to have access to a doctor of their choice in addition to any medical examination carried out by the police authorities.

- Brazil, CAT, A/56/44 (2001) 49 at paras. 119 and 120.

### *Paragraph 119*

Concern is expressed about the following:

The overcrowding, lack of amenities and poor hygiene in prisons, the lack of basic services and of appropriate medical attention in particular, and violence between prisoners and sexual abuse. There is particular concern about allegations of ill-treatment and discriminatory treatment of certain groups

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with regard to access to the already limited essential services, notably on the basis of social origin or sexual orientation.

The lack of training of law-enforcement officials in general, at all levels, and of medical personnel, as provided by article 10 of the Convention.

### *Paragraph 120*

The following is recommended:

Urgent measures should be taken to improve conditions of detention in police stations and prisons, and the State party should, moreover, redouble its efforts to remedy prison overcrowding and establish a systematic and independent system to monitor the treatment in practice of persons arrested, detained or imprisoned.

The State party should reinforce human rights education and promotion activities in general and regarding the prohibition of torture in particular, for law-enforcement officials and medical personnel, and introduce training in these subjects in official education programmes for the benefit of the younger generations.

Measures should be taken to regulate and institutionalize the right of victims of torture to fair and adequate compensation payable by the State, and to establish programmes for their fullest possible physical and mental rehabilitation.

- Kazakhstan, CAT, A/56/44 (2001) 52 at para. 129.

The State party should proceed with the adoption of measures to permit defence counsel to gather evidence, and to be involved in cases from the very start of the detention period, and to ensure that doctors will be provided on the request of detained persons, rather than the orders of prison officials.

- Costa Rica, CAT, A/56/44 (2001) 55 at para. 135.

Concern is expressed about the absence of State programmes for the rehabilitation of torture victims.

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- Russian Federation, CRC, CRC/C/16 (1993) 21 at paras. 80 and 88.

#### *Paragraph 80*

The problems encountered in the immunization programme, the level of antenatal care, family planning programmes and the training of local community health workers are of concern.

#### *Paragraph 88*

The primary health care system should be improved regarding the effectiveness of, *inter alia*, antenatal care, health education, including sex education, family planning and immunization programmes. As regards to the problems relating specifically to the immunization programme, the Government should look to international cooperation for support in the procurement and manufacturing of vaccines.

- Belarus, CRC, CRC/C/24 (1994) 24 at para. 119.

A stronger emphasis should be placed on primary health care activities, which would include the development of educational programmes to cover such matters as family education, family planning, sex education and the benefits of breast-feeding. Equally, community health care workers should be trained to develop awareness of these subjects among the general public, including children. In addition, programmes of rehabilitation and reintegration for emotionally disturbed or traumatized children should be developed.

- Pakistan, CRC, CRC/C/29 (1994) 10 at para. 54.

The Government is encouraged to continue taking measures to strengthen the primary health-care system. Greater emphasis should be placed on family education, including family planning, and on the training of community health care-workers to assist in these tasks. An outreach programme should be developed at the community level to address issues relating to disabled children, in view of their particular vulnerability.

- Honduras, CRC, CRC/C/34 (1994) 11 at paras. 42 and 55.

#### *Paragraph 42*

That the lack of provision of and access to health services and facilities, and clean water and sanitation is an extremely serious problem in rural areas is noted. The prevalence of the malnutrition of children from the poorer and more disadvantaged sectors of the population, especially as regards



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the adverse effects of the insufficiency of nutritious food on the child's right to survival and a healthy development is also of concern.

### *Paragraph 55*

Measures should be taken urgently to extend and strengthen the primary health care system and to improve the quality of health care, including through incentives to attract higher numbers of volunteers into the system at the community level and through the provision of essential medicines and medical equipment at the various levels of health care in the country.

- Germany, CRC, CRC/C/46 (1995) 15 at para. 97.

The provision of medical treatment and services to asylum-seeking children do not appear to be interpreted in the light of the principles and provisions of the Convention.

- Mongolia, CRC, CRC/C/50 (1996) 13 at paras. 63 and 71.

### *Paragraph 63*

The difficulties encountered by children living in rural and remote areas and by disabled children in their access to basic services such as health care, social services and education are matters of concern.

### *Paragraph 71*

The State party should take all necessary measures to reinforce the access to basic services for children (health, education and social care) in rural areas and for disabled children throughout the country.

- Yugoslavia (Serbia and Montenegro), CRC, CRC/C/50 (1996) 17 at paras. 87, 96, 115, 116 and 118.

### *Paragraph 87*

Attention is drawn to the serious problems threatening the health-care system which have involved large-scale dismissals of health personnel, thereby adversely affecting the health and social protection of Albanian-speaking children in Kosovo.

### *Paragraph 96*

Concern is expressed at information which indicates that disparities exist between regions and between rural and urban areas with regard to the provision of health care to children. The increase in the number of children, including refugee children, with mild and serious mental disorders is noted with concern. The situation of disabled children generally is an issue of concern.

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### *Paragraph 115*

The State party should accord greater attention and consideration to the development of a strong primary health-care system. Such a system would have the benefits of according due attention to developing a culture of nutrition, hygiene and sanitation education, transmitting health skills to parents, and enhancing participatory approaches to the distribution and use of resources throughout the health-care system.

### *Paragraph 116*

The State party should consider as a matter of priority the further development of rehabilitative programmes. In this regard, the problem of the apparent scarcity and inadequacy of programmes for the treatment of post-traumatic stress disorders, identified primarily in refugee children, needs to be adequately addressed.

### *Paragraph 118*

Serious consideration should be given to the possibility of allocating further resources for programmes for the prevention of sexual abuse and exploitation and the rehabilitation of victims, including training of and support to the professionals dealing with these issues and the development of an integrated and coordinated approach to assist both the victims and the perpetrators of such abuse.

- Finland, CRC, CRC/C/50 (1996) 35 at paras. 212, 225 and 236.

### *Paragraph 212*

It is noted with satisfaction that the Government provides a comprehensive social security system and a wide range of welfare services for the benefit of children and their parents, particularly free health care, free education, extended pregnancy leave rights and a large day-care system.

### *Paragraph 225*

The State party's current shortage of facilities for the psychiatric treatment of children is a concern. This shortage may result in the non-separation of children from adults in psychiatric establishments. The high rates of suicide and the increasing rates of drug abuse among youth are also of concern.

### *Paragraph 236*

The State party should take all appropriate measures to prevent mentally-ill children being institutionalized in the same facilities as adults. Additional research should also be undertaken in the areas of suicide and drug abuse to improve the understanding of those phenomena and generate appropriate measures to deal efficiently with them.

- Nepal, CRC, CRC/C/54 (1996) 25 at para. 181.

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The State party should take all necessary measures to reduce the drop-out rate of girls in rural and urban areas and to prevent their involvement in child labour or prostitution, and to reinforce the access to basic services (health, education and social care) for children in rural areas and for disabled children throughout the country.

- Guatemala, CRC, CRC/C/54 (1996) 31 at para. 209.

Deficiencies in the system of birth registration are of deep concern since the failure to register children prevents them from being recognized as persons, from having access to education and health services and from being protected against trafficking in and illegal adoption of children.

- Ethiopia, CRC, CRC/C/62 (1997) 12 at para. 80.

The insufficient measures taken by the authorities for the physical and psychological recovery and social reintegration of children victims of war are of concern.

- Bangladesh, CRC, CRC/C/66 (1997) 22 at para. 143.

The high maternal mortality rates, lack of access to prenatal care and, more generally, limited access to public health-care facilities are matters of concern. The absence of programmes addressing the mental health of children and their families is also of concern.

- Azerbaijan, CRC, CRC/C/66 (1997) 41 at para. 288.

The substantial number of refugees and internally displaced persons resulting from the armed conflict since 1990, especially children, many of whom have been living in tents for three years is of concern. These children do not always have equal access to basic services, especially health, education and social services.

- Australia, CRC, CRC/C/69 (1997) 16 at paras. 95 and 114.

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### *Paragraph 95*

The special problems still faced by Aboriginals and Torres Strait Islanders, as well as by children of non-English-speaking backgrounds, with regard to their enjoyment of the same standards of living and levels of services, particularly in education and health, is of concern.

### *Paragraph 114*

Further steps should be taken to raise the standards of health and education of disadvantaged groups, particularly Aboriginals, Torres Strait Islanders, new immigrants, and children living in rural and remote areas.

- Hungary, CRC, CRC/C/79 (1998) 7 at para. 59.

Further measures should be undertaken to prevent and redress unequal access to health services and to the education system between the rural and urban population, and in particular, to facilitate the access of Roma children to health and education. Health services and medical supplies should be equally distributed between and within the local governments.

- Fiji, CRC, CRC/C/79 (1998) 18 at paras. 118 and 144.

### *Paragraph 118*

The prevalence of malnutrition and high rates of maternal mortality, as well as the limited access to health services on remote islands, are matters of concern.

### *Paragraph 144*

Further efforts should be undertaken to establish rehabilitation centres for child victims of ill-treatment, sexual abuse and economic exploitation.

- Maldives, CRC, CRC/C/79 (1998) 31 at paras. 214, 215 and 239.

### *Paragraph 214*

The prevalence of malnutrition (stunting and iron deficiency) and the high maternal mortality rate, as well as the limited access to safe water and adequate sanitation, are of concern. The problems of adolescent health, particularly the high and increasing rate of early pregnancies, the lack of access by teenagers to reproductive-health education and services, and the insufficient preventive measures taken against HIV/AIDS and to promote breastfeeding of children, especially in health facilities, are also of concern.

### *Paragraph 215*

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The insufficient measures taken to ensure effective access of children with disabilities to health, education and social services, and to facilitate their full inclusion into society are of concern. The small number of well-trained professionals working with and for children with disabilities is also of concern.

### *Paragraph 239*

Efforts should be strengthened to prevent and combat drug and substance abuse among children, and all appropriate measures should be taken, including public information campaigns in and outside the schools. Support of rehabilitation programmes for child victims of drug and substance abuse is encouraged. In this regard, technical assistance should be considered from UNICEF and the World Health Organization.

- Bolivia, CRC, CRC/C/80 (1998) 22 at para.111.

All appropriate measures, including seeking international cooperation, should be taken to ensure access to basic health-care and services for all children and to ensure that adolescent health policy and programmes are developed, including prevention, care and rehabilitation measures. More concerted efforts need to be taken to combat malnutrition and to ensure the adoption and implementation of a national nutritional policy for children.

- Austria, CRC, CRC/C/84 (1999) 7 at para. 43.

Appropriate age and structures for medical counselling and treatment without parental consent should be set by law.

- Yemen, CRC, CRC/C/84 (1999) 33 at para. 174.

The prevalence of malnutrition as well as the limited access to health services in rural areas and the persistence of health problems related to insufficient access to safe water and sanitation are matters of concern. The high rate of maternal mortality due to the fact that the majority of births take place in the absence of appropriate medical care, as well as the limited access of women to appropriate health services and education, especially in rural areas, are matters of particular concern. The appropriate resources should be allocated and technical assistance should be considered, when needed, to reinforce efforts to make basic health care accessible to all children. Concerted efforts are needed to combat malnutrition and to ensure the adoption and implementation of a national nutritional policy for children. International cooperation for the establishment of programmes such as the WHO/UNICEF programme Integrated Management of Childhood Illness is recommended. Efforts should be strengthened in the provision of user-friendly health-care facilities for women

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(antenatal, maternal and perinatal care) and adequate training for health workers (for example, midwives), especially in rural and remote areas.

*See also:*

- Ecuador, CRC, CRC/C/80 (1998) 9 at para. 45.
- Guinea, CRC, CRC/C/84 (1999) 21 at para. 114.
- Honduras, CRC, CRC/C/87 (1999) 26 at para. 121.
  
- Saint Kitts and Nevis, CRC, CRC/C/87 (1999) 17 at para. 87.

Efforts should be increased in promoting adolescent health policies and counselling services as well as strengthening reproductive health education, including the promotion of male acceptance of the use of contraceptives. Additionally, further measures, including the allocation of adequate human and financial resources, should be undertaken to develop youth-friendly care, counselling, and rehabilitation facilities for adolescents.

- Honduras, CRC, CRC/C/87 (1999) 26 at para. 122.

The high and increasing rate of teenage pregnancy, the insufficient access to reproductive health education and counselling services, including outside schools, and the increasing rate of substance abuse among adolescents are of concern. Further efforts should be undertaken for the development of child-friendly counselling services as well as care and rehabilitation facilities for adolescents. Measures to prevent and combat substance abuse among adolescents should be strengthened.

- Benin, CRC, CRC/C/87 (1999) 35 at para. 155.

The health situation of children, particularly the limited access to basic health care for children, high maternal, child and infant mortality rates, relatively short period of breastfeeding, poor weaning practices, high rate of malnutrition, poor sanitation and the limited access to safe drinking water, especially in rural communities, are noted with concern. Appropriate resources should be allocated and comprehensive policies and programmes developed to improve the health situation of children; facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; improve breastfeeding practices; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; and increase access to safe drinking water and sanitation. Technical assistance for the Integrated Management of Childhood Illnesses and other measures for child health improvement from UNICEF and the World Health Organization should be considered.

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- Nicaragua, CRC, CRC/C/87 (1999) 54 at paras. 238 and 242.

### *Paragraph 238*

The persistent regional disparities in access to health care, high rates of malnutrition in children under five years of age and in school-age children, and low access to health care services in rural and remote areas are of concern. All appropriate measures, including through international cooperation, should continue to be taken to ensure access to basic health care and services for all children. More concerted efforts need to be taken to guarantee equal access to health care, with special emphasis on rural areas, to combat malnutrition and to ensure the adoption and implementation of a national nutritional policy and plan of action for children.

### *Paragraph 242*

All necessary measures, including awareness-raising programmes on landmines and training for the population at large, should be taken with a view to protecting children. Furthermore, all appropriate measures should be taken to promote the physical and psychological recovery and social reintegration of child victims of landmines and of child victims of past armed conflict.

### *See also:*

- Georgia, CRC, CRC/C/97 (2000) 18 at para. 135.
  
- Venezuela, CRC, CRC/C/90 (1999) 10 at paras. 52 and 54.

### *Paragraph 52*

The insufficient awareness of the harmful consequences of neglect and abuse, including sexual abuse, both within and outside the family; the insufficient financial and trained human resources allocated to prevent abuse and neglect; and the insufficient rehabilitation measures and facilities available for victims are of concern. All appropriate measures should continue to be taken to prevent and combat child abuse and neglect of children in society at large, including the setting up of multi-disciplinary treatment, rehabilitation and educational programmes.

### *Paragraph 54*

The still high teenage maternal mortality and pregnancy rates, the insufficient access by teenagers to reproductive health education and counselling services, including outside of school, and the increasing incidence of HIV/AIDS, STDs and drug and substance abuse (e.g., glue-sniffing) among children and adolescents are of concern. Comprehensive adolescent health policies should be adopted and reproductive health education and counselling services should be strengthened. Measures for the prevention of HIV/AIDS should continue to be taken, taking into consideration the Committee's recommendations adopted on its day of general discussion on "Children living in a world with HIV/AIDS". Further efforts, both financial and human, should be undertaken for the development

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of child friendly counselling services, as well as care and rehabilitation facilities for adolescents. Measures to combat and prevent substance abuse among children should be strengthened.

### *See also:*

- Cambodia, CRC, CRC/C/97 (2000) 64 at paras. 372 and 373.
- Malta, CRC, CRC/C/97 (2000) 75 at para. 431
- Dominican Republic, CRC, CRC/C/103 (2001) 91 at paras. 514 and 515.
  
- Russian Federation, CRC, CRC/C/90 (1999) 18 at paras. 107, 108 and 110.

### *Paragraph 107*

The persistently high infant mortality rate, the deteriorating health infrastructure and services, the increase in parasitic, infectious and respiratory illnesses (tuberculosis in particular), and the increase in malnutrition and the small percentage of children who are breastfed, are issues of great concern.

### *Paragraph 108*

Technical assistance should be sought in order to continue efforts to reverse the deterioration in primary health care. In particular, efforts should continue to be taken to cure and prevent the spread of tuberculosis and other diseases; to continually reduce the use of abortion as a means of contraception; and to promote breastfeeding.

### *Paragraph 110*

The effectiveness of measures taken should be guaranteed in order to ensure access for adolescents to sex education, including information about contraception and STDs, promote adolescent health by strengthening reproductive health and family planning services, as well as counselling services, and prevent and combat HIV/AIDS, STDs and teenage pregnancy and abortions.

- Vanuatu, CRC, CRC/C/90 (1999) 29 at paras. 153 and 155.

### *Paragraph 153*

The survival and development of children continues to be threatened by malaria, acute respiratory infections and diarrhoeal diseases. The insufficient number of trained health workers, the wide discrepancies in the distribution of health professionals between communities, the limited access to health services in some island communities, the poor sanitation and limited access to safe drinking water, particularly in remote areas, are also matters of concern. Appropriate resources should be allocated and comprehensive policies and programmes should be developed to improve the health situation of children and facilitate greater access to primary health services. Efforts to reduce the incidence of maternal, child and infant mortality to improve breastfeeding practices; and to prevent



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and combat malnutrition, especially in vulnerable and disadvantaged groups of children should be continued. Additional measures should be taken to increase access to safe drinking water and to improve sanitation. Additionally, technical cooperation programmes with UNICEF, WHO and others to improve primary health care should be continued.

### *Paragraph 155*

The limited availability of programmes and services and the lack of adequate data in the area of adolescent health, including accidents, suicide, violence and abortions are of concern. The high and increasing incidence of teenage pregnancy and sexually transmitted diseases (STDs) as well as the prevalence of the use of alcohol and tobacco among youth are also of concern. Efforts should be increased to promote adolescent health policies, particularly with respect to accidents, suicide, violence, alcohol consumption and tobacco use. Measures should be undertaken, including the allocation of adequate human and financial resources, to develop youth-friendly counselling, care and rehabilitation facilities that would be accessible, without parental consent, in the best interests of the child. Reproductive health education programmes for adolescents should be strengthened and the inclusion of men in all training programmes on reproductive health should be ensured.

### *See also:*

- South Africa, CRC, CRC/C/94 (2000) 81 at para. 444.
  - Suriname, CRC, CRC/C/97 (2000) 84 at paras. 491 and 492.
  - Lithuania, CRC, CRC/C/103 (2001) 47 at paras. 290 and 291.
  - Lesotho, CRC, CRC/C/103 (2001) 57 at paras. 353 and 354.
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- Mexico, CRC, CRC/C/90 (1999) 34 at paras. 185 and 186.

### *Paragraph 185*

The regional disparities in access to health care, and the high rates of malnutrition among children under five years of age and those of school age, especially in rural and remote areas and among children belonging to indigenous groups, remain of concern. Effective measures should continue to be taken to ensure access to basic health care and services for all children. More concerted efforts need to be taken to guarantee equal access to health care and to combat malnutrition, with special emphasis on children belonging to indigenous groups and children living in rural and remote areas.

### *Paragraph 186*

The high teenage maternal mortality rate and the high number of teenage pregnancies remain of concern. Efforts to prevent the spread of HIV/AIDS should be taken and child-friendly counselling services and care and rehabilitation facilities for adolescents should be developed.

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### *See also:*

- Costa Rica, CRC, CRC/C/94 (2000) 37 at para. 230.
- Colombia, CRC, CRC/C/100 (2000) 64 at paras. 369 and 371.
  
- Mali, CRC, CRC/C/90 (1999) 43 at paras. 219 and 220.

### *Paragraph 219*

The high incidence of child and infant mortality, as well as maternal mortality, malnutrition, poor sanitation and limited access to safe drinking water, especially in rural communities, remains of concern. The appropriate resources should be allocated to develop comprehensive policies and programmes to improve the health situation of children; facilitate access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; and increase access to safe drinking water and sanitation. Additionally, consideration of seeking technical assistance for the integrated management of childhood illnesses and other measures for child health improvement from, *inter alia*, UNICEF and WHO is encouraged.

### *Paragraph 220*

Efforts should be increased to promote adolescent health policies, particularly with respect to accidents, suicide and violence, and efforts should be taken to strengthen reproductive health education and counselling services. Further measures should be undertaken, including the allocation of adequate human and financial resources, to develop youth-friendly counselling, care and rehabilitation facilities for adolescents that would be accessible without parental consent, where this is in the best interests of the child.

- The Netherlands, CRC, CRC/C/90 (1999) 53 at paras. 250 and 257.

### *Paragraph 250*

The right of access to medical advice and treatment without parental consent is of concern. Measures should be taken to ensure that medical advice and treatment remain confidential for children of appropriate age and maturity.

### *Paragraph 257*

The delays faced by juvenile offenders in need of psychological and psychiatric treatment is of concern. The availability of places in institutions should be increased in order to provide these juvenile offenders with timely and appropriate treatment.

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- India, CRC, CRC/C/94 (2000) 10 at paras. 71 and 80.

### *Paragraph 71*

The State party is encouraged to amend sections 53 and 54 of the Code of Criminal Procedure so that medical examination, including age verification, is mandatory at the time of detention and at regular intervals.

### *Paragraph 80*

In light of article 24 of the Convention, it is noted that the State party has already focused and placed priority on the main health issues by establishing several national programmes. Nevertheless, concern is expressed about the high maternal mortality, and very high levels of low birth weight and malnutrition among children, including micronutrient deficiencies, linked to the lack of access to prenatal care and, more generally, limited access to quality public health care facilities, insufficient numbers of qualified health workers, poor health education, inadequate access to safe drinking water and poor environmental sanitation. This situation is exacerbated by the extreme disparities faced by women and girls, especially in rural areas.

- Sierra Leone, CRC, CRC/C/94 (2000) 24 at paras. 169, 170 and 175.

### *Paragraph 169*

Taking note of the very high child and maternal mortality rates, rates of malnutrition and various preventable diseases and the probability of widespread psychological trauma, the Committee is concerned at the very low coverage of basic health services across the country and at the absence of mental health facilities.

### *Paragraph 170*

The State party is urged to make every effort to rebuild national health infrastructures and to ensure the access of the whole population to basic health services, including in rural areas. The Committee recommends, in addition, the establishment of a comprehensive mental health service. Further, the State party is urged to seek international cooperation in implementing this recommendation.

### *Paragraph 175*

It is recommended that the State party urgently develop mechanisms to effectively monitor the incidence and spread of HIV/AIDS. The State party should rapidly develop and implement a strategy for prevention, including through the use of information campaigns, and for care of people who are victims of HIV/AIDS, including for alternative care of their children. The State party is urged to seek assistance from the World Health Organization.

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- The Former Yugoslav Republic of Macedonia, CRC, CRC/C/94 (2000) 45 at paras. 269 and 270.

### *Paragraph 269*

Recognizing the State party's efforts to provide financial and other assistance to ensure the access of children to health care, the Committee is nevertheless concerned that not all children have equal and adequate access to health care, including, notably, children from regions facing particular economic hardship. The State party's policy of requiring adolescents aged 15 to 18 to make financial contributions to their health care costs may limit their access to health care, including sexual health education.

### *Paragraph 270*

The State party is urged to continue its efforts to ensure that all children, from all regions, have equal access to health care services. The State party should review policies requiring 15- to 18-year-olds to share costs and ensure that these policies do not restrict the access of adolescents to full health care.

- Armenia, CRC, CRC/C/94 (2000) 53 at paras. 330, 331 and 337.

### *Paragraph 330*

The Committee wishes to reiterate the concerns expressed by the Committee on Economic, Social and Cultural Rights (E/C.12/1/Add.39) with regard to the deterioration in the health of the Armenian people, especially women and children, and decreasing budgetary allocations in this sector. Concerns include the deterioration in the quality of care; inadequate prenatal and neonatal care; poor nutrition; that the cost of care is a barrier to access to health care for poor households; and that abortion is the most commonly used means of family planning.

### *Paragraph 331*

It is recommended that the State party increase allocation of resources towards an effective primary health care system.

### *Paragraph 337*

The State party should establish mechanisms to ensure that children who are living and/or working on the streets are provided with identity documents, nutrition, clothing and housing. Moreover, the State party should ensure these children have access to health care; rehabilitation services for physical, sexual and substance abuse; services for reconciliation with families; comprehensive education, including vocational and life-skills training; and access to legal aid.

### *See also:*

- Islamic Republic of Iran, CRC, CRC/C/97 (2000) 8 at paras. 66 and 67.

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- Georgia, CRC, CRC/C/97 (2000) 18 at para. 139.
- Kyrgyzstan, CRC, CRC/C/97 (2000) 51 at paras. 316 and 317.
  
- Grenada, CRC, CRC/C/94 (2000) 72 at para. 405.

The limited availability of programmes and services and the lack of adequate data in the area of adolescent health are a concern, including accidents, violence, suicide, mental health, abortion, HIV/AIDS and STDs. The high incidence of teenage pregnancy and the situation of teenaged mothers, especially in relation to their late attendance at antenatal clinics, as well as their generally poor breast-feeding practices are a concern. Most of the current cases of infant and maternal mortality are related to teenaged mothers. It is recommended that the State party increase its efforts in promoting adolescent health policies and counselling services, as well as strengthening reproductive health education, including the promotion of male acceptance of the use of contraceptives. A comprehensive and multi-disciplinary study should be undertaken to understand the scope of adolescent health problems, including the special situation of children infected with, affected by or vulnerable to HIV/AIDS and STDs. Additionally, it is recommended that the State party undertake further measures, including the allocation of adequate human and financial resources, and making efforts to increase the number of social workers and psychologists, to develop youth-friendly care, counselling and rehabilitation facilities for adolescents. The State party is encouraged to develop comprehensive policies and programmes to reduce the incidence of infant and maternal mortality and promote proper breast-feeding and weaning practices among teenaged mothers.

- South Africa, CRC, CRC/C/94 (2000) 81 at para. 446.

Concern is expressed that male circumcision is carried out, in some instances, in unsafe medical conditions. Concern is also expressed about the traditional practice of virginity testing which threatens the health, affects the self-esteem, and violates the privacy of girls. The practice of female genital mutilation (FGM) and its harmful effects on the health of girls is also an issue of concern. It is recommended that the State party take effective measures, including training for practitioners and awareness raising, to ensure the health of boys and protect against unsafe medical conditions during the practice of male circumcision. The State party should undertake a study on virginity testing to assess its physical and psychological impact on girls. In this connection, it is recommended that the State party introduce sensitization and awareness-raising programmes for practitioners and the general public to change traditional attitudes and discourage the practice of virginity testing in light of articles 16 and 24 (3) of the Convention. The State party should strengthen its efforts to combat and eradicate the practice of FGM and should carry out sensitization programmes for practitioners and the general public to change traditional attitudes and discourage harmful practices.

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- Georgia, CRC, CRC/C/97 (2000) 18 at paras. 98, 99, 120, 121, 140 and 141.

### *Paragraph 98*

That the law does not include legal minimum ages for sexual consent and medical treatment without parental consent is of concern.

### *Paragraph 99*

The State party should enact relevant legislation concerning the minimum legal ages for sexual consent and medical treatment without parental consent.

### *Paragraph 120*

Concern is expressed about the health situation of children which continues to be affected by the poor economic situation within the State party. In particular, note is taken of the limited access to and quality of health services, particularly among children living in conflict zones as well as in the mountainous regions; the increasing cost of basic health care of which the State party covers only 15-20 per cent; the inadequate allocation of funding for health; the high maternal, child and infant mortality rates; the increasing malnutrition rate; and the deteriorating situation of sanitation and safe drinking water. While it is noted that the State party is receiving technical assistance for the immunization campaign, vaccines continue to be unavailable. Negative social attitudes towards vaccinations have resulted in a resurgence of preventable diseases such as diphtheria.

### *Paragraph 121*

Appropriate resources should be allocated for the implementation of the National Health Policy and, where appropriate, additional policies and programmes should be developed to improve the health situation of children, especially those living in mountainous regions and conflict zones; facilitate greater access to and quality of primary health services; ensure the availability of vaccines; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; and increase access to safe drinking water and sanitation. The State party is encouraged to continue its cooperation with respect to the Integrated Management of Childhood Illnesses initiative.

### *Paragraph 140*

Concern is expressed about the increasing incidence of drug, alcohol and substance abuse among youth as well as about the lack of financial and human resources, inadequate monitoring mechanisms and insufficient psychological, social and medical programmes and services available in this regard.

### *Paragraph 141*

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In light of article 33 of the Convention, all appropriate measures should be taken, including administrative, social and educational measures, to protect children from the illicit use of alcohol, narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances. The State party is encouraged to support rehabilitation programmes dealing with child victims of alcohol, drug and substance abuse.

### *See also:*

- United Kingdom of Great Britain and Northern Ireland (Overseas Territories) CRC, CRC/C/100 (2000) 40 at paras. 259 and 260.
- Palau, CRC, CRC/C/103 (2001) 79 at paras. 474 and 475.
  
- Kyrgyzstan, CRC, CRC/C/97 (2000) 51 at paras. 290, 291, 328 and 329.

### *Paragraph 290*

Concern is expressed that in practice the system of residence registration in Kyrgyzstan may restrict the rights of children belonging to vulnerable groups (e.g. refugees, non-citizens, migrants and persons internally displaced owing to conflict, economic factors, or environmental disasters) to access to health care and other social services.

### *Paragraph 291*

The State party should ensure that the registration system does not pose a barrier to access to services, particularly for the most vulnerable groups.

### *Paragraph 328*

Concern is expressed about the poor conditions of the facilities; inadequate nutrition, clothing and psychological and medical care; and the lack of access to adequate recreational, educational and vocational facilities. The lack of facilities for the physical and psychological recovery and social reintegration of juvenile offenders is also a concern.

### *Paragraph 329*

Facilities and programmes for the physical and psychological recovery and social reintegration of juveniles should be developed.

- Cambodia, CRC, CRC/C/97 (2000) 64 at paras. 375, 378-381, 388 and 389.

### *Paragraph 375*

It is recommended that the State party address the issue of childhood morbidity and mortality by taking a multisectoral approach recognizing the critical role of illiteracy, lack of clean water supplies

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and food insecurity in the current pattern of childhood illnesses. Priority areas must be identified on the basis of baseline data collected by careful and comprehensive research. Such a strategy must take into account that most health care takes place outside health facilities and outside State control. It must also recognize the needs of particularly isolated communities. In addition, it is recommended that measures be put in place for establishing an efficient primary health care sector, including strategies to encourage care-seeking for childhood illnesses. The State party is encouraged to continue working in cooperation with international agencies.

### *Paragraph 378*

Deep concern is expressed that as a result of the prolonged armed conflict, the State party has one of the highest levels of disability in the world. In this regard, it is noted that most services for children with disabilities are provided by NGOs, which need substantial resources to maintain the current high standards of care and rehabilitation services.

### *Paragraph 379*

The State party should work in close collaboration with and support the activities of NGOs working in this field in order to develop early identification programmes to prevent disabilities; implement alternative measures to the institutionalization of children with disabilities; plan and carry out awareness-raising campaigns to reduce discrimination; establish special education programmes and centres and encourage the inclusion of disabled children in the educational system and in society; and establish adequate monitoring of private institutions for children with disabilities. The State party should seek technical cooperation for the training of professional staff working with and for children with disabilities.

### *Paragraph 380*

Concern is expressed at children's limited access to health services, due notably to the shortage of medical and public health personnel and the insufficient number of primary health centres, in particular in rural areas. The high cost of health care and medicines, which lead families into debt and greater poverty, is also of concern.

### *Paragraph 381*

Access to health-care services and medicines should be improved and extended in order to guarantee access by children belonging to poor families and other marginalized groups.

### *Paragraph 388*

While welcoming the enactment of legislation prohibiting the military recruitment of children under 18 years and the State party's willingness to demobilize the remaining under-age soldiers in the army, concern is expressed at the insufficient measures for social reintegration and physical rehabilitation of former child soldiers. Concern is also expressed at the high number of landmines planted in the



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State party's territory during the recent armed conflict which represent a threat to the lives of children.

### *Paragraph 389*

Effective measures should be taken for the identification, demobilization and psychological rehabilitation and reintegration in society of child soldiers and to undertake awareness-raising campaigns for army officials to prevent the further recruitment of child soldiers.

- Malta, CRC, CRC/C/97 (2000) 75 at paras. 436 and 437.

### *Paragraph 436*

Concern is expressed about the increasing rate of teenage pregnancy; the insufficient access by teenagers to reproductive health education and counselling services, including outside school; and about the lack of a structured policy on health education. Insufficient attention has been given to issues of adolescents' mental health and alcohol consumption, and there is a shortage of psychologists.

### *Paragraph 437*

The State party should take effective measures to develop adolescent-friendly health policies and strengthen reproductive health education and counselling services. The State party should strengthen its programmes on adolescent mental health and continue developing effective educational campaigns to discourage alcohol consumption among children.

- Suriname, CRC, CRC/C/97 (2000) 84 at paras. 482, 488, 505 and 506.

### *Paragraph 482*

Greater efforts should be made to prevent police brutality and ensure that child victims are provided adequate treatment to facilitate their physical and psychological recovery and social reintegration.

### *Paragraph 488*

Cases of domestic violence, ill-treatment and abuse of children should be properly investigated within a child-friendly judicial procedure and sanctions imposed on perpetrators, including treatment, with due regard given to protecting the right to privacy of the child. Measures should also be taken for the physical and psychological recovery and social reintegration of victims in accordance with article 39 of the Convention, and to prevent the criminalization and stigmatization of victims.

### *Paragraph 505*

The increasing number of child victims of commercial sexual exploitation, including prostitution and pornography, involving both boys and girls, is of concern. Concern is also expressed at the insufficient

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programmes for the physical and psychological recovery and social reintegration of child victims of such abuse and exploitation.

### *Paragraph 506*

In light of article 34 and other related articles of the Convention, studies should be undertaken with a view to understanding the scope of the problem and implementing appropriate policies and measures, including the physical and psychological recovery and social reintegration of victims.

### *See also:*

- South Africa, CRC, CRC/C/94 (2000) 81 at para. 452.
  - Georgia, CRC, CRC/C/97 (2000) 18 at paras. 142 and 143.
  - Djibouti, CRC, CRC/C/97 (2000) 96 at paras. 566 and 567.
  - Burundi, CRC, CRC/C/100 (2000) 17 at para. 134.
  - Marshall Islands, CRC, CRC/C/100 (2000) 89 at para. 526.
- 
- Djibouti, CRC, CRC/C/97 (2000) 96 at paras. 549 and 551.

### *Paragraph 549*

The State party should conduct an assessment of the number of children with disabilities, the type of disabilities, and the needs of children with disabilities with regard to rehabilitative and other forms of care.

### *Paragraph 551*

The State party is encouraged to increase its efforts in the health sector, including through the strengthening of data collection and disease surveillance mechanisms, the allocation of adequate resources and the reinforcement of training and support for health sector staff. The State party should ensure equitable access to existing health-care services, make every effort to increase vaccination coverage, including by ensuring the maintenance of a cold chain, and undertake effective collection and recording of data in this respect. Effective measures should be taken to provide information and support to HIV-infected mothers to prevent HIV transmission, in particular by providing safe alternatives to breastfeeding. It is recommended that the State party address the social factors preventing vulnerable groups (including women and children) from seeking health care, and that particular efforts be made to reach refugee and displaced children and those living on the streets. The State party is urged to develop effective partnerships with NGOs and civil society groups, and to seek the technical assistance of United Nations agencies such as WHO and UNICEF in this respect.

- Finland, CRC, CRC/C/100 (2000) 8 at paras. 64, 67, 69, 70, 77 and 78.

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### *Paragraph 64*

The State party should consider taking additional measures to prevent and, where this has not been possible, to identify in a timely manner instances of violence against children within families, to intervene at an early stage, and to develop child-friendly programmes and services for prevention, treatment and rehabilitation with personnel specially trained to work with children.

### *Paragraph 67*

Concern is expressed about the fact that a number of children's wards have been closed or are threatened with closure because of cost-saving measures and that children are cared for in adult wards, sometimes even in the same room as adults.

### *Paragraph 69*

While acknowledging the additional funds allocated in order to provide government support to psychiatric services, in particular child and youth psychiatry, the Committee reiterates its concern that mentally ill children are institutionalized in the same facilities as adults. Further, it joins the State party in expressing concern at the long waiting list for and delayed access to mental health services and professionals for children because of an insufficient number of psychologists and psychiatrists.

### *Paragraph 70*

The State party is encouraged to address the shortage of child psychiatrists and psychologists, in particular in the northern and eastern parts of Finland and in small municipalities with fewer resources, in order to provide children with more timely access to mental health services and to prevent the institutionalization of mentally ill children with adults.

### *Paragraph 77*

The Committee notes with concern the number of asylum-seeking and refugee children coming from areas affected by war and who may have been victims of traumatic experiences.

### *Paragraph 78*

Every effort should be made to identify children who require special support upon their arrival in the State party, and the provision of adequate psychological assistance to them and their parents should be considered.

### *See also:*

- Norway, CRC, CRC/C/97 (2000) 43 at paras. 249, 260 and 261.
  
- Burundi, CRC, CRC/C/100 (2000) 17 at paras. 139, 140, 147, 148, 152 and 153.

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### *Paragraph 139*

The low immunization rate, the high levels of malnutrition and micro-nutrition deficiencies and the extremely poor health conditions among children in general, and particularly in camps, are matters of deep concern. Further, the Committee is concerned at high mortality rates among children, high maternal mortality rates, at low investment in health care, the limited number of hospitals and health centres that are operational, the limited drug supply and relatively high cost of medicines, including generic drugs, and the concentration of medical professionals in Bujumbura city.

### *Paragraph 140*

The State party is urged to make significant increases in the health budget, to make every effort to improve public health, including primary health care, and to ensure adequate access for all children to health services, with particular regard to those living in rural communities and in camps. It is recommended that the State party implement integrated policies and programmes for the management of childhood illnesses and measures to improve child and maternal health. The State party should seek the assistance of UNICEF and WHO in this regard.

### *Paragraph 147*

Noting the current efforts to address trauma, concern is expressed at the inadequacy of specialized psychological care in almost all regions of the State party and the substantial need for such assistance among children who have suffered from, *inter alia*, the ongoing armed conflict, displacement, regroupment, sexual abuse and living conditions in camps. The current ratio of mental health workers to population is very low.

### *Paragraph 148*

Efforts should be increased to make psychological assistance available to those children who have experienced trauma and to increase human resources in the area of psychological care by providing specialized mental health training for existing health professionals.

### *Paragraph 152*

Deep concern is expressed at the very large numbers of persons who have become refugees or internally displaced within the country and at the situation of those displaced children who are unaccompanied. The Committee is disturbed in particular by the massive numbers of people who have been forcibly regrouped within the country and by the very poor, sometimes life-threatening conditions in displaced and regrouped persons camps, and the poor health and education services available to camp populations.

### *Paragraph 153*

The State party is urged to ensure that all displaced children and their families, including those who have been regrouped, have access to essential health and education services and to consider the need for continued access to such services during the often slow process of return to communities of origin.

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- United Kingdom of Great Britain and Northern Ireland (Overseas Territories), CRC, CRC/C/100 (2000) 40 at paras. 253, 254, 259 and 260.

### *Paragraph 253*

The situation of families in Montserrat who have been displaced since the volcanic eruption in 1997 is of concern. Concern is also expressed about the relatively slow pace at which programmes and services, including access to adequate housing, education and health services, are being re-established in Montserrat for internally displaced families.

### *Paragraph 254*

All appropriate measures should be taken to improve the situation of internally displaced families, including their access to adequate housing, education and health services.

### *Paragraph 259*

Note is made of the efforts taken at both the national and regional levels, regarding drug demand reduction and narcotics control. However, concerns remain about the high incidence of drug and substance abuse, particularly among youth in Bermuda and the Caribbean Overseas Territories. The insufficient medical and rehabilitative programmes and services available to child victims of drug and substance abuse are also of concern.

### *Paragraph 260*

In the light of article 33 of the Convention, the State party should enhance its efforts, including through administrative, social and educational means, to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances. The State party is encouraged to strengthen its rehabilitation programmes for child victims of drug and substance abuse.

- Tajikistan, CRC, CRC/C/100 (2000) 53 at paras. 287, 288, 305 and 306.

### *Paragraph 287*

The guarantee of non-discrimination in article 2 of the Convention may be jeopardized by the introduction of fees for State health and education services, which may pose barriers to access by low-income households.

### *Paragraph 288*

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It is recommended that all necessary measures be taken to ensure that all children within the jurisdiction enjoy all the rights set out in the Convention without discrimination, in accordance with article 2. The State party should prioritize and target social services for children belonging to the most vulnerable groups.

### *Paragraph 305*

As a priority, the Committee is seriously concerned at the deterioration in the health of the most vulnerable groups, especially women and children, and in the quality of health services. In particular, note is taken of the increase in communicable diseases, including vaccine-preventable diseases, and the increase in childhood malnutrition.

### *Paragraph 306*

The State party should ensure that its commitment to primary health care, including implementation of the Integrated Management of Childhood Illnesses strategy, is met by the adequate allocation of human and financial resources and that all children, especially from the most vulnerable groups, have access to health care. The State party should undertake awareness-raising campaigns to ensure families are adequately informed of the need to register at polyclinics.

### *See also:*

- Kyrgyzstan, CRC, CRC/C/97 (2000) 51 at paras. 288 and 289.
- Central African Republic, CRC, CRC/C/100 (2000) 77 at paras. 451 and 452.

### *Paragraph 451*

Concern is expressed at the very high mortality rate among young children and the high maternal mortality rate, the high level of serious illnesses, problems related to malnutrition among children and mothers, low immunization rates and poor access to safe drinking water. The charging of fees for basic health care, and particularly prenatal and maternal care, may limit the access of disadvantaged children and their mothers to health services.

### *Paragraph 452*

Every additional effort should be made to address urgent health concerns among children and adults and to improve access for the whole population, including poor families, to health services. The State party is urged to consider and apply means through which charges for health services can be removed or reduced for disadvantaged children and mothers and to improve the decentralization of effective health services. Free medical assistance should be available to pregnant women, including the assistance of trained professionals during childbirth.

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- Marshall Islands, CRC, CRC/C/100 (2000) 89 at paras. 527 and 528.

### *Paragraph 527*

The survival and development of children within the State party continues to be threatened by illnesses caused by inadequate sanitation, hygiene and diet, and vitamin A and iodine deficiencies are widespread. Concern is also expressed about the insufficient number of local trained health workers; wide discrepancies in the distribution of health professionals between communities; limited access to health services in the outer island communities; and poor sanitation and limited access to safe drinking water, particularly in recently developed urban areas and the outer islands communities.

### *Paragraph 528*

The State party should allocate appropriate resources and develop comprehensive policies and programmes to improve the health situation of children and facilitate greater access to primary health services. The State party is encouraged to continue its efforts to reduce the incidence of child and infant mortality and to undertake additional measures to increase access to safe drinking water and to improve sanitation. Further, with reference to the lack of trained local health workers and the tendency for these workers to emigrate, the State party should reinforce its efforts to recruit and train more health workers and take appropriate measures to encourage those trained abroad to return after their training and practice in the Marshall Islands, in particular in the outer islands.

- Comoros, CRC, CRC/C/100 (2000) 110 at paras. 630, 631, 642 and 643.

### *Paragraph 630*

The high infant and maternal mortality rates, the large number of births taking place outside the hospital system and the high rate of malnutrition among children are matters of concern. Children's limited access to the health services are of concern, especially with regard to the shortage of medication and technical equipment, and of medical and public health personnel. The spread of the HIV/AIDS epidemic and its direct and indirect effects on children, as well as the general lack of attention to the health problems of adolescents, are also matters of concern.

### *Paragraph 631*

Efforts should be increased in the health sector, including through the strengthening of data collection and disease surveillance mechanisms, the allocation of adequate resources and the reinforcement of training and support for health sector staff. The State party should ensure equitable access to existing health-care services and make every effort to increase vaccination coverage. The State party is urged to adopt, in cooperation with international agencies, effective plans to combat childhood and maternal mortality, such as the WHO/UNICEF Integrated Management of Childhood Illness scheme.

### *Paragraph 642*

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While aware of the limitations posed by the continuing violence in the breakaway island of Anjouan, the reported use of child soldiers by the different militias on that island and the lack of adequate rehabilitation services for the children affected by the armed conflict are matters of concern.

### *Paragraph 643*

The State party is urged to take every feasible measure, including through international mediation, to have all child abductees and combatants released and demobilized and to rehabilitate and reintegrate them in society. The State party is urged to take all necessary measures in cooperation with national and international NGOs and United Nations bodies, such as UNICEF, to address the physical needs of child victims of the armed conflict, in particular child amputees, and the psychological needs of all children affected directly or indirectly by the traumatic experiences of the war.

- Liechtenstein, CRC, CRC/C/103 (2001) 19 at para. 106.

The possible under-reporting of abuse of children and the fact that medical doctors are exempted from the obligation to report cases of child abuse are matters of concern.

- Ethiopia, CRC, CRC/C/103 (2001) 24 at paras. 168, 169 and 176-179.

### *Paragraph 168*

Deep concern is expressed at the extremely high infant mortality rates and low life expectancy in the State party. In particular, concern is expressed at the high incidence of malaria and tuberculosis and their effects upon children, at the fragile health infrastructure, limited health awareness among the public and the limited implementation of the 1993 Health Policy and the 1994 Social Policy. The implementation of health policies has been slow and only limited progress has been achieved in this area.

### *Paragraph 169*

The State party is urged to ensure that access to primary health care services is increased, that the national health infrastructure is strengthened and that public health education programmes are used to lower infant mortality rates and raise life expectancy in the State party. Assistance should be sought from the World Health Organization, UNICEF and the United Nations Development Programme in this regard.

### *Paragraph 176*

The insufficient provision for adolescent health care, the high incidence of early pregnancy, and the incidence of sexually transmitted diseases are matters of concern.



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### *Paragraph 177*

Every effort should be made to improve adolescent health services, to lower the incidence of early pregnancy and to lower the incidence of sexually transmitted diseases through, *inter alia*, improved reproductive health education and child-friendly counselling services.

### *Paragraph 178*

It is of concern that there is inadequate information on mental health related problems, and insufficient mental health care facilities, in the State party.

### *Paragraph 179*

The State party should make further efforts to gather information on the mental health situation in Ethiopia, to improve mental health services and to increase the numbers of mental health personnel.

- Egypt, CRC, CRC/C/103 (2001) 36 at para. 247.

Rehabilitation programmes and shelters should be established for child victims of sexual abused and exploitation. There is a need to adequately train personnel working with child victims.

### *See also:*

- Kyrgyzstan, CRC, CRC/C/97 (2000) 51 at para. 327.
  
- Lithuania, CRC, CRC/C/103 (2001) 47 at paras. 288, 289, 298 and 299.

### *Paragraph 288*

It is of concern that children with disabilities living in rural areas do not have access to the same level of services and medicines as children living in other parts of the country and that not all medicines are available for free. The large number of children with disabilities who are institutionalized is a matter of concern, as is the general lack of resources and specialized staff for children with disabilities.

### *Paragraph 289*

The State party should allocate the necessary resources for programmes, medicines, trained staff and facilities for all children with disabilities, especially those children living in the rural areas, and develop community-based programmes in order to allow children to stay at home with their families.

### *Paragraph 298*

It is noted with concern that children applying for asylum do not have access to adequate specific medical and psychological care, specific legal support and education.

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### *Paragraph 299*

In light of articles 22 and 39 of the Convention, the State party should ensure that children applying for asylum have adequate living conditions and access to health and education.

- Lesotho, CRC, CRC/C/103 (2001) 57 at paras. 352, 355 and 356.

### *Paragraph 352*

Provision should be made for the physical and psychological recovery and social reintegration of victims of rape, abuse, neglect, ill-treatment, violence or exploitation, in accordance with article 39 of the Convention.

### *Paragraph 355*

Extreme concerns exist about the alarmingly high incidence and increasing prevalence of HIV/AIDS amongst adults and children, in particular amongst teenage girls, and the high incidence of teenage pregnancy and sexually transmitted diseases (STDs). Furthermore, concern is expressed about the insufficient availability of adolescent health programmes and services and about the incidence of suicide, violence, sexual exploitation and abortion, alcohol consumption and tobacco and dagger smoking.

### *Paragraph 356*

The State party is strongly urged to fully implement the National AIDS Strategic Plan 2000/2001-2003/2004 and the Policy Framework on HIV/AIDS Prevention, Control and Management as soon as possible and to devote to them ample resources to ensure their success. A comprehensive and multi-disciplinary study should be undertaken to understand the scope of adolescent health problems, including the negative impact of early pregnancy, as well as the special situation of children infected with, affected by or vulnerable to HIV/AIDS and STDs. Additionally, further measures should be undertaken, including the allocation of adequate human and financial resources, to develop youth-friendly counselling, care and rehabilitation facilities for adolescents, especially girls, which would be accessible by them without parental consent. The State party should increase its efforts to promote adolescent health policies, including mental health, particularly with respect to suicide prevention. Reproductive health education and counselling services should also be strengthened. All training programmes on reproductive health should address boys as well as girls.

- Saudi Arabia, CRC, CRC/C/103 (2001) 71 at paras. 411 and 412.

### *Paragraph 411*

Taking note of the significant achievements in the development of primary health care and specialized health services, concern is expressed about the insufficient information available in relation to

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adolescent health, such as information on access to reproductive health services and mental health counselling services.

### *Paragraph 412*

The State party should undertake a comprehensive study to understand the nature and extent of adolescent health problems and, with the full participation of adolescents, use this as a basis to formulate adolescent health policies and programmes. In light of article 24, adolescents should have access to and be provided with reproductive health education and child-friendly counselling and rehabilitation services.

### *See also:*

- Egypt, CRC, CRC/C/103 (2001) 36 at paras. 238 and 239.
  
- Palau, CRC, CRC/C/103 (2001) 79 at paras. 466, 467 and 469.

### *Paragraph 466*

Concern is expressed about the limited availability of programmes and services and the lack of adequate data in the area of adolescent health, including suicides; mental health, particularly with respect to boys; teenage pregnancy; STDs; and the use and abuse of tobacco, betelnut, alcohol and illicit drugs.

### *Paragraph 467*

The State party should increase its efforts to promote adolescent health policies and services and to further strengthen reproductive health education, including the promotion of male acceptance of the use of contraceptives. A comprehensive and multidisciplinary study should be undertaken to understand the scope of adolescent mental health concerns. Additionally, further measures, including the allocation of adequate human and financial resources should be undertaken, to increase the number of social workers and psychologists, and to develop accessible youth-friendly care, counselling, and rehabilitation facilities for adolescents.

### *Paragraph 469*

The State party is encouraged to consider including mental disabilities within the definition of disabilities; to ensure that children with such concerns are provided adequate care, services and rehabilitation; and to guarantee adequate human and financial resource allocations.

### *See also:*

- United Kingdom of Great Britain and Northern Ireland (Overseas Territories), CRC, CRC/C/100 (2000) 40 at paras. 245 and 246.

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- Dominican Republic, CRC, CRC/C/103 (2001) 91 at paras. 516 and 517.

### *Paragraph 516*

While taking note of achievements in the area of basic health and welfare, the very high infant and under-five mortality rates and the prevalence of malnutrition among children remain of concern. Concern is also expressed at the limited access to health centres, in particular in rural areas. The persistence of health problems related to insufficient access to safe water and sanitation are also matters of concern.

### *Paragraph 517*

All appropriate measures should continue to be taken to improve the health infrastructure, including through international cooperation, to ensure access to basic health care and services for all children and to increase access to safe drinking water and sanitation. More concerted efforts need to be taken to combat malnutrition and to ensure the adoption and implementation of a national nutritional policy and action plan for children.

### *See also:*

- United Kingdom of Great Britain and Northern Ireland (Isle of Man), CRC, CRC/C/100 (2000) 31 at paras. 192 and 193.
  
- Turkey, CRC, CRC/C/108 (2001) 18 at paras. 131-134, 137-140, 143 and 144.

### *Paragraph 131*

It is of concern that the situation with regard to maternal, child and reproductive health is still poor and that there are great disparities between geographic regions and socio-economic classes. It is noted in particular that infant, child and maternal mortality rates and malnutrition rates are particularly high in rural areas on the south eastern region and in poor urban areas. It is also noted that the immunization programme does not cover all children in the State party and that immunization rates are particularly low in the eastern region.

### *Paragraph 132*

Appropriate resources should be allocated and comprehensive policies and programmes developed in order to improve the health situation of all children without discrimination, in particular by focusing more on primary health care and decentralizing the healthcare system. In particular, to prevent child mortality and morbidity, adequate antenatal and post-natal health care services should be provided and campaigns developed to provide parents with basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation, and the prevention of accidents.

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The State party is encouraged to look to international cooperation for the full and efficient implementation of the immunization programme.

### *Paragraph 133*

Concern is expressed regarding the high rates of early pregnancy, the rise in the number of children and young people using tobacco and drugs, the increase in cases of sexually transmitted diseases (STDs), in particular syphilis, and the growing number of cases of HIV/AIDS among young people. Furthermore, the limited availability of programmes and services in the area of adolescent health, including mental health, in particular treatment and rehabilitation programmes for drug addiction, is noted. The lack of sufficient prevention and information programmes, especially on reproductive health, in schools is also noted.

### *Paragraph 134*

Efforts should be increased to promote adolescent health, including mental health, policies particularly with respect to reproductive health and substance abuse and the programme for health education in schools should be strengthened. It is suggested that a comprehensive and multidisciplinary study be undertaken to understand the scope of adolescent health problems, including the negative impact of STDs and HIV/AIDS, in order to be able to develop adequate policies and programmes. It is also recommended that the State party undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive counselling, care and rehabilitation facilities that are accessible without parental consent, when this is in the best interests of the child.

### *Paragraph 137*

It is of concern that only asylum-seekers from European countries are granted refugee status, and thus, child asylum-seekers of non-European origin, who represent the majority, can be granted asylum only on a temporary basis until they find a third country and, therefore, do not always have access to education and health care. It is noted that personnel dealing with child asylum-seekers and refugees do not have training on child rights issues, in particular on how to deal with children who are unaccompanied and in cases of family reunification, as well as with children who come from areas affected by war and who may have been victims of traumatic experiences.

### *Paragraph 138*

The State party is encouraged to consider withdrawing the geographical limitation on the 1951 Convention relating to the Status of Refugees and its 1967 Optional Protocol in order that non-European child refugees be granted refugee status. Also, in accordance with the UNHCR Guidelines on Protection and Care of Refugee Children, every effort should be made to identify children who require special support upon their arrival in the country, and the State party should consider providing adequate psychological assistance to them.

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### *Paragraph 139*

The large number of internally displaced children who were forced to leave their home towns in 1990 owing to the high level of violence in the south-east region is of concern. Concern is also expressed at their limited access to housing, health services and education.

### *Paragraph 140*

In line with the Guiding Principles on Internal Displacement (E/CN.4/1998/53/Add.2), the State party should ensure that internally displaced children and their families have access to appropriate health and education services and adequate housing. Further, data and statistics should be collected in order to know how many children are displaced and what their needs are, with a view to developing adequate policies and programmes.

### *Paragraph 143*

Although a number of centres have been established, with the collaboration of non-governmental organizations, to provide counselling, training and rehabilitation services for children living in the streets, concern is nevertheless expressed about the significant number of such children and that assistance is generally only provided to them by non-governmental organizations.

### *Paragraph 144*

Existing mechanisms should be supported in order to provide children living in the streets with adequate nutrition, clothing, housing, health care and educational opportunities, including vocational and life-skills training, in order to ensure their full development. Moreover, these children should be provided with rehabilitation services for physical, sexual and substance abuse; protection from police brutality; and services for reconciliation with their families.

### *See also:*

- Democratic Republic of the Congo, CRC, CRC/C/108 (2001) 31 at paras. 197 and 198.
  - Guatemala, CRC, CRC/C/108 (2001) 47 at paras. 267, 268, 271, 272 and 282.
  - Mauritania, CRC, CRC/C/111 (2001) 8 at paras. 64, 65, 68 and 69.
  - Paraguay, CRC, CRC/C/111 (2001) 103 at paras. 506 and 507.
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- Democratic Republic of the Congo, CRC, CRC/C/108 (2001) 31 at paras. 161, 162, 194, 196, 203, 204 and 218.

### *Paragraph 161*

Deep concern is expressed at the very low annual budget allocations for health, education and other areas of direct relevance to children and at reports that these budget allocations were not fully disbursed.

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### *Paragraph 162*

The State party should raise the proportion of its spending on health, education, social welfare and other priority areas, to the maximum of available resources, with a view to ensuring access of these services for all children and, where needed, within the framework of international cooperation.

### *Paragraph 194*

The State party should ensure greater legal and effective protection of the rights of children deprived of their parents to emotional care and to education and health services, including in the context of informal adoption procedures.

### *Paragraph 196*

Measures should be taken to provide support services to children in legal proceedings, and for the physical and psychological recovery and social reintegration of the victims of rape, abuse, neglect, ill-treatment and violence, in accordance with article 39 of the Convention.

### *Paragraph 203*

The decline in access to health services, including mental and reproductive health services, for adolescents and the lack of information on adolescent health problems are matters of concern. Concern is further expressed at levels of HIV/AIDS among adolescents, sexually transmitted diseases and reports of high levels of early pregnancy.

### *Paragraph 204*

The State party should strengthen its efforts to provide adolescents with easy and adequate access to all child-friendly health care services they may need, including mental and reproductive health services, and should make an assessment of adolescent health problems in order to develop and implement a comprehensive policy in this regard. It is recommended that assistance be sought from UNFPA, WHO and UNICEF.

### *Paragraph 218*

Urgent measures should be taken to end the sale, trafficking and sexual exploitation of children through the adoption and implementation of appropriate legislation and the use of the criminal justice process to sanction those persons responsible for such practices. The police force and border officials should receive special training to help in combatting the sale, trafficking and sexual exploitation of children, and programmes should be established to provide assistance, including health care and rehabilitative and social reintegration assistance, to the child victims of sexual exploitation.

- Guatemala, CRC, CRC/C/108 (2001) 47 at paras. 253, 254 and 275.

### *Paragraph 253*

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It is of concern that the principle of non-discrimination (art. 2) is not fully implemented for children belonging to indigenous groups; urban and rural poor children, girls, children with disabilities, and displaced children, especially with regard to their access to adequate health and educational facilities.

### *Paragraph 254*

All necessary measures should be taken to end discrimination. In this respect, the State party is encouraged to monitor discrimination against children, in particular those belonging to indigenous groups, urban and rural poor children, girls, children with disabilities, and displaced children, and to develop, on the basis of the results of such monitoring, comprehensive strategies for implementing specific and well-targeted actions aimed at ending all forms of discrimination.

### *Paragraph 275*

It is noted that the State party has launched an action plan for the psychological rehabilitation of children affected by the armed conflict based on a preventive programme with community participation. However, concern is expressed at the lack of professional staff prepared to work in these communities and at the insufficient number of services to meet demand. It is also noted with concern that a large number of children were internally displaced or forcibly disappeared during the armed conflict and that the State party did not investigate these disappearances effectively.

### *See also:*

- Spain, CRC, CRC/C/15/Add. 185 (2002) at paras. 27 and 28.
- Côte d'Ivoire, CRC, CRC/C/108 (2001) 59 at paras. 311, 312, 325, 326, 333, 334 and 336.

### *Paragraph 311*

The situation of children born of incarcerated mothers is of deep concern, as both have very limited access to health services.

### *Paragraph 312*

Children born in prison and their mothers should have access to health services.

### *Paragraph 325*

While taking note of the 1996 National Plan for Health Development, deep concern is expressed about the extremely high and increasing infant mortality rates and low life expectancy in the State party, as well as at the low rates of breastfeeding. It is also of concern that health services in the districts and local areas continue to lack adequate resources (both financial and human). In addition, the survival and development of children within the State party continue to be threatened by early childhood diseases such as acute respiratory infections and diarrhoea. Concern is also raised by the poor situation of sanitation and the insufficient access to safe drinking water, especially in rural communities.



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### *Paragraph 326*

Efforts should be reinforced to allocate appropriate resources and to develop comprehensive policies and programmes to improve the health situation of children, particularly in rural areas. In this context, the State party should facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; promote proper breastfeeding practices; and increase access to safe drinking water and sanitation. Additionally, the State party is encouraged to pursue additional avenues of cooperation and assistance for child health improvement with, among others, WHO and UNICEF.

### *Paragraph 333*

The situation of children with physical and mental disabilities is of concern, particularly the limited specialized health care and educational and employment possibilities available for them. It is of further concern that poor health and poverty are leading to an increase in the number of children with disabilities.

### *Paragraph 334*

The situation of children with disabilities should be reviewed in terms of their access to suitable health care, educational services and employment opportunities, and a programme of action should be established to address all areas of concern through an inclusive policy.

### *Paragraph 336*

The State party is encouraged to revise its social policy by improving its drug policy and by facilitating access to primary health care.

### *See also:*

- Cameroon, CRC, CRC/C/111 (2001) 71 at paras. 367 and 368.
- Malawi, CRC, CRC/C/114 (2002) 104 at paras. 422 and 423.
- United Republic of Tanzania, CRC, CRC/C/108 (2001) 71 at paras. 398-401, 410 and 411.

### *Paragraph 398*

While noting the reforms under way in health care, including the introduction of the integrated management of childhood diseases (IMCI), concerns remain about the limited access to basic health care, related largely to the introduction of user fees in health; the insufficient number of trained medical personnel; the high incidence of malaria; high maternal, child and infant mortality rates; a high rate of malnutrition; poor sanitation and limited access to safe drinking water, especially in rural areas.

### *Paragraph 399*

The State party should allocate appropriate resources and develop comprehensive policies and programmes to improve the health situation of children. Additionally, all effective measures should

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be taken to: facilitate greater access to health services by abolishing or rationalizing user fees in primary health to reduce the burden on poor families; increase the number of trained medical and other health personnel, including traditional healers; facilitate cooperation between trained medical personnel and traditional healers, especially midwives; reduce the rates of maternal, child and infant mortality; prevent and combat malnutrition, especially in vulnerable and disadvantaged groups of children; increase access to safe drinking water; improve sanitation; and reduce the incidence of malaria. The State party is encouraged to continue its cooperation through the IMCI and other measures for child health improvement with, among others, WHO and UNICEF.

### *Paragraph 400*

Concern is expressed with respect to the limited availability of programmes and services and the lack of adequate data in the area of adolescent health, including on early marriage and pregnancy, HIV/AIDS and STDs, abortion, violence, suicides, mental health, and alcohol, drug and substance abuse.

### *Paragraph 401*

Adequate human and financial resources should be allocated to increase the number of social workers and psychologists and to develop youth-sensitive care, counselling and rehabilitation facilities for adolescents. Technical assistance should be sought from, among others, UNICEF and WHO.

### *Paragraph 410*

The State party's established practice of hosting refugees from neighbouring States and the current challenges faced in this regard are recognized. While noting the enactment of the Refugees Act (1998), concern remains about the inadequate standards, procedures, policies and programmes to guarantee and protect the rights of refugee, asylum-seeking and unaccompanied children, including adequate education, especially post-primary education, and health and other social services.

### *Paragraph 411*

All effective measures should be taken to ensure the adequate protection of refugee, asylum-seeking and unaccompanied children, especially girls, and further policies and programmes should be implemented to guarantee their adequate access to health, educational and social services.

### *See also:*

- Kenya, CRC, CRC/C/111 (2001) 21 at paras. 124-127.
- Oman, CRC, CRC/C/111 (2001) 36 at paras. 187 and 188.
- Gambia, CRC, CRC/C/111 (2001) 89 at paras. 440-443.
  
- Bhutan, CRC, CRC/C/108 (2001) 85 at paras. 464-467.

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### *Paragraph 464*

Problems of access to services and the shortage of trained health workers are matters of concern.

### *Paragraph 465*

The State party should make greater efforts to ensure access to health services and should continue to allocate the required resources to address the shortage of trained health workers.

### *Paragraph 466*

Noting the State party's efforts to address adolescent health, such as the publication of pamphlets on reproductive and mental health, and drug abuse, there is concern about the effectiveness of these efforts.

### *Paragraph 467*

Adolescents should have access to and be provided with education on reproductive health and other adolescent health issues, as well as with child-sensitive and confidential counselling services.

### *See also:*

- Qatar, CRC, CRC/C/111 (2001) 59 at paras. 310 and 311.
- Bahrain, CRC, CRC/C/114 (2002) 122 at paras. 489 and 490.
- United Arab Emirates, CRC, CRC/C/15/Add.183 (2002) at paras. 36 and 37.
  
- Monaco, CRC, CRC/C/108 (2001) 97 at paras. 521 and 522.

### *Paragraph 521*

It is of concern that while Monegasque children have a right to free health care, domestic legislation and practice do not expressly guarantee the same right to all children in the State party, in particular children from disadvantaged backgrounds and who are neither nationals nor residents of the State party.

### *Paragraph 522*

The State party should ensure that all children within its jurisdiction are treated equally under the law and in particular, that a right to health care is provided to all children.