

## HEALTH - HEALTH CARE AND TREATMENT

### IV. CONCLUDING OBSERVATIONS, CONTINUED

#### CERD

- Costa Rica, CERD, A/57/18 (2002) 21 at para. 74.

74. The Committee is concerned at the situation of indigenous people, in particular:

(a) Information according to which indigenous people living in remote regions suffer, *inter alia*, from lack of health care, education, drinking water and electricity;

...

(d) The fact that infant mortality among indigenous communities is reportedly three times higher than the national average.

The Committee invites the State party to continue to pay due attention to the specific needs of this population...

- Republic of Moldova, CERD, A/57/18 (2002) 41 at para. 226.

226. The Committee expresses its concern about reports that minorities experience discrimination in the areas of employment, housing, education and health care...The Committee recommends that the State party undertake effective measures to eradicate practices of discrimination against minorities and, in particular, the Roma population...

- Estonia, CERD, A/57/18 (2002) 60 at para. 357.

357. The Committee remains concerned by the situation of the Russian minority residing in Estonia, *inter alia* in relation to issues under article 5 of the Convention, especially economic, social, and cultural rights, including the right to employment, health care, and education. The Committee is particularly concerned about double discrimination against women based on gender and on national or ethnic origin.

- New Zealand, CERD, A/57/18 (2002) 69 at paras. 416 and 422.

416. The Committee welcomes acknowledgement of the disadvantaged position in society of minorities, especially Maori, and accordingly appreciates the large number of initiatives, programmes and projects in the areas of health, education, employment, social welfare, housing, language and culture, and correction services, which are designed to address the specific needs of Maori, Pacific Island people and persons from other groups such as

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refugees and ethnic minorities.

...

422. While noting the programmes and projects initiated by the State party...the Committee remains concerned about the continuing disadvantages that Maori, Pacific Island people and other ethnic communities face in the enjoyment of social and economic rights, such as the rights to employment, housing, social welfare, and health care. The State party is invited to devote priority attention to this issue and to continue to encourage active and effective participation by Maori in the search for solutions such as the Maori Mental Health Strategic Framework adopted in May 2002, with a view to further reducing these disadvantages.

- Ecuador, CERD, A/58/18 (2003) 22 at para. 59.

59. While welcoming the sincerity with which the State party recognizes the existence of *de facto* discrimination against indigenous people, Afro-Ecuadorians and members of other minorities, the Committee is concerned that a disproportionately high percentage of persons belonging to ethnic minority groups often do not enjoy equal access to the labour market, land and means of agricultural production, health services, education and other facilities and, accordingly, a disproportionately high percentage of members of these groups live in poverty. The Committee urges the State party to intensify its efforts to raise the living standards of these groups, with a view to ensuring their full enjoyment of the economic, social and cultural rights enumerated in article 5 of the Convention...

- Slovenia, CERD, A/58/18 (2003) 45 at para. 241.

241. The Committee is concerned that a significant number of persons who have been living in Slovenia since independence without Slovenian citizenship may have been deprived under certain circumstances of their pensions, of apartments they were occupying, and of health care and other rights. The Committee takes note of the efforts undertaken by the State party to address these issues.

- Saint Vincent and the Grenadines, CERD, A/58/18 (2003) 85 at para. 511.

511. The Committee is concerned that no information has been provided by the State party on the economic, social and cultural situation of minority groups. It is further concerned that persons of Carib ancestry tend to be viewed as the base of the social pyramid and experience discrimination. In general, access to health care and educational opportunities depends on the level of family income.

...The enjoyment of economic, social and cultural rights, including access to public services,

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must be ensured for all without discrimination, in accordance with article 5 of the Convention.

- Bahamas, CERD, A/59/18 (2004) 10 at para. 37.

37. Taking note of the substantial efforts already made to manage the Carmichael Road Detention Centre effectively, the Committee is very concerned at reports that conditions in detention there are unsatisfactory, especially as regards access to food and drinking water, hygiene and access to medical care.

The Committee recommends the State party to step up immediately its efforts in this connection...

- Lebanon, CERD, A/59/18 (2004) 18 at para. 84.

84. While acknowledging the political factors related to the presence of Palestinian refugees in Lebanon, the Committee reiterates its concern with regard to the enjoyment by the Palestinian population present in the country of all rights stipulated in the Convention on the basis of non-discrimination, in particular access to work, health care, housing and social services as well as the right to effective legal remedies...

The Committee urges the State party to take measures to ameliorate the situation of Palestinian refugees with regard to the enjoyment of the rights protected under the Convention, and at a minimum to remove all legislative provisions and change policies that have a discriminatory effect on the Palestinian population in comparison with other non-citizens.

- Suriname, CERD, A/59/18 (2004) 36 at para. 198.

198. The Committee is disturbed at the continuing lack of health and education facilities and utilities available to indigenous and tribal peoples. It regrets that no special measures have been taken to secure their advancement on the grounds that there are no available data suggesting that they need special protection.

The Committee recommends that greater efforts be undertaken by the State party, in particular as regards the education plan of action for the interior. It also recommends the inclusion in agreements with large business ventures - in consultation with the peoples concerned - of language specifying how those ventures will contribute to the promotion of human rights in areas such as education.

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- Slovakia, CERD, A/59/18 (2004) 70 at para. 389.

389. The Committee is concerned about reports of cases of sterilization of Roma women without their full and informed consent. In this respect, the Committee welcomes the assurances given by the delegation that a draft law on health care, which would address shortcomings in the system by specifying the requirement of free and informed consent for medical procedures and guarantee patients' access to medical files, has been approved by the Government and should shortly be adopted by the Parliament.

The Committee strongly recommends that the State party take all necessary measures to put an end to this regrettable practice, including the speedy adoption of the above-mentioned draft law on health care. The State party should also ensure that just and effective remedies, including compensation and apology, are granted to the victims.

- Australia, CERD, A/60/18 (2005) 13 at para. 39.

39. While noting the improvement in the enjoyment by the indigenous peoples of their economic, social and cultural rights, the Committee is concerned over the wide gap that still exists between the indigenous peoples and others, in particular in the areas of employment, housing, health, education and income (art. 5).

The Committee recommends that the State party intensify its efforts to achieve equality in the enjoyment of rights and allocate adequate resources to programmes aimed at the eradication of disparities. It recommends in particular that decisive steps be taken to ensure that a sufficient number of health professionals provide services to indigenous peoples, and that the State party set up benchmarks for monitoring progress in key areas of indigenous disadvantage.

- Azerbaijan, CERD, A/60/18 (2005) 18 at para. 60.

60. The Committee expresses its concern that asylum-seekers, refugees, stateless persons, displaced persons and long-term residents residing in Azerbaijan experience discrimination in the areas of employment, education, housing and health (art. 5).

The Committee urges the State party to continue taking necessary measures in accordance with article 5 of the Convention to ensure equal opportunities for full enjoyment of their economic, social and cultural rights by asylum-seekers, refugees, stateless persons, displaced persons and long-term residents of Azerbaijan. The Committee...draws the attention of the State party to its general recommendation XXX on discrimination against non-citizens.

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- France, CERD, A/60/18 (2005) 26 at para. 110.

110. While it appreciates the State party's oral and written responses to questions relating to the situation of travellers, the Committee remains concerned at delays in the effective application of the Act of 5 July 2000 on the reception and housing of travellers and the persistent difficulties travellers encounter in such fields as education, employment and access to the social security and health system.

The Committee reminds the State party of its general recommendation XXVII on discrimination against Roma and recommends that it should step up its efforts to provide travellers with more parking areas equipped with the necessary facilities and infrastructures and located in clean environments, intensify its efforts in the field of education and combat the phenomena of exclusion of travellers more effectively, including in the fields of employment and access to health services.

- Georgia, CERD, A/60/18 (2005) 46 at para. 244.

244. The Committee regrets the lack of information in the State party report on the fundamental rights of non-citizens temporarily or permanently residing in Georgia, regarding the effective enjoyment, without discrimination, of the rights mentioned in article 5 of the Convention (art. 5).

Drawing the attention of the State party to its general recommendation XXX on discrimination against non-citizens, the Committee recommends that the State party ensure the effective enjoyment, without discrimination, of the rights mentioned in article 5 of the Convention, in particular their access to justice and right to health.

- Venezuela (Bolivarian Republic of), CERD, A/60/18 (2005) 71 at paras. 366 and 379.

366. The Committee welcomes with satisfaction the rights and principles contained in the Constitution of the Bolivarian Republic of Venezuela of 1999, in particular the preamble, which establishes the multi-ethnic and multicultural nature of Venezuelan society, as well as article 21 and chapter VIII which guarantees the rights of indigenous peoples, such as the right to intercultural bilingual education, the right to traditional medicine and the right to participate in political life.

...

379. Bearing in mind the State party's efforts, the Committee reiterates its concern at the persistence of profound structural social and economic inequalities which have an impact on the enjoyment of human rights, particularly economic and social rights, and affect

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Afro-descendants and indigenous peoples.

The Committee encourages the State party to step up its efforts to improve the economic and social rights situation of Afro-descendants and indigenous people, such as the right to housing, the right to health and sanitation services, the right to work and the right to adequate nutrition, in order to combat racial discrimination and eliminate structural inequalities.

### ICCPR

- Azerbaijan, ICCPR, A/57/40 vol. I (2002) 47 at para. 77(11).

(11) The Committee is concerned that the legal right of detainees to access to counsel, medical advice and members of the family is not always respected in practice (articles 7 and 9 of the Covenant).

The State party should ensure scrupulous respect for these rights by its law enforcement agencies, procuracy and judiciary.

### *See also:*

- Viet Nam, ICCPR, A/57/40 vol. I (2002) 67 at para. 82(13).
- Georgia, ICCPR, A/57/40 vol. I (2002) 53 at paras. 78(7) and 78(8).

(7) The Committee expresses its concern at the still very large number of deaths of detainees in police stations and prisons, including suicides and deaths from tuberculosis. The Committee also remains concerned about the large number of cases of tuberculosis reported in prisons.

The State party should take urgent measures to protect the right to life and health of all detained persons as provided for in articles 6 and 7 of the Covenant. Specifically, the State party should improve the hygiene, diet and general conditions of detention and provide appropriate medical care to detainees as provided for in article 10 of the Covenant...

(8) The Committee remains concerned at the widespread and continuing subjection of prisoners to torture and cruel, inhuman or degrading treatment or punishment by law-enforcement officials and prison officers.

...

(d) Immediately upon first being deprived of liberty and during all stages of detention, free access to a lawyer and to doctors should be ensured;

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...

- Republic of Moldova, ICCPR, A/57/40 vol. I (2002) 76 at para. 84(9).

(9) The Committee is deeply concerned at the conditions prevailing in the State party's detention facilities, in particular its failure to comply with international standards (as acknowledged by the State party), including the guarantees provided in articles 7 and 10 of the Covenant. It is particularly disturbed at the prevalence of disease, notably tuberculosis, which is a direct result of prison conditions. It reminds the State party of its obligation to ensure the health and life of all persons deprived of their liberty. Danger to the health and lives of detainees as a result of the spread of contagious diseases and inadequate care amounts to a violation of article 10 of the Covenant and may also include a violation of articles 9 and 6.

The State party should take immediate steps to ensure that the conditions of detention within its facilities comply with the standards set out in articles 6, 7 and 10 of the Covenant, including the prevention of the spread of disease and the provision of appropriate medical treatment to persons who have contracted diseases, either in prison or prior to their detention.

- Togo, ICCPR, A/58/40 vol. I (2002) 36 at paras. 78(14) and 78(15).

(14) The Committee notes with concern that, on the one hand, the provisions of the Code of Criminal Procedure relating to police custody contain no reference to notifying detainees of their rights, the presence of a lawyer or the right of the detainee to inform a member of his family of his arrest. On the other hand, a medical examination of the detainee is possible only at his request or at the request of a member of his family, and with the consent of the procurator's office...

...The State party should reform the provisions of its Code of Criminal Procedure that deal with police custody with a view to ensuring the effective prevention of violations of the physical and psychological integrity of persons held in police custody, and protecting their right to a defence, pursuant to articles 7, 9 and 14 of the Covenant...

(15) The Committee notes with concern that detention conditions in Togo are appalling, particularly in the civil prisons in Lomé and Kara, which are very overcrowded and where the food supply is uncertain and inadequate. This situation has been acknowledged by the State party, which draws attention to its financial difficulties and to its officers' lack of training.

The State party should develop alternative sentences to imprisonment. In addition, the State

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party should establish an independent inspectorate to carry out regular visits to all detention centres. That inspectorate should include elements independent of the Government, to ensure transparency and observance of articles 7 and 10 of the Covenant, and should be charged with making all the necessary proposals concerning ways of improving detainees' rights and detention conditions, including access to health care.

- Estonia, ICCPR, A/58/40 vol. I (2003) 41 at para. 79(10).

(10) The Committee takes note of the delegation's acknowledgement that legislation on detention of mental health patients is outdated and that steps have been taken to revise it, including the adoption of a draft Patient Rights Act. In this regard, the Committee is concerned at some aspects of the administrative procedure related to the detention of a person for mental health reasons, in particular the patient's right to request termination of detention, and, in the light of the significant number of detention measures that had been terminated after 14 days, the legitimate character of some of these detentions. The Committee considers that a period of 14 days of detention for mental health reasons without any review by a court is incompatible with article 9 of the Covenant.

The State party should ensure that measures depriving an individual of his or her liberty, including for mental health reasons, comply with article 9 of the Covenant. The Committee recalls the obligation of the State party under article 9, paragraph 4, to enable a person detained for mental health reasons to initiate proceedings in order to review the lawfulness of his/her detention...

- Mali, ICCPR, A/58/40 vol. I (2003) 47 at para. 81(14).

(14) While noting the considerable efforts made by the State party, the Committee remains concerned at the high maternal and infant mortality rate in Mali, due in particular to the relative inaccessibility of health and family planning services, the poor quality of health care provided, the low educational level and the practice of clandestine abortions (article 6 of the Covenant).

So as to guarantee the right to life, the State party should strengthen its efforts in that regard, in particular in ensuring the accessibility of health services, including emergency obstetric care. The State party should ensure that its health workers receive adequate training. It should help women avoid unwanted pregnancies, including by strengthening its family planning and sex education programmes, and ensure that they are not forced to undergo clandestine abortions, which endanger their lives. In particular, attention should be given to the effect on women's health of the restrictive abortion law.



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- Slovakia, ICCPR, A/58/40 vol. I (2003) 52 at para. 82(12).

(12) Despite the oral and written answers provided by the delegation, the Committee remains concerned at reports of forced or coerced sterilization of Roma women. In particular, the Committee regrets that in its written answers submitted after the oral consideration of the report, the State party did not clearly deny or admit breaches of the principle of full and informed consent but asserted that an investigation of maternity wards and gynaecology departments of 12 hospitals did not reveal infringements of “medical indication” of sterilization. The reference made, in the same submission, to “the fact that not all administrative acts were fulfilled in every case” appears to amount to an implicit admission of breaches of the requirement of informed consent (arts. 7, 26).

The State party should adopt all necessary measures to investigate all alleged cases of coerced or forced sterilization, publicize the findings, provide effective remedies to victims and prevent any future instances of sterilization without full and informed consent.

- Portugal, ICCPR, A/58/40 vol. I (2003) 56 at paras. 83(11) and 83(16).

(11) The Committee is concerned that, despite considerable improvement, overpopulation in prisons still amounts to 22 per cent, that access to health care remains problematic and that pre-trial and convicted detainees are not always kept separately in practice (arts. 7 and 10).

The State party should ensure that all persons deprived of liberty are treated with humanity and with respect for their inherent dignity as human beings...Appropriate and timely medical care must be available to all detainees.

...

(16) The Committee notes with concern that detainees subject to solitary confinement as a disciplinary measure may only lodge an appeal if the period of confinement exceeds eight days. The Committee is also concerned that during solitary confinement the daily monitoring of detainees by fully qualified medical staff is not guaranteed (art. 10).

The State party should ensure the right of detainees to an effective remedy, with suspensive effect, against all disciplinary measures of solitary confinement and should guarantee that detainees are monitored daily by fully qualified medical staff during solitary confinement.

- Israel, ICCPR, A/58/40 vol. I (2003) 64 at para. 85(19).

(19) While again acknowledging the seriousness of the State party’s security concerns, which have prompted recent restrictions on the right to freedom of movement, for example

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through imposition of curfews or establishment of an inordinate number of roadblocks, the Committee is concerned that the construction of the “Seam Zone”, by means of a fence and, in part, of a wall, beyond the Green Line imposes additional and unjustifiably severe restrictions on the right to freedom of movement of, in particular, Palestinians within the Occupied Territories. The “Seam Zone” has adverse repercussions on nearly all walks of Palestinian life; in particular, the wide-ranging restrictions on freedom of movement disrupt access to health care, including emergency medical services, and access to water. The Committee considers that these restrictions are incompatible with article 12 of the Covenant.

The State party should respect the right to freedom of movement guaranteed under article 12. The construction of a “Seam Zone” within the Occupied Territories should be stopped.

- Philippines, ICCPR, A/59/40 vol. I (2004) 15 at paras. 63(12) and 63(17).

(12) The Committee is concerned about the reports of persistent and widespread use of torture and cruel, inhuman or degrading treatment or punishment of detainees by law enforcement officials and the lack of legislation specifically prohibiting torture in accordance with articles 7 and 10 of the Covenant.

The State party should institute an effective system of monitoring treatment of all detainees, to ensure that their rights under articles 7 and 10 of the Covenant are fully protected. The State party should ensure that all allegations of torture are effectively and promptly investigated by an independent authority, that those found responsible are prosecuted, and that victims are given adequate compensation. Free access to legal counsel and a doctor should be guaranteed in practice, immediately after arrest and during all stages of detention...

...

(17) The Committee is concerned that the measures of protection of children are inadequate and the situation of large numbers of children, particularly the most vulnerable, is deplorable. While recognizing that certain legislation has been adopted in this respect, many problems remain in practice, such as:

...

d) children as young as 13 allegedly being used by armed groups without adequate measures of protection by the State (art. 24);

...

The State party should:

...

c) Take all appropriate measures to ensure protection of children who have been involved in armed conflict and provide them with adequate assistance and counseling for their rehabilitation and reintegration into society (art. 24);

...

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- Russian Federation, ICCPR, A/59/40 vol. I (2004) 20 at paras. 64(10) and 64(14).

(10) The Committee is concerned about the large number of persons in the State party who are being trafficked for sexual and labour exploitation, mainly to destinations outside the borders of the State party. In this context, the Committee notes that the State party has given increasing attention to the problem in recent years.. .

The State party should reinforce measures to prevent and combat trafficking in women through, *inter alia*, enacting legislation penalizing such practices and providing protection and support, including rehabilitation programmes, for the victims (art. 8).

...

(14) While acknowledging the serious nature of the hostage-taking situation, the Committee cannot but be concerned at the outcome of the rescue operation in the Dubrovka theatre in Moscow on 26 October 2002. The Committee notes that various attempts to investigate the situation are still under way but expresses its concern that there has been no independent and impartial assessment of the circumstances, regarding medical care of the hostages after their liberation and the killing of the hostage-takers.

The State party should ensure that the circumstances of the rescue operation in the Dubrovka theatre are subject to an independent, in-depth investigation, the results of which are made public, and, if appropriate, prosecutions are initiated and compensation paid to the victims and their families.

- Latvia, ICCPR, A/59/40 vol. I (2004) 25 at para. 65(13).

(13) While noting the efforts made by the State party to combat domestic violence, particularly in the area of legislative reform, the Committee regrets the lack of detailed information on the nature of the problem. The Committee is concerned at reports that domestic violence persists (arts. 3, 9 and 26).

The State party should adopt the necessary policy and legal framework to combat domestic violence, as envisaged, *inter alia*, by the draft programme on the implementation of gender equality. Furthermore, the Committee recommends that the State party establish crisis-centre hotlines and victim-support centres offering medical, psychological, legal and emotional support. In order to raise public awareness, it should disseminate information on this issue through the media.

- Colombia, ICCPR, A/59/40 vol. I (2004) 35 at paras. 67(13) and 67(19).

(13) The Committee notes with concern that the criminalization of all abortions can lead to

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situations in which women are obliged to undergo high-risk clandestine abortions. It is especially concerned that women who have been victims of rape or incest or whose lives are in danger as a result of their pregnancy may be prosecuted for resorting to such measures (art. 6).

The State party should ensure that the legislation applicable to abortion is revised so that no criminal offences are involved in the cases described above.

...

(19) Although the Committee has taken note of the information provided by the State party on the reduction in the number of internally displaced persons in 2002 and 2003, it remains concerned about the continued high number of displaced persons in Colombia and the lack of socio-economic assistance provided by the State party to these people, especially in fields such as the education of children and medical care...

The State party should intensify programmes aimed at providing economic and social assistance to internally displaced persons so that they may, in conformity with article 26 of the Covenant, enjoy as many of the benefits provided by State institutions as possible...

- Uganda, ICCPR, A/59/40 vol. I (2004) 47 at para. 70(14).

(14) While the Committee takes note of the measures taken by the State party to deal with the widespread problem of HIV/AIDS, it remains concerned about the effectiveness of these measures and the extent to which they guarantee access to medical services, including antiretroviral treatment, to persons infected with HIV (art. 6).

The State party is urged to adopt comprehensive measures to allow a greater number of persons suffering from HIV/AIDS to obtain adequate antiretroviral treatment.

- Belgium, ICCPR, A/59/40 vol. I (2004) 56 at paras. 72(16) and 72(18).

(16) The Committee...voices concern over the rights of individuals in custody, bearing in mind the requirements of articles 7, 9 and 14 of the Covenant.

The State party should give priority to the amendment of its Code of Criminal Procedure, which has been planned for many years, and guarantee the rights of individuals in detention to notify their immediate families that they have been detained and to have access to a lawyer and a doctor within the first few hours of detention. Provision should also be made for routine medical checks at the beginning and end of periods in custody.

...

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(18) The Committee is concerned that, despite the recommendations it made in 1998, the State party has not ended its practice of keeping mentally ill people in prisons and psychiatric annexes to prisons for months before transferring them to social protection establishments. It reminds the State party that this practice is inconsistent with articles 7 and 9 of the Covenant.

The State party should end this practice as quickly as possible. It should also ensure that providing mental patients with care and protection and managing social protection establishments both form part of the Ministry of Health's responsibilities.

- Namibia, ICCPR, A/59/40 vol. I (2004) 64 at para. 74(10).

(10) The Committee appreciates the efforts undertaken by the State party to combat HIV/AIDS and to provide wider sexual education in this regard. However, these efforts are not adequate in view of the magnitude of the problem.

The State party should pursue its efforts to protect its population from HIV/AIDS. It should adopt comprehensive measures encouraging greater numbers of persons suffering from the disease to obtain adequate antiretroviral treatment and facilitating such treatment.

- Serbia and Montenegro, ICCPR, A/59/40 vol. I (2004) 68 at paras. 75(17) and 75(24).

(17) The Committee is concerned at reports of high rates of domestic violence...

The State party should adopt the necessary policy and legal framework to effectively combat domestic violence. The Committee recommends in particular that the State party establish crisis-centre hotlines and victim support centres equipped with medical, psychological and legal support, including shelters for battered spouses and children...

...

(24) The Committee is concerned that widespread discrimination against the Roma persists with regard to all areas of life. The Committee is particularly concerned about the deplorable social and economic situation of the Roma minority, including access to health services, social assistance, education and employment which has a negative impact on the full enjoyment of their rights under the Covenant (arts. 2, 26, 27).

The State party should take all necessary measures to ensure the practical enjoyment by the Roma of their rights under the Covenant, by urgently implementing all strategies and plans to address discrimination and the serious social situation of the Roma in Serbia and Montenegro.

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### *See also:*

- Albania, ICCPR, A/60/40 vol. I (2004) 25 at para. 82(21).
- Poland, ICCPR, A/60/40 vol. I (2004) 40 at para. 85(17).
- Slovenia, ICCPR, A/60/40 vol. I (2005) 74 at para. 93(17).
  
- Benin, ICCPR, A/60/40 vol. I (2004) 30 at paras. 83(16) and 83(17).

(16) The Committee notes with concern that the most basic rights of persons in police custody are not guaranteed under Beninese law (articles 7, 9 and 14 of the Covenant).

...Provision should be made for a medical examination at the beginning and at the end of the detention period...

(17) The Committee, while taking note of the efforts made by the State party to improve conditions of detention, continues to be concerned by the situation in prisons, particularly in the areas of sanitation and access to health care and food...

The State party must guarantee the right of detainees to be treated humanely and with respect for their dignity, particularly their right to live in hygienic facilities and to have access to health care and adequate food... As the State party is unable to meet the needs of detainees, it must reduce the prison population as soon as possible...

- Morocco, ICCPR, A/60/40 vol. I (2004) 35 at para. 84(17).

(17) The Committee remains concerned about the reports of poor conditions in prisons, particularly the shortage of medical care, the lack of rehabilitation programmes and the lack of visiting areas (Covenant, arts. 7 and 10).

The State party should improve prison conditions in line with article 10 of the Covenant and should institute alternative penalties.

- Poland, ICCPR, A/60/40 vol. I (2004) 40 at para. 85(8).

(8) The Committee reiterates its deep concern about restrictive abortion laws in Poland, which may incite women to seek unsafe, illegal abortions, with attendant risks to their life and health. It is also concerned at the unavailability of abortion in practice even when the law permits it, for example in cases of pregnancy resulting from rape, and by the lack of information on the use of the conscientious objection clause by medical practitioners who refuse to carry out legal abortions. The Committee further regrets the lack of information

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on the extent of illegal abortions and their consequences for the women concerned (art. 6).

The State party should liberalize its legislation and practice on abortion. It should provide further information on the use of the conscientious objection clause by doctors, and, so far as possible, on the number of illegal abortions that take place in Poland. These recommendations should be taken into account when the draft Law on Parental Awareness is discussed in Parliament.

- Kenya, ICCPR, A/60/40 vol. I (2005) 44 at paras. 86(14), 86(15) and 86(19).

(14) The Committee expresses concern about the high maternal mortality rate prevalent in the country, caused, *inter alia*, by a high number of unsafe or illegal abortions (article 6 of the Covenant).

The State party should adopt measures to improve access to family planning services for all women. It should review its abortion laws, with a view to bringing them into conformity with the Covenant.

(15) While it notes with appreciation the recent awareness campaigns and the activities of the National AIDS Control Council, the Committee remains concerned about the extremely high rate of deaths resulting from AIDS, and the unequal access to appropriate treatment for those infected with HIV (article 6 of the Covenant).

The State party should take measures to ensure that all those infected with HIV have equal access to treatment.

...

(19) While taking note of efforts made by the State party to improve conditions of detention and to ease prison overcrowding through passage of the Community Service Orders Act, the Committee continues to be concerned at the situation in prisons, particularly in the areas of sanitation and access to health care and adequate food. It is concerned at the extreme overcrowding of prisons, which was acknowledged by the delegation and which, combined with sanitation and health-care deficiencies, may result in life-threatening conditions of detention (articles 7 and 10 of the Covenant).

The State party must guarantee the right of detainees to be treated humanely and with respect for their dignity, in particular their right to live in hygienic facilities and to have access to health care and adequate food...

- Mauritius, ICCPR, A/60/40 vol. I (2005) 52 at para. 88(9).

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(9) The Committee notes with concern that section 235 of the Penal Code penalizes abortion even when the mother's life is in danger, and thus may encourage women to resort to unreliable and illegal abortion, with inherent risks for their life and health (Covenant, art. 6).

The State party should review its legislation to ensure that women are not forced to carry pregnancies to term in violation of the rights guaranteed by the Covenant.

- Thailand, ICCPR, A/60/40 vol. I (2005) 83 at paras. 95(15), 95(16) and 95(22).

(15) The Committee is concerned about the persistent allegations of excessive use of force by law enforcement officials, as well as ill-treatment at the time of arrest and during police custody...

The State party should guarantee in practice unimpeded access to legal counsel and doctors immediately after arrest and during detention... Provision should be made for a medical examination at the beginning and end of the detention period...

(16) The Committee is concerned at the overcrowding and general conditions of places of detention, particularly with regard to sanitation and access to health care and adequate food...

The State party should bring prison conditions into line with the United Nations Standard Minimum Rules for the Treatment of Prisoners as a matter of priority. The State party should guarantee the right of detainees to be treated humanely and with respect for their dignity, particularly with regard to hygienic conditions, access to health care and adequate food...

...  
(22) Notwithstanding the corrective measures taken by the State party, most notably through the Central Registration Regulations 1992 and 1996, to address the issue of statelessness among ethnic minorities, including the Highlanders, the Committee remains concerned that a significant number of persons under its jurisdiction remain stateless, with negative consequences for the full enjoyment of their Covenant rights, as well as the right to work and their access to basic services, including health care and education...

The State party should continue to implement measures to naturalize the stateless persons who were born in Thailand and are living under its jurisdiction...

## ICESCR

- Sweden, ICESCR, E/2002/22 (2001) 106 at para. 741.



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741. The Committee encourages the State party to adopt a comprehensive national public health strategy and a plan of action in which it sets benchmarks for its health care strategies.

- Colombia, ICESCR, E/2002/22 (2001) 110 at paras. 775 and 796.

775. The Committee is concerned about the reduction of State subsidies for health care which makes access to health care even more difficult, particularly in the rural areas where health care coverage is already significantly more limited than in urban areas. The Committee also notes that women and indigenous groups are adversely affected by this reduction in subsidies.

...

796. The Committee urges the State party to allocate a higher percentage of its GDP to the health sector and to ensure that its system of subsidies does not discriminate against the most disadvantaged and marginalized groups.

- Algeria, ICESCR, E/2002/22 (2001) 116 at paras. 823 and 840.

823. The Committee notes with concern the steady decline in State expenditure on the health care system, as well as the plan confirmed by the delegation to eliminate subsidies for medicines. The Committee regrets that it did not receive sufficient information on measures taken by the State party to ensure access to health services.

...

840. The Committee urges the State party to take all necessary measures in order to lower maternal and infant mortality rates and to ensure that all forms of health services are available to women and men, especially in rural areas, in particular reproductive health services.

- France, ICESCR, E/2002/22 (2001) 121 at para. 860.

860. The Committee notes with appreciation the progress made by the State party with regard to the right to health, particularly by establishing universal coverage of health-care insurance through Law No. 99-641 of 27 July 1999 which extends health insurance to everyone living in the national territory and provides 100 per cent coverage to persons with a very low income.

- Croatia, ICESCR, E/2002/22 (2001) 125 at paras. 914 and 917.

914. The Committee urges the State party to structure its data collection efforts in the future

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in such a way as to be able to identify clearly the most disadvantaged and marginalized groups of society. It calls on the State party to conduct studies of all its laws, policies and practices with a view to assessing their effects on those groups, especially with regard to those areas that most directly affect their basic living conditions, such as employment, housing restitution, relocation, tenancy rights, health care, naturalization and education. All data should be disaggregated by minority groups, as well as by gender, religion, disability and any other relevant criteria that will help the State party develop targeted programmes to help those most in need.

...

917. The Committee recommends that the State party carefully review the probable effects of its plans to privatize portions of the national health-care system on the most disadvantaged and marginalized sectors of society, including, in particular, the unemployed and underemployed, the homeless and those living in poverty.

- Jamaica, ICESCR, E/2002/22 (2001) 130 at paras. 939 and 941.

939. The Committee is alarmed that, according to information received from United Nations organizations, HIV/AIDS is currently the leading cause of death among men and women in the 15-44 age group. The Committee is particularly concerned that the overall mortality rate for persons infected with HIV/AIDS is 60 per cent, largely because they do not have access to affordable medicines, treatment and care. The Committee is also concerned that the prevalence of HIV infection among girls in their late teens is twice that of older women according to UNAIDS, which attributes this phenomenon to young women participating in the sex tourism trade.

...

941. The Committee is also concerned that clandestine abortion is the cause of a large number of deaths due to infections and complications from procedures performed under unsanitary conditions by untrained personnel and that it is one of the leading factors in the high maternal mortality rate in the State party.

- Ireland, ICESCR, E/2003/22 (2002) 29 at paras. 129, 135, 136, 140, 148 and 149.

129. The Committee is concerned about the persistence of discrimination against persons with physical and mental disabilities, especially in the fields of employment, social security benefits, education and health. The Committee is particularly concerned that people with disabilities, including those working in sheltered workshops, do not have the status of employees and therefore do not qualify for the minimum wage arrangements; if, however, they do benefit from minimum wage arrangements, they are liable to lose their rights to free medical care.

...

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135. The Committee is concerned that a large number of persons with mental disabilities whose state of health would allow them to live in the community are still accommodated in psychiatric hospitals together with persons suffering from psychiatric illnesses or problems, despite efforts by the State party to transfer them to more appropriate care settings.

136. The Committee notes with regret that a human rights framework encompassing, *inter alia*, the principles of non-discrimination and equal access to health facilities and services, as outlined in paragraph 54 of the Committee's general comment no. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant), was not embodied in the recently published Health Strategy. The Committee also regrets the State party's failure to introduce a common waiting list for treatment in publicly funded hospital services for publicly and privately insured patients.

...

140. The Committee recommends that the State party conduct and complete as soon as possible a thorough review of the sheltered workshops for the disabled and consider adopting measures, legislative or otherwise, allowing people with disabilities to work with full employment status and to retain the right to free medical care.

...

148. The Committee reiterates the recommendation it made in 1999 that the State party speed up the process of transferring persons with mental disabilities who are not suffering from serious psychiatric illness and who are still living in psychiatric hospitals, to more appropriate care settings.

149. The Committee recommends that the State party review the recently published National Health Strategy with a view to embracing a human rights framework in that strategy, in line with the principles of non-discrimination and equal access to health facilities and services, as outlined in paragraphs 53 and 54 of the Committee's general comment no. 14 (2000). The Committee furthermore urges the State party to introduce a common waiting list for treatment in publicly funded hospitals for privately and publicly insured patients.

- Benin, ICESCR, E/2003/22 (2002) 34 at paras. 177, 178, 196 and 197.

177. The Committee is concerned at the inadequate health services and the lack of awareness-raising concerning sexual and reproductive health, as a result of which infant and maternal mortality have not been reduced. It is also concerned at the large number of illegal abortions, which are the principal reason for the high maternal mortality rate in the State party.

178. The Committee is concerned at the lack of hospitals and health clinics and at the growing number of unqualified personnel in the health sector, especially in the rural areas.

...

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196. The Committee urges the State party to improve its health services and undertake programmes on sexual and reproductive education. The Committee invites the State party to address the problem of illegal abortions as a matter of priority.

197. The Committee recommends the State party to establish a global health policy enabling the poorest sectors to have access to free, high-quality primary health care.

- United Kingdom of Great Britain and Northern Ireland, ICESCR, E/2003/22 (2002) 39 at paras. 222, 224, 241 and 243.

222. The Committee is concerned at the persistence of homelessness, particularly among certain groups of society, such as ethnic minorities. The Committee is further concerned that a large number of the homeless are alcoholics or suffer from mental illnesses.

...

224. The Committee is concerned about the high incidence of HIV/AIDS in some of the State party's Caribbean territories. It is particularly concerned about the number of HIV/AIDS cases in the Turks and Caicos Islands and St. Vincent and the Grenadines, and the lack of availability of, and access to, anti-retroviral medication for migrant workers and AIDS orphans.

...

241. The Committee recommends that the State party focus its efforts to combat homelessness on those groups in society which are disproportionately affected, such as ethnic minorities. The Committee further recommends that the State party take the necessary measures to ensure that homeless persons suffering from serious health problems receive adequate health care.

...

243. In the context of HIV/AIDS, the Committee urges the State party to ensure the availability of, and equal access to, anti-retroviral medication for all individuals in Overseas Dependent Territories.

- Trinidad and Tobago, ICESCR, E/2003/22 (2002) 45 at paras. 271, 274, 279 and 297.

271. The Committee is concerned that clandestine abortion is the cause of a high rate of maternal mortality due to infections and complications from procedures performed under unsanitary conditions by untrained personnel.

...

274. The Committee is deeply concerned about the living conditions of prisoners and detainees in the State party, especially with regard to access to health care and adequate food and basic facilities.

...

## HEALTH - HEALTH CARE AND TREATMENT

279. The Committee is concerned that problems of persisting overcrowding in hospitals, lack of staffing and non-accessibility of basic drugs have put great strain on the public health service, which have detrimental effects on access to basic health-care facilities, goods and services, especially for the disadvantaged and marginalized groups of society.

...

297. The Committee urges the State party to enact specific legislation and adopt measures necessary to improve the living conditions of prisoners and detainees.

- Slovakia, ICESCR, E/2003/22 (2002) 50 at paras. 314, 325 and 327.

314. The Committee is deeply concerned about discrimination against Roma people in the fields of employment, housing, health care and education. Although the State party acknowledges this fact, the legislative and administrative measures undertaken by the State party to improve the socio-economic conditions of the Roma are still insufficient to address the problem...

...

325. The Committee recommends that the State party take into account its obligations under the Covenant in the formulation of its social welfare, housing, health and education policies.

...

327. The Committee urges the State party to take concrete measures, including the adoption of a comprehensive anti-discrimination law, in accordance with article 2, paragraph 2, of the Covenant, to combat and eliminate discrimination against minority groups, in particular against Roma people.

- Poland, ICESCR, E/2003/22 (2002) 54 at paras. 355, 369, 377 and 391.

355. The Committee regrets that the State party has not...yet adopted and implemented a comprehensive programme to address the problems faced by Roma communities, in particular unemployment and inadequate living standards...

...

369. The Committee is concerned that family planning services are not provided in the public health-care system...

...

377. The Committee...urges the State party...to adopt a comprehensive programme to address the obstacles to the advancement of the Roma population, including measures to ensure effective remedy for cases of discrimination against Roma in employment, housing and health care...

...

391. The Committee...recommends that family planning services be provided by the public health-care system...

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- Georgia, ICESCR, E/2003/22 (2002) 60 at paras. 411, 423, 424, 430, 441 and 442.

411. The Committee expresses deep concern about the deplorable situation of internally displaced persons in the State party. The State party's efforts to provide basic services to this disadvantaged group and special legislation adopted to that end have succeeded only partially in meeting the most basic needs of internally displaced persons, particularly with regard to employment, social security, adequate housing and access to water, electricity, basic health services and education.

...

423. The Committee expresses deep concern about the insufficiency of material and technical resources, medication, hygienic and sanitary conditions and food in hospitals, as well as about the low wages of the medical staff, resulting in the common practice of charging informal fees for basic health-care services that are formally provided free of charge. A particular negative effect of such informal fees is that it puts basic health care even further beyond the reach of the poorest and most disadvantaged groups of society.

424. The Committee is especially concerned about the situation of persons with mental illnesses, who, in addition to suffering social stigmatization, often spend a long time in psychiatric facilities where they live in sub-standard conditions and receive sub-standard treatment and care.

...

430. The Committee strongly recommends that the State party take effective measures, in consultation with relevant civil society organizations, to improve the situation of internally displaced persons, including the adoption of a comprehensive programme of action aiming at ensuring more effectively their rights to adequate housing, food and water, health services and sanitation, employment and education, and the regularization of their status in the State party.

...

441. The Committee urges the State party to undertake effective measures to improve the living and working conditions in hospitals, ensure adequate wages for the medical staff, and actively combat the practice of informal fees.

442. The Committee recommends that particular attention and adequate funding be devoted to improving the treatment of and care for persons with mental illnesses.

- Estonia, ICESCR, E/2003/22 (2002) 68 at para. 532.

532. The Committee...recommends that the State party take measures, in line with general comment no. 14 (2000), to ensure that adequate and affordable health care is accessible and available to everyone, especially older women in rural areas.

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- Brazil, ICESCR, E/2004/22 (2003) 28 at paras. 134, 144, 145, 158, 167 and 169.

134. The Committee notes with concern the high rate of maternal mortality from illegal abortions, particularly in the northern regions where women have insufficient access to health-care facilities. The Committee is also concerned about the persistence of forced sterilization.

...

144. The Committee notes with concern the living conditions of prisoners and detainees in the State party, especially with regard to provision of, and access to, health-care facilities, adequate food and safe drinking water.

145. Although the State party has reduced HIV/AIDS-related mortality, the Committee is concerned that, despite these efforts, there has been a significant increase in cases among women and children.

...

158. The Committee requests the State party to undertake legislative and other measures, including a review of its present legislation, to protect women from the effects of clandestine and unsafe abortion and to ensure that women do not resort to such harmful procedures...

...

167. The Committee urges the State party to take effective measures, including policies, programmes and specific legislation, aimed at improving the living conditions of prisoners and detainees.

...

169. The Committee urges the State party to continue its prevention and care efforts in the field of health by providing sexual and reproductive health services to the population, with particular emphasis on those for women, young people and children.

- New Zealand, ICESCR, E/2004/22 (2003) 35 at paras. 192 and 207.

192. The Committee notes with concern that the provision of secondary and tertiary health-care services in rural and remote areas is considerably inferior to that in urban areas.

...

207. The Committee recommends that the State party strengthen its efforts to ensure equitable access to health services in both rural and remote areas. The Committee draws the attention of the State party in this regard to its general comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant).

- Israel, ICESCR, E/2004/22 (2003) 42 at paras. 251, 262 and 278.

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251. The Committee welcomes the improvements in the conditions for foreign workers, allowing them to change employers for the legal duration of their stay, prohibiting employers from withholding workers' passports, as well as the regulations regarding the system of compulsory health insurance for these foreign workers.

262. The Committee deeply regrets the refusal of the State party to provide in its second periodic report additional information on the living conditions of population groups other than Israeli settlers in the occupied territories as requested in its 2001 concluding observations. The Committee continues to be gravely concerned about the deplorable living conditions of the Palestinians in the occupied territories, who - as a result of the continuing occupation and subsequent measures of closures, extended curfews, roadblocks and security checkpoints - suffer from impingement of their enjoyment of economic, social and cultural rights enshrined in the Covenant, in particular access to work, land, water, health care, education and food.

278. ...The Committee...calls upon the State party to give full effect to its Covenant obligations and, as a matter of the highest priority, to undertake to ensure safe passage at checkpoints for Palestinian medical staff and people seeking treatment, the unhampered flow of essential foodstuffs and supplies, free movement to places of employment, and the safe conduct of students and teachers to and from schools.<sup>23/</sup>

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### Notes

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<sup>23/</sup> [Official Records of the Economic and Social Council], 1999, Supplement No. 2 (E/1999/22-E/C.12/1998/26), chap. IV, para. 265.

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- Republic of Moldova, ICESCR, E/2004/22 (2003) 49 at paras. 314, 315, 336 and 337.

314. The Committee is concerned about the deterioration of the public health system and notes with regret that conditions in hospitals, especially psychiatric hospitals, are inadequate.

315. The Committee is alarmed about the rising incidence of tuberculosis in the State party and notes with particular concern the acuteness of this problem in prisons where the infection rate is more than 40 times higher than the national average, according to the "Baseline Study on the Human Rights Status in the Republic of Moldova".

...

336. The Committee recommends that the State party take effective measures to ensure the quality, affordability and accessibility of health services, especially in rural areas. In this respect, the Committee draws the attention of the State party to its general comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant)...



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337. The Committee recommends that the State party intensify its efforts under the National Programme of Tuberculosis Control to combat the spread of tuberculosis, including by ensuring the availability of medicines and adequate sanitary conditions in prisons.

- Yemen, ICESCR, E/2004/22 (2003) 55 at paras. 358, 361, 364, 377, 380 and 383.

358. The Committee is concerned about the high rate of infant and maternal mortality and the insufficient availability of health services, especially for women in rural areas. The Committee is also concerned about the lack of a comprehensive sexual and reproductive health programme in the State party.

...

361. The Committee is concerned about the living conditions of prisoners and detainees in the State party, especially women, with regard to access to health-care facilities, adequate food and safe drinking water.

...

364. The Committee is also concerned that people suffering from HIV/AIDS do not always have full access to the necessary services, food and facilities.

...

377. The Committee urges the State party to increase its efforts to reduce the rate of infant and maternal mortality by providing adequate access to health services and vaccination programmes, especially for women and children in rural areas. The Committee urges the State party to adopt and implement a national sexual and reproductive health programme.

...

380. The Committee urges the State party to take effective legislative or other measures to provide adequate health-care facilities, adequate food and safe drinking water to prisoners and detainees, especially women...

...

383. The Committee, in line with its general comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant), recommends that the State party provide adequate health care for people suffering from HIV/AIDS and that public information programmes be provided to raise awareness of these problems in Yemeni society.

- Guatemala, ICESCR, E/2004/22 (2003) 59 at paras. 403, 417, 421 and 435.

403. The Committee is concerned about the persisting discrimination against indigenous peoples, with regard to access to, *inter alia*, landownership, work, education, health services and adequate nutrition and housing.

...

417. The Committee is concerned about the current state of sexual and reproductive health

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of women and that the incidence of child and maternal mortality is relatively high.

...

421. The Committee recommends that the State party increase its efforts to combat discrimination against indigenous peoples, in particular in the areas of employment, health services, landownership, adequate nutrition, housing and education.

...

435. The Committee recommends that the State party take measures to reduce child and maternal mortality, and in particular intensify the implementation of its national programme on reproductive health, provide further assistance and training to midwives, organize educational campaigns regarding women's sexual and reproductive health, and include such subjects in the school curricula.

- Russian Federation, ICESCR, E/2004/22 (2003) 64 at paras. 452, 454, 471, 473-475, 480, 482, 499 and 501-503.

452. The Committee is deeply concerned about the poor living conditions in the Republic of Chechnya and notes with regret that sufficient information was not provided on this problem in the State party's report. While acknowledging the difficulties posed by the ongoing military operations, the Committee is concerned about the problems faced by people in the Republic of Chechnya with regard to the provision of basic services, including health care and education.

...

454. The Committee is concerned about reports of cases where the lack of registration of place of residence and other identity documents in practice places limitations on the enjoyment of rights, including work, social security, health services and education. The Committee is also concerned about reports that some groups of people, including the homeless and the Roma, face particular difficulties in obtaining personal identification documents, including registration of residence.

...

471. The Committee is concerned about reports indicating maltreatment of conscripts in the armed forces as well as their sub-standard living conditions and lack of access to adequate food and health care.

...

473. The Committee is concerned about the general deterioration of the level of availability and accessibility of health care in the State party. The Committee also notes with concern that hospitals and clinics in poor regions often do not stock all essential drugs, and that, despite the constitutional guarantee of free medical care, many health clinics charge fees for

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their services and request patients to purchase medicaments. Furthermore, the Committee is concerned about the poor health status of northern indigenous peoples, the life expectancy of whom is estimated to be 15-20 years lower than the national average.

474. The Committee notes that the State party lacks federal legislation on the rights of patients concerning, *inter alia*, professional ethics and redress for medical errors.

475. The Committee remains concerned about the high incidence of tuberculosis in the State party, particularly in prisons, in the Republic of Chechnya and in the regions of the Far North, in particular among indigenous communities.

...

480. The Committee urges the State party to allocate sufficient funds to reinstate basic services, including the health and education infrastructure, in the Republic of Chechnya.

...

482. The Committee urges the State party to ensure that the lack of residence registration and other personal identity documents do not become an obstacle to the enjoyment of economic, social and cultural rights.

...

499. The Committee calls upon the State party to ensure that mechanisms are in place to ensure the enjoyment of basic rights of conscripts, including their access to adequate food and health care.

...

501. The Committee calls upon the State party to ensure that the ongoing reform of the health sector will improve the quality of, and equitable access to, health services in all regions of the country. The State party should also take effective measures to improve the health status of indigenous peoples in the regions of the Far North.

502. The Committee recommends that the State party address the matter of patients' rights...

503. The Committee recommends that the State party intensify its efforts to combat tuberculosis, under the special federal programme on urgent measures to tackle tuberculosis for the period 1998-2004, including by ensuring the availability of medicines and adequate sanitary conditions in prisons, and by taking special measures to combat the epidemic in the worst affected regions.

- Democratic People's Republic of Korea, ICESCR, E/2004/22 (2003) 71 at paras. 515, 531, 532, 552 and 553.

515. The Committee... notes with appreciation the wide coverage of free health care in the State party.

...

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531. The Committee expresses deep concern about the high rate of children under five that are chronically malnourished (45 per cent according to government statistics), as well as the high incidence of poverty-related diseases.

532. The Committee is concerned about the alarming increase in maternal mortality rates.

...

552. The Committee recommends that increased attention be paid by the competent authorities to providing adequate nutrition to children suffering from chronic malnutrition as well as adequate health care, to address the potentially severe consequences on their health.

553. The Committee recommends that the State party take effective measures to improve the conditions of maternal care, including prenatal health services and medical assistance at birth.

- Greece, ICESCR, E/2005/22 (2004) 23 at para. 128.

128. The Committee notes with satisfaction that the State party adopted the Integrated Action Plan for the Social Integration of Greek Roma (2001-2008), which aims at improving the housing situation of the Greek Roma and their enhanced access to basic health services, i.e. through the development of new, and the improvement of existing, settlements, the establishment of socio-medical centres in these settlements and the deployment of mobile health units to encampments of the itinerant Roma population, especially in remote areas...

- Kuwait, ICESCR, E/2005/22 (2004) 29 at paras. 196 and 216.

196. The Committee takes note with concern of the statement made by the delegation of the State party that abortion is allowed only when the life of the mother is endangered...

...

216. The Committee recommends that the State party's legislation on abortion include other motives for performing legal abortion with a view to preventing illegal abortion...

- Spain, ICESCR, E/2005/22 (2004) 34 at paras. 230 and 247.

230. While noting that undocumented immigrants residing in the State party enjoy a number of fundamental rights and freedoms, including the right to basic social services, health care and education, on the condition that they register with their local municipality, the Committee remains concerned about the precarious situation of the large number of those undocumented immigrants who only enjoy a limited protection of their economic, social and

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cultural rights.

...

247. The Committee urges the State party to take measures to ensure the effective protection of fundamental economic, social and cultural rights of all persons residing within its territory, in accordance with article 2, paragraph 2, of the Covenant. It further encourages the State party to promote the legalization of undocumented immigrants so as to enable them to enjoy fully their economic, social and cultural rights.

- Ecuador, ICESCR, E/2005/22 (2004) 39 at paras. 295, 296, 320 and 321.

295. The Committee is concerned about the low coverage, quality and insufficient financial resources available to the health system. The Committee notes that, despite improvements, the maternal mortality rate remains high. The Committee expresses concern about the increasingly high rate of teenage pregnancies.

296. The Committee is concerned about the enjoyment of the right to health by all people in the State party and particularly with regard to access to generic medicine.

...

320. The Committee urges the State party to allocate a higher percentage of GDP to the health sector. The Committee also recommends the State party to continue with its prevention and care efforts in the field of health by providing sexual and reproductive health services, particularly to women and young people.

321. The Committee strongly urges the State party to conduct an assessment of the effect of international trade rules on the right to health for all and to make extensive use of the flexibility clauses permitted in the WTO Agreement on Trade-related Aspects of Intellectual Property Rights (the TRIPS Agreement) in order to ensure access to generic medicine and more broadly the enjoyment of the right to health for everyone in Ecuador.

- Malta, ICESCR, E/2005/22 (2004) 45 at paras. 353 and 371.

353. The Committee is concerned at the lack of sexual and reproductive health-care services in the State party.

...

371. The Committee recommends that the State party strengthen education programmes on sexual and reproductive health and support sexual and reproductive health services.

- Italy, ICESCR, E/2005/22 (2004) 54 at paras. 421 and 462.

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421. The Committee...welcomes the fact that the National Sanitary Plan for 2003-2005 has extended its coverage to illegal immigrants, so that they can receive preventive medical treatment as well as urgent and basic treatment.

...

462. The Committee recommends that the State party develop home care and other personal and social services, taking into account the combined health and social care needs of older persons.

- Azerbaijan, ICESCR, E/2005/22 (2004) 59 at paras. 494-496 and 520-522.

494. While welcoming the extensive efforts made by the State party in the area of health, including measures to address the significant regional and urban disparities in health-care provision, the Committee remains concerned that the annual per capita spending on public health has been on the decline in recent years despite the rise in GDP. The Committee is concerned about the high incidence of malnutrition, infant mortality, iron deficiency disorders and malaria, especially among refugees and internally displaced persons...

495. The Committee remains concerned about the low level of awareness of the general public in Azerbaijan of sexual and reproductive health issues, in particular with regard to the availability and use of contraceptives. The Committee is particularly concerned that a high proportion of women resort to abortion as the principal method of birth control, and about the high infant and maternal mortality rates. The Committee also regrets that no comprehensive sexual and reproductive health programme exists in the State party. The Committee is particularly concerned that the incidence of sexually transmitted diseases and HIV/AIDS is on the increase.

496. While welcoming the information provided by the State party's delegation that prison medical doctors are now under the supervision of the Ministry of Justice and that cases of human rights violation can be immediately brought to the attention of the Office of the Commissioner for Human Rights of Azerbaijan, the Committee is concerned about overcrowding and sub-standard conditions in prisons in Azerbaijan which have given rise to a disproportionately high rate of tuberculosis and other health problems among prisoners.

...

520. The Committee urges the State party to continue its efforts to improve its health services, *inter alia* through the allocation of adequate and increased resources...

521. The Committee recommends that the State party conduct a study on the incidence of sexually transmitted diseases and HIV/AIDS in Azerbaijan and develop a comprehensive sexual and reproductive health programme, including a public awareness-raising campaign about safe contraceptive methods. The Committee also urges the State party to take measures to reduce the maternal and infant mortality rates and to ensure that abortions are

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carried out under adequate medical and sanitary conditions. In accordance with its General Comment No. 14 (2000) on the right to the highest attainable standards of health (article 12 of the Covenant), the Committee also recommends that the State party take urgent measures to combat the spread of HIV/AIDS.

522. The Committee recommends that the State party continue to take measures to improve the sanitary and hygienic conditions in prisons and to ensure that the right to mental and physical health of all prisoners in Azerbaijan is respected, in accordance with article 12 of the Covenant.

- Chile, ICESCR, E/2005/22 (2004) 67 at paras. 552, 554, 579, 583 and 586.

552. The Committee is concerned about the consequences for women's health of the legal prohibition on abortion, without exceptions, in the State party. While there are no official statistics on the number of abortions performed annually, the large number of women who are hospitalized for abortion complications every year (34,479 in 2001) gives an indication of the extent of this problem.

...

554. The Committee is concerned about the scope of the planned law (on the reorganization of subsidies for industrial disablement and sick leave) which would involve a legislative restriction of the current law, permitting parents a subsidized leave from work to care for children under the age of 1 in the case of serious illness.

...

579. The Committee recommends that the State party revise its legislation and decriminalize abortion in cases of therapeutic abortions and when the pregnancy is the result of rape or incest.

...

583. The Committee recommends that the State party ensure that women in the reproductive age are not discriminated against in the private health-care system.

...

586. The Committee encourages the State party to provide greater access to generic medicine making use of the flexibility clauses permitted in the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (the TRIPS Agreement).

- Zambia, ICESCR, E/2006/22 (2005) 19 at paras. 93, 97-99, 115 and 120-122.

93. The Committee is concerned about the large number of street children, especially in the capital, Lusaka, who are particularly exposed to physical and sexual abuse, prostitution, and

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a high risk of HIV infection.

...

97. The Committee is concerned about the living conditions of prisoners and detainees, especially with regard to access to health-care facilities, adequate food and safe drinking water.

98. The Committee is concerned about the inadequate coverage and quality of health care and the scant financial resources available to the health-care system. It is also concerned about the brain drain of health professionals due to poor working conditions in the health sector.

99. The Committee is alarmed about the devastating impact of the HIV/AIDS pandemic on the enjoyment of economic, social and cultural rights by the people of Zambia. The Committee is also concerned that people afflicted with HIV/AIDS seldom have adequate access to the necessary health-care services, including antiretroviral drugs, appropriate facilities and food.

...

115. The Committee reiterates the recommendation made by the Committee on the Rights of the Child at its thirty-third session in 2003 (CRC/C/132, chap. II, para. 220) and, in particular, that street children be provided with preventive and rehabilitative services for physical and sexual abuse, as well as adequate food, clothing, housing, health care and educational opportunities...

...

120. The Committee urges the State party to strengthen its measures, including policies, programmes and specific legislation, aimed at improving the living conditions of prisoners and detainees.

121. The Committee requests the State party to allocate a higher percentage of its GDP to the health sector and to improve the working conditions of health professionals.

122. The Committee recommends that the State party intensify its efforts to check the spread of HIV/AIDS, inter alia, by strengthening the policy of both providing and encouraging the use of condoms. The Committee also recommends that the State party continue its efforts in prevention and health care by providing sexual and reproductive health services, particularly to women and young people... The Committee, in line with its general comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant), recommends that the State party provide adequate health care for people suffering from HIV/AIDS, taking into account the particular needs of widows and orphans.

- China, ICESCR,E/2006/22 (2005) 25 at paras. 144, 145, 161, 164, 165, 175, 176, 189, 193 and 194.



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144. The Committee notes with deep concern the *de facto* discrimination against internal migrants in the fields of employment, social security, health services, housing and education that indirectly result from, *inter alia*, the restrictive national household registration system (*hukou*) which continues to be in place despite official announcements regarding reforms.

145. The Committee is concerned about the reported persistence of discrimination against persons with physical and mental disabilities, especially in terms of employment, social security, education and health.

...

161. The Committee notes with concern that funds allocated to public health have diminished despite the overall increase of health-care expenditures over the past decade in the State party. Furthermore, the Committee notes with concern that the health-care system that had in the past delivered basic health care to the majority of rural residents has been considerably reduced.

...

164. The Committee is concerned about the significant number of persons, especially women, who suffer from mental illnesses and about the inadequacy of measures to ensure a decent life for persons suffering from mental illnesses. The Committee is also concerned that, in addition to suffering social stigmatization, persons with mental illnesses often spend a long time in psychiatric facilities, where they live in sub-standard conditions and receive sub-standard treatment and care. The Committee also notes that suicide among women is alarmingly high in the State party.

165. The Committee is deeply concerned about reports of forced abortions and forced sterilizations imposed on women, including those belonging to ethnic minority groups, by local officials in the context of the one-child policy, and about the high maternal mortality rate as a result of unsafe abortions.

...

175. The Committee calls upon the State party to implement its decision to dismantle the *hukou* system of national household registration and to ensure that in any system that replaces it, internal migrants will be able to enjoy the same work, social security, housing, health and education benefits enjoyed by those in urban areas.

176. The Committee recommends that the State party adopt effective measures to ensure equal opportunities for persons with disabilities, especially in the fields of employment, social security, education and health, to provide for more appropriate living conditions for persons with disabilities and to allocate adequate resources for improving the treatment of, and care for, persons with disabilities...

...

189. In line with its general comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant), the Committee urges the State party to undertake

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effective measures to improve the delivery of health services in rural areas and ethnic minority regions, *inter alia*, by allocating adequate and increased resources. The Committee encourages the State party to take urgent measures to stop the spread of HIV/AIDS and other sexually transmitted diseases, including by means of sex education in schools and awareness-raising campaigns to eliminate discrimination against HIV-positive persons.

...

193. The Committee recommends that the State party allocate adequate resources and undertake effective measures for the treatment of, and care for, persons with mental illnesses, and to ensure that appropriate standards are established and enforced in psychiatric facilities to prevent maltreatment and neglect of mentally ill patients. The Committee also recommends that the State party conduct a study regarding factors and causes of the high rate of suicide among women...

...

194. The Committee urges the State party to undertake effective measures to ensure that abortions are carried out voluntarily and under adequate medical and sanitary conditions and to ensure that the existing legislation governing the one-child policy does not violate the rights enshrined in article 10 of the Covenant...

- China (Hong Kong Special Administrative Region), ICESCR, E/2006/22 (2005) 34 at paras. 216 and 228.

216. The Committee, while noting the generally high level of enjoyment to health in the Hong Kong Special Administrative Region, remains concerned that spending on public hospitals has been on the decline, resulting in longer waiting lists for patients. The Committee is also concerned that under the current fee waiver system, low-income patients still do not receive the most appropriate medical care. The Committee further notes with regret that many of the expensive drugs required by chronically ill and mentally ill patients are not subsidized and are thus in practice denied to these patients.

...

228. The Committee urges the State party to continue its efforts to improve its health services, *inter alia*, through the allocation of adequate and increased resources. The Committee recommends that the Hong Kong Special Administrative Region consider revising the current list of subsidized drugs to meet the needs of the chronically and mentally ill...

- Serbia and Montenegro, ICESCR, E/2006/22 (2005) 41 at paras. 273, 283, 284, 288, 293, 296, 301, 310, 311, 315, 320 and 323.

273. The Committee is deeply concerned that, despite the State party's efforts to improve the economic and social situation of Roma through national action plan for the

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implementation of the Decade of Roma Inclusion (2005-2015) in both Republics, widespread discrimination against Roma persists with regard to employment, social security, housing, health care and education.

...

283. The Committee expresses its deep concern about the high incidence of domestic violence, often resulting from psychological distress caused by unemployment and traumatic disorders related to armed conflict.

284. The Committee is equally concerned about the high incidence of child abuse in the State party.

...

288. The Committee is concerned about the extent of poverty among older persons and about the fact that home care is still insufficiently developed.

...

293. The Committee is concerned about the limited access to primary health care in rural areas, especially for refugees and other vulnerable groups, and that 7 per cent of the Serbian population are not covered by compulsory health insurance.

...

296. The Committee regrets the absence of information on mental health services in the State party's report, including provision of psychological rehabilitation to victims of physical and sexual violence and other traumatizing experiences related to armed conflict.

...

301. The Committee recommends that the State party ensure adequate participation of Roma representatives in the implementation of the plans of action adopted or envisaged by both Republics with regard to non-discrimination, gender equality, employment, social protection, housing, health and education of Roma, and to allocate sufficient funds to these and other relevant programmes.

...

310. The Committee urges the State party to take effective measures to combat domestic violence, to provide counselling to victims and perpetrators, including those suffering from traumatic disorders related to armed conflict...

311. The Committee urges the State party to take effective measures to ensure the immediate protection and long-term rehabilitation of abused children...

...

315. The Committee recommends that, in applying its Poverty Reduction Strategy, the State party take special measures to alleviate the extent of poverty among older persons and that priority be given to home care rather than institutionalization of older persons in need of care. The State party should allocate sufficient funds to that effect and strengthen the role of non-profit organizations in the provision of home care and other social services.

...

320. The Committee recommends that the State party ensure universal access to affordable

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primary health care, in particular by increasing the number of family doctors and community health centres, and allow all members of society, including refugees, internally displaced persons and Roma, to join the compulsory health insurance scheme.

...

323. The Committee requests the State party to ensure the provision of adequate counselling and other assistance to victims of physical and sexual violence and other traumatizing experiences related to armed conflict, in particular women and children...

- Norway, ICESCR, E/2006/22 (2005) 48 at paras. 347, 367 and 369.

347. The Committee is concerned about information received that many asylum-seeking children who suffer from trauma and illness are not afforded adequate assistance.

...

367. The Committee urges the State party to strengthen measures taken to ensure adequate health and psychiatric services for asylum-seeking children.

...

369. The Committee recommends that the State party ensure that every decision to detain a person with a mental disorder for compulsory psychiatric treatment be reviewed promptly by an independent judicial body.

## CEDAW

- Fiji, CEDAW, A/57/38 part I (2002) 9 at paras. 62 and 63.

62. The Committee notes the gains achieved with regard to women's health but is concerned that women in remote islands are adversely affected by maternal and infant mortality. It notes that out-migration of health professionals has led to a decline in health services, and that cervical cancer and circulatory diseases are a major cause of female death. The Committee also notes with concern the growing incidence of sexually transmitted diseases, including HIV/AIDS.

63. The Committee recommends that priority be given to allocating resources for improving health care services for women, including in the remote islands, and combating sexually transmitted diseases, including HIV/AIDS. It encourages the State party to introduce proactive measures and incentives to attract local health professionals to the health services in Fiji.

- Estonia, CEDAW, A/57/38 part I (2002) 13 at paras. 113 and 114.

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113. The Committee expresses its concern that the report does not contain sufficient information on the situation of rural women, including older rural women, including with regard to their cash income, social security, access to free health-care services and social and cultural opportunities...

114. ...The Committee recommends that the State party monitor existing programmes and develop comprehensive policies and programmes aimed at the economic empowerment of rural women, ensuring their access to training, productive resources and capital, as well as to health-care services, social security and to social and cultural opportunities.

- Sri Lanka, CEDAW, A/57/38 part I (2002) 31 at paras. 271 and 299.

271. ...The Committee...commends the easy access to family planning for women and men and the well-developed maternal and child health care system, which has contributed to a decline in maternal mortality.

...

299. The Committee urges the State party to allocate more resources to meet the needs of internally displaced women and children and to ensure their privacy, access to health facilities, security and protection from violence...

- Russian Federation, CEDAW, A/57/38 part I (2002) 40 at paras. 397-400.

397. Noting the measures taken by the State party to combat the effect of HIV/AIDS on pregnant women, the Committee is concerned that the State party regards HIV/AIDS as primarily resulting from the conduct of individuals in the context of drug abuse and alcoholism.

398. The Committee urges the State party to address the gender aspects of HIV/AIDS, including the power differential between women and men, which often prevents women from insisting on safe and responsible sex practices. It encourages the State party to strengthen its efforts to raise awareness and educate women and girls on ways to protect themselves from HIV/AIDS. The Committee urges the State party to ensure the equal rights and the access of women and girls to detection, health care and social services.

399. The Committee is concerned at the deterioration of the health-care system, which severely limits women's access to health care. It is also concerned at the state of women's health, in particular the increase gynaecological problems and pregnancies among teenage girls. The Committee also notes with concern that, although there has been a decrease in the rate of abortions, abortion continues to be used as a method of birth control and the number of women using effective contraceptive measures is low.

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400. The Committee recommends in accordance with General Recommendation 24 on article 12 - women and health that the State party fully implement a life-cycle approach to women's health and urges the State party to strengthen family planning programmes and provide affordable access to contraceptive measures for all women in all regions. It also urges the State party to include sex education in the school curriculum.

- Suriname, CEDAW, A/57/38 part II (2002) 82 at paras. 61, 62 and 66.

61. The Committee notes with concern that rates of HIV/AIDS infection have increased and that the majority of those who are HIV positive are young people between the ages of 15 and 29, with girls tending to become infected at a younger age than boys.

62. The Committee urges the State party to address the gender aspects of HIV/AIDS, including the power differential between women and men, which often prevents women from insisting on safe and responsible sex practices. It encourages the State party to strengthen its efforts to raise awareness and educate women and girls on ways of self-protection. The Committee urges the State party to ensure that women and girls have equal rights and access to health care and social services.

...

66. The Committee urges the State party to give full attention to the needs of rural women, including older women, particularly Amerindian and Maroon women, to ensure that they benefit from policies and programmes in all areas, in particular access to health, education, social services and decision-making...

- Zambia, CEDAW, A/57/38 part II (2002) 107 at paras. 242-245.

242. While noting that the State party has made progress in addressing the basic health needs of women in Zambia, the Committee expresses concern at the high level of maternal and infant mortality, low life expectancy, very high teenage pregnancies and unsafe abortions and lack of adequate healthcare facilities and family planning services, particularly in the rural areas.

243. The Committee recommends that the State party formulate policies and allocate adequate resources to improve the status of women's health, in particular with regard to maternal and infant mortality. It urges the State party to increase women's access to healthcare and family planning services. It also recommends that national reproductive health programmes be designed and implemented in order to prevent early pregnancy and induced abortions in rural and urban areas.

244. The Committee expresses concern at the increasing rate of HIV/AIDS and the absence

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of measures for the care of women and girls infected with HIV/AIDS.

245. The Committee urges the State party to take holistic measures to combat the HIV/AIDS pandemic and to take further practical preventive measures, including by providing access to condoms for women and men. It also urges the State party to ensure that women and girls infected with HIV/AIDS are not discriminated against and are given appropriate assistance...

- Armenia, CEDAW, A/57/38 part III (2002) 150 at paras. 52, 53, 58 and 59.

52. The Committee expresses concern that budget cuts in the health-care system severely limit women's access to health care. It is concerned about the status of women's health, especially their reproductive health, and the increase in the rate of maternal mortality. The Committee is concerned at the widespread use of abortion as a commonly used means of birth control, particularly in rural areas.

53. The Committee urges the State party to maintain access to affordable and adequate health care. Drawing attention to its general recommendation 24 on women and health, the Committee calls on the State party to ensure the availability and accessibility of affordable contraceptive means to both women and men as part of a comprehensive health policy. The Committee encourages the State party to promote programmes of sex education for both girls and boys. The Committee calls on the State party to take all appropriate steps to foster responsible sexual behaviour and take all appropriate steps to stop the use of abortion as a means of birth control.

...

58. The Committee expresses concern regarding the situation of rural women, including their access to health-care services and income-generating activities.

59. The Committee encourages the State party to develop special policies and programmes aimed at the economic empowerment of rural women and their access to health-care services.

- Guatemala, CEDAW, A/57/38 part III (2002) 171 at paras. 192, 193 and 202-205.

192. The Committee expresses concern about the high rate of infant and maternal mortality in Guatemala.

193. The Committee recommends that the State party make every effort to increase access to health-care facilities and medical assistance by trained personnel, particularly in rural areas and especially in the areas of pre- and post-natal care.

...

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202. The Committee notes with concern the high incidence of child labour in Guatemala, in particular among girls, and its implications for their personal development and enjoyment of the right to education and health care.

203. The Committee urges the State party to take steps to ensure that all children, especially girls, have access to basic education, health care and the protection of minimum labour standards elaborated by the International Labour Organization.

204. The Committee notes with concern that the Guatemalan health care system has no mental health programme specifically for women...

205. The Committee recommends that the State party take steps to introduce a mental health care programme for women, particularly in view of the specific traumas suffered by women in conflict situations, such as that which took place in Guatemala for more than 30 years...

- Barbados, CEDAW, A/57/38 part III (2002) 177 at para. 224.

224. The Committee...commends the State party for viewing health care as a fundamental right and for providing a range of family health services in the polyclinic setting, including free ante- and post-natal care for all citizens and residents of the country. It also commends the State party for the services that target women and girls, for example the Maternal and Child Health Programme, which monitors progress throughout pregnancy.

- Argentina, CEDAW, A/57/38 part III (2002) 196 at paras. 360 and 361.

360. The Committee is concerned at the high maternal mortality rate and at the fact that, with the increasing deterioration in health services, women, in particular those in situations of vulnerability, are losing their right to comprehensive health care, in particular as regards sexual and reproductive health. The Committee is also concerned because, in this critical context, the incidence of HIV/AIDS is tending to increase, especially among women.

361. The Committee recommends that the State party should guarantee women's access to health services, including sexual and reproductive health services, and that it should adopt the necessary measures to reduce the high maternal mortality rate. The Committee recommends that the State party should pay special attention to preventing and combating HIV/AIDS.

- Yemen, CEDAW, A/57/38 part III (2002) 200 at paras. 400 and 401.



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400. ...The Committee is concerned that rural women have little or no access to health-care services.

401. ...The Committee... recommends the State party to take urgent measures to increase rural women's access to health-care services.

- Peru, CEDAW, A/57/38 part III (2002) 212 at paras. 482-485.

482. The Committee is concerned about the situation of women's health and particularly their reproductive health. The Committee is especially concerned about the disappearance of the Women, Health and Development Programme. The Committee notes with concern the high maternal mortality rate and particularly mortality resulting from illegal abortions, including among adolescents, and the requirements that may prevent women from obtaining medical treatment in abortion cases. The Committee is also concerned about the inadequacy of sex education and the limited dissemination, availability and supply of all contraceptive methods, particularly among indigenous women and in the most vulnerable sectors of the population, as well as among adolescents. The Committee notes with concern that the rate of HIV/AIDS infection among women is increasing, particularly among young women.

483. The Committee urges the State party to consider the possibility of reviving the Women, Health and Development Programme. The Committee recommends that the State party should give priority to the situation of the adolescent population and also urges it to adopt measures to strengthen the family planning programme and to guarantee access to sexual and reproductive health services, attending to the information needs of the population, particularly adolescents, by pursuing programmes and policies geared to increasing knowledge about various contraceptive methods and their availability, on the understanding that family planning is the responsibility of both partners. It also urges the State party to promote sex education for the entire population, including adolescents, giving special attention to efforts to prevent and combat HIV/AIDS and to improve the dissemination of information about risks and ways of transmission.

484. The Committee notes with concern that, in the period covered by the report, mention is made of numerous cases of sterilization of women without prior informed consent, using psychological violence or the promise of financial incentives, thus affecting women's right to decide the number and spacing of their children. The Committee is also concerned that, although the Deputy Defender for Women's Rights and other organs have condemned these practices, those responsible have not been punished.

485. The Committee recommends that all necessary measures should be taken to continue to provide the service of surgical sterilization so as to give women the right of free choice

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as regards their reproductive health, after they have been duly informed of the medical details and consequences of the operation and have given their consent. The Committee also recommends that a recurrence of these incidents should be avoided in the future. It further recommends that efforts should be continued to bring before the courts the persons responsible for this violation of the right to health.

- Albania, CEDAW, A/58/38 part I (2003) 13 at paras. 76 and 77.

76. The Committee is concerned about the situation of rural women, as the majority of the female population, who are discriminated against in practice with respect to owning and inheriting property, and who are disadvantaged by poverty, poor infrastructures, lack of credit, and limited access to education, health-care services and social insurance...

77. The Committee urges the State party to give full attention to the needs of rural women and to develop comprehensive policies and programmes aimed at their economic empowerment, ensuring their access to productive resources, capital and credit, as well as education, health-care services, social insurance and decision-making. The Committee requests the State party to undertake a study of the ownership and inheritance of land by rural women and of their general economic, educational and social situation...

- Switzerland, CEDAW, A/58/38 part I (2003) 20 at paras. 122 and 123.

122. ...The Committee is concerned that foreign women sometimes encounter additional difficulties in obtaining access to health care and that the percentage of women with HIV/AIDS is increasing among foreign women, those from sub-Saharan Africa being the most affected...

123. ...The Committee recommends that foreign women's health needs, in particular as regards information on preventing HIV infection, be fully addressed...

- Congo, CEDAW, A/58/38 part I (2003) 29 at paras. 174-177.

174. The Committee notes with concern the existence of very high maternal and infant mortality rates in the Congo. The Committee is further concerned at the low contraceptive prevalence rate among women and men and the lack of access of women to adequate pre-natal and post-natal care and family planning information, particularly in rural areas.

175. The Committee recommends that the State party make every effort to raise awareness

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of and increase access to health-care facilities and medical assistance by trained personnel, particularly in rural areas and particularly in the areas of post-natal care...

176. The Committee expresses concern that the State party has not developed a strategic plan to address the issue of HIV/AIDS as it affects women, nor has it taken measures for the care of women and girls infected with and affected by HIV/AIDS.

177. The Committee urges the State party to take comprehensive measures to combat the HIV/AIDS pandemic, to take strong preventive measures and to ensure that women and girls infected with HIV/AIDS are not discriminated against and are given appropriate assistance.

- Kenya, CEDAW, A/58/38 part I (2003) 35 at paras. 221 and 222.

221. While noting the State party's commitment to combating the spread of HIV/AIDS and the reduction in infection rates from 14 per cent to 10.2 per cent in 2002, the Committee is concerned at the lack of sex-disaggregated data on HIV/AIDS and the absence of strategic measures for the care of women and girls infected with and affected by HIV/AIDS.

222. The Committee urges the State party to take comprehensive measures to combat the HIV/AIDS pandemic, to take strong preventive measures and to ensure that women and girls infected with HIV/AIDS are not discriminated against and are given appropriate assistance...

- El Salvador, CEDAW, A/58/38 part I (2003) 41 at paras. 259 and 260.

259. The Committee observes with concern the lack of necessary sex education programmes and their dissemination and the resulting impact on the high rate of teenage pregnancy, in particular in rural areas, and on the increase in the spread of sexually transmitted diseases and HIV/AIDS. The Committee is concerned at the obstacles that women face in gaining access to adequate health-care services, including those for the prevention of cancer.

260. The Committee recommends to the State party that it adopt measures to guarantee and expand access to health-care services, paying special attention to the implementation of programmes and policies for disseminating and raising awareness of sex education, particularly among adolescents, including information on contraceptives and their availability in society as a whole, taking into account that family planning is the responsibility of the couple and placing special emphasis on preventing and combating sexually transmitted diseases and HIV/AIDS.

- Canada, CEDAW, A/58/38 part I (2003) 53 at para. 346.

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346. The Committee commends the State party for the creation, in 2000, of the Institute of Gender and Health to contribute to the reduction of health disparities and the promotion of equity for vulnerable populations of women, including women with disabilities. The Committee notes with appreciation the adoption of the Guidelines on the Inclusion of Women in Clinical Trials to ensure that women are enrolled in such trials at all stages of drug development.

- Norway, CEDAW, A/58/38 part I (2003) 61 paras. 413 and 414.

413. While acknowledging the adoption in 2001 of the State party's plan of action against racism and discrimination, the Committee expresses concern about the multiple discrimination faced by migrant, refugee and minority women with respect to access to education, employment and health care and exposure to violence.

414. The Committee urges the State party to take effective measures to eliminate discrimination against migrant, refugee and minority women and to further strengthen its efforts to combat xenophobia and racism. It also urges the State party to be proactive in its measures to prevent discrimination against these women, both within their communities and in society at large, and to increase their awareness of the availability of social services and legal remedies...

- Costa Rica, CEDAW, A/58/38 part II (2003) 86 at paras. 68 and 69.

68. The Committee notes with satisfaction the comprehensive health-care programmes for women and the progress achieved, as well as the establishment of the Inter-Institutional Commission on Sexual and Reproductive Health, the 1994 Reproductive and Sexual Health and Rights Counselling Services and the new comprehensive health-care model. Nevertheless, the Committee expresses its concern at the limited dissemination of women's comprehensive health-care rights and the absence of a national sexual education and family planning information and/or education programme to permit the creation of awareness among women and men of their rights and responsibilities in relation to the reproductive process. It is also concerned that, despite the steps taken and the adoption of the Adolescent Mothers' Protection Act, there is continued increase in teenage pregnancies and apparent lack of awareness among men, teenage or adult, of their responsibility as fathers.

69. The Committee requests the State party to strengthen its health-care programmes, including those for sexual and reproductive health, and to launch as soon as possible a national programme to provide women and men with timely and reliable information on the available contraceptive methods and those capable of allowing them to exercise their right

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of free and informed choice of the number and spacing of the children they wish to have, as well as to reinforce the measures for preventing sexually transmitted diseases and HIV/AIDS, including the availability of condoms. It also requests the State party to continue strengthening support programmes for pregnant teenagers and mothers and sex education programmes aimed at preventing pregnancies among the teenage population.

- Brazil, CEDAW, A/58/38 part II (2003) 93 at paras. 102, 103, 110, 111, 126 and 127.

102. The Committee is concerned that sharp economic and social regional disparities, particularly in access to education, employment and health care, are posing difficulties in ensuring uniform implementation of the Convention throughout the country.

103. The Committee recommends to the State party that it ensure uniformity of results in the implementation of the Convention in Brazil, not only at the federal level, but also at the State and municipal levels, through effective coordination and the establishment of a mechanism to monitor compliance with the provisions of the Convention at all levels and in all areas.

...

110. The Committee is concerned about the impact of poverty on Brazilian women of African descent, indigenous women, female heads of household and other socially excluded or marginalized groups of women and about their disadvantaged position with respect to access to education, health, basic sanitation, employment, information and justice.

111. The Committee urges the State party to ensure that its poverty eradication measures give priority attention to Brazilian women of African descent, indigenous women, female heads of household and other socially excluded or marginalized groups of women through adequately funded programmes and policies addressing their specific needs.

...

126. The Committee is concerned at the high maternal mortality rate, particularly in the more remote regions where access to health facilities is very limited. The Committee is also concerned at the health condition of women from disadvantaged groups and at the high rate of clandestine abortion and its causes, linked to, among others, poverty, exclusion and a lack of access to information...

127. The Committee recommends that further measures be taken to guarantee effective access of women to health-care information and services, particularly regarding sexual and reproductive health, including young women, women from disadvantaged groups and rural women. Those measures are essential to reduce maternal mortality and to prevent recourse to abortion and protect women from its negative health effects. It further recommends that programmes and policies be adopted to increase the knowledge of and access to contraceptive methods with the understanding that family planning is the responsibility of

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both partners...

- Morocco, CEDAW, A/58/38 part II (2003) 101 at paras. 172, 173, 176 and 177.

172. Although progress has been made in reducing maternal and infant mortality rates and in increasing access to means of family planning, the Committee is concerned about the insufficient number of health-care facilities and particularly about the situation of rural women who have little or no access to health-care services and health-care professionals.

173. The Committee calls upon the State party to increase women's access to primary health-care services, including reproductive health care, particularly for rural women, and to further increase access to affordable means of family planning for women and men. It also calls upon the State party to increase awareness campaigns on the importance of health and reproductive rights, including information on the spread of sexually transmitted diseases (STDs), including the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

...

176. The Committee notes that, although they constitute a large proportion of the population, rural women and girls continue to be marginalized in their access to government services.

177. The Committee urges the State party to take special measures to ensure that the needs and concerns of rural women are fully integrated in the formulation and implementation of all sectoral policies and programmes and to ensure that rural women and girls have full access to education and health-care facilities.

- Ecuador, CEDAW, A/58/38 part II (2003) 122 at paras. 317 and 318.

317. The Committee is concerned that, although there is a National Education Plan for Love and Sexuality, it is not applied consistently and little is done to publicize women's right to sexual and reproductive health care, which would help to make both sexes aware of their rights and responsibilities in the area of reproduction. The Committee is also concerned at the high rate of pregnancy and abortion among teenagers, particularly in rural areas.

318. The Committee urges the State party to implement the National Education Plan for Love and Sexuality and to strengthen its health-care programmes, including sexual and reproductive health, and, as soon as possible, to implement a national programme that provides women and men with adequate and reliable information on available contraceptive methods and methods that can enable them to exercise their right to make a free and informed decision concerning the number and spacing of their children and to strengthen

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methods for preventing sexually transmitted diseases and HIV/AIDS, including the availability of condoms. It also requests the State party to continue strengthening support programmes for pregnant teenagers and teenage mothers and sexual education programmes to prevent pregnancies among the teenage population...

- New Zealand, CEDAW, A/58/38 part II (2003) 138 at paras. 422-424.

422. The Committee recommends that the State party take appropriate measures to ensure that disabled women do not suffer from discrimination, in particular in the areas of employment and access to health care and loans...

423. ...The Committee is...concerned about Maori and Pacific women and girls' unfavourable health situation, including their limited access to health care and their high mortality rate as well as the high incidence of domestic violence and of arranged marriages...

424. The Committee urges the State party to continue to implement the "Treaty of Waitangi" and to monitor the impact of measures taken through the "Reducing Inequalities" programme on Maori and Pacific women and girls, in particular in the social, economic and political areas and in criminal justice...

- Bhutan, CEDAW, A/59/38 part I (2004) 21 at paras. 119 and 120.

119. While recognizing progress made in the area of women's health, the Committee expresses concern about the lack of a holistic and life-cycle approach to women's health.

120. The Committee calls upon the State party to increase the access of women and adolescent girls to affordable health-care services, including reproductive health care, and to increase access to affordable means of family planning for women and men. It also calls upon the State party to step up its efforts to implement awareness-raising campaigns targeting women and men on the importance of family planning and related aspects of women's health and reproductive rights.

- Kyrgyzstan, CEDAW, A/59/38 part I (2004) 28 at paras. 157 and 158.

157. The Committee is concerned about the status of women's health and the deterioration of the health-care system. It is concerned about the continuing high rates of maternal and infant mortality, anaemia during pregnancy, the still high number of abortions, including among women under the age of 19, underweight girls, the increase in tuberculosis and

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sexually transmitted diseases among women and the problem of alcoholism and drug addiction among women. The Committee is concerned about the lack of attention to the negative impact on women of the reform of the health-care system, including with respect to the decline in the quality and accessibility of medical services and the closing down of medical institutions, where a majority of workers were women.

158. The Committee recommends that, in accordance with general recommendation 24 on women and health, the State party fully implement a holistic, life cycle approach to women's health. It recommends that the State party strengthen measures to reduce the maternal and infant mortality rates and to address alcoholism and drug addiction among women as well as the spread of tuberculosis and other diseases among women. It urges the State party to reinforce programmes of sexual and reproductive education for both girls and boys to foster responsible sexual behaviour. The Committee urges the State party to maintain access to affordable and adequate health care, to assess the impact on women of the reform of the health-care system and to take remedial action so as to ensure that the reform does not disproportionately disadvantage women.

- Nepal, CEDAW, A/59/38 part I (2004) 34 at paras. 212 and 213.

212. The Committee is concerned at the status of women's health, particularly rural women. The Committee is concerned that women have a lower life expectancy than men and that there are high maternal and infant mortality rates. It is also concerned that women's health is adversely affected by factors such as early marriage and early pregnancy, inadequate family planning services and illiteracy, which is an obstacle to obtaining and effectively using health-related information...

213. The Committee recommends that the State party take further measures to improve the access of women, particularly rural women, to health-related services and information, including in regard to sexual and reproductive health, in an effort to reduce maternal mortality. It also recommends that programmes and policies be adopted to increase knowledge of and access to contraceptive methods, bearing in mind that family planning should be the responsibility of both partners...

- Ethiopia, CEDAW, A/59/38 part I (2004) 42 at paras. 257 and 258.

257. The Committee is concerned about the very low level of life expectancy for women, the high rate of maternal mortality and the high prevalence of HIV/AIDS among women. The Committee is also concerned at the high rate of clandestine abortion and its causes, which include poverty, a lack of access to information on women's reproductive health and rights and low prevalence of contraceptive use.



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258. The Committee recommends the adoption of measures to guarantee effective access for women, including young women, to health-care information and services, in particular regarding reproductive health, with the aim of reducing clandestine abortions. It further recommends that programmes and policies be adopted to increase knowledge about and access to affordable contraceptive methods, as well as to increase the understanding that family planning is the responsibility of both partners...

- Nigeria, CEDAW, A/59/38 part I (2004) 49 at paras. 307 and 308.

307. The Committee expresses concern at the precarious situation of women's health, the insufficient and inadequate health-care facilities and family planning services and the lack of access to such facilities and services. The Committee is concerned about the high rates of maternal mortality as a result of unsafe abortions. It is also concerned about the persistence of traditional practices that are harmful to the physical and mental health of women and girls.

308. The Committee urges the State party to allocate adequate resources to improving the status of women's health, in particular with regard to maternal and infant mortality. It urges the State party to increase women's and adolescent girls' access to affordable health-care services, including reproductive health care, and to increase access to affordable means of family planning for women and men. It urges the State party to take measures to assess the impact of its abortion laws on women's health. The Committee urges the State party to introduce a holistic and life cycle approach to women's health, taking into account general recommendation 24 on women and health.

- Belarus, CEDAW, A/59/38 part I (2004) 55 at paras. 355 and 356.

355. The Committee is concerned about the general decline in the status of women's health, as well as the decline in women's access to health services. The Committee is also concerned at the continuing use of abortion as a primary method of birth control, teenage pregnancy, the deterioration of the health of pregnant women and the spread of sexually transmitted diseases, including HIV/AIDS. The Committee is concerned at the continuing negative impact of the Chernobyl disaster on women's health.

356. The Committee recommends the full implementation of a holistic, life cycle approach to women's health, including access to affordable health care, the financial and organizational strengthening of family planning programmes and the provision of wide access to contraceptives for all women and men, in accordance with its general recommendation 24 on women and health...

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- Angola, CEDAW, A/59/38 part II (2004) 118 at paras. 148, 149 and 162-165.

148. While recognizing the efforts undertaken by the State party aimed at the reconstruction of the country and its socio-economic fabric after the long years of armed conflict, including repatriation, rehabilitation and resettlement of refugees and internally displaced persons, the majority of whom are women, the Committee is concerned that the widespread poverty among women and the poor socio-economic conditions are among the causes of the violation of women's human rights and discrimination against them. The Committee is especially concerned about the situation of women in rural areas, women heads of households, women refugees and internally displaced women returning to their places of origin or migrating to the cities, who often lack access to health, education, services and means and opportunities for economic survival.

149. The Committee urges the State party to make the promotion of gender equality an explicit component of all its national development strategies, policies and programmes, in particular those aimed at repatriation, rehabilitation and resettlement, as well as those aimed at poverty alleviation and sustainable development. It urges the State party to pay special attention to the needs of rural women, women heads of household, refugee women and internally displaced women, ensuring that they participate in decision-making processes and have access to health, education, services and income-generation projects...

...

162. While welcoming the priority placed by the State party on the rehabilitation of the health sector, the Committee is concerned about the poor health infrastructure, which results in women's lack of access to health services and their low health status. The Committee is especially concerned about women's low life expectancy, high maternal mortality and morbidity rates, high fertility rates and inadequate family planning services, low rates of contraceptive use and lack of sex education...

163. The Committee urges the State party to continue its efforts to improve the country's health infrastructure. It calls on the State party to integrate a gender perspective in all health sector reforms, while also ensuring that women's sexual and reproductive health needs are adequately addressed. In particular, the Committee recommends that the State party undertake appropriate measures to improve women's access to health care and health-related services and information, including access for women who live in rural areas. It calls on the State party to improve the availability of sexual and reproductive health services, including family planning information to reduce maternal mortality...

164. Noting that the majority of women live in the rural areas, the Committee is concerned that many live in extreme poverty and lack access to education and vocational training, health care and income-generation opportunities. It is particularly concerned that the State party's rural development strategy does not seem to include attention to the situation of rural women.

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165. The Committee urges the State party to ensure that the rights, needs and concerns of rural women are given greater attention and visibility in the country's rural rehabilitation and development strategy. It also calls on the State party to ensure that rural women can participate fully in decision-making in the formulation and implementation of policies and programmes in rural areas. It urges the State party to ensure that rural women and girls have full access to health-care services, education and vocational training, as well as to income-generation opportunities.

- Equatorial Guinea, CEDAW, A/59/38 part II (2004) 126 at paras. 189, 190 and 205-208.

189. The Committee is concerned that widespread poverty among women and poor socio-economic conditions are among the causes of the violation of women's human rights and discrimination against women. The Committee is especially concerned about the situation of rural women, particularly in view of their extreme poverty and lack of access to health care, education, credit facilities and community services.

190. The Committee urges the State party to make the promotion of gender equality an explicit component of its national development plans and policies, and in particular those aimed at poverty alleviation and sustainable development. It urges the State party to pay special attention to the needs of rural women, ensuring that they participate in decision-making processes and have full access to education, health services and credit facilities...

...

205. The Committee expresses concern about the lack of access of women and girls to adequate health-care services, including pre-natal and post-natal care and family planning information, particularly in rural areas. The Committee is also concerned about the alarming rate of teenage pregnancy, which presents a significant obstacle to girls' educational opportunities and economic empowerment.

206. The Committee recommends that the State party make every effort to raise awareness of and increase access to health-care facilities and medical assistance by trained personnel, particularly in rural areas, and in pre- and post-natal care. The Committee urges the State party to take immediate steps to make family planning information available to women and girls, including in rural areas.

207. The Committee notes with concern the high incidence of HIV/AIDS among women, particularly younger women, and the absence of an adequately funded strategic plan to address HIV/AIDS.

208. The Committee urges the State party to take comprehensive measures and allocate sufficient funds to combat HIV/AIDS, to take strong preventive measures, including education and awareness-raising, and to ensure that women and girls infected with

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HIV/AIDS are not discriminated against and are given appropriate assistance and medical treatment.

- Dominican Republic, CEDAW, A/59/38 part II (2004) 141 at paras. 308 and 309.

308. The Committee notes with concern the increase in the number of cases of sexually transmitted diseases and HIV/AIDS. It is also concerned about the violation of the human rights of infected persons, the majority of whom are women, who are denied access to employment and adequate medical services. The Committee is concerned that these women are largely prevented from obtaining adequate health services, including those directed towards cancer prevention. The Committee expresses concern about the high rates of female mortality and morbidity, of which unsafe abortions are among the primary causes.

309. The Committee recommends the adoption of measures to ensure that women, especially young women, the disabled and women living in rural areas, have access to information and health services, particularly those relating to sexual and reproductive health and cancer prevention. Such measures are essential in order to reduce the rate of maternal mortality, prevent women from resorting to unsafe abortion and protect women against the negative effects on their health. In this regard, the Committee recommends that the State health services should provide an abortion when the pregnancy is a result of rape or when the mother's health is in danger. It also recommends the development of programmes and policies to increase knowledge of and access to contraception, bearing in mind that family planning is the responsibility of both members of the couple...The Committee also requests the State party to adopt measures to eliminate discrimination against women infected with HIV/AIDS.

- Spain, CEDAW, A/59/38 part II (2004) 149 at paras. 344 and 345.

344. The Committee is concerned that Roma women remain in a vulnerable and marginalized situation, especially with regard to education, employment, housing and health.

345. The Committee recommends that the State party promote and protect the human rights of Roma women, in particular with regard to their access to education, employment, housing and health.

- Argentina, CEDAW, A/59/38 part II (2004) 155 at paras. 376, 377, 380 and 381.

376. The Committee is concerned about the situation of rural women, particularly in view of their extreme poverty and lack of access to health care, education, credit facilities and

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community services.

377. The Committee urges the State party to pay special attention to the needs of rural women, ensuring that they participate in decision-making processes and have full access to education, health services and credit facilities.

...

380. While appreciating the establishment of the National Programme for Sexual Health and Responsible Parenthood, the Committee is concerned about the lack of information on the State party's efforts to evaluate the effectiveness of that Programme. The Committee also expresses concern about the high pregnancy rate among adolescents, the high rate of maternal mortality, one third of which is caused by illegal abortion, and the increase in sexually transmitted diseases, including HIV/AIDS. The Committee is also concerned that the crisis is having a negative impact on women's and adolescent girls' access to comprehensive health services, particularly for reproductive and sexual health.

381. The Committee urges the State party to ensure that women's and adolescent girls' access to health services, including sexual and reproductive health services, is fully ensured at the present time. It calls upon the State party to ensure that education on sexual and reproductive health is undertaken in all schools. It also urges the State party to adopt all necessary measures to reduce the high maternal mortality rate, as well as the rate of sexually transmitted diseases, including HIV/AIDS, among women...

- Samoa, CEDAW, A/60/38 part I (2005) 9 at paras. 56 and 57.

56. The Committee expresses concern that complications of pregnancy and childbirth remain one of the leading causes of morbidity for women...

57. The Committee urges the State party to increase its efforts to improve the provision of sexual and reproductive health services to reduce fertility rates and maternal morbidity...

- Lao People's Democratic Republic, CEDAW, A/60/38 part I (2005) 16 at paras. 96 and 97.

96. While noting improvement during the past few years, the Committee is seriously concerned about the very high maternal and infant mortality rates and the high fertility rate, especially among women in rural and remote areas and among ethnic minorities. The Committee is concerned about the lack of health-care facilities and medical professionals in rural villages and remote areas as well as the lack of awareness among women and adolescents regarding reproductive health and family planning, including the use of contraceptives and birth spacing.

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97. The Committee recommends that the State party accelerate the implementation of its national population policy, focusing on expanding its network of health-care facilities and personnel throughout the nation and reaching out to rural and remote areas, *inter alia* to the benefit of ethnic minority women; that it enhance its educational programmes, not only for women, but also for men and adolescents, on reproductive health and family planning; and that it make contraceptives easily available.

- Gabon, CEDAW, A/60/38 part I (2005) 37 at paras. 247 and 248.

247. The Committee is concerned about the situation of rural women, particularly in view of their geographic isolation and lack of access to adequate nutrition and sanitation, health care, education and income-generating opportunities. This situation leads to multiple forms of discrimination against rural women...

248. The Committee urges the State party to implement, on a priority basis, measures to ensure that rural women have full access to adequate nutrition and sanitation, health-care services, education and income-generating opportunities. The Committee invites the State party, as necessary, to seek assistance from relevant specialized agencies of the United Nations to improve the standard of living of rural women.

- Paraguay, CEDAW, A/60/38 part I (2005) 44 at paras. 287, 288, 291 and 292.

287. The Committee remains concerned about the persistent high maternal mortality rates, particularly deaths due to illegal abortions, the limited access of women to health care and family planning programmes and the apparently unmet need for contraceptives.

288. The Committee reiterates the recommendation made in its previous concluding comments and urges the State party to act without delay and implement effective measures to deal with the high maternal mortality rate, to prevent women from having to resort to unsafe abortions and to protect them from the negative effects on their health, in line with the Committee's general recommendation No. 24 on women and health and the Beijing Declaration and Platform for Action. The Committee urges the Government to strengthen the implementation of programmes and policies aimed at providing effective access for women to health-care information and services, in particular regarding reproductive health and affordable contraceptive methods, with the aim of preventing clandestine abortions. It further recommends holding a national consultation with civil society groups, including women's groups, to address the issue of abortion, which is illegal under the current law and is a cause of women's high mortality rates.

...

291. The Committee is concerned about the poor conditions of indigenous women,

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including monolingual Guaraní women, reflected in their high illiteracy rates, which surpass the national average, low school enrolment rates, poor access to health care and significant levels of poverty, which lead them to migrate to urban centres where they are even more vulnerable to multiple forms of discrimination.

292. The Committee...recommends that the State party strengthen its efforts to implement bilingual educational programmes at all levels of education and to ensure indigenous women's access to education and health care. The Committee also encourages the State party to adopt temporary special measures in accordance with article 4, paragraph 1, of the Convention and the Committee's general recommendation 25 on temporary special measures, to accelerate such access for indigenous women...

- Turkey, CEDAW, A/60/38 part I (2005) 58 at paras. 375 and 376.

375. The Committee notes with concern the persistence of high maternal and infant mortality rates in the State party.

376. The Committee recommends that the State party allocate adequate resources to improve the status of women's health, in particular with regard to maternal and infant mortality, and make every effort to increase access to health-care facilities and medical assistance from trained personnel, particularly in rural areas and particularly for post-natal care.

- Democratic People's Republic of Korea, CEDAW, A/60/38 part II (2005) 101 at paras. 65 and 66.

65. While welcoming the efforts of the Government to raise awareness of the risks and effects of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic, the Committee expresses concern that stigma might affect the disclosure of actual cases of infection.

66. The Committee emphasizes that the collection of reliable data on HIV/AIDS is critical in order to understand the extent of the problem, specifically the impact of the pandemic on women and men, and to ensure that women infected with HIV/AIDS are not discriminated against or stigmatized and are given appropriate assistance. The Committee urges the State party to strengthen HIV/AIDS prevention measures for women and men; to conduct a nationwide awareness-raising campaign on the risks and effects of HIV/AIDS; to develop a comprehensive HIV/AIDS research and control programme based on partnerships with stakeholders; and to ensure access to affordable antiretroviral drugs.

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- Lebanon, CEDAW, A/60/38 part II (2005) 109 at paras. 111-114.

111. While welcoming the incorporation of reproductive health services into the primary health-care system, the Committee remains concerned that not all women have access to such services, especially in the rural areas. It is also concerned about women's deaths resulting from clandestine abortions.

112. The Committee urges the Government to strengthen, especially in the rural areas, the implementation of programmes and policies aimed at providing effective access for women to health-care information and services, in particular regarding reproductive health and affordable contraceptive methods, with the aim also of preventing clandestine abortions. The Committee further urges the State party to decriminalize abortion where there are mitigating circumstances. The Committee recommends the implementation of measures to protect women from the negative effects on their health of unsafe abortions, in line with the Committee's general recommendation 24 on women and health and the Beijing Declaration and Platform for Action.

113. The Committee notes with concern the high incidence of HIV/AIDS among women, who make up 18.2 per cent of those infected, and that no special programmes have been designed to protect women from HIV/AIDS.

114. The Committee urges the State party to design and implement comprehensive gender-sensitive programmes and allocate sufficient funds to combat HIV/AIDS, to step up preventive measures, including awareness-raising, and to ensure that women and girls infected with HIV/AIDS are not discriminated against and are given appropriate assistance and treatment.

- Benin, CEDAW, A/60/38 part II (2005) 116 at paras. 157 and 158.

157. While noting the efforts made by the State party to improve reproductive health care to women, the Committee remains concerned about the lack of access to adequate health care for women and girls, particularly in rural areas. It is concerned about the causes of morbidity and mortality in women, particularly the number of deaths due to illegal abortions, and about inadequate family planning services and the low rates of contraceptive use. The Committee expresses its concern that women require the permission of their husbands to obtain contraceptives and family planning services.

158. The Committee recommends that the State party take measures, in accordance with general recommendation 24 on women and health, to improve and increase women's access to health care and health-related services and information, particularly in rural areas. It calls on the State party to improve the availability of sexual and reproductive health services,



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including family planning, with the aim also of preventing clandestine abortions, and to make available, without requiring the permission of the husband, contraceptive services to women and girls. It further recommends that sex education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases.

- Gambia, CEDAW, A/60/38 part II (2005) 122 at paras. 203-206, 211 and 212.

203. While recognizing the progress made in lowering maternal mortality from 1,050 per 100,000 live births in 1990 to 730 per 100,000 live births in 2001, and infant mortality from 92 per 1,000 live births in 1990 to 84 live births in 2001, the Committee remains concerned that these rates continue to be very high. The Committee is particularly concerned about the lack of access of women to adequate prenatal and post-natal care.

204. The Committee recommends that the State party make every effort to decrease the high maternal and infant mortality rates, and increase women's access to health services, including health-care facilities and medical assistance by trained personnel, especially with regard to prenatal and post-natal care...

205. The Committee expresses concern about the high rates of malnutrition, malaria and HIV/AIDS affecting women and girls in the country. The Committee is further concerned that women lack access to information and services related to reproductive health and that, although contraceptive use increased from 6.7 per cent in 1990 to 13.4 per cent in 2001, it continues to remain low. The Committee regrets that women's access to family planning services is, in general, dependent on several social and cultural factors.

206. The Committee recommends the implementation of comprehensive policies and programmes to prevent and combat malnutrition, malaria and HIV/AIDS. The Committee calls upon the State party to implement measures to guarantee effective access for women, including young women, to reproductive health-care information and services. It further recommends that programmes and policies be adopted to increase knowledge about, and access to, affordable contraceptive methods and to increase the understanding that family planning is the responsibility of both partners. It also encourages the State party to ensure that women have easy access to family planning services...

...

211. The Committee is concerned about the situation of rural women, many of whom live in extreme poverty and lack access to health care, education, vocational training, credit facilities and income-generation opportunities. It is particularly concerned that the State has not yet designed a gender-sensitive rural development strategy.

212. The Committee urges the State party to design and implement a gender-sensitive rural

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development strategy. It calls upon the State party to ensure that rural women can participate fully in the formulation and implementation of policies and programmes in rural areas. It urges the State party to ensure that rural women and girls have full access to health-care services, education and vocational training, as well as credit facilities and income-generating opportunities.

- Israel, CEDAW, A/60/38 part II (2005) 129 at paras. 257 and 258.

257. The Committee is concerned about the number of incidents at Israeli checkpoints which have a negative impact on the rights of Palestinian women, including the right of access to health-care services for pregnant women.

258. The Committee calls upon the State party to ensure that the Israeli authorities at the checkpoints are instructed to ensure access to health-care services for pregnant women, while protecting the security of Israel.

- Guyana, CEDAW, A/60/38 part II (2005) 136 at paras. 303 and 304.

303. The Committee recognizes the efforts of the Government to put in place comprehensive health structures. However, the Committee is concerned that women's access to health services is not monitored and there is no data to establish the *de facto* impact of such measures.

304. The Committee recommends that a broad framework for health services in line with the Committee's general recommendation 24 on article 12, on women and health, be put in place and that access to them by women, especially Amerindian women and other women living in rural and hinterland areas, be monitored...

- Burkina Faso, CEDAW, A/60/38 part II (2005) 144 at paras. 347-350.

347. The Committee is concerned about the situation of rural women, particularly in view of their extreme poverty and lack of access to adequate nutrition and sanitation, health care, education and income-generating opportunities. This situation leads to multiple forms of discrimination against rural women...

348. The Committee urges the State party to pay special attention to the situation of rural women so as to enhance compliance with article 14 of the Convention. In particular, the Committee calls upon the State party to ensure that rural women have full access to education, health services and credit facilities, and can fully participate in decision-making

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processes...

349. While noting the efforts made by the State party to improve reproductive health care for women, including through subsidizing contraceptives, the Committee remains concerned about the limited access for women to adequate health-care services, including those related to family planning. It is particularly concerned about high rates of fertility, infant and maternal mortality, and death due to clandestine abortions, inadequate family planning services and low rates of contraceptive use. The Committee is further concerned that the report contained insufficient information on the impact of measures taken to reduce infant and maternal mortality rates, and improve access to family planning services...

350. The Committee recommends that the State party take measures to improve women's access to health care and health-related services and information, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It calls upon the State party to improve the availability of sexual and reproductive health services, including family planning, with the aim also of preventing clandestine abortions. It encourages the State party to enhance the availability of contraceptive services...

- Ireland, CEDAW, A/60/38 part II (2005) 151 at paras. 388, 389, 392 and 393.

388. The Committee is concerned about trafficking in women and girls into Ireland, the lack of information on the extent of the problem and on specific legislation in this area, and the lack of a comprehensive strategy to combat it.

389. The Committee recommends the adoption and implementation of a comprehensive strategy to combat trafficking in women and girls, which should include preventive measures, the prosecution and punishment of offenders and the enactment of specific legislation in the area. The Committee also recommends that measures be put in place to provide for the physical, psychological and social recovery of women and girls who have been victims of trafficking, including the provision of shelter, counselling and medical care...

...

392. While recognizing that the second National Action Plan against Poverty and Social Exclusion and the National Anti-Poverty Strategy provide for an integrated focus on addressing the needs of specific groups, including women, the Committee is concerned at the situation of vulnerable groups of women who are considered to be at high risk of consistent poverty and social exclusion, including rural women, older women, Traveller women, women who are single parents and women with disabilities. The Committee is particularly concerned at the barriers faced by those vulnerable groups in relation to access to education, employment, health care and other social services.

393. The Committee recommends that the State party closely monitor the situation of

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poverty and social exclusion of women in the most vulnerable groups and implement effective measures and training programmes that will allow them fully to enjoy the benefits of the State party's prosperity. The Committee also recommends that a gender impact analysis of all social and economic policies and anti-poverty measures be conducted regularly...

### CAT

- Benin, CAT, A/57/44 (2002) 19 at paras. 34 and 35.

34. The Committee is concerned about the following:

...

(c) Overcrowding and deplorable physical conditions in prisons, particularly the lack of hygiene, adequate food or appropriate medical care, despite efforts by the State party and assistance from non-governmental organizations;

...

(g) The lack of medical and psychological rehabilitation programmes for torture victims;

...

35. The Committee recommends that:

...

(b) Measures must be taken to establish regulations on the right of torture victims to fair and adequate compensation from the State and to set up programmes for victims' physical and psychological rehabilitation;

...

(g) The State party should continue to take steps to improve physical conditions in prisons and substantially to reduce the duration of incommunicado detention;

...

- Indonesia, CAT, A/57/44 (2002) 22 at paras. 44 and 45.

44. The Committee...expresses its concern about the following:

...

(e) The length and terms of police custody, and the lack of adequate guarantees of the rights of persons deprived of liberty, including to notify a close relative or third party and to have access to medical assistance and counsel of their choice;

...

45. The Committee recommends that the State party:

...

(n) Take immediate steps to address the urgent need for rehabilitation of the large number of victims of torture and ill-treatment in the country...

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- Israel, CAT, A/57/44 (2002) 27 at para. 53.

53. The Committee makes the following recommendations:

...

(f) All victims of torture and ill-treatment should be granted effective access to appropriate rehabilitation and compensation measures;

...

- Ukraine, CAT, A/57/44 (2002) 31 at paras. 57 and 58.

57. The Committee expresses its concern about the following:

...

(f) The information received by the Committee that relatives and lawyers are informed about the detention only after the arrested person has been transferred from police custody to a pre-trial detention facility, a process that usually takes not less than two weeks. The Committee is also concerned about the lack of clear legal provisions about the exact time when a detained person can exercise his right to a defence counsel, a medical examination, and to inform a family member of his detention;

...

(j) Overcrowding and lack of access to basic hygienic facilities and adequate medical care, as well as the high incidence of tuberculosis, in prisons and pre-trial detention centres;

...

58. The Committee recommends that the State party:

...

(j) Take effective measures to improve conditions in prisons and pre-trial detention centres, including those relating to space, various facilities and sanitation, and establish a system of inspection of prisons and detention centres by independent monitors, whose findings should be published;

...

(p) Continue the programme against tuberculosis in prisons and pre-trial detention centres;

...

- Zambia, CAT, A/57/44 (2002) 34 at paras. 65 and 66.

65. Concern is...expressed regarding:

...

(b) Poor prison conditions that affect the health of both inmates and wardens, in particular the lack of health care staff and medicines as well as serious overcrowding;

...

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66. The Committee recommends that the State party:

...

(g) Establish rehabilitation centres for victims of torture;

...

- Denmark, CAT, A/57/44 (2002) 37 at para. 72.

72. [The Committee]...notes with satisfaction:

...

(b) The circulars of the National Commissioner of Police, prescribing, *inter alia*, earlier access by family to detainees, mandatory medical examination of all persons placed in a detention cell, and access to a lawyer and an interpreter without delay;

...

(f) The increase in the State party's contribution to the United Nations Voluntary Fund for Victims of Torture and the continued support to national rehabilitation centres for torture victims.

- Norway, CAT, A/57/44 (2002) 40 at para. 84.

84. The Committee notes with satisfaction:

...

(b) The issuance of guidelines on the notification of arrest to relatives and lawyers, as well as concerning the right to access to health care for persons in police custody;

...

- Russian Federation, CAT, A/57/44 (2002) 42 at paras. 92 and 94.

92. The Committee...expresses its concern about the following:

...

(c) The lack of adequate access for persons deprived of liberty, immediately after they are apprehended, to counsel, doctor and family members, an all-important safeguard against torture;

...

(g) Distressing conditions of pre-trial detention, including the prevalence of tuberculosis and other diseases, as well as the poor and unsupervised conditions of detention in IVS (temporary police detention), and SIZOs (pre-trial establishment) facilities...

...

94. The Committee recommends that the State party:

...

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(b) Adopt measures to permit detainees access to a lawyer, doctor, and family members from the time they are taken into custody; inform suspects and witnesses of their rights at the beginning of detention; and ensure that legal assistance and a doctor will be provided at the request of detained persons rather than solely when permitted by officials. Urgent consideration should be given to making a medical examination compulsory for persons when they enter IVS and SIZOs, and to the establishment of a health service independent from the Ministries of Internal Affairs and Justice to conduct such examinations;

...

(d) Improve conditions in prisons and pre-trial detention centres so that they are in conformity with the requirements of the Convention...

...

(g) Ensure training about obligations under the Convention for (i) doctors to detect signs of torture or ill-treatment of persons who have been or are in custody, (ii) law enforcement personnel and judges to initiate prompt and impartial investigations, and (iii) military personnel to be aware of the prohibition of torture and that an order from a superior officer may not be invoked as a justification of torture;

...

- Saudi Arabia, CAT, A/57/44 (2002) at paras. 100 and 101.

100. The Committee is concerned about the following:

...

(e) Reports of *incommunicado* detention of detained persons, at times for extended periods, particularly during pre-trial investigations. The lack of access to external legal advice and medical assistance, as well as to family members, increases the likelihood that conduct violating the Convention will not be appropriately pursued and punished;

...

101. The Committee recommends, in particular, that the State party:

...

(h) Ensure, in practice, that persons detained in custody are able to exercise prompt access to legal and medical expertise of choice, to family members and, in the case of foreign nationals, to consular personnel;

...

- Uzbekistan, CAT, A/57/44 (2002) 54 at paras. 115 and 116.

115. The Committee expresses concern about the following:

...

(b) The lack of adequate access for persons deprived of liberty, immediately after they are apprehended, to independent counsel, a doctor or medical examiner and family members,

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an important safeguard against torture;

...

(d) A lack of practical training for (i) doctors in the detection of signs of torture or ill-treatment of persons who have been or are in custody, and (ii) law enforcement personnel and judges in initiating prompt and impartial investigations;

...

116. The Committee recommends that the State party:

...

(f) Adopt measures to permit detainees access to a lawyer, a doctor and family members from the time they are taken into custody and ensure that doctors will be provided at the request of detained persons without the need to obtain the permission of prison officials; and maintain a register with the names of all detainees, the times at which notifications of lawyers, doctors and family members have taken place and the results of medical examinations; this register should be accessible to the lawyers and others as appropriate;

...

(h) Ensure that law enforcement, judicial, medical and other personnel who are involved in custody, interrogation, treatment or who otherwise come into contact with detainees are trained with regard to the prohibition of torture and that the requalification procedure ("re-attestation") of those personnel include both verification of an awareness of the Convention's requirements and a review of their records in treating detainees;

...

- Cyprus, CAT, A/58/44 (2002) 21 at para. 33.

33. The Committee welcomes the recent legislative, administrative and institutional developments that took place in the State party since the consideration of its previous periodic report, namely:

(a) The bill for the amendment of the Ratification Law making the subjection to cruel, inhuman or degrading treatment or punishment as described in article 16 of the Convention a criminal offence, and providing for the presumption of ill-treatment if it is ascertained by medical examination that the person detained bears external injuries which were not present at the time of arrest;

...

(i) The new measures taken to give effect to the newly adopted Psychiatric Treatment Law;

...

- Estonia, CAT, A/58/44 (2002) 26 at paras. 49 and 50.

49. The Committee is concerned that:



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...

(b) The definition of torture contained in article 122 of the Penal Code as “continuous physical abuse or abuse which causes great pain” does not seem to comply fully with article 1 of the Convention. The Committee notes that, according to the delegation, article 122 protects physical as well as mental health, but is of the opinion that the wording of the article may lead to restrictive interpretations as well as confusion;

...

(d) The point at which a suspect or detainee can obtain access to a doctor of choice - assuming one is available at all - is not clear. In any event, there are legal exceptions to the right to have access to a lawyer and to “a person of choice” that could be abused by police. In general, no precise time frame is set for the exercise of the rights of persons detained in police custody;

...

50. The Committee recommends that the State party:

...

(b) Ensure that law enforcement, judicial, medical and other personnel who are involved in the custody, detention, interrogation and treatment of detainees or psychiatric patients are trained with regard to the prohibition of torture and that their recertification includes both verification of their awareness of the Convention’s requirements and a review of their records in treating detainees or patients. Training should include developing the skills needed to recognize the *sequelae* of torture;

...

(e) Strengthen the safeguards provided in the Code of Criminal Procedure against ill-treatment and torture and ensure that, in law as well as in practice, persons in police custody and in remand have the right of access to a medical doctor of their choice, the right to notify a person of their choice of their detention and access to legal counsel. Legal exceptions to these rights should be narrowly defined. Persons deprived of their liberty, including suspects, should immediately be informed of their rights in a language that they understand...The State party should introduce a precise chronology that would specify at what point the rights of all detainees may be exercised and must be respected;

...

- Spain, CAT, A/58/44 (2002) 29 at paras. 62 and 66.

62. The Committee continues to be deeply concerned at the fact that *incommunicado* detention up to a maximum of five days has been maintained for specific categories of particularly serious offences. During this period, the detainee has no access to a lawyer or to a doctor of his choice nor is he able to notify his family. Although the State party explains that *incommunicado* detention does not involve the complete isolation of the detainee, who has access to an officially appointed lawyer and a forensic physician, the Committee considers that the *incommunicado* regime, regardless of the legal safeguards for its

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application, facilitates the commission of acts of torture and ill-treatment.

...

66. The Committee invites the State party to consider precautionary measures to be used in cases of *incommunicado* detention, such as:

...

(b) A joint examination by a forensic physician and a physician chosen by the detainee held *incommunicado*.

- Azerbaijan, CAT, A/58/44 (2003) 36 at paras. 88 and 89.

88. The Committee is concerned about:

...

(g) The lack, in many instances, of prompt and adequate access of persons in police custody or remand centres to independent counsel and a medical doctor, which is an important safeguard against torture; many persons in police custody are reportedly forced to renounce their right to a lawyer, and medical experts are provided only on the order of an official and not at the request of the detainee;

...

(o) Reports that, in many instances, judges refuse to deal with visible evidence of torture and ill-treatment of detainees and do not order independent medical examinations or return cases for further investigation.

89. The Committee recommends that the State party:

...

(c) Clearly instruct police officers, investigative authorities and remand centre personnel that they must respect the right of detained persons to obtain access to a lawyer immediately following detention and a medical doctor on the request of the detainee, and not only after the written consent of detaining authorities has been obtained. The State party should ensure the full independence of medical experts;

...

(j) Intensify efforts to educate and train police, prison staff, law enforcement personnel, judges and doctors on their obligations to protect from torture and ill-treatment all individuals who are in State custody. It is particularly important to train medical personnel to detect signs of torture or ill-treatment and to document such acts;

...

- Cambodia, CAT, A/58/44 (2003) 40 at para. 98.

98. The Committee is concerned about the following:

...

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(k) The lack of access by detainees in general to legal counsel and a medical doctor of their choice;

...

- Slovenia, CAT, A/58/44 (2003) 44 at paras. 115 and 116.

115. The Committee expresses concern about the following:

...

(e) There is no adequate legal guarantee of the right of persons deprived of liberty to have access to a doctor of their choice from the outset of their custody. The Committee notes article 74 of the Rules on Police Powers that makes provision for medical assistance, but considers that this is not sufficient as a safeguard against ill-treatment and torture;

...

116. The Committee recommends that the State party:

...

(e) Strengthen the safeguards provided in the Code of Criminal Procedure against ill-treatment and torture and ensure that, in law as well as in practice, all persons deprived of their liberty are guaranteed the right to have access to an independent doctor. Privacy of medical examinations should be ensured;

...

- Turkey, CAT, A/58/44 (2003) 46 at paras. 121 and 123.

121. The Committee expresses concern about:

...

(c) Allegations that persons in police custody have been denied prompt and adequate access to legal and medical assistance and that family members have not been promptly notified of their detention;

...

123. The Committee recommends that the State party:

(a) Ensure that detainees, including those held for offences under the jurisdiction of State Security Courts, benefit fully in practice from the available safeguards against ill-treatment and torture, particularly by guaranteeing their right to medical and legal assistance and to contact with their families;

...

(h) Ensure that fair and adequate compensation, including financial indemnification, rehabilitation, and medical and psychological treatment are provided to the victims of torture and ill-treatment;

...

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(k) Intensify training of medical personnel with regard to the obligations set out in the Convention, in particular in the detection of signs of torture or ill-treatment and the preparation of forensic reports in accordance with the Istanbul Protocol;

...

- Belgium, CAT, A/58/44 (2003) 49 at paras. 129 and 131.

129. The Committee is concerned about:

...

(h) The lack of legislation on the rights of persons under judicial or administrative arrest to have access to a lawyer, to inform their family of their detention, to be clearly informed of their rights and to be examined by a doctor of their choice;

...

(k) Information on the lack of access to medical care in prisons, including psychiatric and psychological care, particularly as a result of the lack of qualified and available staff;

...

(n) The lack of training for prison administrative staff, including medical staff, in particular on the prohibition of torture and inhuman or degrading treatment, owing especially to the lack of resources earmarked for that purpose;

...

131. The Committee recommends that the State party:

...

(g) Expressly guarantee in national legislation the right of all persons who are judicially or administratively detained to have access to a lawyer and a doctor of their choice immediately following their arrest, to be informed of their rights in a language they understand and to inform their families promptly of their detention;

...

(j) Improve the system of access to health care in prisons by recruiting more qualified medical staff;

...

(m) Guarantee the training of prison administrative staff, including medical staff, in the prohibition of torture and inhuman or degrading treatment;

...

- Republic of Moldova, CAT, A/58/44 (2003) 53 at paras. 137-139.

137. The Committee welcomes the following positive aspects:

...

(c) The efforts of the Moldovan authorities to improve prison conditions, *inter alia* by removing 89 per cent of the metal shutters which covered cell windows in remand prisons,

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increasing efforts regarding the treatment of tuberculosis patients and increasing employment offers for detainees;

...

138. The Committee expresses concern about:

...

(b) The reported lack of prompt and adequate access by persons in police custody to legal and medical assistance, and to family members;

...

(m) The lack of training in the prevention of torture of law enforcement personnel, including doctors dealing with persons deprived of their liberty.

139. The Committee recommends that the State party:

(a) Ensure that the fundamental safeguards against torture and ill-treatment of detainees, including those held for administrative offences, are available in practice, including their right to medical assistance and legal counsel and to contact with their families from the earliest stages of their detention;

...

(m) Reinforce human rights education and promotion activities regarding the prohibition of torture, particularly for law enforcement and medical personnel, and introduce training in these subjects in official education programmes;

...

- Bulgaria, CAT, A/59/44 (2004) 19 at paras. 32 and 33.

32. The Committee expresses concern about the following:

...

(d) The reported lack of prompt and adequate access by persons in custody to legal and medical assistance and to family members, and that access to free legal aid is quite limited and ineffective in practice. Furthermore, the reported inconsistencies in providing the required medical records to detainees hinder their ability to lodge complaints and seek redress;

(e) Poor conditions in homes for persons with mental disabilities and the insufficient steps taken thus far by the authorities to address this situation, including the failure to amend the legislation relating to involuntary placement in such an institution for purposes of evaluation and the lack of judicial appeal and review procedures;

...

33. The Committee recommends that the State party:

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...

(d) Ensure that, in law as well as in practice, all persons deprived of their liberty are duly registered at the place of custody and guaranteed, and informed of, the rights to have access to counsel, to contact next of kin and to a doctor... Strict rules on the maintenance of medical records for all detained persons should be established and rigorously adhered to;

(e) Undertake all necessary measures to address the situation in homes and hospitals of persons with mental disabilities to ensure that the living conditions, therapy and rehabilitation provided are not in violation of the requirements of the Convention. The Committee also urges the State party to ensure that the placement of children in social care homes is regularly reviewed. It urges the State party to provide monitoring and reassessment of diagnoses by specialists, with appropriate appeal procedures;

...

- Cameroon, CAT, A/59/44 (2003) 23 at paras. 44 and 45.

44. The Committee urges the State party to take all necessary measures to end the practice of torture on its territory. It recommends that the State party should:

...

(d) Guarantee free medical care in prisons, ensure the right of prisoners to adequate food in practice, and effectively separate men and women;

...

45. The Committee further recommends that the State party should:

(a) Adopt, as a matter of great urgency, and ensure the effective implementation of a law establishing the right of all persons held in police custody, during the initial hours of detention, of access to a lawyer of their choice and an independent doctor, and to inform their relatives of their detention...

...

- Chile, CAT, A/59/44 (2004) 28 at paras. 54, 56 and 57.

54. The Committee notes the following positive developments:

...

(h) Assurances by the representatives of the State party that mechanisms have been created to ensure that any testimony obtained under torture will not be admissible in court, and their recognition of the serious problem of coercing confessions from women who seek life-saving treatment in public hospitals after illegal abortions;

...

56. The Committee expresses concern about the following:

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...

(j) Reports that life-saving medical care for women suffering complications after illegal abortions is administered only on condition that they provide information on those performing such abortions. Such confessions are reportedly used subsequently in legal proceedings against the women and against third parties, in contravention of the provisions of the Convention;

...

57. The Committee recommends that the State party should:

...

(m) Eliminate the practice of extracting confessions for prosecution purposes from women seeking emergency medical care as a result of illegal abortion; investigate and review convictions where statements obtained by coercion in such cases have been admitted into evidence, and take remedial measures including nullifying convictions which are not in conformity with the Convention. In accordance with World Health Organization guidelines, the State party should ensure immediate and unconditional treatment of persons seeking emergency medical care;

...

- Czech Republic, CAT, A/59/44 (2004) 42 at paras. 86 and 87.

86. The Committee expresses concern about the following:

...

(f) Medical consultations may not always be confidential and the decision to resort to restraints is not always covered by the law or regularly reviewed;

...

(k) Allegations regarding some incidents of uninformed and involuntary sterilizations of Roma women, as well as the Government's inability to investigate due to insufficient identification of the individual complainants.

87. The Committee recommends that the State party:

...

(h) Ensure that medical examinations are confidential and consider possibilities of transferring the medical services from the Ministry of Justice to the Ministry of Health;

...

(n) Investigate claims of involuntary sterilizations, using medical and personnel records, and urge the complainants, to the extent possible, to assist in substantiating the allegations;

...

- Latvia, CAT, A/59/44 (2003) 48 at paras. 100 and 101.

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100. The Committee expresses concern about the following:

...

(g) The fact that although the draft new Criminal Procedure Law has addressed many of the existing shortcomings, the Criminal Procedure Law currently in force does not include the right of a detainee to contact family members. Concern is also expressed about the information that access to a doctor of choice is subject to the approval of the authorities;

...

101. The Committee recommends that the State party:

...

(c) Guarantee that detainees in police custody have the right to contact their families and have access to a medical doctor of their choice and to legal counsel from the outset of their deprivation of liberty;

...

- Lithuania, CAT, A/59/44 (2003) 52 at para. 110.

110. The Committee recommends that the State party:

...

(b) Ensure that all detained persons have immediate access to a doctor and a lawyer, as well as contact with their families at all stages of detention (art. 2);

(c) Take all appropriate measures to prevent acts of torture and ill-treatment by, *inter alia*:

(i) Ensuring that health-care personnel are trained to identify signs of physical and psychological torture;

...

(d) Ensure in practice that the public prosecutor's actions are monitored to ensure that any persons who allege ill-treatment or torture or who require medical examination are permitted by the public prosecutor to receive such examinations at their request and not only at the order of an official;

...

- Morocco, CAT, A/59/44 (2003) 58 at paras. 126 and 127.

126. The Committee expresses concern about:

...

(c) The non-existence, during the period of police custody, of guarantees of rapid and appropriate access by persons in custody to a lawyer and a doctor, and to a relative;

...

127. The Committee recommends that the State party:



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...

(c) Limit the period of police custody to a strict minimum and guarantee the right of persons in police custody to rapid access to a lawyer, a doctor and a relative;

...

- Argentina, CAT, A/60/44 (2004) 12 at paras. 34 and 35.

34. The Committee expresses its concern at the following:

...

(h) The overcrowding and poor physical conditions prevailing in the prisons, and particularly the lack of hygiene, adequate food and appropriate medical care, which may be tantamount to inhuman and degrading treatment;

...

(m) The fact that medical staff in prisons are not independent but are members of the prison service.

35. The Committee recommends that the State party take all necessary steps to prevent acts of torture and ill-treatment in the territory of the State of Argentina, and in particular that it:

...

(h) Take effective steps to improve physical conditions in prisons, reduce the existing overcrowding and properly guarantee the fundamental needs of all persons in custody;

...

(m) Take the necessary steps to guarantee the presence of independent, qualified medical personnel to carry out periodic examinations of persons in detention;

...

(p) Establish and promote effective machinery within the prison system to receive and investigate reports of sexual violence and provide protection and psychological and medical assistance to victims;

...

- United Kingdom of Great Britain and Northern Ireland (Crown Dependencies and Overseas Territories), CAT, A/60/44 (2004) 16 at paras. 39 and 40.

39. The Committee expresses its concern at:

...

(g) Reports of unsatisfactory conditions in the State party's detention facilities including substantial numbers of deaths in custody, inter-prisoner violence, overcrowding and continued use of "slopping out" sanitation facilities, as well as reports of unacceptable conditions for female detainees in the Hydebank Wood prison, including a lack of gender-sensitive facilities, policies, guarding and medical aid, with male guards alleged to constitute

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80 per cent of guarding staff and incidents of inappropriate threats and incidents affecting female detainees;

...

40. The Committee recommends that:

...

(l) The State party should develop an urgent action plan, including appropriate resort to criminal sanctions, to address the subjects of concern raised by the Committee in paragraph 40, subparagraph (g) as well as take appropriate gender-sensitive measures;

...

(n) The State party should consider offering, as routine practice, medical examinations before all forced removals by air and, in the event that they fail, thereafter;

...

- Switzerland, CAT, A/60/44 (2005) 28 at paras. 64 and 65.

64. The Committee expresses concern regarding the following:

(a) Although torture is prohibited by the Federal Constitution, no specific definition of torture exists in criminal law covering all the constituent elements of article 1 of the Convention;

(b) The draft federal law regulating the use of force by police during deportations and during the transport of detainees ordered by a federal authority:

...

(ii) Does not make any provision for independent monitors to be present during the deportation;

...

(i) Asylum-seekers retained at airports are not consistently being informed of their right to walk and exercise regularly in the fresh air as well as to request medical assistance;

...

65. The Committee recommends that the State party:

(a) Include an explicit definition of torture in the Criminal Code, incorporating all elements contained in article 1 of the Convention;

...

(b) ...The State party should...ensure that independent human rights observers and/or doctors are present during all forced removals by air. It should ... offer, as a routine practice, medical examinations both before forced removals by air and, in the case of abortive attempts, thereafter;

...

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(i) Take measures to effectively inform all asylum-seekers retained at airports of all their rights, and in particular the right to regularly access fresh air and access to a doctor;

...

- Albania, CAT, A/60/44 (2005) 34 at paras. 83 and 84.

83. The Committee expresses concern:

...

(i) At the lack of implementation of the fundamental legal safeguards for persons detained by the police, including guaranteeing the right to inform a relative, access to a lawyer and a doctor of their own choice, the provision of information about their rights and, for juveniles, the presence of their legal guardians during interrogation;

...

(m) About the lack of systematic medical examination of detainees within 24 hours of their admission to prison, the poor medical care in detention facilities, and the lack of training for medical personnel and prison medical personnel, not under the authority of the Ministry of Public Health;

...

84. The Committee recommends that the State party:

...

(i) Implement the fundamental legal safeguards for persons detained by the police, guaranteeing their rights to inform a relative, to have access to a lawyer and a doctor of their own choice and to be provided with information about their rights and, for juveniles, to have their legal guardians present during interrogation;

...

(m) Provide systematic medical examination of detainees within 24 hours of their admission to prison, improve medical care in detention facilities, establish training for medical personnel and transfer all prison medical personnel to the authority of the Ministry of Public Health;

...

- Bahrain, CAT, A/60/44 (2005) 44 at paras. 108 and 109.

108. The Committee expresses its concern at:

...

(e) The inadequate access to external legal advice while in police custody, to medical assistance and to family members, thereby reducing the safeguards available to detainees;

...

109. The Committee recommends that the State party:

...

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(j) Ensure that all detained persons have immediate access to a doctor and a lawyer, as well as contact with their families, and that detainees held by the Criminal Investigation Department are given prompt access to a judge;

...

### CRC

- Mauritania, CRC, CRC/C/111 (2001) 8 at paras. 58 and 59.

58. The Committee notes with concern the high number of female-headed families, in particular in the capital, which are particularly vulnerable to poverty.

59. In light of article 18 of the Convention, the Committee recommends that the State party ensure assistance to female-headed families in the performance of their child-rearing responsibilities, in particular with regard to access to health and education, and strengthen its programme of microcredits.

- Portugal, CRC, CRC/C/111 (2001) 48 at paras. 238, 239, 242-245, 250 and 251.

238. The Committee welcomes the progress made in recent years in reducing the child mortality rate and also welcomes the combining, within the State party's primary health care, of private and public health care provision at a very small charge, and the hospital services offered at two levels. The Committee is concerned, however, that:

(a) Infant mortality, under-5 mortality and child tuberculosis rates remain higher than the regional average, particularly in some northern rural areas, and are also too high in the Azores;

(b) The public health care system, including mental health care services, in the State party requires strengthening and that there is insufficient access to primary health care facilities in some parts of the country;

(c) The State party's health expenditure is notably lower than that of other countries in the region and that this negatively affects respect for children's right to health care.

239. The Committee recommends that the State party:

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(a) Increase investment in public health care facilities, including investments by civil society;

(b) Ensure the equal access of all children to the highest attainable standard of health care in all areas of the country.

...

242. Noting the establishment of a network functioning in cooperation with the Ministries of Health and Education toward education on adolescent health, the Committee remains concerned that the incidence of teenage pregnancies remains high and at the absence of data on abortions.

243. The Committee recommends that the State party:

(a) Take steps to address adolescent health concerns, including teenage pregnancy and sexually transmitted diseases, through, *inter alia*, sex education, including about birth control measures such as the use of condoms;

(b) Strengthen its mental health and counselling services, ensuring that these are accessible and sensitive to adolescents.

244. Noting the launching of the State party's Health Education Programme to address, *inter alia*, HIV/AIDS, the Committee remains concerned at the incidence of HIV transmission, including mother-to-child transmission, and at the high incidence of AIDS (10.4 cases per 100,000) in the State party.

245. The Committee recommends that the State party:

(a) Continue to strengthen its HIV/AIDS prevention programmes, including safe sex education programmes;

(b) Increase interventions at primary health-care level aimed at limiting mother-to-child transmission of HIV.

...

250. Noting the assistance provided by the State party to refugees, the Committee remains concerned that:

...

(b) Minors do not always have access to psychological care when needed.

251. The Committee recommends that the State party:

...

(b) Introduce mechanisms providing minors with access to psychological care;

...

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- Cameroon, CRC, CRC/C/111 (2001) 71 at paras. 348, 349, 375, 376 and 393.

348. The Committee is concerned...at the lack of a minimum age for medical counselling without parental consent.

349. The Committee recommends that the State party:

...

(d) Set a minimum age for medical counselling without parental consent, to make access to health services possible for adolescents.

...

375. ...[T]he Committee is concerned at the lack of statistical data on children with disabilities in the State party, at the situation of children with physical and mental disabilities and, in particular, at the limited specialized health care, education and employment possibilities available for them. The Committee is concerned further that poor health conditions and poverty are leading to an increase in the number of children with disabilities.

376. The Committee recommends that the State party:

...

(b) Review the situation of these children in terms of their access to suitable health care, education services and employment opportunities;

...

(f) Carry out genetic and other studies to assess the causes of disabilities in the State party;

...

393. ...[T]he Committee recommends that the State party:

...

(h) Introduce regular medical examination of inmates by independent medical staff;

...

### *See also:*

- Burkina Faso, CRC, CRC/C/121 (2002) 103 at paras. 473, 474 and 489.

- Uzbekistan, CRC, CRC/C/111 (2001) 117 at paras. 572 and 573.

572. While noting efforts to strengthen the primary health sector, the Committee is nevertheless concerned at the deterioration in the health of the most vulnerable groups, especially women and children, and in particular at:

The high infant mortality rates;

The high under-five mortality rates;

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The high maternal mortality rates;

The high incidence of infectious diseases, such as tuberculosis, despite high rates of immunization;

The fact that accidents and injuries are a main cause of mortality and morbidity among children and that children in rural and disadvantaged regions, such as Karakalpakstan and Khorezm, suffer the most.

573. The Committee recommends that the State party:

(a) Ensure that its commitment to primary health care is met by adequate allocation of human and financial resources, and that all children, especially from the most vulnerable groups, have access to health care;

(b) Continue and strengthen implementation of the WHO Promoting Effective Perinatal Care strategy, to address high maternal, infant and child mortality;

(c) Ensure full implementation of the Integrated Management of Childhood Illnesses strategy;

(d) Implement WHO recommendations and guidelines, such as "Essential newborn care and breastfeeding", "First action plan for food and nutrition", and "Feeding and nutrition of infants and young children", to address nutritional deficiencies;

(e) Implement the 2000 Amsterdam Declaration to Stop TB and the Strategy to Roll Back Malaria in the European Region;

(f) Implement the recommendations of the WHO report, "Childhood injuries - a priority area for the transition countries of Central and Eastern Europe and the newly independent States";

(g) Continue to cooperate with and seek assistance from, among others, UNICEF and WHO.

- Cape Verde, CRC, CRC/C/111 (2001) 135 at paras. 640, 641, 646 and 647.

640. While noting the significant progress made, the Committee remains concerned at health problems among children such as the deaths of infants and children caused by diarrhoeal diseases, respiratory infections and malnutrition. The Committee is concerned, in particular, by the limited access to health services of children living in rural communities, and particularly on more remote islands, and the threat of HIV/AIDS.

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641. The Committee recommends that the State party:

(a) Pursue and strengthen its efforts to improve access to health care, including primary health care, giving particular attention to major causes of infant and child mortality and to major illnesses and diseases;

(b) Give particular attention to children living in rural areas and on remote islands and to the prevention of the spread of HIV/AIDS.

...

646. The Committee is concerned that adolescents face numerous risks, including from life on the street, sexual exploitation, mistreatment, alcohol, tobacco and drug abuse and delinquency, and that there are no statistics available to indicate the number of adolescents exposed to these dangers. The Committee is concerned, in addition, at the high rates of teenage pregnancy, the incidence of sexually transmitted diseases, the potential spread of HIV/AIDS and the incidence of unsafe abortions occurring outside the health service structure.

647. The Committee recommends that the State party:

(a) Ensure that its child rights policy takes into consideration the risks faced by adolescents and that every effort is made to ensure that adolescents have access to appropriate health, including mental health, care and legal assistance;

(b) Give special attention to sexual exploitation, mistreatment, and alcohol, tobacco and substance abuse;

(c) Give special attention to teenage pregnancy, sexually transmitted diseases, HIV/AIDS and unsafe abortions, including through the provision of sex education for all adolescents;

(d) Ensure the provision of child-sensitive health assistance, education and counselling, in full respect of the child's right to privacy;

(e) Seek technical assistance from, among others, UNFPA and WHO.

- Lebanon, CRC, CRC/C/114 (2002) 11 at paras. 71 and 72.

71. The Committee notes the achievements by the State party in the area of health care, notably the downward long-term trend in infant and child mortality and the improvements in the area of immunization. It further notes the large increase in the percentage of the budget allocated to this sector. Nevertheless, the Committee is concerned about the unequal enjoyment of the right to access primary health-care services by children in different parts



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of the country, resulting in wide regional and social variations in infant and child mortality and the quality of care. The Committee is deeply concerned that children do not enjoy equal access to quality health care owing to the high cost of health care and the failure of insurance schemes to provide full coverage, and in part to the domination of the health sector by the private sector and significant differences between the quality of the care provided by the public versus the private sector. The Committee regrets that any follow-up to its previous recommendation ([CRC/C/15/Add.54], para. 30) has had little impact on the realization of the right to health for children.

72. The Committee urges the State party:

(a) To reinforce its efforts to allocate appropriate resources and develop and adopt policies and programmes to improve and protect the health situation of children, particularly in the regions with the highest mortality rates;

(b) To ensure equal access to and quality of health care for all children, independent of socio-economic factors, and encourages the State party to provide health insurance for all children, irrespective of whether their parents are working;

(c) To initiate effective follow-up to its previous recommendation and in view of the high budgetary expenditures in the health sector in particular, to examine the impact on the practical realization of the right to health for all children irrespective of socio-economic factors;

(d) To consider adopting and implementing the integrated management of childhood illness strategy to combat the most common childhood illnesses and malnutrition; and

(e) To seek technical assistance from, among others, WHO and UNICEF.

- Greece, CRC, CRC/C/114 (2002) 25 at paras. 142, 143, 148, 149, 160, 161 and 169.

142. While acknowledging the many activities of the Child Health Institute in the field of child abuse and neglect and the new bill to establish the “legal bystander” for the child victim, the Committee remains concerned:

...

(c) That social, medical and other service resources through which the State party can respond to abuse and neglect are primarily limited to Athens and that even these are insufficient.

143. The Committee recommends that the State party:

...

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(d) Strengthen the capacity of social services across the country to identify and treat instances of abuse or neglect of children, including for physical and psychological recovery and social reintegration of the victims of rape, abuse, neglect, ill-treatment, violence or sexual exploitation, in accordance with article 39 of the Convention; take measures to prevent the criminalization and stigmatization of victims; strengthen the use of child-sensitive methods of investigation and presentation of court evidence and the availability of expert multidisciplinary child assistance teams, including psychosocial counsellors; and ensure that domestic legislation provides adequate protection for all children, both girls and boys, from sexual and other forms of abuse;

...

148. The Committee is concerned that:

...

(b) Weaknesses in infrastructure and problems of uninsured families may limit the realization of children's right to health care;

(c) There is a shortage of nurses and social workers, and notes the need to improve the quality of dental services, as indicated by the State party in its report;

(d) Children of parents who are not covered by family social insurance policies may not have access to health care;

(e) Children from certain groups, such as the Roma and some immigrant groups, have particularly poor access to health care, leading to a high level of health concerns;

...

149. The Committee recommends that the State party:

(a) Strengthen its health infrastructure, including through the recruitment of additional nurses and social workers;

(b) Ensure that all children have access to health care, irrespective of the insurance situation of their parents;

(c) Give particular attention to ensuring the access to health care of children from Roma communities and other economically disadvantaged groups;

...

160. Noting the progress made through the 1999 presidential decree expanding the rights of asylum-seekers and recent legislation allowing unaccompanied minors to apply for asylum, the Committee remains concerned at:

...

(g) Limited access for asylum-seeking, refugee and illegal immigrant children to education and health services.

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161. The Committee recommends that the State party:

...

(f) Ensure that asylum-seeking, refugee and illegal immigrant children have access to education and health services, including psychological care;

...

169. The Committee recommends that the State party:

...

(e) Strengthen its actions to assist child victims of such abuse, including through the provision of counselling and health and social services.

- Gabon, CRC, CRC/C/114 (2002) 47 at paras. 217, 218, 227, 228, 245 and 246.

217. While taking note of the adoption of the Ordinance No. 001/95 on health and the establishment of a National Health Plan of Action, and while finding encouraging the new data on mortality rates, the Committee is deeply concerned at the still high infant and under-5 mortality rates and low life expectancy in the State party. The Committee also remains concerned that health services in the districts and local areas continue to lack adequate resources (both financial and human) and that medicines are too expensive and not easily accessible. In addition, the Committee is concerned that 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 and by malaria, tuberculosis and malnutrition. Concern is also raised at the very low rate of breastfeeding. The Committee is further concerned at the regular outbreaks of epidemics of diseases such as the Ebola virus.

218. The Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(c) Develop high-quality and affordable health care in light of the Bamako initiative;

(d) Take the necessary measures to deal with emergency situations, including to combat epidemics of diseases such as the Ebola virus; and

(e) Pursue additional avenues for cooperation and assistance for the improvement of child health with, among others, WHO and UNICEF.

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...

227. ...[T]he Committee is concerned at the deterioration of the social security system, which no longer ensures free access to health services for children.

228. In accordance with article 27 of the Convention, the Committee recommends that the State party:

...

(c) Provide adequate financial resources to the social security system to restore free access to health services for children;...

...

245. The Committee is deeply concerned about the poor situation of Pygmy children and their limited access to social services, including health care, immunization and education, and the violation of their rights to survival and development, to enjoy their own culture and to be protected from discrimination.

246. The Committee urges the State party to:

(a) Undertake a study to assess the situation and the needs of Pygmy children and to elaborate a plan of action involving leaders of the Pygmy community to protect the rights of those children and ensure their social services;

(b) Seek adequate means to ensure birth registration, health care, etc.

- Mozambique, CRC, CRC/C/114 (2002) 65 at paras. 295, 296, 299, 300, 319 and 320.

295. The Committee is deeply concerned that:

(a) Health service coverage is still insufficient in terms of infrastructure, personnel and accessibility for the general population;

(b) Infant and under-5 mortality rates are extremely high;

(c) Maternal mortality is very high, owing in part to insufficient prenatal care and assistance at birth and to the large number of clandestine abortions and the poor conditions in which they are carried out;

(d) The incidence of low birth weight, stunted growth, malaria, diarrhoea respiratory infections and malnutrition is very high.

296. While recognizing the significant progress achieved in the past 10 years and noting recent increases in health investment and immunization rates, the Committee urgently

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recommends that the State party:

- (a) Continue to improve access for all children and their families to primary health care;
- (b) Give urgent attention to and design practical measures for reducing infant, under-5 and maternal mortality rates, addressing malnutrition, malaria, diarrhoea and respiratory infections, and ensuring that abortions can be conducted with all due attention to minimum standards of health safety;
- (c) Make every effort to improve public knowledge of basic health-care measures, including in the areas of prevention and reproductive health, and provide for the availability of affordable contraception in order to ensure that unwanted pregnancies do not occur.
- (d) Seek technical assistance from UNICEF and WHO in this regard.

...

299. While noting the State party's efforts to establish the "Adolescent and Youth Programme", the Committee remains concerned at:

- (a) The high incidence of adolescent pregnancy and related health concerns;
- (b) The high incidence of medical problems related to abortions by adolescent mothers;
- (c) The high incidence of early marriage of girls.

300. The Committee recommends that the State party:

- (a) Strengthen its efforts to establish the "Adolescent and Youth Programme";
- (b) Improve the provision of health care for adolescents, giving particular attention to reproductive health concerns, including in the context of family planning, abortion and sexually transmitted diseases, to mental health and to concerns relating to adolescent development;
- (c) Make every effort to prevent the early marriage of children, particularly girls.

...

319. While noting the establishment of a central office for the prevention and control of drug abuse, the Committee is concerned that:

- (a) Substance abuse, including inhaling glue and the consumption of narcotic drugs, is practised by children, particularly street children, in the State party, particularly in the south of the country;

...

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(c) There are no specific institutions in the country to treat drug-addicted children.

320. The Committee recommends that the State party:

...

(d) Establish mechanisms and structures through which assistance, including health and rehabilitative assistance, can be provided to children who abuse substances;

...

- Andorra, CRC, CRC/C/114 (2002) 134 at paras. 528, 529, 541 and 542.

528. The Committee notes with concern that children of seasonal workers residing illegally in the State party may have difficulties in accessing health and education services.

529. In light of article 2 of the Convention, the Committee, while welcoming the information that the children of seasonal workers residing illegally in the State party are in practice provided with emergency health care, recommends that the State party take the necessary steps to allow these children access to basic and other social services such as health care and education.

...

541. The Committee expresses its concern about the health problems faced by adolescents within the State party, including drug abuse, and the fact that they make little use of the health services available to them. In particular, it takes note of the number of cases of anxiety and depression affecting children and of the fact that psychological treatments for children are not covered by the national security system.

542. The Committee recommends that the State party:

(a) Continue with and expand the services provided by *Consulta Jove*;

...

(c) Undertake a study on child mental health, in particular anxiety and depression, and take measures to prevent and combat them;

(d) Ensure that psychological treatments for children are covered by the national social security system.

- Guinea-Bissau, CRC, CRC/C/118 (2002) 12 at paras. 64, 65, 70 and 71.

64. The Committee is deeply concerned at:

(a) The limited access to, capacity and quality of health-care services, including in terms of

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distance between people's homes and health facilities, cost and the insufficient number of hospital beds and the limited availability of affordable and appropriate medication;

(b) The high rates of infant and maternal mortality, malnutrition, inadequate immunization and high mortality from malaria;

(c) The limited proportion of the population with access to safe water and adequate sanitation, including in schools, and related cholera and meningitis epidemics;

(d) Low levels of health education within communities.

65. The Committee recommends that the State party:

(a) Significantly increase its expenditure on health;

(b) Significantly improve children's access to health services and to medication including by strengthening the quality and capacity of the health infrastructure, providing financial assistance or free medical care to children in need of such support and their families and addressing the access concerns of those children living in isolated rural communities;

(c) Take action to address specific concerns, including infant and maternal mortality, malnutrition, inadequate immunization, malaria rates and cholera and meningitis epidemics;

(d) Take action to ensure that all children have access to drinking water and adequate sanitation, including in schools, and to ensure adequate waste disposal arrangements;

(e) Seek assistance through international cooperation in this regard.

...

70. The Committee is deeply concerned at the negative impact of the growing rate of HIV/AIDS infection on the cultural, economic, political, social and civil rights and freedoms of children infected with or affected by HIV/AIDS, including the Convention's general principles, with particular reference to rights to non-discrimination, to health care, education, food and housing, as well as to information and freedom of expression.

71. The Committee recommends that the State party:

(a) Integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, including by making use of the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I) and with particular reference to children's rights to non-discrimination, health, education, food and housing, as well as to information and freedom of expression;

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(b) Make every effort to provide for the treatment of children and their parents infected by HIV/AIDS;

...

- Niger, CRC, CRC/C/118 (2002) 37 at paras. 171 and 172.

171. While taking note of the adoption of the National Health Development Plan 1994-2000, and while finding encouraging the new data on mortality rates, the Committee is deeply concerned at the still high infant, under-5, and maternal mortality rates and low life expectancy in the State party. The Committee also remains concerned that health services in the districts and local areas continue to lack adequate resources (both financial and human) and that medicines and care are too expensive and not easily accessible. In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood diseases and that malnutrition is an acute problem. Concerns also exist at the low coverage of vaccination and at the lack of prenatal health care

172. The Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(c) Develop high-quality and affordable health care;

(d) Increase the rate of vaccination and carry out campaigns similar to that for polio;

(e) Establish midwifery training programs to assure safe home delivery;

(f) Pursue additional avenues for cooperation and assistance for child health improvement with, *inter alia*, WHO and UNICEF.

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

- Burkina Faso, CRC, CRC/C/121 (2002) 103 at paras. 465 and 466.
- Belarus, CRC, CRC/C/118 (2002) 54 at paras. 241, 242, 245 and 246.



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241. The Committee, while noting efforts to reorganize maternity and child care services and various programmes to improve children's health, is concerned about the increase in child morbidity, including the increase of HIV in newborns, the almost epidemic scope of tuberculosis, and the high incidence of iodine deficiency and nutrition problems, especially among children from low-income households and families with three and more children. It further notes the high rates of transport and motor vehicle accidents and the high rates of suicide which also affect children.

242. The Committee recommends that the State party:

(a) Continue to implement the WHO Strategy on Promoting Effective Perinatal Care in order to further decrease maternal, perinatal and infant mortality;

(b) Ensure that all children, in particular children from the most vulnerable groups, have access to free basic health care of good quality;

...

245. The Committee notes with concern the persisting negative consequences of the Chernobyl disaster, including the increase of cases among children of various diseases, including cancer, immunological deficiencies and anaemia. It further notes that assistance to people affected by the Chernobyl disaster is strictly humanitarian rather than focused on long-term policies.

246. The Committee recommends that the State party:

(a) Continue to improve the specialized health care provided to children affected by the Chernobyl disaster, including its psychosocial aspect;

(b) Strengthen its efforts at early detection and prevention of diseases related to nuclear contamination;

(c) Focus more on a long-term developmental approach to assistance to people.

### *See also:*

- Ukraine, CRC, CRC/C/121 (2002) 70 at paras. 348 and 349.
- Tunisia, CRC, CRC/C/118 (2002) 68 at paras. 293 and 294.

293. The Committee notes the sustained commitment by the State party to implement its primary health policies and the ensuing achievements in the area of health care, notably the decrease by 40 per cent of infant and under-5 mortality rates over the past decade, and

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achievements in the area of vaccinations, among others. While noting the delegation's statement that a plan has been formulated to address the issue of persisting regional and urban/rural disparities in the availability and quality of maternal and child health-care services, the Committee nevertheless remains concerned at the persistence of this problem as well as challenges regarding the provision of health services dealing with the specific needs of adolescents.

294. The Committee urges the State party:

(a) To reinforce its efforts to allocate appropriate resources, and develop and adopt policies and programmes to improve and protect the health situation of children, particularly in the rural regions showing the highest mortality indicators;

(b) Ensure equal access to and the quality of health care for all children, independent of socio-economic factors;

(c) Reinforce the capacity of health services to address adolescent-specific needs;

(d) Seek technical assistance from, among others, WHO and UNICEF.

- Switzerland, CRC, CRC/C/118 (2002) 78 at paras. 344, 345, 348, 349, 363 and 364.

344. While taking into account the advanced health care system, the very low infant mortality rate and the decrease in HIV/AIDS prevalence, the Committee is nevertheless concerned about the high number of suicides among adolescents and the limited measures to prevent this phenomenon, and the insufficient access by adolescents to counseling services, including outside schools...

345. The Committee recommends that the State party

(a) Pursue its efforts to decrease the prevalence of HIV/AIDS and take all necessary measures to prevent suicides among adolescents, including the collection and analysis of information, the launching of awareness-raising campaigns, and the establishment of specific programmes and counseling services;

...

348. The Committee takes note of the ongoing reform of the social security system but remains concerned that the cost of social insurance and health is very high, which may affect low-income families.

349. The Committee endorses the concluding observations of the Committee on Economic, Social, and Cultural Rights (E/C.12/1/Add.30, para. 36) and recommends that the State party

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review its health insurance systems in order to lower the cost of health services, for example, by reducing premiums.

...

363. The Committee is concerned at the lack of information on Roma and Travellers and their children in the State party and that there is no policy for these children.

364. The Committee recommends that the State party undertake a study on children belonging to Roma and Traveller minorities to assess their situation and develop policies and programmes to prevent social exclusion and discrimination, and to allow these children to fully enjoy their rights, including access to education and health care.

- Saint Vincent and the Grenadines, CRC, CRC/C/118 (2002) 101 at paras. 445, 446, 449, 450, 461 and 462.

445. While noting the progress made in the area of child health care, including in the numbers of health centres established and their staffing levels, the Committee remains concerned at:

- (a) The lack of basic medicines to meet the needs of sick children;
- (b) Infant mortality rates;
- (c) Levels of undernutrition;
- (d) The gradual rise in obesity;
- (e) The lack of an adequate number of dentists available to children.

446. The Committee recommends that the State party:

- (a) Continue and strengthen its ongoing efforts to establish community health clinics in the countryside, and ensure that these and all other medical facilities are adequately stocked with appropriate basic medicines;
- (b) Continue and strengthen efforts to reduce infant mortality and undernutrition and take preventive action to avoid a rise in the rates of obesity among children;
- (c) Increase the numbers of dentists available to treat children.

...

449. Noting the recent establishment of the Register of Child Abuse, the annual celebration of Child Abuse Awareness and Prevention Month and the active involvement of the

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Department of Family Services as the body that receives and handles reports of child abuse and neglect, the Committee remains concerned that:

(a) The instance of child abuse, including sexual abuse, is high and, as noted in its report, the State party has made insufficient effort to address this concern;

...

(d) There are many cases of neglect of children by parents, including the late presentation of a sick child at a hospital or clinic;

...

450. The Committee recommends that the State party:

...

(e) Strengthen its efforts to prosecute persons responsible for perpetrating abuse and provide medical help and counselling to those perpetrators in need of such assistance;

...

(g) Provide child victims of abuse with the appropriate medical and psychological support, including recovery and social reintegration assistance for child victims and their families;

(h) Strengthen the education provided to young parents in the care and early attention they should give to their sick children and in the prevention of abuse and neglect;

...

461. The Committee is concerned that:

(a) The illicit use of drugs and substances by children is increasing, including the use of crack cocaine and marijuana, as well as other substances, and that some of the children abusing drugs and using substances are placed, for this reason, in mental health institutions;

(b) The State party lacks adequate data and treatment programmes in this regard.

462. The Committee recommends that the State party:

...

(b) Take action to combat substance abuse by children, including through public education campaigns, and ensure that child drug and substance abusers are not placed in mental institutions unnecessarily and have access to effective structures and procedures for treatment, counselling, recovery and reintegration.

- Spain, CRC, CRC/C/118 (2002) 117 at paras. 512 and 513.

512. The Committee is deeply alarmed about the conditions of unaccompanied foreign children, mostly Moroccans, especially in the autonomous cities of Ceuta and Melilla. In particular, it expresses its concern at reports of:

...

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(d) Denial of access to health care and education, although guaranteed by law;

...

513. The Committee recommends that the State party urgently take the necessary measures in order to:

(a) Ensure the implementation of Organizational Act 4/2000 and other laws by providing to unaccompanied foreign children access to residential care, education, emergency services and other health care, and temporary residency documents;

...

- The Netherlands (Antilles), CRC, CRC/C/118 (2002) 129 at paras. 548, 549, 567, 568 and 571-574.

548. The Committee is concerned that:

...

(d) There are discrepancies in the enjoyment of rights in relation to certain vulnerable groups, especially children from immigrant families who have only limited access to adequate health, education and other social services.

549. The Committee recommends that the Netherlands Antilles:

...

(c) Take strong proactive measures to ensure that children of immigrant families have equal access to education, health and other services.

...

567. While the Committee notes the efforts of the State party to improve health care for children through, *inter alia*, free and accessible preventive health care on all five islands, developing health education programmes for youngsters and adolescents and providing free of charge mental health care for 0-19 year olds, the Committee is concerned at the insufficient number of trained medical personnel; the inaccessibility of health services to children not enrolled in the health care system; the very low rates of breastfeeding and the inadequate education of health workers and the general public on the advantages of breastfeeding, and the limited psychological and physical programmes available for treating child victims of hurricanes and other natural disasters. The Committee is further concerned at the disparity in the quality of health services among the islands.

568. The Committee recommends that:

(a) Greater efforts be undertaken to make the necessary professional and financial resources available;

(b) Every effort be made to improve public knowledge of basic health-care measures,

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including prevention and reproductive health, and provide for the affordable availability of contraception so that unwanted pregnancy does not occur;

...

(d) The State party develop a national campaign to inform parents and train professionals on the advantages of breastfeeding and continue and expand to all islands its initiative to introduce “baby friendly” hospitals;

(e) Comprehensive and consistent programmes for treating victims of hurricanes be developed;

(f) National legislation for health care be introduced so as to ensure that disparities in the quality of health care among the islands is rectified;

(g) Social security and health insurance be broadened so as to include all children within the State party.

...

571. While the Committee welcomes the introduction of “Healthy Lifestyles” and “Reproductive Health” into the education curriculum, the Committee remains concerned at the high rates of early pregnancy and the lack of information, counselling and preventive programmes on reproductive health. It also notes the rise in the number of children and youth using drugs, and the growing number of cases of HIV/AIDS among the youth.

572. The Committee recommends that the Netherlands Antilles:

(a) Implement the programme on reproductive health proposed in 1996 following the national workshop on reproductive health;

(b) Develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent and to those not enrolled in the regular education system, when this is in the best interests of the child;

(c) Ensure that adolescents (both girls and boys) have access to and are provided with education on reproductive health and other adolescent health issues, as well as with child-sensitive and confidential counselling services, and strengthen efforts in the area of adolescent health education within the educational system.

573. Whilst welcoming the efforts taken to develop a national strategic plan for the prevention and control of HIV/AIDS within the Netherlands Antilles, the Committee remains concerned at the increasing incidence of HIV/AIDS. The Committee is deeply concerned about the very serious impact of HIV/AIDS on the cultural, economic, political, social and civil rights and freedoms of children infected with or affected by HIV/AIDS, including the general principles of the Convention and with particular reference to non-

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discrimination and the rights to health care, education, food and housing, as well as to information and freedom of expression.

574. The Committee recommends that the State party integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, including by taking into consideration the recommendations the Committee adopted at its day of general discussion on “Children living in a world with HIV/AIDS” (CRC/C/80, para.243) and to involve children in implementing this strategy.

- Argentina, CRC, CRC/C/121 (2002) 8 at paras. 54, 55, 61, 62, 71, 72, 75, 76, 87 and 88.

54. The Committee is concerned that the principle of non-discrimination is not fully implemented for children living in poverty, indigenous children, children of migrant workers, primarily those from neighbouring countries, street children, children with disabilities and marginalized adolescents who are neither studying nor working, especially with regard to their access to adequate health care and educational facilities.

55. The Committee recommends that the State party:

(a) Monitor the situation of children, in particular those belonging to the above-mentioned vulnerable groups, who are exposed to discrimination;

(b) Develop, on the basis of the results of this monitoring, comprehensive strategies containing specific and well-targeted actions aimed at eliminating all forms of discrimination.

...

61. The Committee expresses its deep concern about institutional violence and specific reports of torture and ill-treatment of children held at police stations (*commissarias*) which, in some cases, have resulted in death...It notes that, according to the Supreme Court of Justice of the Province of Buenos Aires, several of the children who died had previously reported pressures and torture by the provincial police and that the majority of the cases are not adequately investigated and the perpetrators not brought to justice.

62. In light of article 37 (a) of the Convention, the Committee urges the State party:

...

(g) To ensure that independent and qualified medical personnel are required to carry out regular examinations of child detainees;

(h) In light of article 39, to take all appropriate measures to ensure possibilities for physical and psychological recovery and social reintegration for child victims of torture and/or ill-

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treatment, and that they receive compensation.

...

71. While noting the decrease in the infant, child and maternal mortality rates, the Committee is nevertheless concerned that the rates remain high and that there are great disparities in these rates, in particular with regard to children from a lower socio-economic background, those living in rural areas, in particular in the northern provinces, and indigenous children. It also notes that 6 out of 10 infant deaths could be avoided by low-cost actions.

72. The Committee recommends that the State party:

(a) Allocate appropriate resources and develop comprehensive policies and programmes to improve the health situation of all children without discrimination, in particular by focusing more on health promotion and prevention;

(b) In order to further decrease child mortality and morbidity and maternal mortality rates, take measures to implement the Reproductive Health and Responsible Procreation Act of July 2000;

(c) Provide adequate antenatal and post-natal health-care services and develop campaigns to inform parents about basic child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation, family planning and reproductive health, especially in the provinces.

...

75. The Committee notes with concern the growing number of cases of HIV/AIDS among the youth, notwithstanding the existing National Plan of Action for HIV/AIDS, and reiterates its concern ([CRC/C/15/Add.36], para. 12) about the number of teenage pregnancies, in particular in some of the provinces.

76. The Committee recommends that the State party:

...

(c) Take 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 and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child;

...

87. The Committee...notes with concern the poor conditions of children in detention, including the lack of adequate basic services such as education and health...

88. The Committee recommends that the State party:

...



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(g) Take the necessary measures to improve detention conditions;

...

### *See also:*

- Republic of Moldova, CRC, CRC/C/121 (2002) 89 at paras. 406 and 407.
- United Kingdom of Great Britain and Northern Ireland, CRC, CRC/C/121 (2002) 23 at paras. 133-136, 141, 142, 152 and 154.

133. While welcoming the decline in infant mortality rates and the new focus on children in the planning of the national health service, the Committee remains concerned at persisting inequalities in health and access to health services, including mental health services, across the State party linked to socio-economic status and ethnicity (e.g. the high rates of infant mortality among the Irish and Roma travellers), at the relatively low rate of breastfeeding and at the persistence of female genital mutilation despite its illegality.

134. The Committee recommends that the State party take all appropriate measures to reduce inequalities in health and access to health services, to promote breastfeeding and adopt the International Code for Marketing of Breast-milk Substitutes, and to enforce, through educational and other measures, the prohibition of female genital mutilation.

135. While noting the efforts undertaken by the State party to reduce the number of teenage pregnancies, the Committee remains concerned at the high rate of teenage pregnancies in the State party. The Committee welcomes the one-to-one mentoring system and the multidisciplinary approach to detecting and managing mental health problems and notes that the mental health of children has been introduced in the National Priorities Guidance 1999/2002, but remains concerned that many children suffer from mental health problems and that the rate of suicide among young people is still high...

136. In line with its previous recommendations ([CRC/C/15/Add.34], para. 30), the Committee recommends that the State party:

(a) Take further necessary measures to reduce the rate of teenage pregnancies through, *inter alia*, making health education, including sex education, part of the school curricula, making contraception available to all children, and improving access to confidential and adolescent-sensitive advice and information and other appropriate support (as recommended by the independent Advisory Group on Teenage Pregnancy);

...

(c) Take all necessary measures to strengthen its mental health and counselling services, ensuring that they are accessible and sensitive to adolescents, and undertake studies on the causes and backgrounds of suicides;

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...

141. ...The Committee is...concerned that...placement in temporary accommodation of children seeking asylum may infringe their basic rights such as access to health or education...

142. In accordance with the principles and provisions of the Convention, especially articles 2, 3, 22 and 37, and with respect to children, whether seeking asylum or not, the Committee recommends that the State party:

...

(b) Ensure that refugee and asylum-seeking children have access to basic services such as education and health, and that there is no discrimination in benefit entitlements for asylum-seeking families that could affect children;

...

152. ...[T]he Committee notes with concern that:

...

(c) Children in custody do not always have access to independent advocacy services and to basic services such as education, adequate health care, etc.;

...

154. ...[T]he Committee recommends that the State party:

...

(g) Take all necessary measures, as a matter of urgency, to review the conditions of detention and ensure that all children deprived of their liberty have statutory rights to education, health and child protection equal to those of other children;

...

- Seychelles, CRC, CRC/C/121 (2002) 41 at paras. 201, 202, 205, 206, 211 and 212.

201. While acknowledging the State party's strong commitment to child and maternal health, the Committee is concerned at...the lack of mental health professionals and services for children and adolescents throughout the State party.

202. The Committee recommends that the State party:

...

(b) Establish specialized mental health services specifically for children and adolescents staffed with specially trained and qualified professionals.

...

205. The Committee is concerned that:

...

(b) The rate of teenage pregnancies and illegal abortions is high;

(c) Adolescents do not have full access to reproductive health counselling and services.

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206. The Committee recommends that the State party:

...

(b) Consider means of reducing teenage pregnancy, including through strengthened reproductive health education and access to contraception without parental consent for adolescents;

(c) Ensure the provision of comprehensive health services, counselling and support for pregnant girls.

...

211. The Committee is concerned at the increasing use of marijuana and other illicit substances by children in the State party and at the lack of adequate data and treatment programmes specifically for children abusing drugs.

212. The Committee recommends that the State party:

...

(b) Support rehabilitation, reintegration and recovery programmes specifically designed for child victims of drug and substance abuse.

- Sudan, CRC, CRC/C/121 (2002) 53 at paras. 258, 259, 262-265, 268, 269, 278 and 279.

258. The Committee is concerned that physical and psychological abuse occurs within the family, but is not adequately monitored, reported upon or addressed.

259. The Committee recommends that the State party:

...

(b) Provide child victims of abuse with the appropriate medical and psychological support, including recovery and social reintegration assistance for their families;

...

262. The Committee notes the progress with regard to child immunization programmes, but remains deeply concerned at the very poor availability, accessibility and quality of basic health-care services. The Committee is concerned, among other things, at the high rates of infant, child and maternal mortality, the significant inequalities in the provision of health-care services between the north and the south of the country, the very limited access to safe drinking water responsible for 40 per cent of deaths of children under 5, and other serious health problems like malaria, acute respiratory diseases, lack of iodine and malnutrition. These and other concerns of the Committee regarding health care are reflected in the following recommendations.

263. The Committee urgently recommends that the State party:

(a) Take immediate action to reduce infant, child and maternal mortality rates;

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- (b) Strengthen the provision of health-care services, including with regard to management, staffing, equipment and medical supplies, giving particular attention to the decentralization of responsibility for services to local authorities;
- (c) Reduce inequalities in the levels of health of children in the State party through, *inter alia*, improving access to safe drinking water and adequate sanitation and strengthening the availability of health services in rural areas;
- (d) Establish adequate and effective services for children who have been exposed to highly traumatic events;
- (e) Take immediate action to address preventable health problems among children, including with regard to iodine deficiency, malaria, diarrhoea, acute respiratory diseases, measles, meningitis and malnutrition;
- (f) Ensure the availability and accessibility of essential drugs;
- (g) Seek technical assistance from, among others, UNICEF and WHO.

264. While encouraged by the progress indicated by the delegation, the Committee remains concerned at societal stigmatization and discrimination against disabled children, the lack of disaggregated data concerning them and the very limited services and opportunities offered to those children.

265. In the context of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96, annex) and the results of the Committee's day of general discussion on the rights of children with disabilities, held on 6 October 1997 (see CRC/C/69, paras. 310-339) the Committee recommends that the State party:

...

- (c) Ensure the integration within its child-rights policy of the perspectives of the rights of children with disabilities with regard to, *inter alia*, non-discrimination, participation, survival and development, health, education (including vocational education for future professional employment) and integration in society;
  - (d) Significantly strengthen the provision of health services for children with disabilities;
  - (e) Adopt and implement, as needed, legislative and administrative provisions to ensure that children with disabilities have access to public buildings, including hospitals and schools;
- ...
- (g) Seek international cooperation from, among others, UNICEF, in this regard.

...

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268. The Committee is seriously concerned at reports, including the State party's report, that HIV/AIDS infection rates are likely to rise and at the lack of adequate measures in the area of prevention, care and treatment.

269. The Committee recommends that the State party integrate into its policies and practices the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I) in consultation with and participation of religious leaders.

...

278. While noting the demobilization of some children, the Committee is deeply concerned that:

...

(d) Access to needy populations by humanitarian organizations has sometimes been impeded.

279. The Committee recommends that the State party and, as far as applicable, other relevant actors:

...

(f) Guarantee the delivery of humanitarian assistance to the populations in need, and respect the rights of children among civilian populations to, among others, food, water, medical care and adequate housing;

...

- Ukraine, CRC, CRC/C/121 (2002) 70 at paras. 310, 311, 322, 323, 344, 345, 350-352, 355, 356, 367 and 368.

310. The Committee notes the priority accorded by the State party to health and education and the information that the budget has been increased for 2000-2001. However, the Committee remains concerned about the low level of resources in general for social services, health and education, which has a negative impact on the quality and accessibility of services, especially affecting families with children living in poverty...The Committee is further concerned that readjustment programmes may have a disproportionately negative affect on children if not appropriately addressed in the planning and budgeting of social services.

311. In light of articles 2, 3 and 6 of the Convention, the Committee recommends that the State party pay particular attention to the full implementation of article 4 of the Convention by:

(a) Further continuing to increase the budget for the implementation of the Convention and prioritizing budgetary allocations to ensure implementation of economic, social and cultural rights of children to the maximum extent of available resources, in particular to socially

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marginalized groups, taking into account the decentralization of the provision of social services and of public finances;

...

(d) Identifying the amount and proportion of the State budget spent on children through public and private institutions or organizations in order to evaluate the impact of the expenditures and also, in view of the costs, the accessibility, the quality and the effectiveness of the services for children in the different sectors.

...

319. The Committee...recommends that the minimum legal age for medical advice and counselling without parental consent be lowered and a clear legal minimum age for sexual consent be established.

...

322. The Committee remains concerned that the principle of non-discrimination is not fully implemented for children of economically disadvantaged households, children living in rural areas, children in institutions, children with disabilities, Roma children and children affected with HIV/AIDS, especially regarding health care, social welfare and education.

323. The Committee recommends that the State party monitor the situation of children of economically disadvantaged households, children living in rural areas, children in institutions, children with disabilities, children belonging to national minorities such as Roma children, and children affected with HIV/AIDS. On the basis of the results of this monitoring, comprehensive proactive strategies containing specific and well-targeted actions aimed at eliminating all forms of discrimination, including in particular access to education and health care, should be elaborated.

...

344. The Committee is deeply concerned at the severely reduced quality and accessibility of health-care services. The Committee is further concerned at the inaccessibility of medical assistance to children who have left their homes; the increase in child morbidity; the high maternal mortality rates; the increase in the number of disabled children; and the high incidence of iodine deficiency and nutrition problems, especially among children from low-income households.

345. The Committee urgently recommends that the State party:

(a) Ensure that all children, especially from the most vulnerable groups, have access to primary health care;

...

350. With regard to adolescent health, the Committee is concerned at the rise in the number of children and adolescents addicted to drugs, alcohol and smoking. The Committee expresses concern about the lack of access, without parental consent, to medical counselling and advice. The Committee is also concerned about the large number of teenage abortions, this being the principal cause of maternal mortality.

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351. While noting the State party's efforts in the area of HIV/AIDS, the Committee remains concerned at:

- (a) The growing number of cases of HIV/AIDS among the youth;
- (b) The very serious impact of HIV/AIDS on the cultural, economic, political, social and civil rights and freedoms of children infected with or affected by HIV/AIDS, including the Convention's general principles, in particular non-discrimination, health care, education, food and housing, as well as information and freedom of expression;
- (c) The absence of an effective national system to manage, monitor, implement and evaluate the efficiency of the State party's HIV/AIDS prevention programmes and the lack of uniform standards regulating care, treatment, medical services and social assistance for people and families living with HIV;
- (d) Insufficient counselling services provided to people with HIV/AIDS, especially adolescents.

352. The Committee recommends that the State party:

- (a) Take the necessary measures to address the increase in alcohol abuse, smoking and drug addiction and provide adolescents with access to medical counselling and advice without parental consent, taking into consideration the evolving capacities of the child;
- (b) Ensure that adolescents have access to and are provided with education on reproductive health and other adolescent health issues, including mental health, as well as with child-sensitive and confidential counselling services;
- (c) Undertake a comprehensive and multidisciplinary study to assess the nature and extent of adolescent health problems, including the negative impact of sexually transmitted diseases and HIV/AIDS and, with the full participation of adolescents, use this as a basis to formulate adolescent health policies and programmes;
- (d) Integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, including by making use of the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I) and with particular reference to children's rights to be protected from discrimination and to health, education, food and housing, as well as the rights to information and freedom of expression;
- ...
- (f) Seek further technical cooperation from, among others, UNAIDS and the United Nations Development Programme.

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...

355. The Committee welcomes the enactment of the Refugee Law 2001, but remains concerned that:

...

(c) Nutritional and medical care provided to illegal migrants, including children, who are detained at points of entry and held on the premises of the border guards, is inadequate.

356. The Committee recommends that the State party:

...

(c) Ensure that asylum-seeking, refugee and illegal immigrant children have access to education and health services;

(d) Ensure adequate nutritional and medical care for children detained in border guard facilities;

...

367. The Committee is concerned that, despite pilot programmes aimed at improving the situation of the Roma in certain provinces, they still suffer from widespread discrimination, which has in some instances impeded their children's right to education, health and social welfare.

368. The Committee recommends that the State party:

(a) Initiate campaigns at all levels and in all provinces aimed at addressing the negative attitudes towards the Roma in society at large and in particular amongst authorities and professionals providing health, education and other social services;

...

### *See also:*

- Republic of Moldova, CRC, CRC/C/121 (2002) 89 at paras. 420 and 421.
- Republic of Moldova, CRC, CRC/C/121 (2002) 89 at paras. 404 and 405.

404. While noting efforts to reorganize maternity and childcare services and various programmes to improve children's health, the Committee remains concerned about the relatively high rates of infant and child mortality and, in particular, notes that approximately 80 per cent of under-5 deaths are due to preventable causes and that the State party has the highest rate in the region of accidents and poisoning. It further expresses its concern at the limited access to health-care services, especially for disadvantaged households. It also notes the high incidence of tuberculosis, alcohol consumption and drug abuse, as well as the high incidence of iodine deficiency disorders in schoolchildren.



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405. The Committee recommends that the State party:

(a) Implement the National Health Policy and enforce the Strategy on Promoting Effective Perinatal Care of the World Health Organization (WHO) in order to further reduce perinatal and infant mortality;

(b) Define sustainable financing mechanisms for the health-care system, including adequate salaries for child health-care professionals, in order to ensure that all children, in particular children from the most vulnerable groups, have access to free basic health care of good quality;

...

- Burkina Faso, CRC, CRC/C/121 (2002) 103 at paras. 463, 464, 467 and 468.

463. While noting that child abuse is prohibited under the Penal Code, the Committee is concerned at the incidence of abuse, including sexual abuse, and neglect of children in the State party and that insufficient efforts have been made to protect children. In addition, the Committee is concerned at the lack of statistical data and a comprehensive plan of action, as well as the insufficient infrastructure.

464. The Committee recommends that the State party:

...

(e) Provide services 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, and take measures to prevent the criminalization and stigmatization of victims;

...

467. The Committee notes the establishment of children's centres, but remains concerned that insufficient attention has been given to adolescent health issues, including developmental, mental and reproductive health concerns, and substance abuse. The Committee is also concerned at the particular situation of girls, given, for instance, the very high percentage of early marriages, which can have a negative impact on their health.

468. The Committee recommends that the State party:

(a) Undertake a comprehensive study to assess the nature and extent of adolescent health problems, with the full participation of children and adolescents, and use this study as a basis for the formulation of adolescent health policies and programmes, paying particular attention to adolescent girls;

(b) Strengthen sexual and reproductive health education, mental health and adolescent-

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sensitive counselling services and make them accessible to adolescents.

- Israel, CRC, CRC/C/121 (2002) 131 at paras. 576, 577, 588, 589 and 594-597.

576. The Committee is concerned that discrimination, contrary to article 2 of the Convention, persists in the State party, and that non-discrimination is not expressly guaranteed under the Constitution. In particular, the Committee is concerned about discrimination against girls and women, especially in the context of religious laws, discrimination on religious grounds, inequalities in the enjoyment of the economic, social and cultural rights (i.e. access to education, health care and social services) of Israeli Arabs, Bedouins, Ethiopians and other minorities, children with disabilities and children of foreign workers, and of the rights and freedoms of Palestinian children in the occupied territories.

577. The Committee recommends that the State party:

(a) Take effective measures, including enacting or rescinding legislation where necessary, to ensure that all children enjoy all the rights set out in the Convention without discrimination, in accordance with article 2;

...

588. The Committee welcomes the many efforts of the State party to prevent and combat all forms of violence and abuse within the family, in schools and in other institutions which care for children, but is concerned at the apparently limited impact of these efforts owing to, among other things, the lack of a comprehensive strategy and adequate resources.

589. The Committee recommends that the State party:

...

(d) Allocate sufficient resources for the provision of care, recovery and reintegration for victims;

(e) Train teachers, law enforcement officials, care workers, judges and health professionals in the identification, reporting and management of cases of ill-treatment.

...

594. The Committee is deeply concerned about the serious deterioration of health and health services of children in the occupied Palestinian territories, especially as a result of the measures imposed by the Israeli Defence Forces, including road closures, curfews and mobility restrictions, and the destruction of Palestinian economic and health infrastructure. In particular, the Committee is concerned about the consequent delays of and interference with medical personnel, the shortages of basic medical supplies and malnutrition in children owing to the disruption of markets and the prohibitively high prices of basic foodstuffs.

595. The Committee recommends that the State party guarantee safe and unconditional

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access by all Palestinian children to basic needs and health services, including medical supplies and personnel.

596. The Committee welcomes the information that the National Health Insurance Law covers all citizens of Israel, but remains concerned at the persistent and significant gap in health indicators between Israeli Jews and Arabs.

597. The Committee recommends that the State party strengthen and increase the allocation of resources to ensure that all citizens benefit equally from available health services.

- Estonia, CRC, CRC/C/124 (2003) 9 at paras. 25, 62 and 63.

25. The Committee welcomes:

...

(d) The introduction of comprehensive health-care insurance;

...

62. ...[T]he Committee is concerned at the prevailing mental health problems, the high suicide rate, the large number of abortions and incidence of sexually transmitted diseases, the increasing number of HIV infections among injecting drug users and the high number of accidents, and reiterates the concerns expressed by the Committee on Economic, Social and Cultural Rights (E/C.12/1/Add.85, paras. 27-30) where these relate to children.

63. The Committee recommends that the State party:

...

(c) Ensure that adolescents have access to child-sensitive and confidential counselling services, including mental health counselling;

...

- Republic of Korea, CRC, CRC/124 (2003) 24 at paras. 126 and 127.

126. The Committee is encouraged by the very positive health indicators for children. Nevertheless, it is concerned that the proportion of the government budget allocated to health is less than 1 per cent, and that 90 per cent of all health care facilities are privately operated...

127. The Committee recommends that the State party:

(a) Increase to a significant level the funding allocated to health and establish a system of

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public care facilities so that low-income families may have access to health systems at no cost;

...

- Italy, CRC, CRC/124 (2003) 36 at paras. 180-183, 195 and 196.

180. The Committee welcomes the adoption of the Charter of the Rights of the Child in Hospital and takes note of the dramatic decrease in the number of deaths of children resulting from road traffic accidents and in the number of children infected by HIV/AIDS. However, the Committee is concerned at the reluctance of children belonging to vulnerable groups to use health services.

181. The Committee recommends that the State party take proactive measures to facilitate access to health services to all children and to encourage parents to seek health services that are available for all children.

182. The Committee is concerned at the high prevalence of psychological disorders among adolescents (especially eating disorders) and the relatively high incidence of abortions among adolescents, notably those of foreign origin.

183. The Committee recommends that the State party:

(a) Take all necessary measures to strengthen its mental health and counselling services, ensuring that they are accessible and sensitive to adolescents, and undertake studies on the causes and backgrounds of psychological disorders among adolescents;

...

195. While noting the efforts undertaken by the State party to improve the situation of Roma children, the Committee remains concerned at their difficult social situation and their insufficient access to education and health services. In addition, the Committee is deeply concerned at instances of discrimination against this group of children, sometimes from the personnel of the State party themselves.

196. The Committee recommends that the State party develop, in cooperation with Roma NGOs, comprehensive proactive policies and programmes to prevent social exclusion and discrimination and to allow Roma children to enjoy fully their rights, including access to education and health care.

- Romania, CRC, CRC/124 (2003) 49 at paras. 242-245, 248, 249, 262 and 263.

242. The Committee is encouraged by the adoption of a national strategy for the health

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sector by the Ministry of Health and Family in December 2001 and by its aims and goals as noted in the written replies to the list of issues. It further welcomes the cooperation of the State party with international organizations in the domain of health care. Nevertheless, the Committee is deeply concerned:

(a) At the poor quality and accessibility of primary health-care services, especially in rural areas, and for poor households;

(b) At the high infant mortality rate, particularly in rural areas;

...

243. The Committee recommends that the State party:

(a) Strengthen its efforts to implement the national strategy for the health sector through adequate and sustainable allocation of resources (human and financial), including training of sufficient numbers of health-care professionals, provision of adequate salaries for health-care workers and investments in health-care infrastructure, especially in the most disadvantaged areas;

(b) Improve the effectiveness of antenatal care, maternal health education and immunization programmes;

...

244. The Committee is concerned at:

(a) The limited availability of programmes and services in the area of adolescent physical and mental health;

(b) The number of suicides;

(c) The high number of young mothers and of abortions among teenage girls;

(d) The high rate of sexually transmitted diseases;

...

245. The Committee recommends that the State party:

(a) Provide for adolescents' access to medical counselling and advice without parental consent, taking into consideration the evolving capacities of the child;

(b) Establish comprehensive family planning programmes, as well as undertake measures to ensure that abortion is neither perceived nor practised as a method of contraception, such as through campaigns to raise awareness of the importance of contraceptive use to reduce the number of unwanted pregnancies;

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(c) Ensure availability of mental health assistance to children, taking into consideration their developmental needs;

...

248. The Committee welcomes the efforts of the State party, undertaken in cooperation with United Nations partners, to combat HIV/AIDS, but remains concerned at:

...

(b) The fact that treatment, although free, is provided only to a limited number of children and may lack continuity due to funding limitations.

249. The Committee recommends that the State party:

...

(b) Ensure that medicine is available without delays in or interruptions of treatment, and that the salaries of caregivers are paid fully and without delay;

...

262. The Committee welcomes the implementation of strategies aimed at improving Roma children's rights to health-care services and inclusion in education (e.g. through the use of health and education mediators and supportive tuition in the Roma language). The Committee also welcomes Roma NGO participation in improving the rights of their children. However, it remains concerned at the negative attitudes and prejudices of the general public, in the political discourse and in media representations as well as at incidents of police brutality and discriminatory behaviour on the part of some teachers and doctors.

263. In accordance with articles 2 and 30 of the Convention, the Committee recommends that the State party:

(a) Initiate campaigns, at all levels and in all regions, aimed at addressing the negative attitudes towards the Roma in society at large, in particular among authorities such as the police and professionals providing health care, education and other social services;

(b) Based on the evaluation of previous strategies, develop and implement a comprehensive strategy for improving access to primary health care, education and social welfare services, in cooperation with Roma NGO partners and targeting the whole Roma child population;

...

### *See also:*

- Czech Republic, CRC, CRC/C/124 (2003) 78 at paras. 388 and 389.
- Viet Nam, CRC, CRC/C/124 (2003) 67 at paras. 287, 288, 304 and 305.

287. The Committee notes with concern that domestic legislation does not specifically prohibit discrimination based on all the grounds listed under article 2 of the Convention...

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Moreover, the lower level of development indicators for ethnic minorities appears to indicate the existence of some level of societal and institutional discrimination, specifically with regard to their access to health and education.

288. The Committee recommends that the State party:

...

(b) Strengthen efforts to eliminate disparities in the accessibility and quality of health care and education between regions and ethnic minorities;

...

304. The Committee notes with appreciation the extremely high rate of immunization coverage in the State party. While the maternal mortality rate is declining, the Committee is nevertheless concerned at the persistently high rates of maternal mortality, infant mortality and under-5 mortality... In general, it appears that antenatal care is inadequate, primarily because of a lack of access to such services and clinics...

305. The Committee recommends that the State party:

...

(c) Increase the resources available to district health centres and commune health stations and ensure that they have adequate human and material resources, in particular for maternal health and care of newborns;

...

- Czech Republic, CRC, CRC/C/124 (2003) 78 at paras. 367, 368, 371 and 372.

367. The Committee is encouraged by the decline in the infant mortality rate. However, the Committee is deeply concerned that the present economic situation in the health sector does not allow for compulsory preventive medical check-ups of children from birth to the age of 3 to be covered by public health insurance...

368. The Committee recommends that the State party urgently:

(a) Define sustainable financing mechanisms for the primary health-care system and an effective utilization of resources, including adequate salaries for child health-care professionals, in order to ensure that all children, in particular children from the most marginalized vulnerable groups, have access to free basic health care of good quality;

...

371. The Committee reiterates the concerns expressed by the Committee on Economic Social and Cultural Rights (E/C.12/1/Add.76, paras. 21 and 41) at tobacco smoking, drug abuse and alcohol consumption, as well as at the decreasing but still high number of teenage pregnancies and abortions.

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372. The Committee recommends that the State party undertake further measures, including through 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 substance abuse, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child.

- Haiti, CRC, CRC/124 (2003) 95 at paras. 436 and 437.

436. The Committee welcomes the efforts undertaken by the State party in the area of basic health and welfare, such as the expanded programme of immunization, the participation in the Integrated Management of Childhood Illness and the Baby Friendly Hospital Initiative and the promotion of breastfeeding, but remains deeply concerned at the high infant, under-5 and maternal mortality rates and low life expectancy in the State party. The Committee also remains concerned that access to health services in the rural areas is limited, and that the survival and development of children in the State party continue to be threatened by early childhood and infectious diseases, diarrhoea and malnutrition...

437. The Committee recommends that the State party, by, *inter alia*, implementing as soon as possible its National Health Plan:

...

(b) Facilitate greater access to primary health services, notably in rural areas; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and continue to promote proper breastfeeding practices;

(c) Continue its immunization campaigns and incorporate them into the Integrated Management of Childhood Illness;

(d) Establish midwifery training programmes to assure safe home delivery;

...

- Eritrea, CRC, CRC/C/132 (2003) 8 at paras. 63 and 64.

63. The Committee notes with appreciation the State party's programme to extend health services which has increased access from 10 to 70 per cent of the population since independence in 1991, as well as its programme of cooperation with UNICEF in the area of health and health services. However, the Committee is concerned at the high rate of child and infant mortality due to acute respiratory infections, diarrhoeal diseases, malaria and malnutrition...



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64. The Committee recommends that the State party:

(a) Continue to expand access to health services, in particular in rural areas, and increase the skills of health personnel with a view to reducing infant mortality rates;

...

- Zambia, CRC, CRC/C/132 (2003) 32 at paras. 197 and 198.

197. The Committee notes the efforts of the State party to improve health care for children through, *inter alia*, the National Health Strategic Plan 2000-2005 and the Integrated Management of Childhood Illnesses. However, the Committee is concerned about the insufficient number of trained medical personnel; the weakness of family planning services; the high maternal, child and infant mortality rates; the high incidence of malaria and acute respiratory infections; the fact that, in some instances, male circumcision is carried out in unsafe medical conditions; and the poor sanitation and limited access to safe drinking water, especially in rural areas.

198. The Committee recommends that the State party:

...

(b) Facilitate greater access to free primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; reinforce family planning services; ensure the health of boys and protect them against unsafe circumcision; and increase access to safe drinking water and sanitation;

...

- Sri Lanka, CRC, CRC/C/132 (2003) 48 at paras. 265 and 266.

265. While acknowledging the improvements in mortality rates and immunization coverage, the Committee remains concerned at the high levels of child malnutrition, the significant proportion of children born with low birth weight, the prevalence of mosquito-borne diseases, including malaria, and the lack of access to safe drinking water and sanitation, particularly in conflict-affected areas.

266. The Committee recommends that the State party:

(a) Ensure universal access to maternal and child health-care services and facilities throughout the country with special attention to conflict-affected areas;

...

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- Solomon Islands, CRC, CRC/C/132 (2003) 58 at paras. 304, 305, 321-328 and 331-334.

304. The Committee is concerned that:

...

(b) The principle of non-discrimination is not adequately implemented for children of some ethnic minorities and of economically disadvantaged households, children living in remote islands, children born out of wedlock and children with disabilities, especially with regard to their access to adequate health care and educational facilities.

305. The Committee recommends that the State party monitor the situation of children, in particular those belonging to the above-mentioned vulnerable groups, who are exposed to discrimination and develop, on the basis of the results of this monitoring, comprehensive strategies containing specific and well-targeted actions aimed at eliminating all forms of discrimination.

...

321. The Committee is encouraged by the introduction of the Community-based Rehabilitation Programme. However, it is concerned that:

(a) Children with disabilities living on remote islands may not have access to rehabilitation services, as these are based in the capital;

...

322. The Committee recommends that the State party:

(a) Undertake studies to determine the causes of, and ways to prevent, disabilities in children;

...

(d) Develop rehabilitation services in remote island areas;

...

323. The Committee is deeply concerned:

(a) At the current breakdown of health services amounting to a national emergency, leaving the country's clinics, health centres and hospitals without necessary medicine, equipment or food;

(b) At the closure of a number of hospitals due to a lack of financial resources;

(c) That medical staff have not received their salaries for extended periods, which has led many doctors to seek employment overseas;

...

324. The Committee urgently recommends that the State party:

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(a) Allocate funds to hospitals and health-care services on a priority basis in order to restore the health services to an operational level;

(b) Ensure that doctors, nurses and other medical personnel are able to resume work as soon as possible;

...

325. The Committee is concerned that:

(a) Adolescents do not have appropriate access to information and/or services relating to adolescent health in general and reproductive health in particular;

(b) Adolescents remain extremely vulnerable to STIs and that girls are not protected from the risk of pregnancy;

...

326. The Committee recommends that the State party:

(a) Take steps to ensure that all adolescents have access to information and health-care facilities;

(b) Address the needs of adolescent mothers and those who have contracted STIs;

...

327. The Committee is concerned that:

(a) Only a limited number of families are eligible for health insurance coverage plans and other social insurance policies;

...

328. The Committee recommends that the State party:

...

(b) Develop and implement measures through which children and their families may benefit from a minimum of social security protection;

...

331. The Committee is concerned that a large number of children have been displaced during the recent armed conflict.

332. ...The Committee...urges the State party to ensure that all displaced children and their families 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...

333. The Committee is deeply concerned that:

...

(b) There are no reports of the measures taken to rehabilitate child soldiers.

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334. The Committee recommends that the State party:

...

(b) Take immediate measures to rehabilitate child soldiers and other child victims of armed conflicts and provide them with access to educational opportunities and health care;

...

- Libyan Arab Jamahiriya, CRC, CRC/C/132 (2003) 74 at paras. 382 and 383.

382. The Committee notes the establishment of the National Committee for AIDS Prevention in 1987 and other measures to address the problem of HIV/AIDS, but is concerned at the relatively high number of children afflicted by HIV/AIDS in Benghazi...

383. The Committee recommends that the State party:

...

(b) Provide the special AIDS clinic in the children's hospital with all the necessary human and financial resources to treat the child victims of HIV/AIDS in the best possible way, avoiding any form of discrimination;

...

- Jamaica, CRC, CRC/C/132 (2003) 86 at paras. 434 and 435.

434. The Committee notes with appreciation the State party's considerable achievements in the area of health care and its awareness of and intention to further improve the health situation among children through, *inter alia*, the adoption of the National Health Services Act, the expansion of health programmes and campaigns and the establishment of a quality assurance programme for the training of health personnel. However, the Committee remains concerned about:

(a) The insufficient number of health personnel, medicines and supplies to meet the needs of sick children;

...

(c) The high rates of children and adolescents who are victims of accidents and violence.

435. The Committee recommends that the State party:

(a) Continue taking all appropriate measures to improve the health infrastructure, including through international cooperation, in order to ensure access to basic health care and services adequately stocked with appropriate basic medicines for all children, as well as by paying attention to the mental health of children and young people;

...

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(c) Intensify efforts to improve safety for all children by reducing violence and abuse as well as preventing accidents through, *inter alia*, life-skills education campaigns and undertaking a review of existing preventive and guidance measures, including counselling, and mental health-care services.

- Syrian Arab Republic, CRC, CRC/C/132 (2003) 116 at paras. 566 and 567.

566. The Committee welcomes the adoption of the Integrated Management of Childhood Illnesses strategy and the State party's support for various initiatives, such as the Community School Initiative and "healthy villages" and notes the achievements in child and maternal health, as indicated in recent multiple indicator cluster surveys. But it is still concerned:

(a) That the range and quality of services of the country's health centres are limited;

(b) That about 14 per cent of births are not attended by trained health personnel;

(c) That there is a significant gap in the quality of care between public and private health services, and that private services are inaccessible to most people because they do not have insurance;

...

567. The Committee recommends that the State party:

(a) Ensure that its commitment to public primary health care is matched by adequate allocations of human and financial resources and that all children, especially in rural areas, have access to health care;

...

- Kazakhstan, CRC, CRC/C/132 (2003) 129 at paras. 635-637 and 641.

635. The Committee is concerned at the prevailing poor situation of children with disabilities. In particular it is concerned:

...

(c) At the lack of counselling and psychological care provided by the State for disabled children;

...

(f) At the considerable reduction of privileges, including free medical care and prosthetics;

...

636. In light of article 23 of the Convention, the Committee recommends that the State party:

...

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(d) Allocate the necessary resources for programmes, medicines and prostheses, trained staff and facilities for all children with disabilities, especially for those living in rural areas;

...

637. While welcoming the efforts made in 2002 to increase the accessibility of health services in rural areas, the Committee remains concerned at the reduced quality and accessibility of health-care services, particularly affecting children in rural areas, as noted in the State party's report. The Committee further shares the concerns of CEDAW with respect to access to free medical care for women and the degree of environmental degradation, particularly as it affects access to clean drinking water, which has an extremely negative impact on the whole population and, in particular, women and children.

...

641. The Committee urgently recommends that the State party:

(a) Ensure that all children, especially from the most vulnerable groups and in rural areas, have access to primary health care, and encourages the State party to pursue its efforts in this respect and to implement the recommendations of CEDAW as they relate to children;

...

(d) Improve the specialized health care provided to children affected by the Semipalatinsk nuclear testing site, including its psychosocial aspect;

(e) Strengthen its efforts to detect and prevent diseases related to nuclear contamination;

...

- Canada, CRC, CRC/C/133 (2003) 14 at paras. 84 and 85.

84. The Committee is encouraged by the commitment of the Government to strengthening health care for Canadians by, *inter alia*, increasing the budget and focusing on Aboriginal health programmes. However, the Committee is concerned at the fact, acknowledged by the State party, that the relatively high standard of health is not shared equally by all Canadians. It notes that equal provincial and territorial compliance is a matter of concern, in particular as regards universality and accessibility in rural and northern communities and for children in Aboriginal communities. The Committee is particularly concerned at the disproportionately high prevalence of sudden infant death syndrome and foetal alcohol syndrome disorder among Aboriginal children.

85. The Committee recommends that the State party undertake measures to ensure that all children enjoy equally the same quality of health services, with special attention to indigenous children and children in rural and remote areas.

- Pakistan, CRC, CRC/C/133 (2003) 37 at paras. 218, 219, 231 and 232.

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218. The Committee notes the efforts of the State party in the area of basic health and welfare, such as the immunization and control of diarrhoeal diseases programmes and the consequent decreases in polio and the infant mortality rate...Nonetheless, the Committee is extremely concerned at the very poor health situation of children and the unavailability of health-care services in the State party for them. Particular matters of concern are:

- (a) The very low spending on health in the State party;
- (b) The insufficient focus on preventive health care;
- (c) The still very high infant, under-5 and maternal mortality rates, due partly to weak antenatal and postnatal care and maternal malnutrition;
- (d) The high prevalence of malnutrition among children as well as diarrhoea, acute respiratory tract infections, malaria and iodine deficiency which leads to both physical and mental health problems among children;
- (e) The poor provision of health care, particularly in rural areas, owing to lack of necessary support structures such as education, communication, transport and other facilities, as well as reports of corruption within the framework of projects supported by international organizations;
- (f) The still very low immunization coverage, with an estimated 160,000 deaths due to vaccine-preventable diseases;
- (g) The lack of coordination regarding health care, notably between health-care providers and donor communities concerning the distribution of medical equipment.

219. The Committee recommends that the State party:

- (a) Allocate appropriate resources for health and develop and implement comprehensive policies and programmes to improve the health situation of children;
- (b) Emphasize the role of preventive health care;
- (c) Continue and strengthen efforts to decrease the infant, under-5 and maternal mortality rates by, *inter alia*, providing adequate ante- and post-natal care;
- (d) Expand programmes to alleviate widespread child and maternal malnutrition and its serious consequences on health and psychological development, notably by promoting breastfeeding;

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(e) Improve access to health care, especially in rural areas, through coordinated and comprehensive health-care strategies, as well as transparent allocation and distribution of donor funds and other forms of international assistance;

(f) Improve immunization.

...

231. While noting some progress in this field, for instance, the introduction of birth registration in the refugee camps in May 2002, the Committee remains concerned at the very harsh living conditions in Afghan refugee camps, the scarcity of food and water and the lack of shelter and medical care, which have serious implications for the situation of children living in these camps...

232. The Committee recommends that the State party:

...

(c) Ensure that refugee children have access to health care and education and are not discriminated against;

...

- Madagascar, CRC, CRC/C/133 (2003) 56 at paras. 298 and 299.

298. While taking note of the adoption of several national programmes relating to child survival, including the elimination of fees for health care for children, the Committee is deeply concerned at the high infant and under-5 mortality rates and low life expectancy in the State party. The Committee also remains concerned that health services in the local areas continue to lack adequate resources (both financial and human) and that health coverage is declining. The Committee is concerned that this situation has led to increasing recourse to traditional practitioners, some of whom are unscrupulous charlatans (report, para. 749). In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood infectious diseases, diarrhoea and malnutrition. Concern is also expressed at the low immunization rate, the poor state of sanitation and the insufficient access to safe drinking water, especially in rural areas.

299. The Committee recommends that the State party:

(a) Increase the allocation of adequate human and financial resources and develop and implement comprehensive policies and programmes, in particular strengthening the expended programme of immunization, the Bamako Initiative, the baby-friendly hospital Initiative and the nutritional programme to improve the health situation of children,



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particularly in rural areas;

(b) Facilitate access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition and malaria; enhance hygiene, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(c) Pursue additional avenues of cooperation and assistance for the improvement of child health with, among others, WHO and UNICEF.

- Brunei Darussalam, CRC, CRC/C/133 (2003) 73 at paras. 377 and 378.

377. The Committee notes the State party's non-punitive approach to victims of drug abuse, but is concerned that children abusing drugs may be placed in a closed institution for a period of up to three years.

378. The Committee recommends that the State party develop non-institutional forms of treatment of children who abuse drugs and make the placement of children in an institution a measure of last resort. In addition, the Committee recommends that children living in such institutions be provided with basic services such as health, education and other social services and maintain contact with their family during their stay...

- Bangladesh, CRC, CRC/C/133 (2003) 93 at paras. 483 and 484.

483. The Committee notes with appreciation the efforts undertaken and the achievements made by the State party to reduce infant and under-5 mortality rates, as well as the eradication of polio and the improved immunization coverage. Nevertheless, the Committee remains deeply concerned:

...

(b) At the unhygienic practices surrounding childbirth, which results in, among other things, tetanus, and at the lack of prenatal care;

...

(f) At the lack of infrastructure for access to health facilities, notably in rural areas.

484. The Committee recommends that the State party:

...

(b) Facilitate greater access to free primary health services throughout the country as well as prevent and combat malnutrition, paying particular attention to pre- and antenatal care for both children and their mothers;

...

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- Indonesia, CRC, CRC/C/137 (2004) 8 at paras. 75, 77 and 86.

75. While acknowledging the improvements in budget allocations to the health-care sector, the Committee remains concerned at the high maternal mortality rate, incidence of child malnutrition, proportion of children born with low birth weight and prevalence of infectious and, mosquito-borne diseases, including malaria...

...

77. The Committee recommends that the State party:

(a) Ensure universal access to primary health care, especially maternal and child health-care services and facilities, including in rural and conflict-affected areas;

...

86. The Committee recommends that the State party:

(a) Take immediate steps to ensure that all displaced and refugee children and their families have access to basic health and education services, and that all their rights contained in the Convention are protected, including the right to be registered at birth;

...

- Guyana, CRC, CRC/C/137 (2004) 26 at paras. 156-159.

156. The Committee welcomes the implementation of the Integrated Management of Childhood Illness (IMCI) and the marked improvement in immunization coverage. However, the Committee remained concerned at the high infant and under-5 mortality rates, the high incidence of malaria, especially among the Amerindian children, as well as the high incidence of malnutrition, including iron deficiency anaemia and stunting of growth.

157. The Committee recommends that the State party:

(a) Take all necessary measures to reduce mortality rates by improving prenatal care and preventing communicable diseases;

...

158. The Committee is concerned at the high rate of teenage pregnancies and drug abuse among adolescents.

159. The Committee recommends that the State party set up adequate services for adolescents, including mental health and reproductive health services. It also recommends that the State party take all necessary measures to prevent drug abuse and provide therapeutic and rehabilitative services for drug abusers.

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- Armenia, CRC, CRC/C/137 (2004) 36 at paras. 222 and 223.

222. While welcoming the adoption in March 2003 of a programme to provide free medical care, including dental care, for children up to the age of 15 and free inpatient medical care to children belonging to underprivileged groups up to the age of 18, the Committee reiterates its concern regarding the deterioration in the health system in the State party following cuts in public expenditure on the health system... The Committee is also concerned about the continuous growth in tuberculosis morbidity among children...

223. The Committee urges the State party to:

- (a) Increase allocation of resources towards an effective primary health-care system;
- (b) Facilitate greater accessibility of health services, in particular in rural areas, including access to prenatal clinics and maternity hospitals;
- (c) Take measures to reduce child and infant mortality rates and combat tuberculosis;
- ...

- Germany, CRC, CRC/C/137 (2004) 51 at paras. 293-296.

293. The Committee expresses its concerns at the widespread abuse of drugs, alcohol and tobacco among children; at the high incidence of infants born with the foetal alcohol syndrome; and that the number of children either of whose parents is a drug addict is estimated at 3 million.

294. The Committee recommends that the State party take all necessary measures to combat the abuse of drugs and alcohol among children and parents by, *inter alia*, undertaking intensive education campaigns and setting up adequate rehabilitation services.

295. The Committee is concerned that children with psychiatric illness are treated in the adult's ward in psychiatric institutions and that ethical issues pertaining to psychiatry are not sufficiently taken into consideration. The Committee is further deeply concerned at the very high incidence of suicide among children and adolescents.

296. The Committee recommends that the State party take all necessary measures to ensure that children are separated from adults in psychiatric institutions and to take into consideration more fully international standards regarding the ethics of psychiatry. In addition, the Committee recommends that the State party strengthen adolescent health services, in particular counselling services and suicide prevention programmes.

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- The Netherlands (Netherlands and Aruba), CRC, CRC/C/137 (2004) 63 at paras. 364 and 365.

364. The Committee is concerned at the lack of sufficient mental health services for adolescents in the State party, and the prevalence of drug and alcohol abuse...

365. The Committee recommends that the State party:

(a) Take all necessary financial and administrative measures to ensure adequate availability of mental health services for adolescents;

(b) Take all necessary measures to prevent drug and alcohol abuse, including education campaigns, and ensure that there are sufficient rehabilitation services specifically for children and adolescents;

...

- India, CRC, CRC/C/137 (2004) 75 at paras. 430, 431, 446, 447, 459 and 460.

430. The Committee notes the numerous national plans and programmes initiated during the 9th and 10th five-year plans to address health issues. Nevertheless, it remains seriously concerned at the unavailability and/or inaccessibility of free, high quality primary health care; the slow decline in infant mortality; the worsening maternal mortality rates, due in part to the high increase of unattended home deliveries; the low immunization rate; the high incidence of low-birth-weight babies; the high number of children with stunting, wasting, or who are underweight; the prevalence of micronutrient deficiencies; and the low rate of exclusive breastfeeding and appropriate introduction of infant diet... Finally, the Committee expresses its concern at the practice of traditional and modern medicine by untrained and unqualified personnel.

431. The Committee recommends that the State party reinforce its efforts in developing effective policies and programmes to improve the health situation of children. It also recommends that the State party ensure access for all children to primary, free and quality health services; regulate and monitor traditional and modern medicinal practice; combat malnutrition; promote healthy nutrition habits, including breastfeeding; improve immunization rates; increase access to safe drinking water and adequate sanitation; and address the issue of environmental pollution effectively. Additionally, the Committee encourages the State party to pursue additional avenues of cooperation and assistance for child health improvement with, *inter alia*, WHO and UNICEF.

...

446. The Committee is concerned that the situation in areas of conflict, particularly Jammu

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and Kashmir and the north-eastern states, has seriously affected children, especially their right to life, survival and development (article 6 of the Convention). The Committee expresses its very serious concern at reports of children who are involved in and are victims of these conflicts.

447. In light of articles 38 and 39 of the Convention, the Committee recommends that the State party ensure respect for human rights and humanitarian law aimed at the protection, care and physical and psychosocial rehabilitation of children affected by armed conflict, notably regarding any participation in hostilities by children...

...

459. The Committee is concerned at the situation of children belonging to minorities, including to the Primitive Tribal Groups, and at their limited access to social services, including health care, immunization and education, and the violation of their rights to survival and development, to enjoy their own culture and to be protected from discrimination.

460. In addition to its recommendation in paragraph 406, and in line with the recommendations made at its day of general discussion on the rights of indigenous children (CRC/C/133, para. 624), the Committee recommends that the State party implement and/or give the necessary follow-up to the recommendation made by the Standing Committee on Labour and Welfare on the Development of Primitive Tribal Groups (2002).

- Papua New Guinea, CRC, CRC/C/137 (2004) 94 at paras. 510-513, 524 and 525.

510. While noting the encouraging downward trend in infant mortality rates and the improvement in vaccination coverage, the Committee is concerned at the high maternal mortality rate due in part to the high number of unattended deliveries, the inaccessible and unsatisfactory health-care facilities, the prevalence of malaria, the high incidence of malnutrition and micronutrient deficiencies among mothers and children, and the limited availability of safe drinking water and adequate sanitation.

511. The Committee recommends that the State party:

(a) Strengthen its efforts to provide all communities with accessible and high-quality health-care facilities;

(b) Improve training efforts of local midwives, thereby promoting safe deliveries;

...

(d) Strengthen its efforts to prevent and treat malaria;

...

512. The Committee is concerned that insufficient attention has been given to adolescent

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health issues, including access to information and services related to adolescent health in general and reproductive health in particular. It is also concerned that adolescents remain extremely vulnerable to contracting sexually transmitted diseases, that girls are not protected from the risk of pregnancy and at the practice of clandestine abortions involving adolescent girls.

513. The Committee recommends that the State party undertake all necessary measures to formulate and implement adequate health policies and programmes by making available reproductive health services, including education and the promotion of safe sexual practices.

...

524. While welcoming the establishment of the National Narcotics Bureau to address the problem of substance abuse, the Committee remains concerned at the high incidence of children abusing drugs such as marijuana and home brew. It is also concerned at the lack of adequate legislation and treatment programmes in this regard.

525. The Committee recommends that the State party take action to combat drug abuse by children, including through public education campaigns, and ensure that child drug and substance abusers have access to effective structures and procedures for treatment, counselling, recovery and reintegration.

- Slovenia, CRC, CRC/C/137 (2004) 104 at paras. 557, 558, 577, 578, 585 and 586.

557. The Committee notes the rulings of the Constitutional Court (U-I-284/94 of 4 February 1999 and U-I-246/02 of 3 April 2003) that the erasure of about 18,300 people originating from other parts of the former Socialist Federal Republic of Yugoslavia from the Register of Permanent Residence in 1992 had no legal basis and that the permanent residence status should be restored to the affected persons retroactively. The Committee is concerned that many children were negatively affected by this erasure, as they and their families lost their right to health care, social assistance and family benefits as a consequence of losing their permanent residence status and children born in Slovenia after 1992 became stateless.

558. The Committee recommends that the State party proceed with the full and prompt implementation of the decisions of the Constitutional Court, compensate the children affected by the negative consequences of the erasure and ensure that they enjoy all rights under the Convention in the same way as other children in the State party.

...

577. The Committee notes with concern the increase in the number of suicides among young people aged between 7 and 19 in the reporting period.

578. The Committee recommends that the State party strengthen its efforts and programmes to prevent suicide among young people. The Committee also recommends that the State

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party ensure psychosocial counselling for children with mental health problems and for those subjected to various forms of abuse to improve the early detection and prevention of suicide.

...

585. The Committee notes with satisfaction that children with temporary refugee status are able to enrol in primary and secondary education under the same conditions as Slovene children. It notes with concern, however, that the extent of health-care services available to these children has still to be regulated.

586. The Committee encourages the State party to take further measures to ensure that asylum-seeking and refugee children are granted equal access to services, including health care.

- Japan, CRC, CRC/C/137 (2004) 116 at paras. 647 and 648.

647. The Committee is concerned about the prevalence of mental and emotional disorders among adolescents, including stress and depression, and the lack of a comprehensive strategy on adolescent mental health. The Committee is also concerned that sexually transmitted diseases among youth are on the rise and shares the State party's concern about drug abuse by adolescents in the State party. The Committee is also concerned that children under the age of 18 require parental consent for medical treatment and counselling.

648. The Committee recommends that the State party:

(a) Undertake a study of adolescent health with a view to developing a comprehensive adolescent health policy, which includes preventive measures, where appropriate, that addresses mental health, reproductive and sexual health, drug abuse and other related issues;

(b) Amend legislation so as to allow children under 18 to access medical counselling and information without parental consent;

(c) Develop and implement programmes for the prevention of mental and emotional disorders among adolescents and train teachers, social workers and others working with children on how to address adolescent mental health issues in a child-sensitive manner.

- El Salvador, CRC, CRC/C/140 (2004) 8 at paras. 69-72.

69. The Committee expresses its concern about the potential negative impact of

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international trade-related intellectual property agreements on access to affordable medicines.

70. The Committee recommends to the State party that it systematically consider the best interests of the child when negotiating trade-related intellectual property rights and implementing them into national law. In particular, the State party should conduct an assessment of the impact of international intellectual property rights agreements on the accessibility of affordable generic medicines, with a view to ensuring children's enjoyment of the highest attainable standard of health.

71. The Committee welcomes the improvement of primary health care, which has led to a decrease in infant mortality from 35 per thousand live births in 1998 to 25 in 2003. It is, however, concerned that infant mortality rates and other health indicators are significantly worse in some departments of the State party. It also notes with concern that the incidence of anaemia has increased, affecting 19.8 per cent of children below the age of 5 and about 10 per cent of mothers, in particular in rural areas...

72. The Committee recommends that the State party continue to strengthen its efforts in improving the health situation of children in the State party and eliminating all restrictions on the access to quality health services in all areas of the country, in particular rural areas, so as to level out health disparities...

- Panama, CRC, CRC/C/140 (2004) 23 at paras. 136, 137, 156 and 157.

136. The Committee welcomes the considerable reduction in levels of child mortality and the eradication of several communicable diseases, but is concerned that this progress has not been accompanied by a similar reduction in the rate of maternal mortality and that there is a significant discrepancy in the mortality indicators between urban and rural areas...

137. The Committee strongly recommends that the State party continue to strengthen its efforts in health reform, in particular with regard to primary health care, ensuring accessibility of quality health care in all areas in the country, including far-reaching programmes, training of local villagers in safe midwifery and providing adequate prenatal care...

...

156. The Committee, acknowledging the adoption of the new legislation creating three indigenous *comarcas*, remains concerned that lack of economic resources is an obstacle to developing specific programmes on education, health and social services for indigenous children...

157. The Committee recommends that the State party take all necessary measures to ensure



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that indigenous children enjoy all their rights without discrimination, including equal access to culturally appropriate services including health, education, social services, housing, potable water and sanitation...

- Rwanda, CRC, CRC/C/140 (2004) 36 at paras. 207, 208, 219, 220, 234 and 235.

207. While taking note of the adoption of, *inter alia*, the National Health Policy 2002 and Vision 2020, the Committee is deeply concerned at the still high infant, under-five, and maternal mortality rates and the low life expectancy in the State party. The Committee is also concerned that health services continue to lack adequate resources (both financial and human). In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood diseases and that malnutrition is an acute problem. Concerns also exist at the lack of prenatal health care.

208. The Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(c) Develop the highest attainable standard of health care;

(d) Establish midwifery training programmes to ensure safe home delivery;

(e) Pursue additional avenues for cooperation and assistance for child health improvement with, among others, WHO and UNICEF.

...

219. The Committee notes the recent agreements signed between the State party and UNHCR for the return of refugees, many of them children, and welcomes the large number of children who have been reunited with their families over the past years. The Committee remains concerned at the poor situation of children and their families who have returned to the State party, notably with regard to access to health services and education. The Committee is further concerned that these children are not provided with adequate physical and psychological recovery and social rehabilitation.

220. In the light of articles 22 and 39 of the Convention, the Committee recommends that the State party ensure that refugee children who returned to the State party are provided with

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proper documentation, facilitate family reunification and ensure the right to health and education for all these children. The Committee further recommends that the State party ensure that refugee children who returned to the State party are safe and provided with the necessary physical and psychological recovery and social rehabilitation.

...

234. The Committee is concerned at the situation of children belonging to minorities, including Batwa children, in particular their limited access to basic social services, including health care, immunization and education, and the violation of their rights to survival and development...

235. In line with its recommendations adopted at its day of general discussion on the rights of indigenous children (CRC/C/133, para. 624), the Committee recommends that the State party:

(a) Undertake a study to assess the situation and the needs of Batwa children and to elaborate a plan of action involving leaders of the Batwa community to protect the rights of those children and ensure their social services; and

(b) Seek adequate means and measures to ensure birth registration, health care, etc.

- Sao Tome and Principe, CRC, CRC/C/140 (2004) 54 at paras. 282-286.

282. The Committee welcomes the fact that the right to health care is enshrined in the Constitution. The Committee also welcomes the positive result of the expanded programme of immunization. The Committee takes note of the new strategy to combat malaria.

283. However, the Committee is concerned at the lack of access to safe drinking water and sanitation, which is the main cause of the prevalence of diarrhoeal diseases and worms, the high incidence of respiratory diseases and malaria, the high levels of maternal and child mortality, child malnutrition and the high number of children born with low birth weight.

284. The Committee recommends that the State party:

(a) Keep implementing measures to guarantee universal access to primary health care, especially maternal and child health-care services and facilities, including in rural areas;

(b) Take the necessary measures to build the capacity of health personnel;

...

(d) Strengthen existing efforts to immunize as many children and mothers as possible;

(e) Strengthen existing efforts to combat malaria, respiratory diseases and diarrhoeal

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infections, and to take all necessary measures to lower mortality rates;

(f) Increase the proportion of resources allocated to the health sector, so as to fully implement the Convention, in particular article 4;

...

(h) Continue to cooperate in this matter with, *inter alia*, WHO and UNICEF.

285. The Committee notes with interest the Reproductive Health Programme. However, the Committee is concerned that:

(a) Only adolescents over 16 years are able, in practice, to seek medical counselling without parental consent;

(b) Alcohol, tobacco and drug abuse is affecting an increasing number of young people and that the existing legislation does not provide effective protection for children;

(c) The rate of teenage pregnancies is high;

(d) Mental health services are lacking.

286. The Committee recommends that the State party:

...

(d) Ensure access to reproductive health counselling and information and services for all adolescents;

...

(f) Establish adequate mental health services.

- Liberia, CRC, CRC/C/140 (2004) 67 at paras. 307, 308, 348, 349 and 357.

307. The armed conflict in the State party caused, *inter alia*, very severe and large-scale violations of the human rights of the children. The State party faces almost overwhelming challenges to rebuild the infrastructures and basic social services necessary for the implementation of the rights of the child. About 20,000 children have been involved in the recent armed conflict and are in urgent need of rehabilitation and social reintegration... Life expectancy at birth is 53 years, and out of 1,000 children, 157 die before the age of one and 235 before the age of 5. The vast majority of doctors, nurses and physician assistants have left the country (before 2000, there were around 260 doctors, currently there are 30). Only 20 per cent of children are fully immunized and 35 per cent are undernourished. These and other severe challenges for the child's right to life, survival and development should be addressed and require major efforts from the State party for which international assistance is of crucial importance.

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308. The Accra Peace Agreement (August 2003), the Disarmament, Demobilization, Rehabilitation and Reintegration programme (DDRR) and the Result-focused Transition Framework (RFTF), elaborated under the auspices of the United Nations and other international organizations, form a good basis and instrument for addressing at least the most urgent matters.

...

348. The Committee is deeply concerned at the high rates of infant, under-five mortality and maternal mortality, and at the low life expectancy in the State party. The Committee also remains concerned that health services in the local areas continue to lack adequate financial resources and are mostly inaccessible. In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by childhood diseases, including infectious diseases, diarrhoea and malnutrition. Additionally, the Committee recognizes the major implications of the brain drain of health workers who migrate to other countries thus reducing the efficiency of the health-care system...

349. The Committee recommends that the State party:

...

(b) 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;

(c) Continue to address the lack of health staff by training, recruiting and retaining qualified health workers;

(d) Pursue additional ways of cooperation and assistance for child health improvement with, among others, WHO and UNICEF.

...

357. The Committee recommends that the State party, taking into account General Comment No. 3 of the Committee on HIV/AIDS and the Rights of the Children, continue to strengthen its efforts in preventing and treating the effects of HIV/AIDS. It also recommends the State party to pay particular attention to children infected themselves or who have become orphans due to the death of HIV/AIDS parents, through providing adequate psychological and material support and by involving the community.

- Myanmar, CRC, CRC/C/140 (2004) 81 at paras. 426 and 427.

426. The Committee notes the progress achieved by the National Health Plan 1996-2001, notably the good immunization coverage through routine vaccinations supplemented by the National Immunization Days (NIDs), and notes the adoption of the 2001-2006 National Health Plan, but is concerned at the high infant and under-5 mortality rates and the low life

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expectancy in Myanmar. The Committee is also concerned that health services in the remote areas continue to lack adequate human and financial resources and are often inaccessible, especially during the rainy season, resulting in a significant difference in the availability of services between rural and urban areas and consequently much higher mortality figures in rural areas. In addition, the Committee is concerned that the survival and development of children in Myanmar continue to be threatened by early childhood diseases, such as acute respiratory infections and diarrhoea and by chronic malnutrition.

427. In line with its previous recommendations ([CRC/C/15/Add.69], para. 38), the Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources as well as develop and implement comprehensive policies and programmes, in particular the 2001-2006 National Health Plan, to improve the health situation of children, particularly in rural areas;

...

(c) Facilitate greater access to primary health-care services;

(d) Continue and strengthen its efforts to reduce the incidence of maternal, child and infant mortality;

(e) Prevent and combat malnutrition, especially among the vulnerable groups of children;

...

(h) Pursue additional measures of cooperation and assistance for child health improvement with, *inter alia*, WHO and UNICEF.

- Dominica, CRC, CRC/C/140 (2004) 101 at paras. 506 and 507.

506. The Committee acknowledges the various measures undertaken with regard to the Carib Indian children. However, the Committee is concerned about the limited enjoyment of their rights; particularly with regard to their access to education and health owing to widespread poverty.

507. The Committee recommends that the State party continue and strengthen its efforts to improve the enjoyment of the rights of Carib Indian children, in particular by effective measures to reduce poverty in the Carib Indian Territory.

- Democratic People's Republic of Korea, CRC, CRC/C/140 (2004) 111 at paras. 561 and 562.

561. While noting that health services are free and cover all areas of the country, the Committee is concerned about increasing infant and child mortality rates, high rates of

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malnutrition and stunting in children, alarming increases in maternal mortality rates and due to the high rate of voluntary termination of pregnancy. It is also very concerned that, despite the competence of doctors and other medical or paramedical staff, hospitals and clinics acutely suffer from shortages of basic medicine and medical instruments...

562. The Committee recommends that the State party:

(a) Take all necessary measures to improve the quality of its health system and its health expenditures, reducing infant, child and maternal mortality rates, preventing communicable diseases by stepping up immunization programmes, preventing and treating diarrhoeal diseases and acute respiratory tract infections and malaria, among others;

(b) Improve accessibility to information on family planning and availability of contraceptives;

...

(d) Seek, where necessary, international cooperation.

- France, CRC, CRC/C/140 (2004) 124 at paras. 621-624.

621. The Committee welcomes the information contained in the State party's report related to the protection of mothers, infants and school-age children. However, the Committee notes that this aspect of health care and services is the responsibility of departments, and, in this respect, is concerned at possible inequalities among the various regions. The Committee is concerned, in particular, at the:

(a) Lack of psychiatric services;

(b) "Conditioned" access to health care by undocumented migrants;

...

622. The Committee recommends that the State party:

(a) Strengthen its efforts to ensure the provision of adequate and sustainable allocation of resources (human and financial), including for training of sufficient numbers of health-care professionals, provision of adequate salaries for health-care workers, and investments in health-care infrastructure, especially in the most disadvantaged areas;

...

623. The Committee welcomes the Conference on the family focusing on adolescents scheduled to take place in June 2004 and the legislative measures and other actions of the State party, such as that to reduce the use of tobacco, in particular among children under 16 years of age. It notes the concern of the State party with respect to the high rate of suicides, representing the second cause of death for this age group, the relatively high number of

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teenage pregnancies, insufficient mental health services and to the fact that health services provided may not be tailored to the need of adolescents, thus reducing their willingness to access primary health services.

624. The Committee recommends that the State party increase its efforts to promote adolescent health policies and strengthen the programme of health education in schools. It further recommends 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 and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child. The Committee further recommends the development of a mental health programme and services for adolescents which include specialized psychiatric services.

- Brazil, CRC, CRC/C/143 (2004) 10 at paras. 77 and 78.

77. The Committee welcomes the State party's efforts to improve Brazil's health level, in particular the establishment of the Minimum Healthcare Allocation (PAB) in 1998. The Committee further notes the reduction of the incidence of child mortality as well as the positive changes observed in the child profile and in the HIV/AIDS incidence. Nevertheless, it is concerned at the low percentage of the population who are covered by at least one health plan and at the inequality in access to health services. The Committee is also concerned about health conditions, particularly of children who reside in rural areas, resulting in marked disparities in the quality of health services provided and of the lower socio-economic segments of the population in the North and North-east regions.

78. The Committee urges that the State party continue to develop the health system, ensuring the provision of the highest standard of health for all children, paying special attention to children in rural and geographically remote areas as well as those belonging to low-income families.

- Botswana, CRC, CRC/C/143 (2004) 25 at paras. 149-154.

149. The Committee notes with appreciation the developments in the primary health care strategy, notably the decentralization and mobile units as well as the dialogue conducted with traditional leaders to ensure that health care strategies are complementary. Nevertheless, it remains concerned at the regional disparities in the health service provisions as well as the still high maternal mortality rates.

150. The Committee recommends that the State party continue to strengthen its primary

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health care strategy by ensuring adequate staffing and providing the highest attainable standard of health for all children. The Committee recommends that the State party reduce regional disparities and lower maternal mortality rates by improving prenatal care services and providing training of birth attendants in healthy midwifery practices.

151. While welcoming the establishment of the National AIDS Council, chaired by the president, the National AIDS Coordinating Council, the National Policy on HIV/AIDS, the Prevention of Mother to Child Transmission Programme and the programme for AIDS orphans, the Committee shares the serious concern of the State party at the still exceedingly high prevalence rate of HIV/AIDS, especially among women in their child-bearing years compounded, in part, by inappropriate traditional practices, stigmatization and lack of knowledge on prevention methods.

152. In the light of general comment No. 3 on HIV/AIDS and the rights of children (CRC/GC/2003/3), the Committee urges the State party to strengthen its efforts in combating the spread and effects of HIV/AIDS by, *inter alia*, training professionals, conducting education campaigns on prevention, improving the prevention of mother to child transmission programme, by providing free and universal antiretroviral medication and improving protection and support for AIDS orphans.

153. The Committee is concerned at the high incidence of teenage pregnancies, the inadequate reproductive health services and at the lack of mental health services for adolescents.

154. In the light of general comment No. 4 on adolescent health and development in the context of the Convention on the Rights of the Child (CRC/GC/2003/4), the Committee recommends that the State party establish adequate health care services for adolescents, focusing on reproductive and mental health programmes.

- Croatia, CRC, CRC/C/143 (2004) 36 at paras. 218-221 and 227-229.

218. The Committee notes the efforts made by the State party to improve its health-care system, e.g. the new Health Insurance Law (2002), but remains concerned about the lack of data about children's health status, in particular children of ethnic and minority groups, and that medical coverage is not ensured for every child...The Committee is also concerned about the information that mothers are not allowed to stay with their hospitalized children free of charge unless the child is less than 6 months of age.

219. The Committee recommends that the State party undertake all necessary measures to ensure that all children enjoy equal access to and quality of health services, with special attention to children from ethnic and minority groups, especially Roma children...It also



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recommends that children not be separated from their parents when they are hospitalized.

220. The Committee notes the efforts undertaken by the State party with regard to drug abuse by adolescents but remains concerned at the increasing number of cases, the increase in sharing syringes among drug users, the lack of an integrated strategy against drug abuse and the apparent inadequacy of treatment facilities to deal with drug additions. The Committee is also concerned at the increasing alcohol and tobacco consumption by adolescents and the lack of programmes for the prevention of suicide among adolescents. The Committee is also concerned that adolescents have a low perception of the risks of contracting HIV and other STDs.

221. The Committee recommends that the State party:

(a) Enhance its efforts to address adolescent health issues and ensure that the programmes for adolescent health are effectively implemented, including through the provision of adequate resources;

...

(c) Develop programmes to prevent and combat HIV/AIDS, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of children (2003);

(d) Develop mental health programmes and services for, *inter alia*, the prevention of drugs and alcohol abuse, and tobacco use, and programmes for the prevention of suicide and to enhance the quality of the treatment facilities;

(e) Ensure that adolescents have access to child-sensitive and confidential counselling services;

(f) Seek technical cooperation and advice from UNICEF and WHO.

...

227. ...The Committee expresses its concern about the difficult access to education and health care for refugee and internally displaced children.

228. The Committee recommends that the State party ensure the effective implementation of the new Asylum Law and that refugee and asylum-seeking children have access to basic services such as education and health, and that there is no discrimination in benefit entitlements for asylum-seeking families that could negatively affect children.

229. The Committee...recommends that effective measures be undertaken to ensure that displaced children have equal access to education and health care.

- Kyrgyzstan, CRC, CRC/C/143 (2004) 50 at paras. 265, 266, 290 and 291.

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265. While noting that the State party defines minors as those under 18 years of age, the Committee is aware that numerous legislative acts contain differing definitions for the cut-off age for a “minor”. The Committee is concerned that:

(a) Assistance to families with children with disabilities or children with HIV/AIDS is being provided only to children under the age of 16; and

(b) Children in special institutions for psychological care are being transferred to adult psychiatric hospitals at the age of 16.

266. The Committee recommends that the State party take the necessary legal measures to ensure that all persons under 18 year of age are guaranteed by law the special protection they are entitled to under the Convention.

...

290. The Committee notes with appreciation the efforts made by the State party to work with different specialized agencies of the United Nations as well as with international NGOs to reduce child mortality. It also welcomes the decision of the Government in December 2003 to introduce the WHO live birth definition nationwide. It is, however, concerned at the regional disparities in mortality rates, the inadequate antenatal care, which is not completely free, the inhumane treatment of children in psychiatric hospitals, and the increase in cases of communicable diseases, such as tuberculosis and HIV/AIDS...

291. The Committee recommends that the State party undertake more efforts to ensure the highest attainable standard of health for all children, to improve antenatal care programmes, to prevent the spread of contagious diseases such as HIV/AIDS and tuberculosis, to improve psychiatric care so as to ensure that children with psychiatric problems are treated humanely and to explicitly prohibit placing children in adult psychiatric hospitals...

- Equatorial Guinea, CRC, CRC/C/143 (2004) 64 at paras. 357, 358, 361 and 362.

357. The Committee notes with appreciation the efforts undertaken by the State party to extend the coverage of the health and basic sanitation services. However, the Committee is very concerned that despite decreases in the infant mortality rate, under-five mortality rate and maternal mortality rate, these rates remain very high... The Committee is also concerned about the weak levels of community participation in the promotion of health, and about insufficient budgetary allocations for health services.

358. The Committee recommends that the State party:

(a) Continue expanding access to health services, in particular in rural areas, and increase

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the competence of health personnel;

...

(c) Facilitate greater access to primary health services; continue to reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially amongst vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(d) Ensure the provision of adequate financial and human resources for the effective implementation of the health programmes.

...

361. The Committee welcomes the efforts undertaken by the State party to address the spread of HIV/AIDS, e.g. the National Programme to fight HIV/AIDS, which provides for free and universal antiretroviral medication, but remains very concerned at the increasing prevalence of HIV/AIDS amongst adults (mainly women) and youth and the increasing number of children orphaned by HIV/AIDS...

362. The Committee recommends that the State party:

...

(c) Pay particular attention to children who are infected themselves or who have become orphans because of HIV/AIDS, by providing adequate psychological and material support involving the community;

...

- Angola, CRC, CRC/C/143 (2004) 78 at paras. 403, 404 and 419-422.

403. While welcoming the efforts undertaken by the State party in cooperation with civil society groups to ensure that children are registered and provided with birth certificates, including the National Campaign for Free Registration of Children, the Committee remains concerned about the unacceptably high number of unregistered children in the State party and the consequences of non-registration on children's access to education and other services.

404. In light of article 7 of the Convention, the Committee strongly recommends that the State party undertake all necessary measures (e.g. by using mobile birth registration units) to ensure that all children are registered at birth, including by providing such registration free of charge, in line with the commitments made by the Government at the National Forum on Early Childhood Care and Development in June 2004. Meanwhile, children whose births have not been registered should be allowed to access basic services, such as health and education, while waiting to be properly registered.

...

419. The Committee expresses its deep concern at the alarming levels of mortality among

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children, with 25 per cent of children dying before they reach the age of 5. It notes that the main causes of child mortality are related to malaria, diarrhoeal diseases, acute respiratory diseases and vaccine-preventable diseases. The Committee is also concerned about the fact that a majority of children do not have access to adequate health services...

420. The Committee urges the State party to strengthen its efforts to improve the health situation of children in the State party, including through:

(a) A continuation and strengthening of its efforts to ensure that all children have access to basic health-care services;

(b) Strengthening vaccination programmes;

...

421. The Committee is concerned at the lack of adolescent health services and the large number of teenage pregnancies.

422. The Committee recommends that the State party pay close attention to adolescent health, taking into account the Committee's general comment No. 4 on adolescent health and development. In particular, the State party should strengthen sexual and reproductive health education for adolescents, including family planning measures, especially in schools and out-of-school programmes, with a view to reducing the incidence of teenage pregnancy, and provide pregnant teenage girls with the necessary assistance and access to health care and education...

- Antigua and Barbuda, CRC, CRC/C/143 (2004) 93 at paras. 503-506, 514 and 515.

503. The Committee welcomes the initiative taken by the State party to make baby products, including medicine, tax free. It further notes the high level of immunization coverage and that health services are free and cover all areas of the country. It also notes the establishment of the AIDS secretariat and welcomes the information that antiretroviral drugs will be provided free of charge to patients with HIV/AIDS. However, the Committee notes that, as recognized by the State party, the social services are under a tremendous resource strain, in particular the health service...

504. The Committee recommends that the State party:

(a) Continue taking all appropriate measures to improve the health infrastructure, including through international cooperation, in order to ensure access to basic health care and services adequately stocked with appropriate resources, including basic medicines for all children;

...

505. The Committee is concerned that insufficient attention has been given by the State

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party to adolescent health issues, including developmental, mental and reproductive health concerns. The Committee further notes with concern that the adolescent outreach project focusing on fertility and sexuality funded by the United Nations Population Fund (UNFPA) has not been sustained...

506. The Committee recommends that the State party:

(a) Undertake a comprehensive study to assess 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 with a particular focus on the prevention of sexually transmitted diseases (STDs), especially through reproductive health education and child-sensitive counselling services, and taking into account the Committee's general comment No. 4 (2003) on adolescent health and development in this regard;

(b) Strengthen developmental and mental health counselling services as well as reproductive health counselling and make them known and accessible to adolescents;

...

514. While noting the programmes and initiatives taken by the State party to eradicate trafficking and the illicit use of drugs, the Committee remains concerned at the growing incidence of substance abuse by children, including the use of crack, cocaine and marijuana. It is also concerned at the lack of specific legislation prohibiting the sale, use and trafficking of controlled substances by children, and also of treatment programmes in this regard. The Committee also notes with concern that alcohol consumption by children is common, especially during festivities.

515. The Committee recommends that the State party take action to combat drug and alcohol abuse by children, including through public education awareness campaigns, and ensure that children who abuse alcohol and/or use drugs and other harmful substances have access to effective structures and procedures for treatment, counselling, recovery and reintegration.

- Sweden, CRC, CRC/C/146 (2005) 8 at paras. 55 and 56.

55. The Committee welcomes the information contained in the State party's report on the protection of mothers, infants and school-age children. It is encouraged by the National Action Plan for Healthcare Development (1999/2000:149). However, the Committee notes that this aspect of health care and services is the responsibility of county councils, and, in this respect, is concerned at possible inequalities between the various regions. The Committee is concerned, in particular, about...the lack of programmes on mental health of children.

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56. The Committee recommends that the State party take the necessary measures:

...

(e) To strengthen mental health programmes for children, both preventive and interventional.

- Albania, CRC, CRC/C/146 (2005) 19 at paras. 109, 110 and 129-132.

109. The Committee notes the significant efforts made by the State party to ensure that every child is registered within 30 days after birth. Nevertheless, it appears that those failing to meet the deadline encounter additional difficulties.

110. The Committee recommends that the State party take appropriate measures to promote the registration of all children, including through facilitating late registration when necessary and paying particular attention to the most vulnerable and marginalized groups... Meanwhile, immediate access to basic services, such as health and education, should be ensured to children who were not registered at birth, while their registration is being properly prepared.

...

129. The Committee welcomes the information provided by the State party on legislative and other measures aimed at contributing to the protection of mothers, infants and school-age children, such as the joint programme of the Ministry of Health and UNICEF, or the establishment of an Inter-Ministerial Commission for HIV/AIDS in 2000. However, the Committee is concerned at the information on the poor quality of health services in general, particularly in some regions, and more specifically at the high number of children suffering from malnutrition, iodine deficiency and other preventable illnesses. The Committee further notes that despite the marked improvement in infant mortality rates, these remain very high, and that marked disparities in health services between different regions of the country exist.

130. The Committee recommends that the State party:

(a) Strengthen its efforts to ensure allocation of resources (e.g. human and financial), including training of sufficient numbers of health-care professionals, and investments in health-care infrastructure, especially in the most disadvantaged areas of the country, to ensure accessible and quality health services;

...

131. The Committee welcomes the legislative and other measures taken by the State party to reduce the use of tobacco, in particular among children under 16 years of age. However, the Committee is concerned at the reported rise in suicide rates among children for which sufficient data is not available and considers that, in general, the health services provided, including mental health services, may not be tailored to the needs of adolescents, thus

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reducing their willingness to access primary health services. It further notes the concern of the State party that abortion may still be used as a family planning method and that the abortion rates are alarmingly high.

132. The Committee recommends that the State party:

...

(b) Take measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible also without parental consent when this is in the best interests of the child;

(c) Study the occurrence and causes of suicide to enable the appropriate authorities to improve their understanding of this phenomenon and take appropriate measures to reduce the suicide rates, including by improving preventive and interventional mental health services;

(d) Provide access to information on reproductive health and family planning with a view to improving the practice in these areas, including the reduction of recourse to abortion as a method of family planning;

...

- Luxembourg, CRC, CRC/C/146 (2005) 36 at paras. 200 and 201.

200. The Committee notes with concern the high number of suicides among adolescents in the State party. While welcoming the information that a child psychiatric unit has been recently established within a country hospital, the Committee is concerned about the information that many children from Luxembourg are treated in institutions offering psychiatric assistance to minors across the border in Germany, France or Belgium, owing to the reported lack of an adequate care system, in particular child and juvenile psychiatry, in Luxembourg.

201. The Committee recommends that the State party use the results of the comprehensive study recently undertaken to address the issue of suicide among the youth as a basis for the formulation of adolescent health policies and programmes. It further recommends that the State party continue to improve the quality and capacity of child and juvenile psychiatry in the country, paying special attention to mental health provisions, both preventive and interventional.

- Belize, CRC, CRC/C/146 (2005) 59 at paras. 315, 316, 325, 325 and 342-345.

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315. ...With regard to the age-limit for sexual consent (16 years; females only), the Committee is concerned that persons under 18 years are not allowed to have any medical counselling, including counselling on reproductive health, without parental consent. The Committee welcomes the information from the Government's delegation that efforts are being made to improve the situation.

316. The Committee recommends that the State party continue and strengthen its efforts:

...

(d) To regulate the possibility for children of a certain age to seek and receive legal and medical counselling without parental consent;

...

324. While noting the provisions of the Registration of Births and Deaths Act (chapter 157 of the Laws of Belize), which requires registering the birth of children, the Committee remains concerned about the shortcomings in the implementation of this Act and the concrete shortcomings in the birth registration system... The Committee is also concerned about the unregistered children in the State party and the consequences of non-registration on access by children to education, health and other services.

325. The Committee recommends that the State party implement an efficient and at all stages free-of-charge birth registration system, which covers its territory fully, including through introducing mobile birth registration units and awareness-raising campaigns to reach the most remote areas of its territory... In addition, the Committee recommends that the State party establish cooperation between the birth registration authority and maternity clinics and hospitals, midwives and traditional birth attendants in order to achieve better birth registration coverage in the country. Meanwhile, children whose births have not been registered and who are without official documentation should be allowed to access basic services, such as health and education, while waiting to be properly registered.

...

342. The Committee expresses grave concern about the situation of children with disabilities and regrets that *de facto* discrimination against them still exists. The Committee notes with concern the lack of specific legislation which would ensure full and equal participation in social life, including access to social and health services, education, training, information and communication, rehabilitation, recreation and care, for children with disabilities...

343. The Committee urges the State party, taking into account the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96 of 20 December 1993, annex) and the recommendations adopted by the Committee at its day of general discussion on "The rights of children with disabilities" (see CRC/C/69, paras. 310-339):

(a) To enact special legislation dealing exclusively with disability issues, including access to social and health services, rehabilitation, support services, physical environment,



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information and communication, education, recreation and sports, in order to achieve the objectives of full participation and equality for children with disabilities;

...

344. The Committee welcomes the revised and expanded Care and Growth Chart, which provides a detailed and personal health and development record for all children under 5 years of age. While noting with appreciation the State party's efforts to improve the primary health care, including the establishment of the National Health Insurance Scheme and the School Health and Physical Education Services (SHAPES) programme, the Committee is nevertheless concerned at the regional disparities in accessibility to health services, the high number of infant deaths and regional differences in this respect, and the situation of malnutrition among infants and children...

345. The Committee recommends that the State party:

(a) Prioritize the allocations of financial and human resources to the health sector in order to ensure an equal access to quality health care by children in all areas of the country and to strengthen its efforts to implement the National Health Insurance Scheme;

(b) Continue its efforts to improve prenatal care, including training programmes for midwives and traditional birth attendants, and take all necessary measures to reduce infant mortality rates, especially in rural areas;

...

- Bahamas, CRC, CRC/C/146 (2005) 77 at paras. 417 and 418.

417. The Committee welcomes the information provided in the report regarding the steady reduction in infant mortality rates, the improvement in health-care delivery and the legislation enacted in 2000 to regulate health professionals and health-care facilities. However, the Committee remains concerned at the marked difference in the quality of health care between the private and the public providers.

418. The Committee recommends that the State party take all necessary measures to reduce the gap in quality of health care between public and private hospitals by strengthening the role of the Public Hospital Authority.

- Togo, CRC, CRC/C/146 (2005) 104 at paras. 561-564.

561. While noting the installation of access ramps in hospitals for disabled and the promulgation on 23 April 2004 of the Act 2004/005 on the social protection of persons with disabilities, the Committee is concerned that children do not have access to health-care

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services in the first place...

...

562. The Committee recommends that the State party:

...

(c) Review the situation of these children in terms of their access to suitable health care, education services and employment opportunities;

...

563. While acknowledging the improvements in the health-care sector, in particular the establishment of clinics in rural areas and the activities implemented to improve the nutrition of children, the Committee is particularly concerned at the increasing infant mortality rate, the high child and maternal mortality rates, the low birth weight, child malnutrition, the low breastfeeding rate, the low rate of immunization, the prevalence of infectious diseases, mosquito-borne diseases, including malaria, and the lack of access to safe drinking water and sanitation. The Committee is further concerned about the disparity between the number of health centres in rural and urban areas.

564. The Committee recommends that the State party:

(a) Develop and implement a long-term comprehensive policy with a strong emphasis on early childhood development and community health in which measures will be taken:

(i) To decrease significantly infant and maternal mortality rates;

(ii) To ensure universal access to maternal and child health-care services and facilities, including in rural areas;

(iii) To strengthen its efforts to ensure that all children have access to basic health care, in both urban and rural areas;

...

(v) To prevent malnutrition, malaria and other mosquito-borne diseases;

(vi) To immunize as many children and mothers as possible;

...

(b) Seek in this regard technical assistance from, among others, UNICEF.

- Bolivia, CRC, CRC/C/146 (2005) 121 at paras. 640 and 641.

640. The Committee welcomes the improvement of primary health-care coverage, including the basic health insurance scheme (SUMI) that provides free medical care for children up to 5 years of age and their mothers. The Committee is concerned, however, that not all children, especially indigenous children, benefit from SUMI. It also remains deeply

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concerned that post-natal health care is still inadequate and that mortality rates and other health indicators are significantly worse in rural areas. The Committee is further concerned that, despite a significant decrease, infant mortality rates remain very high, and well above the regional average...

641. The Committee recommends that the State party continue to strengthen its efforts in improving the health situation of children in the State party and their access to quality health services in all areas of the country, particularly rural areas. It also recommends that the State party take measures to ensure that all children benefit from SUMI...

- Nigeria, CRC, CRC/C/146 (2005) 135 at paras. 700, 701, 712, 713, 716, 717, 727, 728, 731 and 732.

700. While acknowledging the work of the National Population Commission and the African Refugee Commission whose mandate includes birth registration, the Committee is concerned that the alarmingly low rate of birth registration, in particular in rural areas, is a reflection of the generally low awareness among parents of the importance of birth registration and its consequences on the full enjoyment of fundamental rights and freedoms by children, in particular, access to education and health, the right to know and be cared for by parents...

701. In the light of article 7 of the Convention, the Committee urges the State party to adopt a short-term as well as a long-term approach in its strengthened efforts to ensure the registration of all children at birth... Meanwhile, children who have no birth registration should be allowed to access basic services, such as health and education, while preparing to be registered properly.

...

712. The Committee takes note of efforts made by the State party to improve its health system, including the Baby Friendly Hospital Initiative and the Integrated Management for Childhood Illness, as well as the establishment of the National Programme on Immunization Agency. Nevertheless, the Committee remains gravely concerned at the alarmingly high rate of infant, child and maternal mortality, and the high incidence of major illnesses affecting children, including polio, malaria and diarrhoea as well as the low rate of immunization coverage in the country, particularly in the northern regions, and of malnutrition and the low rates of exclusive breastfeeding. The Committee is also concerned at the very low level of knowledge among mothers on basic health issues, such as about the use of oral rehydration solutions (ORS) for diarrhoea...

713. The Committee recommends that the State party:

- (a) Address, as a matter of urgency, the very high mortality rates among infants, children

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and mothers, by, *inter alia*, stepping up the immunization programmes and improving antenatal and post-natal care;

(b) Continue taking all appropriate measures to improve the health infrastructure, particularly in rural areas, including through international cooperation, in order to ensure access to basic health-care services which are adequately staffed and stocked with appropriate resources, including basic medicines for all children;

(c) Take measures to introduce awareness-raising programmes for women, on the importance of, *inter alia*, prenatal and post-natal health care, preventive measures and treatment for common illnesses; immunization and balanced diet for the healthy development of children;

...

716. The Committee welcomes the efforts made by the State party to prevent and control HIV/AIDS including the establishment of the National Action Committee on AIDS, as well as the recent introduction of testing, counselling and PMTCT (Preventing Mother-to-Child Transmission) in some areas. However, it remains concerned about the high incidence of the infection and its wide prevalence in Nigeria, as well as the lack of knowledge especially among women on modes of transmission and prevention of HIV/AIDS...

717. The Committee recommends that the State party continue its efforts in preventing the spread of HIV/AIDS and providing treatment, and further integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, taking into consideration the recommendations the Committee adopted at its day of general discussion on children living in a world with HIV/AIDS (CRC/C/80, para. 243), and involve children and traditional leaders when implementing this strategy.

...

727. The Committee notes that communal clashes linked to political, religious and ethnic differences have led to a large population of internally displaced persons in the State party, and that Nigeria is a host to a large group of refugees from neighbouring countries such as Chad, Sierra Leone and Liberia. The Committee is concerned about the situation of refugee and internally displaced children living in refugee camps... The Committee is also concerned that the incidence of teenage pregnancy is high in the camp.

728. The Committee recommends that the State party:

(a) Seek to ensure, as a matter of priority, that all displaced and refugee children and their families have access to health and education services, and that all their rights contained in the Convention are protected, including the right to be registered at birth;

(b) Take measures to ensure that appropriate reproductive health education and child-

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sensitive counselling services are provided to adolescents living in camps;

...

731. While acknowledging the efforts made by the State party to combat drug abuse, trafficking and drug-related violence, the Committee remains concerned at the high incidence of substance abuse by children in Nigeria, including the use of cannabis, psychotropic substances, heroin, cocaine and volatile organic solvents, as well as abuse of local plants...It is also concerned at the lack of specific legislation prohibiting the sale, the use and the trafficking of controlled substances applying children, and also of treatment programmes in this regard.

732. ...The Committee...encourages the State party to ensure that children who abuse drug and substance have access to effective structures and procedures for treatment, counselling, recovery and reintegration. The Committee further recommends that the State party seek cooperation with, and assistance from, WHO and UNICEF.

- Saint Lucia, CRC, CRC/C/150 (2005) 10 at paras. 80-83.

80. While the Committee appreciates the information provided in the State report concerning health and health services in the State party, it remains concerned at:

- (a) The increase in the number of children born with low birthweight;
- (b) The state of prenatal and post-natal health care;
- (c) The increasing levels of obesity in young children and the associated short and long-term diseases;
- (d) The lack of educational programmes for basic child health.

81. The Committee recommends that the State party undertake health-care reform with a view to guaranteeing universal access and integrated health-care services according to article 24 of the Convention. It further recommends that the State party implement adolescent-friendly, adolescent-sensitive health clinics providing both information and services to young people.

82. The Committee expresses its concern at the increasing rate of HIV/AIDS and other sexually transmitted diseases among adolescents. It further notes with concern the high rate of teenage pregnancies and the fact that the State party does not pay sufficient attention to adolescent health issues, including developmental, mental and reproductive health concerns.

83. The Committee recommends that the State party:

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(a) Undertake a comprehensive study to assess the nature and the extent of adolescent health problems and, with the full participation of adolescents, use this as a basis to formulate adolescent health policies and programmes with particular focus on the prevention of HIV/AIDS and other sexually transmitted diseases, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development;

(b) Strengthen developmental and mental health counselling services as well as reproductive counselling and make them known and accessible to adolescents;

(c) Ensure the inclusion of reproductive health education in the school curriculum and fully inform adolescents of reproductive health rights, including the prevention of teenage pregnancies and sexually transmitted diseases, including HIV/AIDS;

...

- Philippines, CRC, CRC/C/150 (2005) 24 at paras. 139, 140, 156, 157, 161, 162 and 184-187.

139. With reference to the high number of overseas Philippine workers, the Committee is concerned about children born abroad to Philippine migrant workers. Due to the non-registration of these children, they are deprived of their right to name, nationality and identity as well as basic services.

140. The Committee recommends to the State party that it encourage and facilitate parents, irrespective of their residence status, to register their children born abroad. The Committee also recommends that the State party ensure that unregistered children without official documentation are allowed access to basic services, such as health and education, while waiting to be properly registered...

...

156. As regards children living in prison with their mothers, the Committee is concerned about access to adequate social and health services for these children and particularly, about their living conditions, which are often poor and fall short of international standards.

157. The Committee recommends that the State party ensure that living conditions and health services in prison are adequate for the child's early development in accordance with article 27 of the Convention and that the principle of the best interests of the child (article 3 of the Convention) is carefully and independently considered by competent child professionals prior to and during their stays with their detained mothers...

...

161. The Committee is encouraged by the progress achieved by the State party in the field of health and health services, particularly with regard to immunization, such as polio eradication and the elimination of neonatal tetanus and it notes with appreciation the Health Sector Reform Agenda. Noting that 8 out of 10 births in rural areas are delivered without

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professional health facilities and that infant, under-five and maternal mortality rates are relatively high, the Committee expresses its deep concern about insufficient prenatal and post-natal health care, particularly in the rural areas of the country. The low prevalence of breastfeeding, malnutrition among children, including micronutrient malnutrition problems among schoolchildren and in general, children's limited access to quality health services in the remote areas of the country give cause for serious concern. The Committee finally expresses its concern at the risk that free trade agreements currently being negotiated with other countries may negatively affect access to affordable medicines.

162. The Committee recommends that the State party:

...

(b) Ensure that appropriate resources are allocated for the health sector and develop and implement comprehensive policies and programmes for improving the health situation of children, so as to fully implement the Convention, in particular articles 4, 6 and 24;

(c) Implement measures to guarantee access to quality prenatal and post-natal health services and facilities, including training programmes for midwives and traditional birth attendants, by paying particular attention to the rural areas of the country;

(d) Take all necessary measures to lower infant, under-five and maternal mortality rates;

(e) Strengthen existing efforts to immunize as many children and mothers as possible by effectively implementing immunization programmes;

...

(g) Make use - in the negotiations of free trade agreements - of all the flexibilities reaffirmed by the Declaration on the Agreement on Trade-related Aspects of Intellectual Property Rights and Public Health adopted at the Fourth Ministerial Conference of the World Trade Organization in Doha and the mechanisms at its disposal to ensure access to affordable medicines in particular for the poor and most vulnerable children and their parents;

(h) Continue to cooperate and seek technical assistance in this matter with, *inter alia*, WHO, UNICEF and the United Nations Population Fund (UNFPA).

...

184. While noting the State party's efforts to combat drug trafficking and drug and substance abuse, *inter alia*, through implementing the Comprehensive Dangerous Drugs Act of 2002 (Republic Act No. 9165), and the increased number of treatment and social reintegration services for children, the Committee is deeply concerned at the massive narcotic trade in the Philippines and its adverse effects on children and adolescents...Furthermore, the Committee is concerned about the fact that children, who voluntarily seek treatment in drug recovery and reintegration centres, are often asked to pay for treatment causing insurmountable obstacles to children of limited means and denying their access to treatment and reintegration.

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185. The Committee recommends that the State party continue to strengthen its efforts to:

...

(c) Develop free and easily accessible drug abuse treatment and social reintegration services for children who are victims of drug and substance abuse;

(d) Tailor specific drug abuse, including glue and solvent sniffing, recovery and social reintegration programmes and centres for street children and cooperate with non-governmental organizations in this respect;

(e) Allocate adequate budgetary funds to existing drug recovery and reintegration centres;

...

186. The Committee reiterates its grave concern at the high number of children living in the streets and their special vulnerability to various forms of violence and abuse, including sexual abuse and exploitation, economic exploitation and substance abuse... Notwithstanding the efforts taken by the State party and, in particular, many non-governmental organizations working with and for street children, for example ChildHope Asia Philippines, the Committee is concerned about street children's limited access to adequate nutrition, clothing, housing, social and health services and education...

187. The Committee recommends that the State party:

...

(c) Ensure that street children are reached through trained street educators and counsellors and provided with adequate nutrition, clothing and shelter as well as with social and health services and educational opportunities, including vocational and life skills training, in order to support their full development and provide them with adequate protection and assistance;

(d) Provide street children with adequate recovery and social reintegration services for physical, sexual and substance abuse and promote reunification with their families, when feasible;

...

(g) Collaborate with and support non-governmental organizations working with and for street children.

- Bosnia and Herzegovina, CRC, CRC/C/150 (2005) 49 at paras. 249 and 251.

249. The Committee is concerned that the country's complex political structure and the lack of unified laws and policies make equitable access to health-care services for all children increasingly difficult. Furthermore, the Committee takes note, with concern, that one fifth of children are not fully vaccinated and that exclusive breastfeeding is limited to the first three months and only to a limited number of children. Finally, the Committee expresses



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serious concern that some 90 per cent of Roma have no health insurance, which results in their *de facto* exclusion from access to health care.

...

251. The Committee recommends that the State party undertake all necessary measures to ensure that all children enjoy the same access and quality of health services, with special attention to children belonging to vulnerable groups, especially Roma. Furthermore, the Committee recommends that the State party strengthen its efforts in improving the health situation of children in the State party, including through:

(a) Strengthening its efforts to ensure that all children have access to basic health-care services;

(b) Strengthening vaccination programmes;

...

- Nepal, CRC, CRC/C/150 (2005) 66 at paras. 341-343, 359, 361, 364 and 365.

341. The Committee welcomes the establishment of a working group to implement the Integrated Management of Childhood Illness strategy in 1997 and commends the State party's efforts in improving the immunization coverage for children under 5, including the recent completion of the comprehensive measles vaccination campaign. The Committee nevertheless shares the concerns of the State party that the health and social services are under tremendous resource constraints and that the overall quality and availability of health care available to children in the State party is seriously inadequate, in particular among poor families and in rural areas. In particular, the Committee is concerned about:

(a) High rates of infant, under-five mortality and maternal mortality, and the low life expectancy in the State party;

(b) Continuing threats to survival and development of children by preventable childhood diseases, including diarrhoea, malnutrition, anaemia, intestinal infectious diseases; bacterial infection; measles and pneumonia;

(c) Inadequate prenatal and post-natal care which also constitute factors hindering child survival and development;

...

(e) Low awareness about health, hygiene and sanitation, particularly in rural areas and prevalence of traditional practices which could be harmful to the health of children, such as that of consulting witch doctors instead of modern medical facilities and withholding water from children suffering from diarrhoea.

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342. The Committee also notes with concern that little has been done to address the particular health vulnerabilities and needs of children at risk, including street children, child labourers, child sex workers and *Dalit* children.

343. The Committee recommends that the State party:

(a) Continue taking all appropriate measures to improve the health infrastructure, including through international cooperation, in order to ensure access to basic health care and services adequately provided with appropriate resources, including basic medicines for all children, and targeting rural areas in particular;

(b) Continue strengthening its efforts to extend immunization coverage to all parts of the country;

(c) Facilitate greater access to primary health-care services;

(d) Continue strengthening measures to combat childhood illnesses, paying particular attention to the needs of children belonging to high-risk groups;

(e) Engage in awareness-raising efforts to provide the general public, in particular, families, children and health-care providers, including traditional health practitioners, with appropriate knowledge of basic first aid and health care;

...

(g) Pursue additional avenues for cooperation and assistance for the improvement of child health with, among other organizations, WHO and UNICEF.

...

359. The Committee welcomes the adoption in August 2004 of an official policy that is grounded on the principle of *non-refoulement*, but it regrets that the State party has not yet ratified the Convention relating to the Status of Refugees, Convention relating to the Status of Stateless Persons or the Convention on the Reduction of Statelessness, and that there is no domestic legislation that covers the rights of refugees and asylum-seeking persons. In this regard, and given the fact that a large population of these persons are children the Committee is concerned about:

...

(d) The restrictions on Bhutanese refugees on their freedom of movement, as well as their enjoyment of the right to health and education.

...

361. The Committee recommends that the State party:

...

(b) Seek to ensure, as a matter of priority, that all internally displaced, refugee and asylum-seeking children and their families have access to health and education services, and that all their rights contained in the Convention are protected, including the right to be

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registered at birth;

...

364. The Committee expresses concern at the widespread prevalence of alcohol consumption by children, as well as the growing incidence of substance abuse by children, including the use of cannabis, heroin, opiates and intravenous drug use... It is also concerned at the absence of specific legislation prohibiting sale, use and trafficking of controlled substances by children, and also of treatment programmes in this regard.

365. The Committee recommends that the State party take initiatives to combat drug and alcohol abuse by children, including through public education awareness campaigns and ensure that children who abuse alcohol and/or use drugs and other harmful substances have access to effective structures and procedures for treatment, counselling, recovery and reintegration...

- Ecuador, CRC, CRC/C/150 (2005) 91 at paras. 441 and 442.

441. The Committee remains concerned at the increasing number of teenage pregnancies and the number of very young mothers. The Committee is also concerned that adolescents face particular physical health and mental health risks, including violence, drug use and alcohol abuse and sexually transmitted infections (STIs).

442. The Committee recommends that the State party pay particular attention to adolescent health, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child. The Committee recommends that the State party strengthen the existing laws and programmes and in particular:

(a) Undertake measures to reduce the rate of teenage pregnancies, in particular through reproductive health education and child-sensitive counselling services;

...

(c) Undertake effective measures to prevent sexually transmitted diseases and to combat drug use and alcohol abuse by children, including through public education awareness-raising campaigns and ensure that children who abuse alcohol and/or use drugs have access to effective structures and procedures for treatment, counselling, recovery and reintegration;

(d) Increase its efforts to promote mental health and counselling services, *inter alia* with a view to addressing suicide among adolescents, and ensuring that such services are accessible to, and appropriate for all adolescents, including indigenous, Afro-Ecuadorian and those living in remote areas.

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- Norway, CRC, CRC/C/150 (2005) 105 at paras. 497 and 498.

497. While welcoming measures taken to strengthen the mental health services for children and young people, the Committee is concerned at the remaining challenges, such as the waiting time for assistance and care. The Committee is also concerned at the shortage of child and adolescent psychiatrists and psychologists.

498. The Committee encourages the State party to speed up the development of mental health care so as to ensure that adequate treatment and care are provided to all children and young people in need without undue delay.

- Mongolia, CRC, CRC/C/150 (2005) 113 at paras. 558-561.

558. While noting with appreciation the State party's efforts to improve primary health care, in particular the prevention of infectious diseases such as measles, meningitis and diphtheria as a result of the successful implementation of the National Immunization Programme 1993-2000, the Committee is nevertheless concerned at the regional disparities in access to health services, the high rates of both maternal mortality and under-5 mortality and regional differences in this respect, and the prevailing situation of malnutrition among children... The poor knowledge of the use and effects of medicines and the limited access to affordable children's pharmaceuticals give cause for some serious concern... Furthermore, the Committee is concerned that children who have migrated from the rural areas of the country and are living without official registration in the capital have a very limited access to health and social services.

559. The Committee strongly recommends that the State party undertake all necessary measures:

(a) To prioritize the allocation of financial and human resources to the health sector, in order to ensure equal access to quality health services by children in all areas of the country, including children living in the most remote areas of the country;

(b) To continue its efforts to improve prenatal care and to significantly reduce maternal and under-5 mortality rates, paying particular attention to mothers and children living in remote areas of the country;

...

(e) To ensure equal access to safe and affordable pharmaceuticals used in the prevention and treatment of a range of health conditions of children and to raise awareness on the use and effects of medicines;

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...

(g) To pay attention to the health situation of those children who have migrated from the rural areas of the country and who are living without official registration in the capital, in order to facilitate their equal access to all health and social services.

560. The Committee takes note of the State party's efforts to promote adolescent health and health education in schools by implementing the National Reproductive Programme on Student and Adolescent Health and a campaign on the "health-promoting school". However, the Committee is concerned at the limited number of school health services, including the lack of regular physical examinations and statistical data on the status of schoolchildren's health...

561. The Committee recommends that the State party pay close attention to adolescent health, taking into account general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child, and strengthen its efforts to promote adolescent health, including sexual and reproductive health education in schools, and to introduce school health services, including youth-sensitive and confidential counselling and care. The Committee recommends that the State party ensure that adolescents not attending school are provided with the same education, information and services for health...

- Nicaragua, CRC, CRC/C/150 (2005) 132 at paras. 637, 639-641, 658 and 659.

637. The Committee is extremely concerned about the persistence of a high degree of poverty in the State party, especially in the Caribbean/Atlantic region and in rural areas, which create grievous gaps in access to health and health services between rural and urban zones and the Caribbean/Atlantic region...

...

639. The Committee recommends that the State party:

...

(b) Ensure basic health care and services to all children throughout the country and urgently address the problem of malnutrition, with special emphasis on rural and remote areas;

(c) Strengthen its efforts to urgently tackle the grievous issue of infant, child and maternal mortality throughout the country.

640. While the Committee welcomes the enactment of Act No. 238 on the Protection and Defence of Human Rights in the presence of AIDS, as well as the Strategic National Plan against STDs and HIV/AIDS and it is concerned that antiretroviral treatment is not yet guaranteed to the newborn from seropositive mothers and that post-natal care is not provided to the seropositive mother...

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641. The Committee recommends that the State party:

...

(c) Guarantee antiretroviral treatment to newborns from HIV/AIDS seropositive mothers as well as post-natal monitoring of seropositive women;

(d) Pay particular attention to children infected by HIV/AIDS or who have become orphans due to the death of HIV/AIDS parents, through providing adequate medical, psychological and material support and by involving the community;

...

658. The Committee is concerned at the endemic abuse of substances among street children and members of youth gangs (*pandillas*).

659. The Committee recommends that the State party establish programmes to prevent and combat substance abuse by street children and members of youth gangs (*pandillas*), including the provision of psychosocial assistance for addicts. The Committee also recommends that the State party seek technical cooperation from, among others, the World Health Organization (WHO) and UNICEF.

- Costa Rica, CRC, CRC/C/150 (2005) 149 at paras. 710, 711, 722 and 723.

710. The Committee welcomes the efforts made by the State party to combat infant mortality and strengthen the immunization coverage at the country level, as well as the progress made by the State party with respect to basic health-care coverage. It remains concerned however at the regional inequality in access to health services, in particular for adolescents.

711. The Committee recommends that the State party continue to take all appropriate measures to ensure access to basic health care for all children and adolescents at the country level, and that priority be given to regions and communities with the lowest coverage rates. The Committee further recommends that the State party seek the technical cooperation of UNICEF in this respect.

...

722. While noting the provision of the Juvenile Justice Law allowing the rehabilitation of convicted children and/or adolescents suffering from drug addiction as an alternative to imprisonment, the Committee is concerned at the scarcity of treatment centres for drug addiction which also limits the possibility of placing children in conflict with the law.

723. The Committee recommends that the State party continue with the development of voluntary drug rehabilitation programmes...

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- Yemen, CRC, CRC/C/150 (2005) 161 at paras. 784-786.

784. The Committee recommends that the State party:

...

(c) Review the situation of children with disabilities, in terms of their access to employment, education, housing and health-care facilities, and allocate adequate resources to strengthen services for children with disabilities, support their families and provide training for professionals in this field;

...

785. The Committee notes the efforts undertaken by the State party in the area of basic health and welfare, such as the immunization programme and control of diarrhoeal diseases, and the consequent improvements such as, *inter alia*, the decrease in the infant and under-five mortality rates. The Committee also welcomes the adoption of a Strategy for the Integrated Management of Childhood Illnesses (IMCI). However, the Committee is deeply concerned about the health situation and the fact that only 50 per cent of the population has access to health services. Particular matters of concern are:

(a) The relatively low spending on health in the State party;

(b) The insufficient focus on preventive health care;

(c) The still-high infant, under-five, and maternal mortality rates, partly due to the weak antenatal and post-natal care and maternal malnutrition;

...

(e) The poor provision of health care, particularly in rural areas, due to lack of necessary support structures such as education, communication, transport and other facilities; and

...

786. The Committee recommends that the State party:

(a) Allocate appropriate financial and human resources to the area of health, with special attention to hiring female health workers and developing and implementing comprehensive policies and programmes to improve the health situation of children;

(b) Emphasize the role of preventive health care;

(c) Continue to strengthen the efforts to decrease the infant, under-five, and maternal mortality rates through, *inter alia*, providing adequate ante- and post-natal care;

(d) Improve access to health care, especially within rural areas, through coordinated and comprehensive health-care strategies with time-bound targets...

...