

HIV/AIDS and the International Human Rights Treaty Bodies, 2005-2010

- A mapping and review of the HIV-specific Human Rights
Treaty Body recommendations, 2005-2010

Prepared by the Danish Institute for Human Rights in
collaboration with Aidsnet – the Danish Network of AIDS
and Development NGOs

June 2010

HIV/AIDS and the International Human Rights Treaty Bodies, 2005-2010
- A mapping and review of the HIV-specific Human Rights Treaty Body recommendations, 2005-2010

© The Danish Institute for Human Rights, 2010

This publication, or parts of it, may be reproduced if author and source are quoted.

The Danish Institute for Human Rights
Strandgade 56
1401 Copenhagen K
Denmark
Phone: +45 32 69 88 88
Fax: +45 32 69 88 00
Email: center@humanrights.dk
Web site: www.humanrights.dk

This publication has been produced by the Danish Institute for Human Rights with co-funding provided by *AIDSNET*
– *The Network of Danish AIDS and Development NGOs*

Writing and research:

Steven L. B. Jensen
Camilla Braz Silva Fløistrup

Responsible for development:

Steven L. B. Jensen

HIV/AIDS AND THE INTERNATIONAL HUMAN RIGHTS TREATY BODIES, 2005-2010

- A mapping and review of the HIV-specific Human Rights Treaty Body
recommendations, 2005-2010

Table of Contents

HIV/AIDS and the International Human Rights Treaty Bodies, 2005-2010 – A Review	5
1. Introduction	5
1.1 The Human Rights Treaty Body system	6
1.2 Methodology.....	6
2. Review of Findings	7
3. Conclusions and Recommendations	8
Overview of all the HIV-specific recommendations from the Human Rights Treaty Bodies, 2005-2010 by region and country.....	10
The Americas and the Caribbean.....	10
European Union and EEA Countries	20
Eastern Europe.....	24
Middle East	29
Central and Eastern Asia	33
South and South-East Asia	38
Oceania	47
Africa	49

HIV/AIDS and the International Human Rights Treaty Bodies, 2005-2010 – A Review

An essential component of effective responses to HIV and AIDS is human rights protection and promotion. Therefore the international human rights monitoring procedures can be helpful in strengthening national responses to HIV. The international human rights treaty bodies that monitor the implementation of the human rights conventions are one of the main international monitoring procedures. Their recommendations can play an important role for state accountability and in guiding programming on HIV-related human rights. The objective of this document is to present and analyse all references made to HIV/AIDS by the treaty bodies from 2005 until 2010.

1. Introduction

Stigma, discrimination, gender inequality and the lack of protection of human rights have been identified by all United Nations Member States as among the major obstacles to achieving universal access to HIV prevention, treatment, care and support. This recognition places the promotion and protection of human rights, as a core component of any effective national HIV response.

HIV and human rights have been closely connected since the discovery of the epidemic in the 1980s. Significant human rights gains have occurred in this field, including the scale-up of HIV treatment, and there have also been important steps taken to clearly define human rights standards and requirements for national responses to HIV. The most significant development here may be the “International Guidelines on HIV and Human Rights”, published jointly by OHCHR and UNAIDS which established guidelines for state action.

On several occasions during the 1990s and 2000s these guidelines were considered by the Commission on Human Rights. In 1995, the UN Secretary-General in a report to the Commission stated that “the development of such guidelines or principles could provide an international framework for discussion of human rights considerations at the national, regional and international levels in order to arrive at a more comprehensive understanding of the complex relationship between the public health rationale and the human rights rationale of HIV/AIDS.” The guidelines were meant to help advise governments how “human rights standards apply in the area of HIV/AIDS and indicate concrete and specific measures, both in terms of legislation and practice, that should be undertaken”.¹

In addition, to the guidelines there are important international forums to further the discussion of human rights considerations relevant to HIV. The international human rights treaty bodies are examples of such forums and their practice on addressing HIV is worthy of attention and analysis. This is the focus of this report.

The report presents the findings of a mapping undertaken by the Danish Institute for Human Rights to identify how international human rights treaty bodies address HIV and AIDS in their concluding observations and recommendations based on the state reporting process.

¹ International Guidelines on HIV/AIDS and Human Rights, 2006 Consolidated Version, OHCHR and UNAIDS, p. 9.

1.1 The Human Rights Treaty Body system

The human rights treaty bodies are committees of independent experts that monitor implementation of the core international human rights treaties. They are created in accordance with the provisions of the treaty that they monitor. There are at present eight treaty bodies:

- The Human Rights Committee (CCPR),
- The Committee on Economic, Social and Cultural Rights (CESCR),
- The Committee on Elimination of Racial Discrimination (CERD),
- The Committee on the Elimination of all Forms of Discrimination against Women (CEDAW),
- The Committee Against Torture (CAT),
- The Committee on the Rights of the Child (CRC),
- The Committee on Migrant Workers (CMW), and
- The Committee on the Rights of Persons with Disabilities (CRPD).

State reporting is a mechanism to monitor the implementation of human rights by the states parties. When a country ratifies one of the treaties, it assumes a legal obligation to submit regular reports to the monitoring Committee on how the rights are being implemented.

Along with the State report the treaty bodies can also receive reports from NGOs, other UN agencies, other international organizations, academic institutions, press and national human rights institutions. In the light of all the information available, the Committee examines the report together with government representatives. Based on this dialogue, the Committee publishes its concerns and recommendations, referred to as “concluding observations”.

1.2 Methodology

For the HIV and human rights treaty body mapping several approaches were considered to ensure the methodology would allow for a comprehensive collection of relevant information with no significant gaps in the data collection process. To achieve this aim, it was decided to identify all the recommendations directly addressing HIV from each of the eight Treaty Bodies to each of the 192 UN member states.

It was also decided that the mapping would be presented country by country to optimize its potential use as a reference tool for country, regional and global HIV work. It was therefore a priority to have good referencing to the source of information beyond the country reference. Each entry in the mapping matrix below provides information on the treaty body, reference number for report, date of report. Finally, the text of each recommendation appears with its original paragraph number.

In compiling the concluding observations, the first option was to use the “Universal Human Rights Index”-website which provides users with an overview of different recommendations given by the various treaty bodies. The problem with this website is that it is very difficult to collect information on a country by country basis. The second option was to use the “Treaty Bodies Database”, which made it possible to organise the search by country. This was the tool selected.

Every document with concluding observations and recommendations from all treaty bodies from 2005-2010 (June) has been reviewed and all the HIV-specific recommendations are included in the mapping matrix.

The mapping is presented country by country as per the following regions:

- 1) The Americas and the Caribbean;
- 2) European Union countries;
- 3) Eastern Europe;
- 4) Middle East;
- 5) Central and Eastern Asia;
- 6) South and South East Asia;
- 7) Oceania;
- 8) Africa

2. Review of Findings

It was possible to find concluding observations or recommendations on HIV made by the human rights treaty bodies for **89 countries**. HIV appears in a total of **127 separate reports**. The table below provides an overview of how often HIV has been addressed by the different treaty bodies.

Human Rights Treaty Body	Number of reports addressing HIV
Committee on the Rights of the Child	55
Committee on Elimination of all Forms of Discrimination Against Women	40
Committee on Economic, Social and Cultural Rights	14
Committee on Civil and Political Rights	7
Committee on Elimination of Racial Discrimination	6
Committee against Torture	5
Total	127 (reports)

It is mainly the Committee on the Rights of the Child² and the Committee on Elimination of all Forms of Discrimination Against Women that have addressed HIV. Together they account for 95 out of the 127 report references. This equals 75% of all reports addressing HIV. It can be concluded that women and children are relatively well-covered when it comes to treaty bodies addressing HIV-related human rights.

A closer review of the actual language and content of the concluding observations and recommendations reveals a more problematic picture when it comes to addressing the most vulnerable or at-risk populations.

There is **not one single mention of men who have sex with men** in any of the 127 reports even though this is one of the groups most affected by HIV and punitive laws that limit access to HIV services worldwide. There are references to sex work or injecting drug use but these are very few.

In addressing **sex work**, the tendency is to make observations but not provide strong recommendations that could serve as the basis for priority action by the state party or as the basis for programme design by the variety of stakeholders in national AIDS responses.

On **injecting drug use**, the same tendency can be observed. Furthermore, it is limited to less than a handful of countries in Eastern Europe and Central Asia. There are, however, useful concluding observations and recommendations that are of relevance for countries in other regions. This practice should be applied more widely by the relevant treaty bodies (see entries under Ukraine and Uzbekistan).

² The Committee on the Rights of the Child has also issued a General Comment on HIV/AIDS, namely *General Comment no. 3 – HIV/AIDS and the Rights of the Child* from 2003.

People in prison or other places of detention are covered in five cases through the Committee Against Torture which also addresses inhumane and degrading treatment (see entries under Mexico, Estonia, Ukraine, South Africa and Zambia). It is positive to note that HIV and conditions in places of detention or rehabilitation are covered but the content could be stronger. It could draw on the mandates for national monitoring of prison conditions provided in the Optional Protocol to the Convention by recommending that issues of relevance to HIV prevention and treatment are integrated in the monitoring processes.

On a more positive note, it is worth emphasizing that both **sexual and reproductive health services for women** and **HIV awareness-raising and sex education** to ensure increased awareness among adolescent girls and boys are well-represented in the observations and recommendations from the Committee on Elimination of All Discrimination Against Women and the Committee on Children respectively. This could serve as foundation for the development of more human rights programmes in these areas by national and international organisations.

3. Conclusions and Recommendations

Based on this review, it is evident that the most vulnerable and at-risk populations are not well served on HIV-related issues by the human rights treaty body system. They are largely forgotten by the treaty bodies even though human rights violations against these groups are well-documented across every region of the world.

It would, however, be misleading to say that HIV-related human rights are ignored by the treaty body system. It is rather the case that the contribution of treaty bodies to HIV-related human rights protection and promotion follows the basic structures of international human rights law and its conventions. This is maybe not surprising but it is disheartening to conclude that the treaty bodies contribute so little to protect the needs of the populations most affected by the HIV epidemic – populations that are very often in need of strong support to uphold even their most basic human rights.

It is a gap that should be addressed by the international human rights community and most notably by the human rights treaty bodies themselves. The treaty bodies serve an important function for international human rights dialogue and state accountability. However, the current gap represents a missed opportunity for ensuring ethically and technically sound responses to HIV at country level and for human rights promotion and protection of vulnerable population.

There are also areas where the gaps do not rest with the human rights accountability system represented by the treaty bodies but with the national and international stakeholders in responses to HIV and AIDS. They should build on the treaty body system and seek inspiration from the guidance provided here.

It is frequently highlighted that children living with or affected by HIV are an under-served part of national HIV responses in terms of coverage of prevention, treatment, care and support services. The recommendations of the Committee on the Rights of the Child, and the CEDAW-committee, could be used much more actively in addressing gaps in HIV responses.

The HIV specific treaty body recommendations should serve as the basis for programme development, prioritization and review of national AIDS strategic plans as well as HIV service provision in the implementation stages. These actions could provide a significant contribution towards a human rights based approach to HIV. To achieve this, the following recommendations should be considered by the stakeholders identified below.

Recommendations to:

Human Rights Treaty Bodies:

- Initiate internal discussion on current treaty body practice related to HIV and human rights and how this can be strengthened;
- Review reporting guidelines for all treaty bodies to strengthen promotion and protection of HIV-related human rights – especially for the most vulnerable populations.
- Utilize the biennial UNGASS reporting by countries on the developments in their national HIV responses as data sources for review of the state reports and their compliance with the respective treaties

National Human Rights Institutions:³

- Engage with international human rights mechanisms (i.e. treaty bodies, Universal Periodic Review) and include the situation of people living with HIV and vulnerable populations in reporting;
- Monitor national laws, policies, practices and programmes and ensure their compliance with international human rights standards;
- Develop mechanisms and capacity to handle and resolve HIV-related complaints (including providing or advocating for legal assistance) as well as monitor and report on the human rights aspects of the response to HIV;
- Conduct regular visits to affected populations, including in places of detention, hospitals and treatment centres to monitor the conditions, accessibility and standards of services to ensure greater protection;
- Monitor and promote the implementation of treaty body concluding observations and recommendations.

Civil Society:

- Liaise with national human rights institutions regarding schedules and procedures for state reporting to the human rights treaty bodies;
- Prepare and submit shadow reports to the official state reports to allow the treaty bodies easy access to the major issues around HIV-related human rights;
- Advocate for or design programmes addressing the HIV-specific recommendations from the treaty bodies;
- Monitor and promote the implementation of treaty body concluding observations and recommendations.

UNAIDS (Joint UN Programme on HIV/AIDS):

- Advocate for inclusion of human rights issues and programmes in the National AIDS Strategic Plan with a particular emphasis on most vulnerable populations;
- Collate and disseminate strategic information related to HIV-related human rights issues in the national HIV response;
- Coordinate development of and design programmes responding to the HIV-specific recommendations from the various treaty bodies;
- Monitor and evaluate implementation of the HIV-specific treaty body recommendations.
- Provide relevant data and analysis from national UNGASS reporting to the Treaty Bodies for their review of state reports

Donor agencies:

- Support the strengthening of linkages between human rights monitoring (national, regional and global) and HIV programming and funding at country level;
- Increase funding to HIV programmes that clearly reflects human rights issues and outcomes.

³ The recommendations for the national human rights institutions (NHRIs) are based on a consultation with 45 NHRIs.

Overview of all the HIV-specific recommendations from the Human Rights Treaty Bodies, 2005-2010 by region and country

The Americas and the Caribbean

Country	UN Treaty Body	Comment/Recommendation
Antigua and Barbuda		
Argentina		
Bahamas		
Barbados		
Belize	CEDAW/C/BLZ/CO/4 10/08/2007	<p>27. The Committee expresses its concern about the inadequate recognition and protection of the reproductive health and rights of women in Belize. The Committee is concerned about the high maternal mortality rates. It is further concerned about the number of deaths resulting from induced abortions. The Committee further reiterates its concern about the high rate of teenage pregnancies, which present a significant obstacle to girls' educational opportunities and economic empowerment. The Committee expresses its concern about the high rates of HIV/AIDS among women and girls, and notes that HIV/AIDS-related illnesses are the leading cause of death among women between the ages of 15 and 49.</p> <p>28. The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24, on women and health, and to ensure a reduction in the maternal mortality rate. (...) It also recommends that the State party enhance sex education and availability of contraceptives so as to prevent women from having to resort to unsafe abortions. The Committee recommends that the State party give priority attention to the situation of adolescents and that it provide sex education, targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases. The Committee recommends that the State party step up its efforts to prevent and combat HIV/AIDS and improve the dissemination of information about the risks and ways of transmission. It also recommends that the State party include a gender perspective in its policies and programmes on HIV/AIDS.</p>
Bolivia		
Brazil	CEDAW/C/BRA/CO/6 10/08/2007	7. The Committee welcomes the many and varied policies, plans and programmes in critical areas of women's lives, such as eradication of poverty, economic autonomy, violence against women, sexual violence against children and adolescents, trafficking in persons,

		<p>sexual and reproductive health and HIV/AIDS prevention.</p> <p>29. While noting the steps taken by the State party to enhance women's health, including sexual and reproductive health, such as the National Policy for Sexual and Reproductive Rights (May 2006), the National Pact for the Reduction of Maternal Mortality and the Integrated Plan for Fighting the Feminization of HIV/AIDS and other Sexually Transmitted Diseases, the Committee is concerned that the rate of maternal mortality remains high, indicating precarious socio-economic conditions, low levels of information and education, family dynamics associated with domestic violence and particularly difficult access to quality health services.</p> <p>30. (...) The Committee recommends that the State Party give priority attention to the situation of adolescents, and that it provide appropriate life skills education with special attention to the prevention of pregnancies and HIV/AIDS and other sexually transmitted diseases. (...)</p>
Canada	CEDAW/C/CAN/CO/7 07/11/2008	<p>41. The Committee welcomes the Women's Health Indicators initiative, aimed at promoting the inclusion of gender and diversity perspectives in health reporting, the 2005 federal initiative to address HIV/AIDS, the establishment of the Aboriginal Women's Health and Healing Research Group in 2003 and the First Nations and Inuit Home and Community Care Programme. The Committee is concerned, however, that the aboriginal population is particularly affected by HIV/AIDS, which has a greater impact on women. It is also concerned about the situation of elderly women, who are often disadvantaged with regard to care for age-specific health problems.</p> <p>42. The Committee encourages the State party to carefully monitor the delivery of health services in order that it may respond in a gender-sensitive and age-sensitive manner to all health concerns of women, and in this regard it invites the State party to utilize the Committee's general recommendation 24 as a framework for action to ensure that a gender perspective is integrated into all health policies and programmes. The Committee also recommends that the State party include information in its next report to the Committee on any projects and activities undertaken under the Women's Health Indicators initiative.</p>
Chile	CRC/C/CHL/CO/3 23/04/2007	<p>57. The Committee welcomes the legal guarantee to freely access antiretroviral treatment introduced in 2004, and the reduction in the incidence of HIV/AIDS, however it recommends that the State party undertake further awareness raising campaigns in order to counteract discrimination against children living with HIV/AIDS.</p> <p>58. The Committee recommends that the State party:</p> <p>(a) Conduct awareness raising campaigns among adolescents, in particular among those belonging to vulnerable groups, such as street children;</p> <p>(b) Provide adequate financial and human resources for prevention measures and information campaigns to combat discrimination against infected children, while taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child and the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I);</p> <p>(c) Seek technical assistance from, inter alia, the United Nations Joint Programme on HIV/AIDS (UNAIDS) and UNICEF.</p>

Colombia	CRC/C/COL/CO/3 08/06/2006	<p>74. The Committee is concerned over the increase of vertical transmission of HIV/AIDS from mother to child and the insufficient resources dedicated to prevention of HIV/AIDS among children.</p> <p>75. The Committee recommends that the State party:</p> <p>(a) Strengthen its measures to prevent mother-to-child transmission, inter alia, through awareness-raising campaigns among adolescents, in particular among those belonging to vulnerable groups such as the internally displaced and street children;</p> <p>(b) Provide antiretroviral treatment to all HIV/AIDS-positive children, develop child-friendly counselling services and expand the coverage of HIV tests for pregnant women;</p> <p>(c) Ensure the provision of adequate financial and human resources for the effective implementation of a strategic national plan against HIV/AIDS, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37);</p> <p>(d) Seek further technical assistance from, inter alia, the United Nations Joint Programme on HIV/AIDS (UNAIDS) and UNICEF.</p>
Costa Rica		
Dominica		
Dominican Republic	CRC/C/DOM/CO/2 11/02/2008	<p>65. The Committee takes note of the significant improvements of the National Response to HIV-AIDS under the new leadership of COPRESIDA, including the series of target group-based policies including a policy on HIV/AIDS and Children launched in May 2007. The Committee also notes that important efforts have been made to prevent mother-to-child transmission and to provide treatment to infected children, but is concerned at reports of discrimination against children and adolescents living with HIV/AIDS and that the prevention campaigns for adolescents and the general population have tended to be fragmented.</p> <p>66. The Committee recommends that the State party allocate more resources to combat HIV-AIDS and provide expanded anti-retroviral treatment for the prevention of vertical transmission from mother to child with reference to the Committee's general comment No. 3 on HIV/AIDS and the rights of the child.</p> <p>67. The Committee recommends that the State party continue its preventive policy in coordination with UNICEF. The Committee also recommends that education and prevention campaigns among children and adolescents be made more effective, inter alia by integrating awareness-raising and information in the school curriculum.</p>

Ecuador	CEDAW/C/ECU/CO/7 07/11/2008	<p>40. The Committee is concerned at the increasing number of women contracting HIV/AIDS and at the lack of information on the incidence of HIV/AIDS among indigenous women and women of African descent. The Committee is also concerned at the low percentage of women screened for early detection of uterine, cervical or breast cancer.</p> <p>41. The Committee recommends that the State party assess the incidence of HIV/AIDS in indigenous women and women of African descent, as well as migrants and refugee women. It further urges the State party to strengthen the preventive approach to HIV/AIDS and to uterine, cervical and breast cancer. The Committee further invites the State party to include in its next report further information, especially trends over time and addressing the life cycle of women, on women's general and reproductive health, including rates and causes of morbidity and mortality of women in comparison with men; contraceptive prevalence rates; spacing of children; diseases affecting women and girls, in particular various forms of cancer; and the efforts of the State to improve women's access to health-care services, including family planning and services directed towards cancer prevention and treatment. The Committee recommends that the State party strengthen the role of local governments and promote an intercultural perspective in the provision of health-care services.</p>
	CRC/C/ECU/CO/4 02/03/2010	<p>62. While noting that the State party introduced an HIV prevention policy in 2006 regarding adolescents and a protection policy for children orphaned by HIV/AIDS, it is concerned at the lack of implementation of these policies through the National System for Protection of Children and Adolescents.</p> <p>63. The Committee recommends that high priority be given to actual implementation of the prevention and protection policies on HIV/AIDS.</p>
El Salvador	CEDAW/C/SLV/CO/7 07/11/2008	<p>35. (...) The Committee is further concerned at the limited effectiveness of sex education programmes for girls and boys in school curricula. It also regrets the lack of information available on the issue of HIV/AIDS, as well as on the apparent feminization of this phenomenon in the State party.</p> <p>36. (...) The Committee also 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 that women and girls are accorded equal rights and access to HIV/AIDS detection and related health care and social services.</p>
	E/C.12/SLV/CO/2 27/06/2007	<p>25. The Committee notes with concern that, under the State party's legal system, abortion is illegal in all circumstances, even when the life of the mother is in danger, and that clandestine abortions and HIV/AIDS are among the principal causes of women's death.</p> <p>44. The Committee urges the State party to reform its abortion legislation and to consider exceptions to the general prohibition of abortion, in cases of therapeutic abortion and pregnancy resulting from rape or incest. It strongly encourages it to take the necessary</p>

		measures to combat HIV/AIDS and to guarantee adequate medical treatment for persons with this illness. The Committee recommends that school curricula openly address the subjects of sex education and family planning in order to spread information on early pregnancy and the transmission of HIV/AIDS.
	CRC/C/SLV/CO/3-4 17/02/2010	<p>64. Noting the efforts made by the State party to develop prevention campaigns to tackle the spread of the AIDS, the Committee is concerned that adequate knowledge and education about HIV/AIDS and preventive measures are still at a low level. The Committee is also concerned at the increasingly young age of the children with HIV/AIDS.</p> <p>65. The Committee recommends that the State party continue to enhance quality education related to sexual and reproductive health as a fundamental tool to prevent HIV/AIDS, including to indigenous adolescents in a culturally sensitive way. The State party should also intensify its efforts to prevent mother-to-child transmission.</p>
Grenada		
Guatemala	CEDAW/C/GUA/CO/ 7 12/02/2009	<p>37. While noting that more men than women are affected by HIV/AIDS, the Committee is concerned that there is a growing feminization of the disease taking place in the State party, reflected in a reduction in the ratio of HIV/AIDS infection between men and women. The Committee also notes that not enough information or disaggregated data on HIV/AIDS prevalence were provided in the report of the State party or in the response to the list of issues and questions posed during the constructive dialogue.</p> <p>38. The Committee urges the State party to undertake comprehensive research to determine the factors leading to the feminization of HIV/AIDS with a view to developing appropriate strategies to reduce women's vulnerability to the disease. It calls upon the State party to provide data on the prevalence of the disease in its next report, disaggregated by sex and ethnic group.</p>
Guyana	CERD/C/GUY/CO/14/Ad d.1 03/06/2008	81. The average life expectancy of Guyana stands at approximately 63 years of age, with females living longer to 67. This is in keeping with global trends in relation to female longevity. This is of concern to the Government of Guyana and greater efforts are being made to strengthen the areas of non-communicable diseases and lifestyle changes to improve our people's life expectancy. The Government has received funding to wage with NGOs a very robust campaign in the fight HIV/AIDS and sexually transmitted diseases (STD).
Haiti		
Honduras	CCPR/C/HND/CO/1/Ad d.1 02/02/2008	80. In addition to the improvements of which the Committee is aware and of those made in compliance with the above-mentioned verdict at the Marco Aurelio Soto and San Pedro Sula national penitentiaries and the Puerto Cortés Penal Centre, Honduras has continued taking corrective measures such as the following: (a) relief of overcrowding in some cells by the transfer of detainees to other centres; (b) enlargement and remodelling of some facilities, with the provision of sanitation services, a drinking water supply and sleeping mats; (c) pursuit by the Ministry of Health of programmes for mentally disturbed detainees and prisoners with HIV/AIDS or other health

		<p>disorders. In addition, their diet has been improved and the electrical system has been overhauled; (d) hygiene has been improved by means of periodic fumigation and cleanup campaigns. (Emphasis added)</p>
	<p>CRC/C/HND/CO/3 03/05/2007</p>	<p>62. The Committee welcomes the adoption in 1999 of Decree No. 147/99 on HIV/AIDS which, inter alia, establishes a multisectoral national Commission (CONASIDA) mandated to promote inter-institutional coordination on all issues related to HIV/AIDS, as well as the HIV/AIDS Strategic National Plan 2003-2007 (PENSIDA II). However, the Committee is concerned that, despite the 2003 National Plan for prevention of mother-to-child transmission, the incidence of HIV/AIDS in Honduras is worryingly increasing and substantially higher than the average in the region. The Committee is also concerned at the information that CONASIDA lacks the necessary support to carry out its functions properly and that coordination is lacking among all institutional actors dealing with this issue.</p> <p>63. The Committee recommends that the State party, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37):</p> <p>(a) Increase its efforts to prevent HIV/AIDS transmission among children, including by developing a clear and coherent national normative framework;</p> <p>(b) Strengthen its measures to prevent mother-to-child transmission, for example through coordination with the activities aimed at reducing maternal mortality;</p> <p>(c) Pay particular attention to children infected and affected by HIV/AIDS or who have become orphans as a result of the death of HIV/AIDS-infected parents, through providing adequate medical, psychological and material support and by involving the community;</p> <p>(d) Provide adequate human and financial resources to both CONASIDA and PENSIDA II;</p> <p>(e) Strengthen its efforts by conducting campaigns and programmes to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups as well as the population at large, so as to reduce discrimination against children infected and affected by HIV/AIDS;</p> <p>(f) Seek further technical assistance from, for example, the United Nations Joint Programme on HIV/AIDS and UNICEF.</p>
	<p>CEDAW/C/HON/CO/6 10/08/2007</p>	<p>24. The Committee is concerned about the high rate of teenage pregnancy and its implications for the health and education of girls. The Committee is concerned that efforts to provide sex education in schools, developed by the Ministry of Education, are being impeded by conservative government actors. (...) The Committee is concerned about the high HIV/AIDS infection rates in women and the fact that HIV/AIDS programmes and policies are not specifically targeted at women, with the exception of prostitutes and pregnant women, and do not address the needs of women of ethnic minorities.</p> <p>25. The Committee urges the State party to step up the provision of family planning information and services to women and girls, in particular regarding reproductive health and affordable contraceptive methods, and to widely implement sex education</p>

		<p>targeted at girls and boys, with special attention to the prevention of teenage pregnancy. The Committee calls on the State party to guarantee that its public policies and decisions are in accordance with its Constitution, which establishes it as a secular State. (...) The Committee recommends that the State party include a gender perspective in its HIV/AIDS programmes and policies and ensure that such programmes and policies address the needs of women from ethnic minorities.</p>
Jamaica	<p>CEDAW/C/JAM/CO/5 25/08/2006</p>	<p>35. The Committee notes with concern the lack of data regarding women's access to primary and secondary health care, and is concerned, given the lack of empirical evidence, that there may be inadequate attention paid to the differential and specific needs of women beyond obstetric and reproductive health. The Committee also notes with concern the lack of data regarding the effectiveness and knowledge of policies promoting adolescents' access to and delivery of family planning and contraceptives in light of the persistent high rates of teenage pregnancy, many of which may result in unsafe abortion. (...) While the Committee commends the State party on its work with the Joint United Nations Programme on HIV/AIDS and other international agencies in the area of AIDS prevention and improvement of women's sexual health and reproductive rights, the Committee notes with concern the increasingly high rates of HIV/AIDS infection in adolescent girls and the lack of a holistic strategy to combat the spread of HIV/AIDS. It regrets that it was not provided with information regarding the effectiveness of the Jamaica HIV/AIDS/STI National Strategic Plan 2002-2006 in reducing infection rates, and the apparent lack of verifiable indicators available for monitoring its effectiveness.</p> <p>36. The Committee calls on the State party to monitor systematically women's access to health care, including primary and secondary health-care services, and to disaggregate such data by urban and rural areas, and by age, and use such data as a basis for planning health care delivery. (...) It recommends the continued implementation of awareness-raising initiatives on women's health, including sexual and reproductive health and rights, and to also target adolescent girls, with special emphasis on combating HIV/AIDS. The Committee encourages more systematic use of its general recommendation 24, on women and health. The Committee also requests that the State party adopt measures to eliminate discrimination against women and girls infected with HIV/AIDS. It calls on the Government to include information, supported with measurable indicators and data disaggregated by sex, regarding the effectiveness of programmes targeting the reduction of HIV/AIDS and access to family planning in its next periodic report.</p>
Mexico	<p>CAT/C/MEX/CO/4/Add.1 26/09/2008</p>	<p>131. e) National Programme of Medical Care in wards for women with HIV in the Centres for Social Rehabilitation (CERESOs) of southeast Mexico, in coordination with the Secretariat of Health, National Human Rights Commission, Mexican Association of Malta, A.C. and prisons in the country. In 2003, responses were received from 19 states of the Republic, of which Baja California, Colima, the Federal District, the state of México, Guanajuato, Guerrero, Nuevo León, Oaxaca and Veracruz reported women inmates with HIV.</p>
	<p>E/C.12/MEX/CO/4 09/06/2006</p>	<p>8. The Committee notes with appreciation that since 2003, antiretroviral medicines are accessible free of charge for all HIV/AIDS patients in the State party.</p>

	CRC/C/MEX/CO/3 08/06/2006	<p>52. The Committee welcomes the 2001-2006 Programme of Action for the Prevention and Control of HIV/AIDS and STIs, the decrease in the prevalence rate, particularly in the neonatal infections; and the commitment to free access to anti-retroviral medication. However, the Committee remains concerned at the lack of data on children infected by HIV/AIDS and on orphans because of HIV/AIDS disaggregated by age; at the relatively high prevalence rate of infection among adolescents; and at the lack of strategies to attend HIV/AIDS orphans and other vulnerable children.</p> <p>53. The Committee recommends that the State party, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights:</p> <p>(a) Strengthen its efforts to combat HIV/AIDS, including through awareness-raising campaigns;</p> <p>(b) Prevent discrimination against children infected with and affected by HIV/AIDS;</p> <p>(c) Ensure access to child-sensitive and confidential counselling, without the need for parental consent, when such counselling is required by a child;</p> <p>(d) Continue and strengthen its efforts to prevent mother-to-child transmission of HIV/AIDS and other STIs;</p> <p>(e) Ensure the free access to anti-retroviral treatment;</p> <p>(f) Develop programmes to protect and assist HIV/AIDS orphans and other vulnerable children;</p> <p>(g) Seek international assistance from, among others, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA) and UNICEF, to that effect.</p>
Nicaragua	E/C.12/NIC/CO/4 28/11/2008	<p>B. Positive aspects</p> <p>(c) The approval in December 1996 of Act No. 238 on the promotion, protection and defence of human rights in the context of HIV/AIDS, which establishes the right to work of persons living with HIV/AIDS and the protection of that right;</p>
Panama	CCPR/C/PAN/CO/3 17/04/2008	4. The Committee also welcomes the adoption of the law on domestic violence and the adoption of legislative and administrative measures to prevent stigmatization of and discrimination against people living with HIV/AIDS.
	CEDAW/C/PAN/CO/7 05/02/2010	<p>44. The Committee regrets the lack of information available on the issue of HIV/AIDS, as well as on the apparent feminization of the disease in the State party, particularly among rural and indigenous women and girls.</p> <p>45. The Committee calls on the State party to address the spread of HIV/AIDS, including as a result of 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 about ways of protecting themselves from HIV/AIDS, particularly in rural areas. The Committee also urges the State party to ensure that women and girls are accorded equal rights and access to HIV/AIDS detection and related health-care and social services. The Committee requests the State party to provide information and gender disaggregated data on the issue of HIV/AIDS in its next periodic report.</p>
Paraguay		

Peru	CRC/C/PER/CO/3 14/03/2006	<p>48. The Committee notes the concerns of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, who recently visited the State party, with respect to the potential impact that bilateral Trade Agreements may have on the access to affordable essential medicines for some individuals and groups, including antiretrovirals for people with HIV/AIDS (E/CN.4/2005/51/Add.3).</p> <p>56. The Committee is concerned about the increase of HIV/AIDS among children and adolescents partly due to mother-to-child transmission. The Committee is also concerned that:</p> <p>(a) Only 8 per cent of HIV-positive mothers had access to antiretroviral treatment, which is essential to prevent HIV/AIDS mother-to-child transmission;</p> <p>(b) Children orphaned due to HIV/AIDS and HIV-positive children are discriminated against in school and within the society;</p> <p>(c) There is limited access to HIV-testing.</p> <p>57. The Committee recommends that the State party, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37):</p> <p>(a) Strengthen its measures to prevent mother-to-child transmission, inter alia, through coordination with the activities aimed at reducing maternal mortality;</p> <p>(b) Provide antiretroviral treatment to HIV-positive women and expand the coverage of HIV tests for pregnant women;</p> <p>(c) Pay particular attention to children infected and affected by HIV/AIDS or who have become orphans due to the death of their parents from AIDS, through providing adequate medical, psychological and material support and by involving the community;</p> <p>(d) Strengthen its efforts by conducting campaigns and programmes to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups as well as the population at large, so as to reduce discrimination against children infected and/or affected by HIV/AIDS;</p> <p>(e) Ensure the provision of adequate financial and human resources for the effective implementation of the HIV/AIDS Strategic National Plan;</p> <p>(f) Seek further technical assistance from, inter alia, the United Nations Joint Programme on HIV/AIDS and UNICEF.</p>
Saint Kitts and Nevis		
Saint Lucia		
Saint Vincent and the Grenadines		
Trinidad and Tobago	CRC/C/TTO/CO/2 17/03/2007	<p>28. (b) Some groups of children, in particular children living in poverty and children affected by HIV/AIDS, may suffer from discriminatory attitudes and disparities in accessing basic services;</p> <p>54. (c) Take measures to incorporate sexual and reproductive</p>

		<p>health education in the school curriculum, particularly at the secondary level, to inform adolescents fully of reproductive health rights, including prevention of sexually transmitted diseases including HIV/AIDS and early pregnancies;</p> <p>55. The Committee welcomes the efforts made by the State party to prevent and control HIV/AIDS, including the adoption of the National AIDS Programme and the Reduction of Mother-to-Child Transmission Programme and the provision of free antiretroviral treatment. The Committee, however, remains concerned about the high incidence of the infection, in particular the mother-to-child transmission and its wide prevalence in the State party. The Committee is deeply concerned at the serious impact on the enjoyment of cultural, economic, social and civil rights and freedoms and at the stigmatization of children infected with or affected by HIV/AIDS.</p> <p>56. The Committee recommends that the State party, taking into account its general comment No. 3 of 2003 on HIV/AIDS and the rights of the children (CRC/GC/2003/3):</p> <p>(a) Further integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies for children infected with and affected by HIV/AIDS, as well as their families;</p> <p>(b) Involve children when implementing these strategies;</p> <p>(c) Continue and strengthen its collaboration with relevant United Nations agencies.</p>
United States of America	CERD/C/USA/CO/6 08/05/2008	<p>33. The Committee regrets that despite the efforts of the State party, wide racial disparities continue to exist in the field of sexual and reproductive health, particularly with regard to the high maternal and infant mortality rates among women and children belonging to racial, ethnic and national minorities, especially African Americans, the high incidence of unintended pregnancies and greater abortion rates affecting African American women, and the growing disparities in HIV infection rates for minority women (art. 5 (e) (iv)).</p>
Uruguay	CEDAW/C/URY/CO/7 14/11/2008	<p>40. The Committee is concerned about the recent increase in the prevalence of HIV/AIDS among Uruguayan women and the absence of a strategic national plan to address this issue or measures for care of women and girls infected with HIV/AIDS.</p> <p>41. 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.</p>
	CRC/C/URY/CO/2 05/07/2007	<p>53. The Committee welcomes the provision of free anti-retroviral treatment, however notes that prevention and awareness measures provided are insufficient for adolescents.</p> <p>54. The Committee recommends that the State party:</p> <p>(a) Conduct awareness raising campaigns among adolescents, in particular among those belonging to vulnerable groups, such as children living or working in the street, about measures to protect themselves from contracting HIV/AIDS;</p> <p>(b) Provide adequate financial and human resources for prevention measures and information campaigns to combat discrimination against infected children, while taking into account the Committee's general comment No. 3 (2003) on</p>

		HIV/AIDS and the rights of the child and the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37); (c) Seek technical assistance from inter alia the United Nations Joint Programme on HIV/AIDS and UNICEF.
Venezuela (Bolivarian Republic of)	CRC/C/VEN/CO/2 17/10/2007	62. The Committee notes that there is free access to retroviral medication for persons living with HIV/AIDS but is concerned at reports of discrimination against children and adolescents living with HIV/AIDS and the lack of adequate treatment for pregnant women to prevent mother-to-child transmission. The Committee is further concerned about underreporting and the lack of rules governing the transfer of children to other regions for treatment. 63. The Committee recommends that the State party ensure that discrimination and other forms of irregularities against children living with HIV/AIDS are corrected and provide adequate medical services for pregnant women in order to prevent mother-to-child transmission.

European Union and EEA Countries

Country	UN Treaty Body	Comment/Recommendation
Austria		
Belgium		
Bulgaria	CRC/C/BGR/CO/2 23/06/2008	51. The Committee is concerned at the increase in sexually transmitted diseases (STDs) rates, particularly syphilis and HIV/AIDS amongst adolescents. 52. The Committee recommends that the State party, while taking into account the Committee's general comment No. 3 (CRC/GC/2003/3) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights, strengthen its preventive efforts by conducting campaigns and educational programmes, particularly within schools, in order to raise awareness on STDs, including syphilis and HIV/AIDS, as well as on prevention methods.
Cyprus		
Czech Republic		
Denmark	CEDAW/C/DEN/CO/7 07/08/2009	38. (...) The Committee welcomes the 2006-2009 action plan "Employment, Participation and Equal Opportunities for All" aimed at dismantling gender-based barriers to education, work and association activities among persons with a non-Danish ethnic background, but remains concerned at the situation of minority women with respect to access to education, employment and health care and exposure to violence. It also reiterates its previous concern that most women who are HIV-positive are foreign-born minority women. 39. (...) The Committee recommends that foreign women's

		<p>health needs, in particular with regard to information on preventing and addressing HIV infection, be fully addressed. In addition, the Committee calls upon the State party to conduct regular and comprehensive studies on discrimination against minority women, collect statistics on their situation in employment, education and health and on all forms of violence that they may experience, and include this information in its next periodic report.</p>
	<p>CEDAW/C/DEN/CO/6 25/08/2006</p>	<p>26. (...) The Committee is also concerned by the fact that most women who are HIV-positive are foreign-born minority women.</p> <p>27. The Committee urges the State party to intensify its efforts to eliminate discrimination against minority women. (...) The Committee recommends that foreign women's health needs, in particular as regards information on preventing and addressing HIV infection, be fully addressed. The Committee also urges the State party to conduct regular and comprehensive studies on discrimination against minority women and to collect statistics on their situation in employment, education and health and on all forms of violence that they may experience and submit such information in its next periodic report.</p>
Estonia	<p>CAT/C/EST/CO/4 19/02/2008</p>	<p>19. While welcoming the decrease in the prison population from approximately 4,800 detainees in 2001 to 3,600 in 2007, due to the introduction of various forms of expedited proceedings, which have ranged to 42 per cent of all criminal proceedings, and to alternative mechanisms of detention, the Committee remains concerned about the overall conditions of detention in the State party, including with regard to adequate HIV medical care (art. 16).</p> <p>The State party should continue to alleviate the overcrowding of the penitentiary institutions and improve conditions of detention, especially in arrest houses where pre-trial detainees are held for long periods in poor and inadequate conditions and should also continue its efforts to reduce the pre-trial detention period. The State party should provide adequate food to all detainees and improve the health and medical services in detention facilities, including by making available appropriate treatments, especially to HIV and tuberculosis infected detainees.</p>
	<p>CEDAW/C/EST/CO/4 10/08/2007</p>	<p>24. The Committee is concerned about the limited availability of specific information and data, including trends, about different aspects of women's health. It is concerned that, while the abortion rate has decreased, it remains relatively high. It is also concerned about the increase in HIV-positive women in Estonia.</p> <p>25. Drawing attention to its general recommendation 24 on women and health, the Committee reiterates its recommendation that comprehensive research be conducted into the specific health needs of women. (...) The Committee recommends that the State party step up its efforts to prevent and combat HIV/AIDS and improve the dissemination of information about the risks and ways of transmission. It recommends that the State party</p>

		<p>include a gender perspective in all its policies and programmes on HIV/AIDS. It calls on the State party to ensure the effective implementation of its HIV/AIDS strategies and to provide detailed and statistical information about women and HIV/AIDS in its next report.</p>
	<p>CERD/C/EST/CO/7 19/10/2006</p>	<p>17. While acknowledging the State party's efforts to implement programmes and projects in the field of health, in particular for the prevention and treatment of HIV/AIDS, the Committee is concerned at the high rate of HIV/AIDS among persons belonging to minorities (art. 5 (e) (iv)).</p> <p>The Committee recommends that the State party continue to implement programmes and projects in the field of health, with particular attention to minorities, bearing in mind their disadvantaged situation; to this end, the Committee encourages the State party to take further measures to combat HIV/AIDS.</p>
Finland		
France		
Germany		
Greece		
Hungary		
Ireland		
Italy		
Latvia	<p>CRC/C/LVA/CO/2 28/06/2006</p>	<p>46. The Committee notes that while the total number of newly reported cases of HIV is decreasing, the proportion of heterosexual transmissions, particularly among female adolescents, has increased in recent years. The Committee welcomes strategic initiatives undertaken by the State party, including the Programme of the Ministry of Health on Elimination of Dissemination of the Human Immunodeficiency Virus (HIV) and AIDS 2003-2007. The Committee is nevertheless concerned at apparent discrepancies in reported rates of HIV infection.</p> <p>47. The Committee recommends that the State party, taking into account its general comment No. 3 on HIV/AIDS and the rights of the child (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex 1):</p> <p>(a) Pay greater attention to strengthening its reproductive health education programme(s) for children and adolescents in order to prevent the spread of HIV/AIDS;</p> <p>(b) Take steps to increase awareness among adolescents, particularly among those belonging to vulnerable and high-risk groups, including drug users, adolescent sex</p>

		workers and street children about the risks of HIV/AIDS; and (c) Fully respect the rights of children to privacy and non-discrimination in offering HIV-related information, voluntary counselling and testing, knowledge of their HIV status, confidential sexual and reproductive health services, and free or low-cost contraceptive methods and services, as well as HIV-related care and treatment if and when needed, including for the prevention and treatment of health problems related to HIV/AIDS, such as tuberculosis and opportunistic infections.
Lithuania	CRC/C/LTU/CO/2 17/03/2006	51. The Committee recommends that the State party: (a) Strengthen its reproductive health education programme(s) for adolescents in order to prevent adolescent pregnancy and the spread of HIV/AIDS and other STDs. Such programmes should provide access to sexual and reproductive health services, including family planning, contraception and adequate and comprehensive obstetric care and counselling;
Luxemburg		
Malta		
Netherlands		
Norway	CEDAW/C/NOR/CO/7 10/08/2007	27. The Committee regrets the lack of comprehensive information and data disaggregated by sex, race, ethnicity and age about the prevalence of HIV/AIDS. 28. The Committee calls on the State party to provide detailed disaggregated statistical and analytical information about women and HIV/AIDS in its next periodic report.
Poland	E/C.12/POL/CO/5 02/12/2009	30. While noting the programme on antiretroviral therapy for persons living with HIV in Poland (2005–2006), the Committee expresses its concern at reports of limited access to treatment by HIV patients, particularly among drug users, and at the absence of information on provision of treatment following the closing of the above-mentioned programme (art. 12). The Committee recommends that the State party take measures to ensure that treatment and care be available to and accessible by persons living with HIV/AIDS, and that it provide alternative treatment possibilities after the ending of the programme on antiretroviral therapy for persons with HIV in Poland (2005–2006).
Portugal		
Romania		
Slovakia		
Slovenia		

Spain		
Sweden		
Switzerland		
United Kingdom		

Eastern Europe

Country	UN Treaty Body	Comment/Recommendation
Albania		
Armenia	CEDAW/C/ARM/CO/4/REV.1 05/02/2009	35. The Committee recommends that the State party continue to take measures to improve women's access to general health care, and to reproductive health-care services in particular. It calls on the State party to increase its efforts to improve the availability of sexual and reproductive health services, including family planning, to mobilize resources for that purpose and to monitor the actual access to those services by women. It further recommends that family planning and reproductive health education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies of underage girls including the control of sexually transmitted diseases and HIV/AIDS.
Azerbaijan	CEDAW/C/AZE/CO/3 02/02/2007	5. The Committee commends the State party on the range of recent laws aimed at eliminating discrimination against women and promoting gender equality and on achieving compliance with the obligations under the Convention. In particular, it welcomes the adoption in October 2006 of the Law on Gender Equality, the Law on the Fight against Trafficking in Persons in June 2005, and the Act on Preventing the Spread of HIV/AIDS.
		24. The Committee is concerned about discriminatory attitudes towards certain groups of children such as disabled children, refugee and IDPs children, street children and children infected with HIV/AIDS. 25. In accordance with article 2 of the Convention, the Committee recommends that the State party increase its efforts to adopt a proactive and comprehensive strategy to eliminate discrimination on any grounds against all vulnerable groups throughout the country. 57. The Committee welcomes the information that 96 per cent of the over-15 population is literate and recognizes the progress made with regard to the implementation of the right to education of IDPs and refugee children. However, it is concerned that: (f) Students with some chronic diseases including asthma, anaemia, hepatitis, skin diseases and HIV/AIDS can be excluded from

		<p>mainstream schooling because of their health problems.</p> <p>58. The Committee recommends that the State party, taking into account the Committee's general comment No. 1 on the Aims of Education (2001), take all necessary measures to ensure that articles 28 and 29 of the Convention are fully implemented. In particular, the State party should:</p> <p>(e) Facilitate education opportunities for children living with HIV/AIDS and review, as a matter of urgency, programmes and policies excluding children with HIV/AIDS or other chronic diseases from mainstream education;</p>
Belarus		
Bosnia and Herzegovina		
Croatia		
Georgia	<p>CRC/C/GEO/ CO/3 23/06/2008</p>	<p>47. In view of the high number of pregnancies and the high and increasing rates of abortion, as well as the increasing incidence of sexually transmitted diseases, including HIV/AIDS, among adolescents, the Committee is concerned about the limited availability of health services, including reproductive health education and assistance for adolescents. The Committee also notes with concern the legislative provision which stipulate that a child under the age of 16 who wishes to see a doctor must be accompanied by a parent, and that sex and reproductive health education is not part of the school curriculum.</p> <p>48. The Committee recommends that the State party promote and ensure access to reproductive health services for all adolescents, including sex and reproductive health education in schools as well as youth-sensitive and confidential counselling and health-care services, taking into due 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. In this regard, the Committee urges the State party to take legislative measures to ensure to all children under the age of 16 free and confidential access to medical counsel and assistance with or without parental consent.</p>
Montenegro		
Republic of Moldova	<p>CCPR/C/MDA/ CO/2 04/11/2009</p>	<p>12. The Committee is concerned that persons infected with HIV/AIDS face discrimination and stigmatization in the State party, including in the fields of education, employment, housing and health care, and that foreigners are arbitrarily subjected to HIV/AIDS tests as part of the immigration rules framework. In particular, the Committee is concerned that patient confidentiality is not always respected by health-care professionals. It is also concerned that legislation prohibits the adoption of children with HIV/AIDS, thereby depriving them of a family environment. (arts. 2, 17 and 26)</p> <p>The State party should take measures to address the stigmatization of HIV/AIDS sufferers through, inter alia, awareness-raising campaigns on HIV/AIDS, and should amend its legislation and regulatory framework in order to remove the prohibition on the adoption of children with HIV/AIDS, as well as any other discriminatory laws or rules pertaining to</p>

		HIV/AIDS.
	<p>CRC/C/MDA/C O/3 20/02/2009</p>	<p>25. The Committee is concerned that, despite the legislative guarantees against discrimination, the principle of non-discrimination is not fully respected in practice, and that children from socially disadvantaged families, children with disabilities, children with HIV/AIDS or children belonging to a different ethnic group or holding different religious views may face discrimination. The Committee is further concerned that Roma children are still victims of discriminatory treatment and have reduced access to education, health and an adequate standard of living. Furthermore, the Committee notes that, although the national medical insurance scheme is designed to assist children from families living in poverty or from families with special needs, these families do not enjoy equal access to health services.</p> <p>26. The Committee recommends that the State party monitor and ensure full compliance with article 2 of the Convention and ensure the implementation of existing laws guaranteeing the principle of non-discrimination with respect, particularly, to children from socially disadvantaged families, children with disabilities, children with HIV/AIDS or children belonging to a different ethnic group or holding different religious views.</p> <p>56. The Committee is deeply concerned about the increasing rates of sexually transmitted infections (STIs), including HIV/AIDS, and the lack of respect for confidentiality in relation to the HIV status of patients.</p> <p>57. The Committee recommends that the State party urgently implement a comprehensive strategy for the prevention and treatment of STIs, particularly HIV/AIDS, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child. In this regard, the State party is encouraged to involve adolescents in drawing up and implementing appropriate strategies, to provide adequate resources for the education of adolescents on STIs, particularly HIV/AIDS, and to consider the use of peer education as an integral component of its strategies.</p>
	<p>CCPR/C/MDA/ CO/2 04/11/2009</p>	<p>12. The Committee is concerned that persons infected with HIV/AIDS face discrimination and stigmatization in the State party, including in the fields of education, employment, housing and health care, and that foreigners are arbitrarily subjected to HIV/AIDS tests as part of the immigration rules framework. In particular, the Committee is concerned that patient confidentiality is not always respected by health-care professionals. It is also concerned that legislation prohibits the adoption of children with HIV/AIDS, thereby depriving them of a family environment. (arts. 2, 17 and 26)</p> <p>The State party should take measures to address the stigmatization of HIV/AIDS sufferers through, inter alia, awareness-raising campaigns on HIV/AIDS, and should amend its legislation and regulatory framework in order to remove the</p>

		<p>prohibition on the adoption of children with HIV/AIDS, as well as any other discriminatory laws or rules pertaining to HIV/AIDS.</p>
	<p>CEDAW/C/MD A/CO/3 25/08/2006</p>	<p>30. The Committee expresses its concern about the health situation of women, especially women's reproductive health. (...) It is further concerned about the high percentage of women with anaemia and the increase in HIV/AIDS infection rates and in sexually transmitted diseases. The Committee expresses its concern about the increase of women's consumption of tobacco and narcotic drugs.</p> <p>31. The Committee recommends that increased efforts be focused on improving women's reproductive health. (...) t also urges the State party to target high-risk groups for strategies to prevent HIV/AIDS and the spread of sexually transmitted diseases. It encourages the State party to increase its cooperation with non-governmental organizations and international organizations in order to improve the general health situation of Moldovan women and girls. It requests that the State party provide in its next report detailed information on women's tobacco use and statistics on their alcohol, drug and other substance abuse.</p>
Russia		
Serbia		
Turkey		
The Former Yugoslav Republic of Macedonia		
Ukraine	<p>CCPR/C/UKR/ CO/6/Add.1 21/08/2008</p>	<p>21. The World Bank Tuberculosis and HIV/AIDS Control Project in Ukraine is being implemented to prevent the spread of HIV/AIDS and tuberculosis and provide adequate treatment in prisons.</p> <p>22. The project seeks to address the tuberculosis and HIV/AIDS epidemic in Ukraine by supporting the national tuberculosis control strategy developed in accordance with international standards and the national programme on the prevention of HIV infection and assistance to and treatment of persons affected by HIV and AIDS for 2004-2008. The project includes three components: tuberculosis; HIV/AIDS; and prisons.</p> <p>23. The prison tuberculosis subcomponent focuses on four areas: building institutional and technical capacities; diagnosis; monitoring; and treatment.</p> <p>24. The prison AIDS subcomponent focuses on preventive measures</p>

		for persons living with HIV and enhancing national capacities.
E/C.12/UKR/C O/5 04/01/2008	6. The Committee welcomes the substantial increase of domestic funding allocated to the fight against HIV/AIDS, as well as the emphasis on HIV/AIDS prevention in the National AIDS Programme (2004-2008) of the State party.	22. The Committee is deeply concerned that several thousands of children live in the streets in the State party and are vulnerable to police abuse, sexual exploitation and forced labour, as well as to alcohol or drug addiction and health risks such as HIV/AIDS, and that young persons leaving the reportedly poorly managed State-run school orphanages are particularly vulnerable to becoming homeless.
	28. The Committee is gravely concerned at the high prevalence of HIV/AIDS in the State party, including among women; discrimination against persons with HIV/AIDS and high-risk groups such as sex workers, drug users and incarcerated persons; disclosure of information about their HIV status by law enforcement agencies, healthcare and educational institutions; and the limited access by drug users to substitution therapy.	29. The Committee notes with concern information from the State party that in 2006, 70 persons out of 100,000 (80 out of 100,000 in rural areas) were suffering from tuberculosis, which has become the leading cause of death among persons with HIV/AIDS and is particularly prevalent among the prison population.
	51. The Committee recommends that the State party continue its efforts and take urgent measures to improve the accessibility and availability of HIV prevention to all the population and the treatment, care and support of persons living with HIV/AIDS, including in prisons and detention centres, combat discrimination against persons living with HIV/AIDS and high risk groups, ensure the confidentiality of information about a person's HIV status, and make drug substitution therapy and other HIV prevention services more accessible for drug users.	
CAT/C/UKR/ CO/5 03/08/2007	25. The Committee is concerned at the poor conditions of detention, such as overcrowding, and at the prevalence of HIV/AIDS and tuberculosis amongst detainees. The detention conditions of pre-trial detainees in police custody are inappropriate for long periods and place detainees in a situation of great vulnerability. The Committee also expresses its concern at the absence of alternative measures to pre-trial detention.	The State party should adopt effective measures to improve conditions in all detention facilities, reduce the current overcrowding and meet the needs of all those deprived of their liberty, in particular regarding health care, in conformity with international standards.

	CCPR/C/UKR/ CO/6 28/11/2006	<p>11. There is grave overcrowding in detention and prison facilities, and a lack of adequate sanitation, light, food, medical care, and facilities for physical exercise. The high incidence of HIV/AIDS and tuberculosis among detainees in facilities of the State party is also a cause for concern, along with the absence of specialized care for pre-trial detainees. (art. 10)</p> <p>The State party should guarantee the right of detainees to be treated humanely and with respect for their dignity, particularly by relieving overcrowding, providing hygienic facilities, and assuring access to health care and adequate food. The State party should reduce the prison population, including by using alternative sanctions.</p>
	CEDAW/C/UKR/ CO/7 28/01/2010	<p>38. While welcoming the “Health of the Nation” programme for the period 2002-2011 and the national reproductive health programme adopted during the reporting period, the Committee remains concerned about the health situation of women, in particular with respect to reproductive health. The Committee is concerned about the large number of unwanted pregnancies and the high rate of abortions. The Committee is also concerned about the little information and data on women’s health, including mortality rates of women and their causes, and the diseases that mostly affect women and girls. It is further concerned about the very high HIV/AIDS infection rates, as well as the increase of the mortality rate for reasons directly linked to alcohol abuse from 3.5 to 14.2 for women.</p> <p>39. The Committee recommends that the State party develop a broad framework for health services, in line with the Committee’s general recommendation No. 24 on health, provided with adequate resources, and should systematically monitor women’s access to health. Moreover, the Committee recommends that the State party intensify its efforts to improve women’s reproductive health and provide adequate family planning services and affordable contraceptives, as well as to reduce the use of abortion. It encourages the State party to continue providing sex education systematically in schools, including vocational training schools. It also urges the State party to target high-risk groups for strategies to prevent HIV/AIDS. The Committee requests the State party to include in its next report detailed information and data on women’s health, in particular with reference to vulnerable groups of women, including on the causes of female mortality, alcohol and tobacco abuse, as well as on the main diseases affecting women and girls, such as breast and cervical cancer.</p>

Middle East

Country	UN Treaty Body	Comment/Recommendation
Bahrain		
Egypt		
Iran (Islamic		

Republic of)		
Iraq		
Israel		
Jordan	CRC/C/JOR/CO/3 29/09/2006	<p>66. The Committee notes with appreciation the implementation of the National AIDS Programme (NAP) and the low HIV/AIDS prevalence rate in the State party. However, due to the lack of systematic HIV surveillance in the country, the Committee is concerned that the available figures do not reflect the actual situation of HIV/AIDS incidence. In addition, the Committee is concerned that raising awareness on HIV/AIDS in terms of transmission channels, treatment and preventive measures remains a “taboo” subject in the State party.</p> <p>67. The Committee recommends that the State party:</p> <p>(a) Strengthen its efforts to implement the National AIDS Programme in order to prevent the incidence and spread of HIV/AIDS, for example, by providing adolescents with accurate and comprehensive information about HIV/AIDS, its transmission channels, treatment and preventive measures, in schools;</p> <p>(b) Prevent discrimination against children infected with and affected by HIV/AIDS and ensure these children have access to adequate social and health services;</p> <p>(c) Ensure that children have access to child-sensitive and confidential HIV/AIDS counselling with full respect for the child’s privacy when requested; and</p> <p>(d) Seek technical assistance from, among others, UNAIDS.</p> <p>68. Furthermore, the Committee draws the attention of the State party to the Committee’s general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37).</p>
Kuwait		
Lebanon	CRC/C/LBN/CO/3 06/06/2006	<p>59. The Committee notes the relatively low HIV infection rate in the country and is encouraged by the State party’s efforts to prevent and combat HIV/AIDS by implementing the National HIV/AIDS Program (NAP), including youth activities around this programme. Notwithstanding these positive steps taken, the Committee is concerned that the awareness of HIV/AIDS, including the modes of HIV transmission, has not led to increased precautionary measures, such as the use of condoms, among adolescents.</p> <p>60. The Committee recommends, taking into account the Committee’s general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), that the State party:</p> <p>(a) Strengthen its efforts to prevent the spread of HIV/AIDS, inter alia, by implementing the National HIV/AIDS Program (NAP), and continue to pay particular attention to safe sex education and awareness-</p>

		<p>raising activities among adolescents;</p> <p>(b) Take effective measures to prevent discrimination against children infected with and affected by HIV/AIDS by prohibiting any form of discriminatory act;</p> <p>(c) Ensure adolescents' access to adequate social and health services, including youth-sensitive and confidential counselling on HIV/AIDS, and provide them with accurate and comprehensive information about HIV/AIDS; and</p> <p>(d) Seek technical assistance, among others, with the United Nations Joint Programme on HIV/AIDS (UNAIDS).</p>
Occupied Palestinian Territory		
Oman	CRC/C/OMN/CO/2 29/09/2006	<p>49. The Committee takes note of the low HIV/AIDS prevalence in the State party and notes with appreciation the State party's efforts to raise general awareness of HIV/AIDS among adolescents, including the campaign "Unite for Children, Unite against AIDS" launched in 2005. However, the Committee notes with concern that adolescents know little about other sexually transmitted infections (STIs) and have a limited knowledge of their own physical development during puberty. The Committee also notes with concern that many adolescents, both boys and girls, suffer from different types of mental disorders, including depression. As regards nutritional status of adolescents, the Committee expresses its concern about the high rate of anaemia among adolescent girls and the unbalanced diet of adolescents. In addition, the Committee is concerned that the level of smoking, alcohol consumption and substance abuse among adolescents is underestimated in the State party.</p> <p>50. The Committee recommends that the State party, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child and general comment No. 4 on adolescent health and development in the context of the Convention on the Rights of the Child:</p> <p>(a) Promote adolescent health by establishing a national programme on adolescent health in order to support adolescents' successful transition to adulthood and ensure that this programme is rights-based, participatory and locally driven;</p> <p>(b) Strengthen age-appropriate school education on sexuality and reproductive health, HIV/AIDS, sexually transmitted infections and family planning;</p> <p>(c) Provide adolescents with youth-sensitive counselling and health care services that respect privacy and confidentiality;</p> <p>(g) Seek technical cooperation with, among others, UNICEF, WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Population Fund (UNFPA).</p>
Qatar	CRC/C/QAT/CO/2 14/10/2009	<p>52. The Committee welcomes efforts made by the State party to protect the health of adolescents and promote healthy lifestyles. However, it is concerned at the emerging trends in obesity, psychological and mental health problems. The</p>

		<p>Committee takes note of the very low HIV/AIDS prevalence in the State party and welcomes the State party's efforts to raise general awareness of HIV/AIDS among adolescents. However, it notes with concern that adolescents know little about other sexually transmitted infections (STIs).</p> <p>53. The Committee recommends that the State party, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child:</p> <p>(c) Strengthen age-appropriate school education on sexuality and reproductive health, HIV/AIDS, sexually transmitted infections (STIs);</p>
Saudi Arabia	CRC/C/SAU/CO/2 17/03/2006	<p>55. The Committee commends the State party for measures taken to improve the health situation of children, inter alia, by adopting the Health Act and its implementing regulation in June 2002 and by allocating notable budgetary resources for the health sector. It is encouraged by the progress achieved by the State party in the elimination and prevention of infectious diseases and breaking the silence around HIV/AIDS but it notes with concern that certain new lifestyle factors affect children's health causing, inter alia, obesity, while at the same time malnutrition rates are relatively high in comparison to the high GNI per capita levels.</p> <p>56. The Committee recommends that the State party improve the nutritional status of infants and children paying particular attention to children in rural areas and simultaneously continue and strengthen its special programmes to address the issue of child obesity and promote a healthy lifestyle among children and their parents. It recommends that the State party continue its cooperation with the United Nations Children's Fund (UNICEF) in this regard. The Committee recommends that, while taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), the State party continue its efforts to prevent HIV/AIDS. It also recommends that the State party seek technical assistance, inter alia, from UNAIDS.</p>
Syrian Arab Republic		
United Arab Emirates	CEDAW/C/ARE/CO/1 05/02/2010	<p>39. The Committee commends the State party for the high quality of health services for its citizens and appreciates the information related to pregnancy care. Nevertheless, the Committee regrets the lack of sex- and age-disaggregated statistics and indicators with regard to access to health services by women and girls in rural areas and non-nationals of the United Arab Emirates, the situation of elderly women, mental health, as well as information on reproductive health and sexually transmitted diseases, including HIV/AIDS.</p>
Yemen		

Central and Eastern Asia

Country	UN Treaty Body	Comment/Recommendation
China		
Democratic People's Republic of Korea		
Japan		
Kazakhstan	CRC/C/KAZ/CO/3 19/06/2007	<p>39. (...) However, the Committee is concerned at the shortage of professional staff trained to identify and address family problems, as well as at the inadequate financial support and other benefits, including adequate housing, provided to families with children especially to families in crisis situation due to poverty, families caring for children with disabilities or children infected by HIV/AIDS and to single-parent households.</p> <p>40. The Committee recommends that State party: (...) (c) Increase support, including financial allowances and adequate housing to families with children, in particular for those living in poverty, families caring for children infected by HIV/AIDS and to single-parent households; and (...)</p> <p>53. The Committee notes the relatively low HIV/AIDS prevalence rate in the State party, however the Committee is concerned that the newly reported cases of HIV are rapidly increasing, including through mother-to-child transmission and at the stigmatization of children infected and affected by HIV/AIDS including cases of abandonment. Furthermore, the Committee is concerned at the fact that the State party remains a major trafficking conduit for heroin with a major impact on drug use and the HIV infection rate.</p> <p>54. The Committee recommends that the State party, while taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the international Guidelines on HIV/AIDS and Human Rights: (a) Strengthen its preventive efforts by conducting campaigns and programmes in order to raise awareness on HIV/AIDS including on prevention methods; (b) Strengthen preventive measures, including by providing awareness-raising campaigns, to prevent mother to child transmission; (c) Provide psycho-social support to HIV/AIDS infected and affected children and their families as well as advocacy on early</p>

		<p>interventions and medical and social inclusion; and</p> <p>(d) Take effective measures to counter stigma and discrimination faced by children and families infected and affected by HIV/AIDS.</p> <p>58. The Committee recommends that the State party:</p> <p>(a) Ensure that compulsory education is free of cost and accessible for all children, by undertaking targeted programmes that address children living in rural and remote areas, children with special needs, refugee children, children of migrant workers, and children with HIV/AIDS; (...)</p>
	CRC/C/OPSC/KAZ/CO/1 17 March 2006	<p>9. The Committee is concerned about the stigmatization of children who have contracted HIV/AIDS as a consequence of being victims of trafficking or prostitution.</p> <p>10. The Committee recommends that the State party undertake awareness-raising measures among the population in order to combat and prevent discrimination of the children mentioned under paragraph 7 and sensitize legal and other professionals on the effects of HIV/AIDS on the affected children and ensure that these children have equal access to education, health care and other social services.</p>
Kyrgyzstan		
Mongolia		
Republic of Korea		
Tajikistan	CEDAW/C/TJK/CO/3 02/02/2007	<p>31. While noting the various efforts made by the State party to improve reproductive health care for women, including through the National Reproductive Health Strategic Plan (2005-2014) and other plans, the training of birth assistants in the rural areas through the establishment of new networks for family planning and reproductive health services and the 2006 Law on breastfeeding, the Committee is seriously concerned about the limited access to adequate health-care services for women, especially women in rural areas. It is concerned about the high maternal and infant mortality rates, the low contraceptive prevalence rate and the reported lack of knowledge of young girls about HIV/AIDS.</p> <p>32. The Committee recommends that the State party continue, with the assistance of international agencies if necessary, to take measures to improve women's access to general health care, and reproductive health care,</p>

		<p>services in particular. It calls on the State party to increase its efforts to improve the availability of sexual and reproductive health services, including family planning, to mobilize resources for that purpose and to monitor the actual access to those services by women. It further recommends that family planning and reproductive health education be widely promoted and targeted at girls and boys, with special attention to the prevention of early pregnancies of girls in underage marriages and the control of sexually transmitted diseases and HIV/AIDS. The Committee requests the State party to include in its next report further information, especially trends over time and covering the life cycle of women, on: women's general and reproductive health, including the rates and causes of morbidity and mortality of women in comparison with men, in particular maternal mortality; contraceptive prevalence rates; spacing of children; diseases affecting women and girls, in particular various forms of cancer; and updated information on the efforts of the State party to improve women's access to health-care services, including family planning and services directed towards cancer prevention and treatment. It also requests the State party to include information about monitoring and evaluation mechanisms in place for health-related strategies.</p>
	<p>CRC/C/TJK/CO/2 05/02/2010</p>	<p>17. The Committee recommends the full implementation of article 4 of the Convention by: (...)</p> <p>(b) Elaborating strategic budgetary programmes to reduce the disparities and to target the rights of disadvantaged groups, including children with disabilities, children living in poverty, children living in remote areas, children infected with HIV/AIDS, orphans, girls and others;</p> <p>56. The Committee welcomes the National Programme to prevent and combat HIV/AIDS, however it remains concerned at the lack of reliable data on the number of HIV/AIDS patients, which by all sources is increasing as well as about the low level of awareness and knowledge among the youth, especially in rural areas about the modes of transmitting HIV/AIDS and how to protect themselves from infection.</p> <p>57. The Committee urges the State party, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child (and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), to take measures to reduce HIV/AIDS infection in its territory, particularly with regard to adolescents through, inter alia:</p> <p>(a) Strengthening, continuing and developing new policies and programmes to provide care and</p>

		<p>support for children infected or affected by HIV/AIDS, including programmes and policies to strengthen the capacity of families and the community to care for such children;</p> <p>(b) Pursuing awareness-raising efforts in order to prevent the incidence and spread of HIV/AIDS, by disseminating information and materials to the public on prevention and protection methods, including safe sex practices;</p> <p>(c) Carrying out activities aimed at reducing stigma and discrimination related to HIV/AIDS and at raising awareness on human rights within the context of HIV/AIDS;</p> <p>(d) Seeking technical assistance from, among others, the Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO and UNICEF.</p>
Turkmenistan	CRC/C/TKM/CO/1 02/06/2006	<p>3. The Committee welcomes:</p> <p>(b) The adoption of the National Programme on HIV/STI Prevention in Turkmenistan (2005-2010), in April 2005;</p> <p>53. While noting the State party's statement that no cases of children with HIV/AIDS have been recorded in Turkmenistan, the Committee is concerned that low levels of knowledge among the general population, especially young people, on the ways in which HIV can be transmitted, lack of means and insufficient skills for protection from HIV infection, along with prevailing unsafe sexual behaviour and injecting practices, increase the risk of an HIV epidemic. Furthermore, the Committee is concerned at information that the skills and capacity to diagnose HIV/AIDS is limited and that there is an underreporting of HIV/AIDS and other infectious diseases.</p> <p>54. The Committee recommends that the State party, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child (2003) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37):</p> <p>(a) Provide antiretroviral treatment to HIV-positive women and expand the coverage of voluntary HIV tests for pregnant women;</p> <p>(b) Strengthen its measures to expand facilities and medical training for the diagnosis and treatment of HIV/AIDS;</p> <p>(c) Address the issue of underreporting of communicable and infectious diseases, particularly HIV/AIDS and tuberculosis;</p> <p>(d) Strengthen its efforts by conducting campaigns and programmes to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable and high-risk groups as well as the population at large, so as to reduce discrimination against children infected and affected by HIV/AIDS;</p> <p>(e) Adequately implement the National Programme on HIV/STI Prevention in</p>

		<p>Turkmenistan (2005-2010), including with the necessary funding; and</p> <p>(f) Seek further technical assistance from, inter alia, the United Nations Joint Programme on HIV/AIDS (UNAIDS) and UNICEF.</p>
Uzbekistan	CRC/C/UZB/CO/2 02/06/2006	<p>50. The Committee is concerned at the increasing number of adolescents using drugs. It is further concerned that sexually transmitted infections (STIs) and HIV/AIDS among youth are on the rise.</p> <p>51. The Committee recommends that the State party:</p> <p>(a) Undertake a study of adolescent health with a view to developing a comprehensive adolescent health policy that addresses in particular sexual health and drug abuse;</p> <p>(b) Develop health promotion programmes for adolescents taking into account the Committee's general comment No. 4 on adolescent health and development in the context of the Convention on the Rights of the Child (2003);</p> <p>(c) Train teachers, social workers and others working with children on how to address drug abuse and other adolescent health issues in a manner that is child-sensitive;</p> <p>(d) Provide educational services and adequate treatment and recovery services for adolescent drug users;</p> <p>(e) Take urgent measures to prevent and to combat the spread of HIV/AIDS, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child (2003).</p>
	E/C.12/UZB/CO/1 24/01/2006	<p>33. The Committee is concerned that the incidence of HIV/AIDS is on the increase in the State party.</p> <p>64. The Committee recommends that the State party take urgent measures to prevent and to combat the spread of HIV/AIDS. In this relation, the Committee draws the attention of the State party to its general comment No. 14 (2000) on the right to the highest attainable standards of health.</p>
	CEDAW/C/UZB/CO/4 26/01/2010	<p>34. While welcoming the approval by the Cabinet of Ministers of the strategic programme against the spread of HIV/AIDS for 2007-2011, as well as the information outlined in the report and the replies to the list of issues on programmes, projects and practical measures to improve women's access to health care, the Committee is concerned that the incidence of HIV/AIDS is on the increase in the State party. The committee is also concerned at the lack of gender disaggregated infant mortality rates, both at the national level and for urban and rural areas, and the lack of data, disaggregated by gender and age, on the number of women and men using contraceptives.</p> <p>35. The Committee urges the State party to pay increased attention to female health throughout</p>

		<p>the life cycle, including by allocating the necessary resources for the implementation of various projects and programmes. The Committee also urges the State party to provide, in its next report, gender-disaggregated data on infant mortality rates, both at the national level and for urban and rural areas. The Committee also requests the State party to provide data, disaggregated by gender and age, on the number of women and men using contraceptives, and it recommends the strengthening and expansion of efforts to increase knowledge of and access to affordable contraceptive methods throughout the country so that women and men can make informed choices about the number and spacing of children. It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of sexually transmitted infections.</p>
--	--	---

South and South-East Asia

Country	UN Treaty Body	Comment/Recommendation
Afghanistan		
Bangladesh	CRC/C/BGD/CO/4 26/06/2009	<p>69. The Committee welcomes the information received on the comprehensive HIV/AIDS prevention policy of the State party. However, the Committee is concerned that the population, in particular adolescents and young people, are not sufficiently aware of the consequences of unprotected sexual activity, sexually transmitted diseases, HIV/AIDS or treatment available to them. The Committee is also concerned that HIV/AIDS risk factors exist such as the low use of contraceptives and risky behaviour.</p> <p>70. The Committee recommends that the State party:</p> <p>(a) strengthen its preventive efforts by conducting social marketing campaigns and programmes in order to raise awareness of HIV/AIDS, including of prevention methods and the use of contraceptives;</p> <p>(b) Establish guidelines on the strategy to address transmission from parent to child, prenatal care, care during labour, breastfeeding and child care;</p> <p>(c) Take into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the international guidelines on HIV/AIDS and human rights in developing its policies and programmes.</p>
Bhutan	CRC/C/BTN/CO/2 08/10/2008	<p>58. The Committee welcomes the State party's policy on providing free antiretroviral therapy. Furthermore, it notes the relatively low HIV/AIDS prevalence rate and that State party is formulating a comprehensive prevention policy. However, the Committee is concerned that the reported cases of HIV are increasing; including through mother-to-child transmission and that infected children may face</p>

		<p>stigmatization. The Committee is also concerned over the low use of condoms.</p> <p>59. The Committee recommends that the State party, while taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the international guidelines on HIV/AIDS and human rights by OHCHR and the Joint United Nations Programme on HIV/AIDS (2006):</p> <p>(a) Strengthen its preventive efforts by conducting campaigns and programmes in order to raise awareness on HIV/AIDS including on prevention methods and the use of contraceptives;</p> <p>(b) Strengthen measures to prevent mother to child transmission;</p> <p>(c) Provide psycho-social support to HIV/AIDS infected and affected children and their families as well as advocacy on early interventions;</p> <p>(d) Take effective measures to counter stigma and discrimination faced by children and families infected and affected by HIV/AIDS.</p>
Brunei Darussalam		
Burma (Myanmar)	CEDAW/C/MMR/CO/3 07/11/2008	<p>40. While noting the adoption of the five-year national strategic plan 2006-2010 in the area of HIV/AIDS, the Committee is concerned that the State party faces a serious epidemic and that women and girls may be particularly susceptible to infection owing to gender-specific norms. The Committee is especially concerned that the persistence of unequal power relations between women and men and the inferior status of women and girls hamper the ability of women and girls to negotiate safe sexual practices and increases their vulnerability to infection. It regrets the high infection rates for pregnant women. It is also concerned that current policies and legislation may not adequately take into account gender-specific vulnerabilities or adequately protect the rights of women and girls affected by HIV/AIDS.</p> <p>41. The Committee recommends continued and sustained efforts to address the impact of HIV/AIDS on women and girls, as well as its social and family consequences. It urges the State party to enhance its focus on women's empowerment and to include, clearly and visibly, a gender perspective in its policies and programmes on HIV/AIDS, and to increase the role of men in all relevant measures. The State party is encouraged to undertake awareness raising campaigns among Government personnel in prevention, protection and the maintenance of confidentiality in order to systemize and integrate approaches for multiple Government sectors. The Committee recommends that the State party report on measures taken in this respect, as well as obstacles encountered and results achieved, in its next report.</p>

Cambodia	E/C.12/KHM/CO/1 12/06/2009	<p>19. The Committee notes with concern that, while the prevalence of HIV/AIDS in the State party is declining, it is reported that the number of women being infected by their partners is increasing and that in 2006, 52 per cent of persons living with HIV were females. The Committee also notes with concern that despite the State party's initiatives, there is still limited capacity and a lack of funding and resources directed specifically to programmes focusing on women. (art. 2, para. 2, and art. 12)</p> <p>The Committee recommends that the State party address the negative stereotypes that increase the vulnerability of women to HIV/AIDS and promote the engagement of men in programmes that provide information about sexual and reproductive rights. The Committee emphasizes the importance of sensitizing law enforcement officers and others in positions of authority by offering more effective information programmes for them.</p>
	CEDAW/C/KHM/CO/3 25/01/2006	<p>19. (..) The Committee also notes with concern the high prevalence of sexual exploitation of women and girls and their vulnerability to becoming infected with sexually transmitted diseases and HIV/AIDS.</p>
East-Timor (Timor Leste)		
India	E/C.12/IND/CO/5 08/08/2008	<p>13. The Committee is deeply concerned that in spite of the Constitutional guarantee of non-discrimination as well as the criminal law provisions punishing acts of discrimination, widespread and often socially accepted discrimination, harassment and/or violence persist against members of certain disadvantaged and marginalized groups, including women, scheduled castes and scheduled tribes, indigenous peoples, the urban poor, informal sector workers, internally displaced persons, religious minorities such as the Muslim population, persons with disabilities and persons living with HIV/AIDS. The Committee is also concerned about the obstacles faced by the victims in accessing justice, including the high costs of litigation, the long delays in court proceedings and the non-implementation of court decisions by government authorities.</p> <p>33. The Committee is concerned that, despite the economic growth achieved by the State party, health-care expenditures remain exceptionally low at around 1 per cent of GDP, and that a significant proportion of the population continues to have limited or no access to basic health services, resulting in alarmingly high rates of maternal and infant mortality, as well as high incidences of tuberculosis and other communicable diseases. The Committee is also concerned about the rising HIV/AIDS infections, and the lack of reliable information available regarding persons affected by mental health illnesses.</p> <p>37. The Committee is concerned that the prevailing widespread phenomenon of early marriages, the high rate of maternal mortality and the rapid spread of HIV/AIDS and other sexually transmitted diseases in the State party, can be attributed largely to the lack of sex and reproductive</p>

		<p>education that is still viewed to be taboo in the State party.</p> <p>73. The Committee recommends that the State party significantly increase its health-care expenditure, giving the highest priority to reducing maternal and infant mortality rates and to preventing and treating serious communicable diseases, including HIV/AIDS. The Committee further recommends that the State party take effective measures to fully implement the National Rural Health Mission (2005-2012) and ensure the quality, affordability and accessibility of health services without hidden costs, especially for disadvantaged and marginalized individuals and groups. 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 and requests the State party to provide, in its next periodic report, detailed information, on a disaggregated and comparative basis, regarding the progress it has achieved in this regard. The Committee also recommends that State party undertake a systematic assessment of policy measures and the realities of mental illness with a view to improving the treatment of and care for persons with mental illnesses.</p>
	CERD/C/IND/CO/19 05/05/2007	<p>24. The Committee is concerned about reports that members of scheduled castes and scheduled and other tribes are disproportionately affected by hunger and malnutrition, infant, child and maternal mortality, sexually transmitted diseases, including HIV/AIDS, tuberculosis, diarrhoea, malaria and other water borne diseases and that health care facilities are either unavailable in tribal areas or substantially worse than in non-tribal areas. (art. 5 (e) (iv))</p>
	CEDAW/C/IND/CO/3 02/02/2007	<p>40. The Committee continues to be concerned about the status of women's health, including the maternal mortality rate in rural areas, which is among the highest in the world; the high prevalence of infectious diseases, especially food and waterborne diseases; malnutrition; anaemia; unsafe abortions; HIV infections; and inadequacy of services relating to obstetrics and family planning. While noting the programmes outlined in the report to improve women's access to health care and to decrease maternal mortality, the Committee is concerned that it has not been provided information about the impact of such programmes and measures. It is also concerned that the State party lacks reliable data on women's health status, including on pregnancy and non-pregnancy-related morbidity and mortality and HIV infections, owing to which it is unable to establish benchmarks and monitor progress. In addition, the Committee is concerned that the privatization of health services has an adverse impact on women's capacity to access such services.</p> <p>OBS.: The recommendations do not relate to HIV/AIDS specifically.</p>
Indonesia		
Laos		
Malaysia	CRC/C/MYS/CO/1	<p>68. While sharing the State party's concern that HIV/AIDS</p>

	25/06/2007	<p>is an emerging health issue in Malaysia, the Committee notes with satisfaction that the State party has put the prevention of HIV infections high on its health agenda and has taken measures to raise awareness about HIV/AIDS among adolescents. In particular, the Committee notes with appreciation the adoption in 2006 of the new National Strategic Plan for HIV/AIDS 2006-2010 and its sub-programmes, the establishment of PROSTAR youth centres, in collaboration with UNICEF and with community support, which focus on HIV/AIDS prevention through youth-friendly activities and provide counselling, anonymous HIV screening, peer-to-peer education and leadership opportunities for young people. The Committee also notes with appreciation the initiation of a three-year project to involve Islamic religious leaders in the response to HIV/AIDS, in partnership with the United Nations Development Programme (UNDP), the Ministry of Health, the Department of Islamic Religious Affairs, and the Malaysian AIDS Council (MAC).</p> <p>69. The Committee is concerned that, despite these actions, the incidence of HIV/AIDS is rapidly rising in the State party and that the existing resources are not sufficient to meet expanding demands in this respect. Since HIV/AIDS continues to be a culturally and religiously sensitive topic in the State party, the raising of awareness on HIV/AIDS in terms of transmission channels, treatment and preventive measures remains challenging. The Committee is also concerned at the increasing number of children orphaned by AIDS.</p> <p>70. The Committee recommends that the State party, taking into account the Committee's General Comment No. 3 (2003) on HIV/AIDS and to the rights of the child (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37):</p> <p>(a) Strengthen its efforts to implement the National Strategic Plan for HIV/AIDS 2006-2010 and its sub-programmes in order to prevent the incidence and spread of HIV/AIDS;</p> <p>(b) Ensure that children infected with HIV and/or affected by HIV/AIDS have access to adequate social and health services, including by strengthening the community level prevention and treatment programmes;</p> <p>(c) Ensure that children have access to child-sensitive and confidential HIV/AIDS counselling with full respect for the child's privacy, when such counselling is required by a child, and to accurate and comprehensive information about HIV/AIDS, its transmission channels, treatment and preventive measures, for example in schools;</p> <p>(d) Establish special programmes to provide protection and support for children orphaned by AIDS;</p> <p>(e) Seek technical assistance from, among others, the Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO, UNICEF and UNDP and enhance collaboration with the Malaysian AIDS Council (MAC).</p>
Maldives	CRC/C/MDV/CO/3 13/07/2007	71. The Committee notes with appreciation that a comprehensive National AIDS Control Program was launched in 1987 and that the National Plan of Action

		<p>towards the Well-being of the Maldivian Child 2001-2010 aims at, among other things, reducing the incidence of HIV/AIDS among infants and adolescents and providing access to peer and youth-specific HIV/AIDS information. It also notes with appreciation the State party's joint efforts with the Supreme Council of Islamic Affairs to raise awareness of HIV/AIDS and its prevention. While noting that the prevalence of HIV/AIDS is low in the State party, the Committee is concerned about existing risk factors, such as mobility (many Maldivians go abroad for education and work), increasing drug abuse, growing external tourism and tourism employment as well as limited access to health services in the atolls.</p> <p>72. The Committee recommends that the State party, taking into account the Committee's General Comment No. 3 (2003) on HIV/AIDS and to the rights of the child (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights:</p> <p>(a) Strengthen its efforts to implement the National AIDS Control Programme in order to prevent the incidence and spread of HIV/AIDS, for example, by updating the Programme to respond to all existing risk factors as mentioned above and by providing adolescents with accurate and comprehensive information about HIV/AIDS, its transmission channels, treatment and preventive measures, in schools and other places frequented by them;</p> <p>(b) Ensure that children have access to adequate social and health services as well as ensure that children have access to child-sensitive and confidential HIV/AIDS counselling with full respect for the child's privacy when requested;</p> <p>(c) Seek technical assistance from, among others, UNAIDS, WHO and UNFPA.</p>
Nepal	E/C.12/NPL/CO/2 16/01/2008	<p>45. The Committee recommends that higher priority be accorded to reducing maternal and infant mortality rates and that due consideration be given to the need for integrating into the general health-care system, mental health services and programmes aimed at preventing and treating HIV/AIDS. The Committee stresses that the right to the highest attainable standard of health encompasses mental as well as physical health and the importance of mental health care, particularly in relation to persons affected by the conflict.</p>
Pakistan	CRC/C/PAK/CO/3-4 15/10/2009	<p>72. The Committee notes with satisfaction that the State party has put the prevention of HIV infections high on its health agenda. The Committee is, however, concerned that Pakistan is in a concentrated HIV/AIDS epidemic with prevalence rates over 5 per cent in some high-risk groups. Since HIV/AIDS continues to be a culturally and religiously sensitive topic in the State party, the raising of awareness on HIV/AIDS in terms of transmission channels, treatment and preventive measures remains challenging.</p> <p>73. The Committee recommends that the State party take measures to reduce HIV/AIDS infection in its territory, particularly with regard to young people. It recommends in particular that the State party:</p>

		<p>(a) Strengthen, continue and develop policies and programmes to provide care and support for children infected or affected by HIV/AIDS, including programmes and policies to strengthen the capacity of families and the community to care for such children;</p> <p>(b) Pursue awareness-raising efforts and strengthen the role of religious leaders in the country in order to prevent the incidence and spread of HIV/AIDS;</p> <p>(c) Seek technical assistance from, among others, the Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO, UNICEF and the United Nations Development Programme; and</p> <p>(d) Take into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I) in developing its policies and programmes.</p>
Singapore	CEDAW/C/SCG/CO/11/06/2007	<p>33. While noting that new laws on health protection and insurance have been adopted with the aim of initiating reform of the health care system and ensuring the right of women to health protection and service, the Committee is concerned about the limited access to adequate health-care services for women, especially for women in rural areas and Roma women, including access to information and counselling on family planning. It is further concerned about the use of abortion as a method of family planning. It is also concerned about the lack of up-to-date sex-disaggregated data and information on the prevalence of HIV/AIDS among women and girls.</p> <p>34. The Committee recommends that the State party continue to take measures to improve women's access to affordable health care throughout their life cycle and in all areas of the country. (...) It further recommends that information on family planning be widely available and reproductive health education targeted at girls and boys, with special attention to the prevention of early pregnancies and the control of sexually transmitted diseases and HIV/AIDS. The Committee requests the State party to include in its next report comprehensive information on the efforts of the State party to improve women's access to health-care services, including family planning, and on trends over time. It also requests the State party to include information about monitoring and evaluation mechanisms in place for health-related strategies.</p>

Thailand	CRC/C/THA/CO/2 17/03/2006	<p>57. The Committee commends the State party for having met Millennium Development Goal 6⁴ well ahead of schedule. It welcomes the various multisectoral measures taken to address the prevention and reduction of HIV/AIDS infection and takes note of the national programme for preventing mother-to-child transmission of HIV/AIDS (PMTCT), which provides pregnant women with voluntary counselling and free HIV-testing. The Committee nevertheless expresses its concern at the relatively high rate of children born at risk from mother-to-child transmission of HIV/AIDS annually. It notes with concern that adolescents are increasingly at risk of HIV-infection while the level of HIV/AIDS awareness among them has decreased. It is also concerned about the presence of risk factors predisposing HIV-infection such as the high number of sex workers. Further, it is concerned that that free trade agreements currently being negotiated with some other countries may negatively impact access to affordable medicines, in particular antiretroviral drugs.</p> <p>58. The Committee recommends that the State party, taking into account its general comment No. 3 on HIV/AIDS and the rights of the child of 2003 (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), continue to:</p> <p>(a) Take multisectoral efforts to prevent new HIV-infections by adopting and implementing policies and programmes that particularly reflect community-level realities and by providing more technical and financial support for local-level programming, implementation and monitoring;</p> <p>(b) Fully implement the national programme for preventing mother-to-child transmission of HIV/AIDS (PMTCT) by providing all pregnant women with adequate health and social services free of charge and by providing HIV-positive mothers with antiretroviral drugs and formula feeding for infants;</p> <p>(c) Prevent and prohibit discrimination against children infected with and affected by HIV/AIDS, and ensure that these children have access to adequate social and health services;</p> <p>(d) Ensure access to child-sensitive and confidential HIV/AIDS counselling when required by a child without parental consent;</p> <p>(e) Systematically include accurate and comprehensive information about HIV/AIDS and sex education, including condom promotion, in school and tertiary-level curricula, and provide training to teachers and other education officials on teaching about HIV/AIDS and sex education;</p> <p>(f) Ensure that regional and other free trade agreements do not have a negative impact on the enjoyment of the right to health by children. More specifically, ensure that such agreements will not negatively impact the availability of drugs and medicines for children; and</p> <p>(g) Seek technical assistance from, among others, the Joint United Nations Programme on HIV/AIDS.</p> <p>59. The Committee also recommends that the State party</p>
----------	------------------------------	--

⁴ Millenium Goal 6: Combat HIV/AIDS, Malaria and other diseases.

		<p>integrate respect for the rights of the child and involve children in the development and implementation of its HIV/AIDS policies and strategies, including by taking into consideration the recommendations adopted by the Committee at its day of general discussion on children living in a world with HIV/AIDS (CRC/C/80, para. 243).</p>
	<p>CEDAW/C/THA/CO/5 03/02/2006</p>	<p>41. The Committee is concerned about the high rates of HIV/AIDS among women, especially among those engaged in prostitution.</p> <p>42. The Committee strongly recommends that the State party step up its efforts to prevent and combat HIV/AIDS and improve the dissemination of information about the risks and ways of transmission. It also recommends that the State party include a gender perspective in its policies and programmes on HIV/AIDS.</p>
<p>Viet Nam</p>	<p>CEDAW/C/VNM/CO/6 02/02/2007</p>	<p>24. The Committee expresses its concern about women's limited access to sexual and reproductive health-care services, and about the very high rate of abortions, in particular among adolescent and young women. The Committee is also concerned about the increase in HIV/AIDS infections among women.</p> <p>25. The Committee urges the State party to take concrete measures to enhance women's access to health care, in particular to sexual and reproductive health services, in accordance with article 12 of the Convention and the Committee's general recommendation 24 on women and health. It requests the State party to strengthen measures aimed at the prevention of unwanted pregnancies, including through improved availability, acceptability and use of modern means of birth control, in order to eliminate the use of abortion as a method of family planning. The Committee recommends that the State party give priority attention to the sexual and reproductive health needs of adolescent and young women and men and that it provide age-appropriate sex education, including in school curricula, with special attention to the prevention of early pregnancies and sexually transmitted diseases and HIV/AIDS. The Committee also calls on the State party to ensure the effective implementation of its national strategy on the prevention and control of HIV/AIDS, including improved access to antiretroviral drugs, protection and care for babies born with HIV and training for medical personnel.</p>

Oceania

Country	UN Treaty Body	Comment/Recommendation
Australia		
Fiji		
Kiribati	CRC/C/KIR/CO/1 29/09/2006	<p>52. The Committee is concerned at the increased prevalence of HIV/AIDS among adolescents and the lack of knowledge about the potential for an epidemic in the country. The Committee is also concerned at the absence of awareness-raising and prevention programmes.</p> <p>53. The Committee recommends that, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights, the State party take action, including by:</p> <ul style="list-style-type: none"> (a) Strengthening its efforts to combat the spread of HIV/AIDS, including through awareness-raising campaigns, and ensuring the availability of confidential, voluntary testing; (b) Preventing discrimination against children infected with and affected by HIV/AIDS; (c) Ensuring access to child-sensitive and confidential counselling, when such counselling is required by a child; (d) Adopting measures to prevent mother-to-child transmission of HIV and other STIs; and (e) Seeking international assistance from, among others, UNAIDS, the United Nations Populations Fund (UNFPA), UNICEF and WHO.
Marshall Islands	CRC/C/MHL/CO/2 19/11/2007	<p>56. The Committee is concerned at the absence of quality information as well as access to contraceptives and the limited testing for sexually transmitted diseases (STDs), in particular in the outer islands, in order to prevent the spread of STDs and HIV/AIDS. The Committee is also concerned at the inadequate HIV/AIDS policy in place, as well as at the lack of funds allocated to the prevention of STDs.</p> <p>57. The Committee recommends that the State party, taking into account the Committee's General Comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights:</p> <ul style="list-style-type: none"> (a) Strengthen its efforts to combat the spread of HIV/AIDS, including through awareness-raising campaigns targeting vulnerable groups in particular, and increase the availability of confidential, voluntary testing; (b) Allocate adequate financial and human resources to the prevention of HIV/AIDS and of other STDs; (c) Prevent discrimination against children infected with and affected by HIV/AIDS; (d) Ensure access to child-sensitive and confidential counseling, without the need for parental consent, when such counseling is required by a child; (e) Adopt measures to prevent mother-to-child transmission of HIV and other STDs; (f) Seek international assistance from, among others, the

		Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), UNICEF and WHO.
Micronesia, Federated States of		
Nauru		
New Zealand		
Palau		
Papua New Guinea		
Philippines	CRC/C/PHL/CO/3-4 22/10/2009	<p>61. (...) While noting the low prevalence of HIV in the country, the Committee notes with concern that the Philippine National AIDS Council (PNAC) has characterized the situation of HIV/AIDS as hidden and increasing and it remains concerned at the inadequate level of awareness of HIV/AIDS and sexually transmitted infections (STIs) among Philippine adolescents.</p> <p>62. The Committee urges the State party to increase its efforts to establish more child-friendly programmes and services in the area of adolescent health and to obtain valid data on adolescent health concerns through, inter alia, studies on this issue. In this respect, the Committee recommends that the State party:</p> <p>(...) (c) Strengthen formal and informal sex education, for girls and boys, focusing on the prevention of early pregnancies, STIs and family planning;</p> <p>(d) Strengthen its HIV/AIDS awareness campaigns and ensure access to age-appropriate HIV/AIDS education and information which target children, inside and outside schools, to equip them with the life skills to deal with and reduce their vulnerability to HIV and STIs;</p> <p>(e) Seek technical cooperation with, among others, WHO, the Joint United Nations Programme on HIV/AIDS and UNFPA;</p> <p>(f) Take due account of the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child.</p>
Samoa	CRC/C/WSM/CO/1 16/10/2006	<p>49. The Committee reiterates its recommendation that the State party:</p> <p>(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 STIs, especially through reproductive health education and child-sensitive counselling services, and taking into account the Committee's general comment No. 4 on adolescent health and development in this regard;</p> <p>(...) (c) Allocate adequate human and financial resources to the Mental Health Unit</p>

		<p>in order to strengthen mental health counselling services as well as reproductive health counselling and make them known and accessible to adolescents;</p> <p>(d) Take measures to incorporate reproductive health education in the school curriculum in order to fully inform adolescents about their reproductive health rights and the prevention of STIs, including HIV/AIDS, as well as early pregnancies;</p> <p>(...) (f) Strengthen cooperation with international agencies with expertise in health issues relating to adolescents, inter alia, WHO and UNICEF.</p>
Solomon Islands		
Tonga		
Tuvalu		
Vanuatu		

Africa

Country	UN Treaty Body	Comment/Recommendation
Algeria		
Angola	E/C.12/AGO/CO/3 01/12/2008	<p>15. The Committee is concerned about the discrimination against women, migrants, IDPs, poor people, disabled people and persons affected with HIV/AIDS who suffer from inadequate access to basic education, adequate housing, and health services.</p> <p>The Committee urges the State party to take all appropriate and effective measures, including the adoption of a global policy, to combat and eliminate discriminate on against women, migrants, IDPs, poor people, disabled people, persons affected with HIV/AIDS.</p> <p>28. The Committee notes with concern that, despite the unprecedented economic growth, a high percentage of the population of the State party lives in poverty and extreme poverty, including persons living in rural and deprived urban areas, the landless persons, women, children, female-headed households, families affected by HIV/AIDS, persons with disabilities and IDPs. The Committee is concerned that its Poverty Reduction Strategy is apparently ineffective. The Committee in particular notes that the State party has not yet created an efficient coordination mechanism to combat poverty.</p> <p>36. The Committee is concerned about the very high maternal, infant and under-five mortality rates, as well as at the very high incidence of cholera and HIV/AIDS. The Committee notes with deep concern that life expectancy in the State party is only 41 years. The Committee is also</p>

		concerned at the negative impact of the war on the right to health of a high percentage of the population, who suffer from war post-traumatic mental disorders, and serious war related health problems.
Benin	E/C.12/BEN/CO/2 09/06/2008	5. The Committee welcomes the adoption of Act No. 2005-31 of 10 April 2006 on the prevention, care and control of HIV/AIDS and of several framework documents which provide for the care of children and orphans at risk. It also welcomes the improvement in the HIV/AIDS prevalence rate, which fell from 4.1 per cent in 2001 to 2 per cent in 2005, and the provision of free antiretroviral drugs to persons affected by HIV/AIDS.
	CRC/C/BEN/CO/2 20/10/2006	<p>57. The Committee notes with appreciation various measures undertaken by the State party, including the “Unite for Children, Unite Against AIDS” campaign, the 2006-2010 National Framework to Fight HIV/AIDS, the Law on Prevention, Care and Support related to HIV/AIDS and the establishment of the National Committee to Fight AIDS (CNLS). However, the Committee remains deeply concerned at the high prevalence of HIV/AIDS and that children and women of childbearing age remain highly vulnerable to contracting HIV/AIDS. It is further concerned at the fact that only a limited number of HIV/AIDS-infected children have access to antiretroviral medication.</p> <p>58. The Committee recommends that the State party, taking into account its general comment No. 3 (2003) on HIV/AIDS and the rights of the child and also the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), continue to:</p> <p>(a) Strengthen the CNLS and service delivery systems providing prevention, care and treatment to children and women;</p> <p>(b) Strengthen its efforts in combating the spread and effects of HIV/AIDS, including by providing all pregnant women with adequate health and social services free of charge, and by ensuring the provision of antiretroviral drugs and paediatric care;</p> <p>(c) Ensure improved coordination between components and scaling up to achieve national coverage of activities in the area of preventing mother-to-child transmission of HIV/AIDS (PMTCT);</p> <p>(d) Expand its protective and preventive assistance to orphaned and vulnerable children, especially adolescents;</p> <p>(e) Facilitate that such efforts be linked to improved care for all orphans and assistance to the national network of Associations of People Living with HIV/AIDS (PLWHA);</p> <p>(f) Provide for a system of voluntary testing for HIV/AIDS with full respect for the right to privacy and confidentiality;</p> <p>(g) Combat stigmatization of and discrimination against people, including children, infected with HIV/AIDS;</p> <p>(h) Carry out comprehensive information campaigns about HIV/AIDS, its transmission channels, treatment and prevention measures as well as sex education, including condom promotion, and provide training to teachers and other education personnel in this respect;</p>

		<p>and</p> <p>(i) Involve children, in the development and implementation of HIV/AIDS policies and strategies.</p>
Botswana	CCPR/C/BWA/CO/1 24/04/2008	4. The Committee notes with satisfaction the strong democratic culture of the State party, as well as the establishing of universal basic education, and its considerable achievements in addressing the challenges posed by the HIV/AIDS pandemic.
	CERD/C/BWA/CO/16 04/04/2006	<p>19. The Committee notes with concern that refugees have access neither to the Anti Retroviral (ARV) Therapy Programme nor the Prevention of Mother-to-Child Transmission of HIV Programme. (Articles 2 and 5)</p> <p>The Committee recommends to the State party that it respect the right of refugees to an adequate standard of health by, <i>inter alia</i> , refraining from denying or limiting their access to preventive, curative and palliative health services, and that it grant access of refugees to the Anti Retroviral (ARV) Therapy Programme and the Prevention of Mother-to-Child Transmission of HIV Programme.</p>
Burkina Faso	CRC/C/BFA/CO/3-4 09/02/2010	<p>56. The Committee notes with satisfaction the adoption in 2008 of a National Youth Policy, Act No. 049-2005/AN of 22 December 2005 on reproductive health and a plan for improving the health of young persons (2004-2008). However, the Committee expresses serious concern at the high number of deaths of teenage girls due to unsafe and clandestine abortions and at the increasing incidence of sexually transmitted diseases, including HIV/AIDS, among adolescents.</p> <p>57. The Committee draws the attention of the State party to its general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child and joins the Committee on the Elimination of Discrimination against Women in its concluding comments (CEDAW/C/BFA/CO/4-5 para. 36) in recommending that the State party improve the availability of sexual and reproductive health services, including family planning, enhance the availability of contraceptive services and promote sex education targeted at girls and boys, with special attention to the prevention of early pregnancies and sexually transmitted diseases. The Committee also calls upon the State party to review its legislation concerning abortion, with a view particularly to guaranteeing the best interests of pregnant teenagers.</p> <p>60. The Committee notes with satisfaction the adoption of National Strategic Framework (2006-2010) to combat HIV/AIDS, the creation of a National Council to Combat HIV headed by the President himself and the adoption of a Strategic Framework for Orphans and Vulnerable Children (2005-2014). While the Committee notes with satisfaction the continuous decrease in national HIV prevalence, it is however concerned that:</p> <p>(a) Only 10 per cent of HIV-infected children receive</p>

		<p>medical care because of the lack of available health structures to care for them and the reluctance of families to have their children tested;</p> <p>(b) Population coverage for prevention of mother-to-child transmission of HIV remains at a low level and early infant diagnosis of HIV is very limited;</p> <p>(c) Children living with HIV continue to be stigmatized;</p> <p>(d) The formulation of the Strategic Plan for Orphans and Vulnerable Children was not preceded by the collection of precise data about HIV orphans, among them children heads of households;</p> <p>(e) The coordination of services for orphans and vulnerable children remains poor;</p> <p>(f) Children and parents are not sufficiently sensitized about HIV/AIDS, including modes of HIV transmission and precautionary measures, such as use of condoms, among adolescents.</p> <p>61. In light of the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights, the Committee recommends that the State party:</p> <p>(a) Ensure universal and cost-free access to antiretroviral therapy;</p> <p>(b) Strengthen measures to expand facilities and medical training for diagnosis and treatment of HIV-infected children;</p> <p>(c) Strengthen efforts to combat discrimination against children infected with HIV and/or affected by HIV/AIDS;</p> <p>(d) Strengthen its efforts to prevent mother-to-child transmission of HIV and to improve availability of contraceptives throughout the country;</p> <p>(e) Take steps to collect disaggregated data on the prevalence of HIV/AIDS in the State party and on HIV orphans, which can be used for the development, implementation and monitoring of policies and programmes;</p> <p>(f) Involve children in a programme combating HIV/AIDS, in particular by ensuring that more attention is given to the issue of children and HIV/AIDS;</p> <p>(g) Improve protective and preventive support for AIDS orphans.</p>
Burundi	CEDAW/C/BDI/CO/4 08/04/2008	<p>37. While congratulating the State party on establishing the Ministry in charge of AIDS control and the National Anti-AIDS Council, the Committee is alarmed at the increased HIV/AIDS infection rate among women, which is one of the major causes of mortality in Burundi.</p> <p>38. The Committee recommends that sex education focusing on the control of sexually transmitted diseases and HIV/AIDS be widely promoted and targeted at girls and boys. It also urges the State party to ensure the implementation of HIV/AIDS prevention policies and to seek technical assistance in this regard from the World Health Organization and the Joint United Nations Programme on HIV/AIDS.</p>
Cameroon	CEDAW/C/CMR/CO/3	38. The Committee welcomes a number of efforts

	10/02/2009	<p>undertaken by the State party to improve women's health since the examination of the initial report and notes with appreciation that the State party has accorded attention to maternal and adolescent health, with special emphasis on reproductive health issues, family planning and the fight against HIV/AIDS. However, the Committee remains concerned at the inadequacy of health-care facilities, particularly in rural areas, and regrets the lack of information on access to health services disaggregated by sex, area, age and other variables.</p> <p>39. The Committee urges the State party to continue its efforts to improve the country's health infrastructure. It also urges the State party to improve women's access to quality and affordable health care and health-related services, particularly in rural areas. It also calls on the State party to strengthen its efforts in the fight against HIV/AIDS.</p>
	CRC/C/CMR/CO/2 18/02/2010	<p>6. The Committee notes that the State party is currently facing difficulties which hamper progress in the effective implementation of the Convention, including the impact of the global economic crisis and regional conflicts which have led to a significant influx of refugees into Cameroon and an increase in the incidence of HIV/AIDS.</p> <p>61. The Committee welcomes the adoption of the National Strategic Framework for HIV/AIDS as well as the National Programme to Support HIV/AIDS Orphans and Vulnerable Children. It also appreciates the efforts made by the State party to prevent the spread of HIV/AIDS, including prevention measures especially on mother-to-child transmission, and the provision of free antiretroviral drugs for children from 0 to 15 years. However, the Committee is deeply concerned at the increasing prevalence of HIV/AIDS among children and women, and that access to free voluntary counselling and testing and antiretroviral treatment is not universal. The Committee is further concerned at the increasing number of orphans and vulnerable children due to HIV/AIDS despite the efforts made by the State party.</p> <p>62. The Committee recommends that the State party strengthen its efforts to prevent the spread of HIV/AIDS, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights. The Committee also urges the State party to:</p> <p>(a) Effectively implement the National Strategic Framework for HIV/AIDS as well as the National Strategic Framework for HIV/AIDS Orphans and Vulnerable Children, and allocate adequate resources for their implementation;</p> <p>(b) Provide free voluntary counselling and testing and universal antiretroviral medication for all children, including those who are over 15 years old;</p> <p>(c) Develop and strengthen policies and programmes to provide care and support for children infected or affected by HIV/AIDS, including programmes and policies to strengthen the capacity of families and the community to care for such children;</p>

		<p>(d) Carry out activities to reduce stigma and discrimination related to HIV/AIDS and provide awareness-raising on human rights within the context of HIV/AIDS;</p> <p>(e) Continue and strengthen efforts to disseminate information and materials to the public on prevention and protection methods, including safe sex practices.</p>
Cape Verde	CEDAW/C/CPV/CO/6 25/08/2006	<p>29. While welcoming the significant progress made in improving women's access to reproductive health care and services, the Committee expresses its concern that the maternal mortality rate remains high, including deaths resulting from unsafe abortions, and which may be an indication that the existing sex education programmes are not sufficient and may not give enough attention to all aspects of prevention, including prevention of early pregnancy and the control of sexually transmitted diseases and HIV/AIDS. While noting the work of civil society organizations in the provision of reproductive health services, the Committee is concerned about whether regulations are in place to monitor the quality of services and the observance of ethical standards. The Committee is further concerned that the intended introduction of user fees for the provision of health services may restrict the access of women, particularly of the most vulnerable groups, to those services.</p> <p>30. The Committee calls upon the State party to further improve the availability of sexual and reproductive health services, particularly in rural areas, including family planning information and services, and antenatal, postnatal and obstetric services, and to set targets and benchmarks to achieve the Millennium Development Goal of reducing maternal mortality. It also recommends that the State party enhance its measures to increase knowledge of and access to a wide range of contraceptive methods, so that women and men can make informed choices about the number and spacing of children, and women do not have to resort to unsafe abortions, which may result in death, thus increasing the maternal mortality rates. It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention paid to the prevention of early pregnancy and the control of sexually transmitted diseases and HIV/AIDS. The Committee also recommends that the provision of reproductive health services by civil society organizations be regularly monitored, in terms of both quality of care and the observance of ethical standards. The Committee further recommends that the State party ensure that the introduction of user fees is monitored with a view to eliminating any negative impact they may have, particularly on women of the most vulnerable groups.</p>
Central African Republic		

Chad	CRC/C/TCD/CO/2 12/02/2009	<p>47. The Committee notes the initiative of the State party to support women through programmes of micro-credit, among others, but is concerned at the high number of families, particularly in rural areas, that suffer from extreme poverty, the effects of the HIV/AIDS pandemic, armed conflict and violence, as well as the lack of decentralized state services to reinforce the capacity of families to care for their children and prevent the break-up of the family unit, as well as to care for orphaned children from the extended family.</p> <p>63. While the Committee notes with appreciation the existence of a national strategic framework and a triennial plan focused on prevention for youths and on treatment with antiretroviral drugs and monitoring in case of illness, it remains concerned that overall awareness of the disease is low. The Committee notes with concern that 18,000 children below 14 years old are infected with HIV/AIDS and an estimated 96,000 children are AIDS orphans, most of whom receive inadequate care and protection.</p> <p>64. The Committee urges the State party, while taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the Child and the International Guidelines on HIV/AIDS and Human Rights, to take measures to reduce HIV/AIDS infection, particularly with regard to the young people, through, inter alia:</p> <p>(a) Strengthening, continuing and developing policies and programmes to provide care and support for children infected or affected by HIV/AIDS, including programmes and policies to strengthen the capacity of families and the community to care for such children;</p> <p>(b) Strengthening programmes for the prevention of mother to child transmission (PMTCT);</p> <p>(c) Continuing activities aimed at reducing stigma and discrimination related to HIV/AIDS and providing awareness-raising on human rights within the context of HIV/AIDS; and</p> <p>(d) Continuing to disseminate information and materials to the public, including to adolescents, refugee and internally displaced populations, on prevention and protection methods, including safe sex practices.</p>
	E/C.12/TCD/CO/3 16/12/2009	<p>8. The Committee regrets that the report contains a limited quantity of disaggregated statistical information, taken from the 1993 census, which does not allow the Committee to gauge how far the Covenant is applied in the State party.</p> <p>The Committee recommends that, in its next periodic report, the State party provide statistical data on the enjoyment of economic, social and cultural rights, disaggregated by sex, age and rural/urban population, and on refugees/internally displaced persons, persons living with HIV/AIDS and persons with disabilities.</p> <p>29. While taking note of the detailed and informative statistics provided in paragraphs 193 to 206 of the State party's report, on the subject of article 12 of the Covenant, the Committee is concerned about the high maternal, infant and under-five mortality rates, the high prevalence of HIV/AIDS, the shortage of health professionals in rural</p>

		<p>areas and the mediocre quality of health services. The Committee regrets that no information on the results of the national health policy launched in 1998 has been provided.</p> <p>The Committee urges the State party to take steps to deal with the current situation in the health sector, where the basic health needs of the population are not being met, including by improving basic health services, increasing public spending on health and taking measures to prevent and treat the HIV/AIDS pandemic and other communicable diseases. The Committee also recommends that the State party take into account the Committee's general comment No. 14 on the right to the highest attainable standard of health. It requests the State party to provide detailed and up-to-date information in its next report, including indicators and disaggregated statistical data, that will allow the Committee to assess progress in this area.</p>
Comoros		
Côte d'Ivoire		
Democratic Republic of the Congo	CRC/C/COD/CO/2 10/02/2009	<p>33. The Committee is alarmed over the grave violations committed against children by both State party forces and non-State armed groups in the context of the armed conflict. The Committee is gravely concerned that children's right to life, survival and development are violated as a consequence of being the most vulnerable of victims in hostilities. The Committee also expresses grave concern at the very high rates of infant, under-five and maternal mortality, as well as at deaths caused by preventable diseases or by HIV/AIDS, conditions all of which are aggravated by the armed conflict.</p> <p>34. The Committee urges the State party to significantly strengthen its efforts to protect children and guarantee their right to life, survival and development, notably by undertaking all efforts to seek an end to the armed conflict. The Committee further recommends that particular attention be given by the State party to addressing the high infant, child and maternal mortality rates, death caused by preventable diseases and HIV/AIDS.</p> <p>57. The Committee welcomes the 2003 national programme of adolescent health, focusing on reproductive health issues of adolescents, which included awareness raising and other activities. The Committee is concerned, however, that adolescent health is deteriorating because of a lack of adequate services coupled with population growth and HIV/AIDS, among other things. The Committee is also concerned at the high level of early pregnancy among adolescents.</p> <p>58. The Committee recommends that the State party, 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, continue and strengthen activities and services under the framework of its national adolescent health programme</p>

		<p>and services, and that it prioritize gathering coherent, systematic and valid data on adolescent health concerns through, inter alia, studies on this issue and a more effective monitoring mechanism. The Committee also recommends that the State party elaborate clear policies and, when applicable, legislation, addressing the prevention of adolescent health-related issues, in particular early pregnancies and drug and alcohol abuse.</p> <p>61. The Committee notes with appreciation awareness-raising and other activities carried out on HIV/AIDS. The Committee also welcomes the elaboration of national strategic framework for the prevention of HIV/AIDS among youth. Nevertheless, the Committee remains concerned about the high number of orphans due to HIV/AIDS.</p> <p>62. The Committee recommends the State party, while taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights, to take measures to reduce HIV infection, particularly with regard to the young people through, inter alia:</p> <p>(a) Developing, strengthening and continuing policies and programmes to provide care and support for children infected or affected by HIV/AIDS, including programmes and policies to strengthen the capacity of families and the community to care for such children;</p> <p>(b) Carrying out activities to reduce stigma and discrimination related to HIV/AIDS and providing awareness-raising on human rights within the context of HIV/AIDS; and</p> <p>(c) Continuing and strengthening efforts to disseminate information and materials to the public, particularly adolescents, on prevention and protection methods, including safe sex practices.</p>
Djibouti	CRC/C/DJI/CO/2 07/10/2008	<p>49. The Committee notes with appreciation the various efforts of the State party in the field of health, including with regard to nutrition, infant and maternal mortality rates, vaccinations, and HIV/AIDS.</p> <p>57. The Committee welcomes the State party's efforts to combat HIV/AIDS, including through the creation of a national programme to fight pandemics (2003-2007), the setting up of a new institutional and organizational framework to address the issue, and the passing of a law in December 2006 implementing measures against discrimination and stigmatization of persons living with HIV/AIDS and their families. The Committee also welcomes the setting up of a Solidarity Fund in 2004 to assist AIDS orphans.</p> <p>58. The Committee notes with interest that the State party has developed initiatives, targeting children from vulnerable groups such as school dropouts and street children, on prevention and combating of HIV/AIDS through information campaigns and the distribution of contraceptives. The Committee also notes that a study was carried out in 2005 on the behaviour, attitudes and practices</p>

		<p>of youth faced with HIV/AIDS although there is no information on the use of the recommendations of this study in light of the high prevalence of HIV/AIDS in the country. Nevertheless, the Committee is concerned that the prevalence of HIV/AIDS remains high and, without policy and other interventions, could rise even higher, and that stigma and discrimination against persons affected by HIV/AIDS remain widespread.</p> <p>59. The Committee urges the State party, while taking into account the Committee’s general comment No. 3 (2003) on HIV/AIDS and the rights of the Child and the International Guidelines on HIV/AIDS and Human Rights, to take measures to reduce HIV/AIDS infection in its territory, particularly with regard to the young people through, inter alia:</p> <p>(a) Strengthening, continuing and developing policies and programmes, to provide care and support for children infected or affected by HIV/AIDS, including programmes and policies to strengthen the capacity of families and the community to care for such children;</p> <p>(b) Developing without delay a national programme or plan of action to specifically address the issue of HIV/AIDS;</p> <p>(c) Carrying out activities aimed at reducing stigma and discrimination related to HIV/AIDS and providing awareness raising on human rights within the context of HIV/AIDS; and</p> <p>(d) Continuing to disseminate information and materials to the public, including to refugee populations, on prevention and protection methods, including safe sex practices.</p>
Equatorial Guinea		
Eritrea	CRC/C/ERI/CO/3 23/06/2008	<p>17. The Committee urges the State party to take into account the recommendations</p> <p>issued by the Committee following its day of general discussion held on 21 September 2007 on “Resources for the Rights of the Child - Responsibility of States”. In the light of article 4 of the Convention, the Committee also urges the State party to prioritize and increase budgetary allocations for children at both national, regional and sub-regional levels to improve the implementation of the rights of the child throughout the country and, in particular, to pay attention to the protection of the rights of children belonging to vulnerable groups, including children belonging to minority groups, children with disabilities, children affected by and/or infected with HIV/AIDS and children living in poverty and in remote and rural areas.</p> <p>42. The Committee is concerned over the high number of vulnerable families due the aftermath of the armed conflict, poverty, HIV/AIDS as well as the absence of one parent due to obligatory military service, detention or exile.</p> <p>45. The Committee recommends that the State party, while taking into account the recommendations issued by the Committee following its day of general discussion on</p>

		<p>children without parental care, held on 16 September 2005, undertake the necessary measures to protect the rights of children without parental care and address their needs with a focus on, inter alia:</p> <p>(a) Improved assistance to extended families who care for children of parents who have died of AIDS and for child-headed households; (...)</p> <p>56. The Committee welcomes the information by the State party that anti-retroviral treatment is available free of charge. However, it notes the challenges involved in ensuring its accessibility to all those who need it. The Committee is concerned over the increasing HIV/AIDS infection rates and notes that children, and in particular adolescent girls in urban areas, are highly vulnerable to contracting HIV/AIDS. The Committee is concerned that prevention of mother to child transmission (PMTCT) services are inadequate, that testing and counselling services are insufficient and that there is a lack of a legal framework and strategy on how to support and counteract discrimination against children who have contracted or lost their parents to HIV/AIDS.</p> <p>57. The Committee recommends, with reference to its general comment No. 3 (2003) on HIV/AIDS and the rights of the child and to the International Guidelines on HIV/AIDS and Human Rights, the State party to:</p> <p>(a) Ensure the full and effective implementation of a comprehensive policy to prevent HIV/AIDS with adequate targeting of areas and groups that are the most vulnerable;</p> <p>(b) Strengthen its efforts to combat HIV/AIDS, including through awareness-raising campaigns;</p> <p>(c) Ensure access to child-sensitive and confidential testing and counselling, without the need for parental consent;</p> <p>(d) Strengthen and expand its efforts and services to prevent mother-to-child transmission of HIV;</p> <p>(e) Develop a legal framework and strategy in order to protect children and prevent discrimination against children infected with and affected by HIV/AIDS;</p> <p>(f) Seek international assistance from, among others, UNAIDS and UNICEF, to that effect.</p>
Ethiopia	CRC/C/ETH/CO/3 01/11/2006	<p>17. In the light of article 4 of the Convention, the Committee urges the State party to prioritize and increase budgetary allocations for children at both national and local levels in order to improve the implementation of the rights of the child throughout the country and, in particular, to pay attention to the protection of the rights of children belonging to vulnerable groups, including children belonging to ethnic minorities, children with disabilities, children affected by and/or infected with HIV/AIDS and children living in poverty and in remote areas.</p> <p>37. The Committee is deeply concerned about the impact of extreme poverty and the high rate of HIV/AIDS on children, and the dire need to provide them with adequate alternative care. The Committee notes the important role played by NGOs in providing alternative care for orphaned children.</p>

		<p>38. The Committee recommends that the State party take the necessary measures to protect the rights of children without parental care and address their needs with a focus on:</p> <p>(a) Effective support programmes for children in vulnerable families, such as those affected by HIV/AIDS, single-parent families and families suffering from poverty;</p> <p>(b) Assistance to extended families who care for children of parents who have died of AIDS and for child-headed households; and</p> <p>(c) Promotion of and support for family-type forms of alternative care for children deprived of parental care, in order to reduce the dependence on institutional care;</p> <p>(d) Provision of adequate resources to institutional care provided by NGOs, while bearing in mind the State responsibility for all children who lack parental care; (...)</p> <p>55. The Committee welcomes the introduction of free anti-retroviral treatment, however notes the challenges involved in ensuring that it be provided to all those who need it. The Committee is deeply concerned over the HIV/AIDS infection rates, and that children and women of child-bearing age remain highly vulnerable to contracting HIV/AIDS. Specifically, the Committee is concerned that testing and counselling are lacking as well as a strategy on how to support and counteract discrimination against children who have contracted or lost their parents to HIV/AIDS.</p> <p>56. The Committee recommends, with reference to the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and to the International Guidelines on HIV/AIDS and Human Rights, that the State party:</p> <p>(a) Strengthen its efforts to combat HIV/AIDS, including through awareness-raising campaigns;</p> <p>(b) Ensure the full and effective implementation of a comprehensive policy to prevent HIV/AIDS;</p> <p>(c) Develop a policy in order to prevent discrimination against children infected with and affected by HIV/AIDS;</p> <p>(d) Ensure access to child-sensitive and confidential counselling, without the need for parental consent, when such counselling is required and in the best interest of the child;</p> <p>(e) Continue to strengthen its efforts to prevent mother-to-child transmission of HIV;</p> <p>(f) Seek international assistance from, among others, UNAIDS and UNICEF, to that effect.</p>
Gabon		
Gambia		
Ghana	CRC/C/GHA/CO/2 17/03/2006	18. The Committee recommends that the State party pay particular attention to the full implementation of article 4 of the Convention by increasing and prioritizing

		<p>budgetary allocations to ensure at all levels the implementation of the rights of the child and that particular attention is paid to the protection of the rights of children belonging to vulnerable groups including children with disabilities, children affected or/and infected by HIV/AIDS, street children and children living in poverty. It further recommends that the State party provide specific and detailed information on the allocations of these budgets at the national and district level.</p> <p>40. The Committee welcomes the National Policy Guidelines on Orphans and Other Children made Vulnerable by HIV/AIDS but remains concerned that these Guidelines are not effectively implemented. It is further concerned by the more than 200,000 children orphaned by HIV/AIDS in the State party. The Committee is also alarmed at the information about the increasing number of orphanages.</p> <p>53. While welcoming the establishment of the National AIDS Commission in 2000 and the development of the National Strategic Framework in 2001, the Committee remains concerned about the high prevalence rate of HIV/AIDS, especially among women in their childbearing years, compounded in part by inappropriate traditional practices, stigmatization and lack of knowledge about prevention methods. It is further concerned about the fact that only a limited number of HIV/AIDS infected children and mothers have access to antiretroviral medication as well as about limited testing.</p> <p>54. 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 programmes, providing free and universal antiretroviral medication and improving protection and support for AIDS orphans. It further recommends that the State party seek technical assistance, inter alia, from UNAIDS and bilateral aid agencies. The Committee refers the State party to its general comment No. 3 on HIV/AIDS and the rights of children (CRC/GC/2003/3) in this regard.</p>
Guinea		
Guinea-Bissau	CEDAW/C/GNB/CO/6 07/08/2009	<p>37. The Committee takes note of the efforts made by the State party to address HIV/AIDS in Guinea-Bissau, including through the National Strategic Plan on HIV/AIDS 2007-2011, which specifically targets women as a priority group, and to reduce maternal mortality and draft legislation on reproductive health. However, the Committee regrets that it was unable to gain a clear understanding of the health status of women and girls in Guinea-Bissau based on the information provided by the State party. It expresses concern about the significant structural barriers hindering access of women and girls to adequate health care and services, including sexual and reproductive health-care services. These barriers include a lack of adequate physical</p>

		<p>infrastructure and both human and financial capacity constraints. In this regard, it notes in particular the negative effects of such barriers on women and girls in rural areas. The Committee is also concerned about the high rates of maternal mortality, female genital mutilation and early pregnancy.</p> <p>38. The Committee urges the State party to take steps to improve the country's health infrastructure in order to ensure women's access to health care and services, including to sexual and reproductive health and related information, especially in rural areas. It calls on the State party to integrate a gender perspective in all health sector programmes and policies. The Committee recommends that the State party step up its efforts to reduce the incidence of HIV/AIDS, maternal mortality and early pregnancy, and to improve the availability of sexual and reproductive health services, including family planning information and services and sex education, as well as access to antenatal, post-natal and obstetric services in order to reduce maternal mortality. It calls on the State party to enhance work with community leaders and health workers so as to eliminate female genital mutilation and early marriage.</p>
Kenya	E/C.12/KEN/CO/1 01/12/2008	<p>26. The Committee is concerned that children and orphans affected by HIV/AIDS are not adequately supported by the State party and that the care for these children and the task of monitoring their school attendance is frequently delegated to their extended families and to community and faith-based organizations, without adequate support and supervision from the State party. (art. 10)</p> <p>The Committee recommends that the State party step up its efforts to monitor regular school attendance by children and orphans with HIV/AIDS or from HIV/AIDS affected households, combat discrimination by school officials and ensure that these children receive continuous material and psychological support for their education. It also recommends that the State party give priority to placing orphans in foster or other non-institutional alternative care and that it provide financial support to the extended families, as well as to community and faith-based organizations, taking care of children and orphans affected by HIV/AIDS.</p> <p>32. The Committee is concerned about the high maternal, infant and under-five mortality rates, the lack of adequately equipped maternal health care facilities and skilled birth attendance, especially in the North Eastern and Coastal Provinces, and de facto discrimination against poor women, older women and women with HIV/AIDS in access to maternal health care. (art. 12)</p> <p>The Committee recommends th at the State party take immediate measures to ensure that (a) all pregnant women, including poor women, older women and women with HIV/AIDS, have affordable access to skilled care free from abuse during pregnancy, delivery, postpartum, postnatal periods, and to care of the newborn, including in remote rural areas; (b) the waiver of maternity fees in public hospitals and health facilities is effectively enforced</p>

		<p>without compromising the quality of services; (c) immunization campaigns for children are implemented in all provinces; (d) pregnant women with HIV/AIDS are not refused treatment, segregated in separate hospital wards, forced to undergo HIV/AIDS testing, and discriminated or abused by health workers, and that they are informed about and have free access to antiretroviral medication during pregnancy, labour and after birth, including for their children; and (e) a date is set for the entry into force of the HIV/AIDS Prevention and Control Act (2006) as soon as possible.</p>
	<p>CEDAW/C/KEN/CO/6 10/08/2007</p>	<p>39. While noting the recent decline in HIV prevalence and appreciating the existing programmes and the State party's priority attention to addressing the HIV/AIDS pandemic, including the development of the Kenya National HIV/AIDS strategic plan and the adoption of the HIV/AIDS Prevention and Control Act, the Committee is concerned that the State party still faces a serious epidemic, especially among young women. It is concerned that current policies and legislation do not adequately take into account gender-specific vulnerabilities and do not protect the rights of women and girls affected by HIV/AIDS. The Committee is especially concerned that the persistence of unequal power relations between women and men and the inferior status of girls and women hamper their ability to negotiate safe sexual practices and increases their vulnerability to infection. The Committee is further concerned about the number of child-headed households of orphans of the HIV/AIDS crisis, where girls have disproportionate responsibilities that make them vulnerable to HIV/AIDS and prostitution.</p> <p>40. The Committee recommends continued and sustained efforts to address the impact of HIV/AIDS on women and girls, as well as its social and family consequences. It urges the State party to enhance its focus on women's empowerment and to include clearly and visibly a gender perspective in its party to take measures to address the situation of child-headed households and to report on measures taken and results achieved in its next report.</p>
	<p>CRC/C/KEN/CO/2 19/06/2007</p>	<p>15. The Committee recommends that the State party pay particular attention to the full implementation of article 4 of the Convention, by increasing and prioritizing budgetary allocations to ensure at all levels the implementation of the rights of the child and that in the budget allocation particular attention is paid to the protection of the rights of children belonging to vulnerable or disadvantaged groups, including children with disabilities; children infected with HIV and/or affected by HIV/AIDS; orphans; children living in poverty and children in remote or marginalized areas. The Committee urges prioritization of children's economic, social and cultural rights, especially for marginalized children, and adequate budget allocations</p>

		<p>with a view of alleviating disparities. The Committee encourages the State party to start budget tracking from a child-rights' perspective with a view to monitoring budget allocations for children and seek technical assistance for this purpose from, inter alia, the United Nations Children's Fund (UNICEF). Furthermore, the Committee encourages the State party to negotiate debt relief in favour of resources for child protection.</p> <p>50. The Committee recommends that the State party: (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 for formulating adolescent-health policies and programmes in the school curriculum, with a particular focus on the prevention of teenage pregnancies, unsafe abortions and sexually transmitted diseases, including HIV/AIDS, taking into account the Committee's General Comment No. 4 (CRC/GC/2003/4) on adolescent health and development; (...)</p> <p>51. The Committee welcomes Kenya's National Strategic Plan on HIV/AIDS (2005-2010), as well as the guidelines on infant and young-child feeding in the context of HIV/AIDS. It notes as positive that infection rates have declined in recent years; however, it is concerned at the particularly high infection rates among adolescent girls and children under age 5. The Committee is further concerned at the extremely high number of HIV/AIDS orphans and child-headed households. The Committee regrets that government funding for antiretroviral medication appears to be insufficient. It also regrets that insufficient resources are allocated to prevention through sex education among adolescents.</p> <p>52. The Committee recommends that the State party, taking into account the Committee's General Comment No. 3 on HIV/AIDS and the rights of children (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37): (a) Strengthen its efforts in combating the spread and effects of HIV/AIDS, in particular by effectively implementing the National Strategic Plan, policies and guidelines on HIV/AIDS, infant and child feeding and the programme for preventing mother-to-child transmission of HIV/AIDS; (b) Provide all pregnant women with adequate health and social services free of charge, and by ensuring the provision of antiretroviral drugs and formula-feeding for infants; (c) Systematically include comprehensive information about HIV/AIDS and sex education to youth, including confidential counselling and testing and the promotion of contraceptive use, and provide training to health workers, teachers and education personnel on teaching about HIV/AIDS and sex education; (d) Integrate respect for the rights of the child into, and involve children in, the development and implementation of its HIV/AIDS policies and strategies; (e) Expand assistance to orphaned children and made</p>
--	--	--

		<p>vulnerable by HIV/AIDS; (f) Ensure that public-awareness campaigns seek to prevent discrimination against children infected with and affected by HIV/AIDS.</p>
Lesotho		
Liberia	<p>CEDAW/C/LBR/CO/6 07/08/2009</p>	<p>36. The Committee is deeply concerned at the highly negative effects of conflict on Liberia's health-care infrastructure, which constitutes a grave obstacle to the access of women and girls to adequate health care and services on an equitable and equal basis, especially in rural areas. (...) The Committee is particularly concerned about the alarming rates of maternal mortality, the high incidence of teenage pregnancy and the high rates of HIV/AIDS infection affecting women and girls in the country. It is also concerned at the lack of access of women, particularly in rural areas, to sexual and reproductive and health services, including skilled birth attendance and adequate post-natal care.</p> <p>37. (...) The Committee recommends that the State party step up its efforts to reduce the incidence of maternal mortality and teenage pregnancy and continue to implement awareness-raising initiatives on sexual and reproductive health and rights, including those that target adolescent girls, with special attention paid to the prevention and control of sexually transmitted diseases and HIV/AIDS. It suggests that the State party assess the actual causes of maternal mortality and HIV/AIDS and set targets and benchmarks within a time frame for their reduction.</p>
Libya	<p>E/C.12/LYB/CO/2 25/01/2006</p>	<p>19. The Committee is deeply concerned about reports that HIV/AIDS has increased since 2000, and that an estimated 90 per cent of recent adult infections are the result of injection drug use.</p> <p>36. The Committee, in line with its general comment No. 14 (2000) on the right to the highest attainable standard of health, encourages the State party to take urgent measures to stop the spread of HIV/AIDS, including through sex education in schools and awareness-raising campaigns. The State party should provide detailed information about its policy in relation to HIV/AIDS certificates.</p>
Madagascar		

Malawi	CRC/C/MWI/CO/2 29/03/2009	<p>5. The Committee acknowledges that widespread poverty and the HIV/AIDS pandemic confronting the State party had and continue to have a negative impact on the situation of children and hamper further progress in the effective implementation of the rights enshrined in the Convention.</p> <p>41. The Committee notes with concern the difficulties encountered by a high number of families in meeting their parental responsibilities due to extreme poverty, particularly in rural areas, the precarious situation of single parent households, child headed households and grandparent headed households due to the impact of HIV/AIDS, lack of protection of orphans' inheritance rights, and the very limited services available in the State party to support these families.</p> <p>42. The Committee recommends, in light of article 18 of the Convention, that the State party:</p> <p>(a) Strengthen its existing programmes at district and local level and ensure that these reach children in vulnerable families, particularly those affected by HIV/AIDS and families suffering from poverty;</p> <p>(b) Provide psychosocial and financial support to extended families that care for children whose parents have died of AIDS;</p> <p>(c) Develop at national, district and rural levels family education and awareness, including through training of parents, caregivers and traditional leaders;</p> <p>(d) Ensure the protection of property of orphans and their inheritance rights and in this regard enact the Deceased Estates (Wills, Inheritance and Protection) Bill.</p> <p>53. The Committee notes with appreciation the improvements made in the area of adolescent reproductive health and voluntary counselling and testing for HIV/AIDS. However, the Committee notes with concern the high levels of early pregnancy in the State party and unsafe abortions and STIs.</p> <p>58. The Committee notes with appreciation the adoption of the National HIV/AIDS Policy in 2003 and the National HIV/AIDS Action Framework (2005-2009) and the introduction of an Emergency Human Resources Strategy to address the human resources constraints of health workers in 2006. It also notes that the State party is currently drafting a bill on HIV/AIDS. However, the Committee remains concerned at the very low coverage of antiretroviral treatment for the prevention of mother-to-child transmission and for children, the poor quality of the health-care system and the human capacity constraints of trained health-care workers. The Committee is further concerned that harmful traditional practices, including early marriages, continue to increase vulnerability to HIV infection.</p> <p>59. The Committee urges the State party, while taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights, to take measures to continue to reduce HIV/AIDS in its territory, particularly with regard to</p>
--------	------------------------------	---

		<p>children and adolescents and, to inter alia:</p> <p>(a) Expand coverage of antiretroviral treatment for the prevention of mother-to-child transmission and for children and provide pre and post-natal care to HIV positive mothers;</p> <p>(b) Effectively implement the Emergency Human Resources Strategy to fill the vacancies in the health-care system;</p> <p>(c) Strengthen its HIV/AIDS awareness campaigns and ensure access to age-appropriate HIV/AIDS education and information which target children and adolescents, inside and outside schools, to equip them with the life skills to deal with and reduce their vulnerability to HIV and STIs;</p> <p>(d) Strengthen, continue and develop policies and programmes to provide care and support for children infected or affected by HIV/AIDS, including through social transfer schemes to low income households that include one or more AIDS orphans;</p> <p>(e) Continue activities aimed at reducing stigma and discrimination related to HIV/AIDS and provide awareness-raising on human rights within the context of HIV/AIDS;</p> <p>(f) Ensure a wide consultation on the draft law on HIV/AIDS in order to guarantee the protection of children's rights in accordance to the Convention.</p>
	<p>CEDAW/C/MWI/CO/5 03/02/2006</p>	<p>31. (...) The Committee is also alarmed at the rising trends in HIV/AIDS infection rates of women and the direct linkage between harmful traditional practices and the spread of HIV/AIDS.</p> <p>32. (...)It further recommends that sex education be widely promoted and targeted at girls and boys, with special attention paid to the prevention of early pregnancy and the control of sexually transmitted diseases and HIV/AIDS. It also calls on the State party to ensure the effective implementation of its HIV/AIDS law and policies, to seek technical support from the World Health Organization and the Joint United Nations Programme on HIV/AIDS. It encourages the State party to enhance work with community leaders and health workers so as to decrease and eliminate the negative impact of traditional practices on women's health.</p>
<p>Mali</p>	<p>CRC/C/MLI/CO/2 03/05/2007</p>	<p>20. The Committee recommends that the State party urgently strengthen its efforts to increase budgets for the implementation of the Convention, in particular for the economic, social and cultural rights of children (e.g. education and health) to the maximum extent of available resources, while paying special attention to ensuring adequate budget allocations for the protection of the rights of children belonging to vulnerable or disadvantaged groups, including children infected with HIV and/or affected by HIV/AIDS, orphans, children living in poverty and those living in rural and remote areas. Furthermore, the Committee recommends that the State party increase the budget allocation to the Ministry for the Advancement of Women, the Child and the Family in order to enable it to fully carry out the activities under its mandate and particularly with</p>

		<p>respect to the sector related to children.</p> <p>56. The Committee welcomes the efforts undertaken by the State party to combat HIV/AIDS, such as the establishment of the High National Council for Combating HIV/AIDS and the decision to provide free antiretroviral therapy. However, the Committee remains concerned at the high number of children infected with HIV and/or affected by HIV/AIDS, the lack of preventive measures taken and the inadequate assistance given to AIDS orphans, and the lack of data.</p> <p>57. The Committee recommends that the State party, while taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the international Guidelines on HIV/AIDS and Human Rights:</p> <p>(a) Ensure universal and cost-free access to antiretroviral therapy;</p> <p>(b) Involve children in the programme of the fight against HIV/AIDS, in particular by ensuring that more attention is given to the issue of children and HIV/AIDS;</p> <p>(c) Continue and strengthen its efforts to prevent mother-to-child transmission of HIV;</p> <p>(d) Strengthen its efforts to combat HIV/AIDS, including through ensuring availability of contraceptives throughout the country and through awareness-raising campaigns;</p> <p>(e) Improve the protective and preventive support for AIDS orphans;</p> <p>(f) Continue to prevent discrimination against children infected with HIV and/or affected by HIV/AIDS;</p> <p>(g) Take steps to collect disaggregated data on the prevalence of HIV/AIDS in the State party, including among children, which can be used for the development, implementation and monitoring of policies and programmes for children living with HIV/AIDS.</p>
Mauritania	CRC/C/MRT/CO/2 17/06/2009	<p>57. The Committee welcomes the information by the State party that the fight against HIV/AIDS is one of the health priorities and that collaboration is ongoing with UNICEF in this regard. However, despite the low infection rate, the Committee is concerned over its increase and notes that children, and in particular adolescent girls, in urban areas are highly vulnerable to contracting HIV/AIDS. The Committee is concerned that the access to anti-retroviral-treatment (ARV) and prevention of parent to child transmission (PPTCT) services are inadequate; that testing and counselling services are insufficient; and that there is an overall lack of funds for prevention measures.</p> <p>58. The Committee recommends, with reference to its general comment No. 3 (2003) on HIV/AIDS and the rights of the child and to the International Guidelines on HIV/AIDS and Human Rights, that the State party:</p> <p>(a) Ensure the full and effective implementation of a comprehensive policy to prevent HIV/AIDS with adequate targeting of areas and groups that are the most vulnerable;</p>

		<p>(b) Strengthen its efforts to combat HIV/AIDS, including through awareness-raising campaigns;</p> <p>(c) Ensure access to child-sensitive and confidential testing and counselling, without the need for parental consent;</p> <p>(d) Strengthen and expand its efforts and services to prevent mother-to-child transmission of HIV; provide all HIV-infected mothers with counselling, which includes provision of general information about the risks and benefits of various infant feeding options, and specific guidance in selecting the option most likely to be suitable for their situation, including breastfeeding;</p> <p>(e) Develop a legal framework and strategy in order to protect children and prevent discrimination against children infected with and affected by HIV/AIDS;</p> <p>(f) Seek further international assistance from, among others, UNAIDS and UNICEF, to that effect.</p>
	<p>CEDAW/C/MRT/CO/1 11/06/2007</p>	<p>40. The Committee recommends that the State party undertake all necessary measures to improve women's access to health care and to health-related services and information, including for women in rural areas. It calls upon the State party to improve the availability of sexual and reproductive health services, including family planning services and obstetric care. It recommends that programmes and policies be adopted to increase knowledge of and access to affordable contraceptive methods, so that women and men can make informed choices about the number and spacing of children. The Committee also recommends the implementation of a comprehensive maternal and infant mortality reduction programme, with time bound targets, including measures to increase access to obstetric services. It further calls upon the State party to address teenage pregnancies with a view to preventing vesicovaginal fistula and to provide medical support to those affected by it. It also recommends that appropriate sex education and youth-friendly reproductive health services be provided, inter alia, to prevent sexually transmitted diseases, including HIV/AIDS. It also encourages the State party to address drug and substance abuse among young people, with a specific focus on young women.</p>
<p>Morocco</p>	<p>CEDAW/C/MAR/CO/4 08/04/2008</p>	<p>31. The Committee calls upon the State party to increase women's access to primary health care services, including reproductive health care and means of family planning. In light of its general recommendation 24, the Committee also recommends that the State party increase awareness campaigns on the importance of health care, including information on the spread of sexually transmitted diseases and HIV/AIDS as well as on the prevention of unwanted pregnancies through family planning and sex education.</p>

Mozambique	CRC/C/MOZ/CO/2 04/11/2009	<p>20. The Committee recommends to the State party that development cooperation, and particularly any increases, be targeted towards programmes that can deliver quick/high impacts on implementing the rights of the child. In particular, priority should be given to: (...)</p> <p>(c) Continued and accelerated expansion of access to quality paediatric treatment, voluntary counselling and testing as part of antenatal care programmes, and drugs for the prevention of mother-to-child transmission of HIV;</p> <p>(d) HIV/AIDS programmes as an entry point for the allocation of resources to the wider health sector system, strengthening expansion of facilities and improving the quality of care;</p> <p>67. The Committee welcomes the adoption of the National Strategic Plan for the Prevention and Fight against AIDS and the establishment of a National AIDS Council chaired by the Prime Minister to ensure a multisectoral approach in the fight against HIV/AIDS. It also takes note of the preparation of a bill on defending human rights and the fight against stigmatization and discrimination against people living with HIV and AIDS. Nonetheless, the Committee is concerned at the reported reduced budgetary allocations in the areas of HIV and AIDS since 2008. The Committee is deeply concerned that a growing proportion of all child deaths are a result of HIV-related illnesses and that the prevalence rate among women, particularly in the age group 15-24 years, is 2.6 per cent higher than among men. While the number of children receiving antiretroviral treatment has increased significantly over the past five years, the Committee is concerned that only 18 per cent of eligible children receive proper treatment, that services for orphans and vulnerable children, including child heads of household, remain inadequate, and that there is persistent stigmatization of children living with HIV.</p> <p>68. Given that the State party is preparing its Third National Strategic Plan, and referring to its general comment N° 3 (2003) on HIV/AIDS and the rights of the child, the Committee urges the State party:</p> <p>(a) To ensure national scaling-up of proven interventions to reduce new infections of children through quality prevention of mother-to-child transmission services, as well as integrated prevention, care and treatment support, in both facilities and communities, for children infected with and affected by HIV and AIDS;</p> <p>(b) To ensure that the HIV response is guided by the most recent evidence on the key drivers of the epidemic, including multiple concurrent partners and male circumcision, by:</p> <p>(i) Further promoting culturally sensitive education and training programmes explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS;</p> <p>(ii) Providing information which recognizes the differences in levels of understanding among children to enable them to deal positively and responsibly with their sexuality and thereby protect themselves from HIV infection. Special attention should be paid to girls' specific needs;</p>
------------	------------------------------	---

		<p>(iii) Expanding programme interventions for orphans and vulnerable children, particularly child heads of household, in line with the national strategy;</p> <p>(iv) Promoting inter-institutional coordination on all issues related to HIV/AIDS; and</p> <p>(v) Ensuring that children, civil society and people living with HIV participate in all stages of planning, implementation and monitoring of all actions related to HIV/AIDS.</p>
	<p>CEDAW/C/MOZ/CO/2 11/06/2007</p>	<p>38. The Committee is deeply concerned at the alarming level and rapid spread of HIV/AIDS among women, including young women and pregnant women, and at the widespread consequences of the pandemic in Mozambique, including the high number of orphaned children.</p> <p>39. While noting with appreciation the existing global programmes for addressing the AIDS pandemic and the priority already given to that issue, the Committee recommends continued and sustained efforts to address all relevant aspects of the impact of HIV/AIDS on women, as well as its social and family consequences.</p>
<p>Namibia</p>	<p>CEDAW/C/NAM/CO/3 02/02/2007</p>	<p>24. (...) The Committee is also concerned about the steady increase in the number of HIV/AIDS infected women, who account for 53 per cent of all reported new HIV cases. The Committee further expresses its concern over the increasing rate of maternal mortality and the fact that reliable data on this subject is not available.</p> <p>25. (...) It further recommends that sex education be widely promoted and targeted at adolescent girls and boys, with special attention paid to the prevention of early pregnancy and the control of sexually transmitted diseases and HIV/AIDS. The Committee also calls upon the State party to ensure that its National Strategic Plan (MTP III) 2004-2009 is effectively implemented and its results monitored and that the socio-economic factors that contribute to HIV infection among women are properly addressed. The Committee urges the State party to improve women's access to maternal health services, including antenatal, post-natal, obstetric and delivery services. It encourages the State party to take steps to ensure accurate recording of maternal deaths and to obtain assistance for this from the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO).</p>

Niger	CRC/C/NER/CO/2 18/06/2009	<p>62. The Committee notes with appreciation the development and adoption of the 2002 and 2008 National HIV/AIDS multisectoral framework and sectoral action plans as well as the prevention activities conducted in partnership with NGOs.</p> <p>63. In light of its general comment No. 3 (2003) on HIV/AIDS and the rights of the child, the Committee urges the State party to strengthen its efforts to ensure access to antiretroviral treatment for children living with HIV/AIDS and take all the necessary measures to combat the persisting discrimination against these children.</p>
Nigeria	CEDAW/C/NGA/CO/6 08/07/2008	<p>31. While commending the State party for the measures taken to strengthen the national health system, including the recent approval by the National Assembly of the National Health Bill, as well as the adoption of policies and programmes to address various health challenges, the Committee reiterates its serious concern at the precarious situation of women's health, as well as the insufficient number and inadequate health-care facilities, particularly in rural areas. The Committee notes that responsibility for the provision of health services is currently divided across the three tiers of government, with local governments responsible for the primary health-care system. It notes with concern that primary health-care services and facilities are often inadequate in quality, number and funding. The Committee also expresses concern about the high rates of malaria and HIV/AIDS affecting women and girls in the country.</p> <p>32. The Committee urges the State party to continue its efforts to improve the country's health infrastructure, particularly at the primary level, and to integrate a gender perspective into all health sector reforms. It also urges the State party to improve women's access to quality and affordable health-care and health-related services, particularly at the primary level and in rural areas. It further urges the State party to introduce a holistic and life cycle approach to women's health, taking into account its general recommendation 24 on women and health. The Committee calls on the State party to ensure the full implementation of policies and programmes to prevent and combat malaria and HIV/AIDS. It further calls upon the State party to implement awareness raising campaigns to enhance women's knowledge of health issues, with special attention paid to the prevention and control of sexually transmitted diseases and HIV/AIDS.</p>
Rwanda		
São Tomé e Príncipe		
Senegal	CRC/C/SEN/CO/2 20/10/2006	<p>48. The Committee acknowledges the efforts made by the State party to increase the budget allocated to combat HIV/AIDS and welcomes the decision of the President of Senegal to provide free antiretroviral therapy to all those in</p>

		<p>need. However, the Committee remains concerned at the insufficient awareness-raising campaigns and the lack of HIV/AIDS centres for the counselling on and treatment of HIV/AIDS in the main regions and rural areas to provide assistance to infected and/or affected children.</p> <p>49. The Committee recommends, with reference to the Committee’s general comment No. 3 (2003) on HIV/AIDS and the rights of the child and to the International Guidelines on HIV/AIDS and Human Rights, that the State party:</p> <p>(a) Involve children in the programme to fight against HIV/AIDS in particular by ensuring that more attention be given to the issue of children and HIV/AIDS;</p> <p>(b) Strengthen its efforts to prevent mother-to-child transmission of HIV;</p> <p>(c) Strengthen its efforts to combat HIV/AIDS, including through ensuring availability of contraceptives throughout the country and through awareness-raising campaigns;</p> <p>(d) Prevent discrimination against children infected with and affected by HIV/AIDS; and</p> <p>(e) Improve protection and support for AIDS orphans.</p>
Seychelles		
Sierra Leone	CRC/C/SLE/CO/2 20/06/2008	<p>59. The Committee welcomes the development by the State party in 2002 of an HIV/AIDS policy aimed at raising awareness about HIV/AIDS, which has included the “Prevention of mother to child transmission programme” and care, support and treatment of orphans of HIV/AIDS and people living with HIV/AIDS. The Committee also welcomes the establishment by the State party of an HIV/AIDS secretariat, which set up an HIV/AIDS prevention, control and treatment plan for the 2004 to 2008 period. However, the Committee is particularly concerned about the large discrepancies among information sources as to the number of children orphaned by HIV/AIDS which does not allow for a correct assessment of the number of children affected by HIV/AIDS.</p> <p>60. Furthermore, the Committee is concerned about the low level of knowledge about HIV/AIDS prevention among young persons and the low percentage of pregnant women having access to counselling and voluntary testing. The Committee also remains concerned at the information that people’s attitudes show a climate of stigmatization and discrimination against persons with HIV/AIDS with many misconceptions existing about the modes of transmission and prevention of the virus.</p> <p>61. The Committee urges the State party, while taking into account the Committee’s general comment No. 3 (2003) on HIV/AIDS and the rights of the child (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights, to take measures to prevent and reduce HIV/AIDS infection in its territory, particularly with regard to the young people through, inter alia:</p> <p>(a) Fully implementing the HIV/AIDS prevention,</p>

		<p>control and treatment plan and continuing and strengthening implementation of the 'Prevention of Mother to Child Transmission' programme, including through increased coverage and access to prevention of mother-to-child transmission services;</p> <p>(b) Developing, strengthening and continuing policies and programmes to provide care and support for children infected or affected by HIV/AIDS, including programmes and policies to strengthen the capacity of families and the community to care for such children;</p> <p>(c) Continuing activities aimed at reducing stigma and discrimination related to HIV/AIDS and providing awareness-raising on human rights within the context of HIV/AIDS;</p> <p>(d) Taking effective measures to prevent discrimination against children infected with HIV and/or affected by HIV/AIDS, particularly with regard to equal access to education;</p> <p>(e) Continuing to disseminate information and materials to the public, particularly to women and girls, to increase knowledge about prevention and protection methods, including safe sex practices; and</p> <p>(f) Seek technical assistance, as appropriate, from the United Nations Programme on HIV/AIDS (UNAIDS), UNICEF and WHO.</p>
Somalia		
South Africa	CAT/C/ZAF/CO/1 7/12/2006	22. While recognizing some improvement of the situation in the State party's detention system, the Committee remains concerned about the overcrowding in prisons and other detention facilities as well as with the high rate of HIV/AIDS and tuberculosis amongst detainees.
	CERD/C/ZAF/CO/3 19/10/2006	20. While acknowledging the State party's programmes for the prevention and treatment of HIV/AIDS, the Committee is concerned at the high rate of HIV/AIDS among persons belonging to the most vulnerable ethnic groups (art. 5 (e)). The Committee recommends that the State party strengthen its programmes in the field of health, with particular attention to minorities, bearing in mind their disadvantaged situation resulting from poverty and lack of access to education, and encourages the State party to take further measures to combat HIV/AIDS.
Sudan		
Swaziland	CRC/C/SWZ/CO/1 16/10/2006	<p>6. The Committee acknowledges that the HIV/AIDS pandemic facing the State party had, and continues to have, a negative impact on the situation of children and hampers the full implementation of the Convention. The Committee further notes that drought and the related lack of food security also adversely affect the full implementation of the Convention.</p> <p>40. The Committee notes that the State party, in cooperation with civil society, has developed many programmes to</p>

		<p>provide care and support to orphans and vulnerable children. Despite these developments, the Committee remains deeply concerned about the impact the high rate of HIV/AIDS has on children who have lost one or both parents and the need to provide them with adequate alternative care. The Committee is further concerned at the lack of guidelines for the operation of orphanages.</p> <p>41. The Committee recommends that the State party:</p> <p>(a) Develop an effective and comprehensive policy addressing the needs of children without parental care;</p> <p>(b) Effectively support programmes for children in vulnerable families, particularly those affected by HIV/AIDS and families suffering from poverty;</p> <p>(c) Provide psychosocial and financial support to extended families that care for children of parents who have died of AIDS and for child-headed households; (...)</p> <p>53. The Committee, while acknowledging the various efforts of the State party to prevent and combat HIV/AIDS, inter alia through providing free antiretroviral drugs, free voluntary testing and counselling, and the creation of a centre to support HIV-infected children, is deeply concerned at the high rate of HIV/AIDS infection in the State party and the devastating impact this has on children, with the number of orphaned and vulnerable children currently projected at well over 70,000.</p> <p>54. The Committee recommends that the State party, while taking into account the Committee's general comment No. 3 (CRC/GC/2003/3) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights:</p> <p>(a) Strengthen its efforts to combat HIV/AIDS, including through awareness-raising campaigns, and to prevent discrimination against children infected with and affected by HIV/AIDS;</p> <p>(b) Ensure the full and effective implementation of a comprehensive policy to prevent HIV/AIDS that includes all preventive measures, and the complementarity of the different approaches for different age groups;</p> <p>(c) Ensure access to child-sensitive and confidential counselling when such counselling is required by a child;</p> <p>(d) Continue to strengthen its efforts to prevent mother-to-child transmission of HIV; and</p> <p>(e) Seek international assistance from, among others, UNAIDS and UNICEF, to that effect.</p>
Tanzania	CRC/C/TZA/CO/2 21/06/2006	<p>5. The Committee notes that the high incidence of the HIV/AIDS epidemic in rural areas, together with certain traditional practices and customs in use there, continues to hamper progress in the effective implementation of the provisions of the Convention.</p> <p>47. The Committee recommends that the State party:</p> <p>(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</p>

		<p>HIV/AIDS and other sexually transmitted diseases, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development;</p> <p>(b) Strengthen developmental and mental health counselling services, as well as reproductive counselling, and make them known and accessible to adolescents;</p> <p>(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; and</p> <p>(d) Continue to provide support to pregnant teenagers and ensure the continuation of their education.</p> <p>48. While welcoming the establishment of the Tanzanian Commission on Aids (TACAIDS) in December 2000 and the adoption of a National Policy on HIV/AIDS in November 2001, the Committee remains concerned at the high prevalence rate of HIV/AIDS, especially among women in their childbearing years, compounded, in part, by inappropriate traditional practices, stigmatization and the lack of knowledge of prevention methods. It is further concerned at the fact that only a limited number of HIV/AIDS-infected children have access to antiretroviral medication.</p> <p>49. The Committee recommends that the State party, taking into account its general comment No. 3 on HIV/AIDS and the rights of children (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), continue:</p> <p>(a) To strengthen its efforts in combating the spread and effects of HIV/AIDS, in particular by effectively implementing the programme for preventing mother-to-child transmission of HIV/AIDS (PMTCT), by providing all pregnant women with adequate health and social services free of charge, and by ensuring the provision of antiretroviral drugs and formula-feeding for infants;</p> <p>(b) To systematically include comprehensive information about HIV/AIDS and sex education, including condom promotion, and provide training to teachers and other education personnel on teaching about HIV/AIDS and sex education;</p> <p>(c) To integrate respect for the rights of the child into, and involve children, in the development and implementation of its HIV/AIDS policies and strategies; and</p> <p>(d) To expand assistance to children orphaned and made vulnerable by HIV/AIDS.</p>
Togo	CEDAW/C/TGO/CO/5 03/022006	29. 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

		<p>reproductive health services, including family planning information, to reduce maternal mortality. (...) 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 the control of sexually transmitted diseases and HIV/AIDS. It also calls on the State party to ensure the effective implementation of its HIV/AIDS law and policies.</p>
Tunisia		
Uganda		
Zambia	CAT/C/ZMB/CO/2 26/05/2008	<p>16. The Committee, while welcoming the amendment of the Prisons Act of 2004 providing for the establishment of a health-care service in prisons, which would enable prison services to employ competent medical personnel to attend to the health needs of inmates, is concerned at the prevalence of diseases such as HIV/AIDS and tuberculosis and the high contamination rate of inmates and prison officers due to overcrowding and the lack of adequate health care (art. 16). The State party should speed up the establishment of health-care services in prisons and the recruitment of medical personnel in order to bring conditions of detention into line with international standards.</p>
Western Sahara		
Zimbabwe		



THE DANISH INSTITUTE FOR HUMAN RIGHTS

The Danish Institute for Human Rights (DIHR) is an independent, national human rights institution modelled in accordance with the UN Paris Principles. The Institute carries out a mandate that encompasses research, education and the implementation of national and international programmes.

The chief objective of the DIHR is to promote and develop knowledge about human rights on a national, regional and international basis predicated on the belief that human rights are universal, mutually interdependent and interrelated. The Institute believes that societies must be based on the rule of law, where the state protects and confers obligations on the individual while safeguarding the most disadvantaged and marginalized groups in society.



Aidsnet is a network of more than 35 Danish NGOs and research institutions working together to improve the quality of the Danish HIV/AIDS interventions in Denmark and in developing countries. Aidsnet is an open, member-managed network that combines efforts to create a supportive environment to promote NGO capacity building and the exchange of experiences and knowledge.