

APPENDIX
Documents by the Committee on the Rights of the Child
confirming its *ultra vires* acts and interpretations

This Appendix cites excerpts from official CRC documents substantiating its alleged unlawful interpretations of UNCRC and other *ultra vires* acts. The second column of the table indicates types of *ultra vires* acts for the convenience of readers.

Legend:

A – calls to liberalize abortion laws.

H-HR – references to *International Guidelines on HIV/AIDS and Human Rights* containing controversial concepts (legalization of same-sex marriages/partnerships, decriminalization of prostitution, ‘a right to abortion’) therein.

IL – calls to ratify new international agreements not following from UNCRC.

NL – calls to review national legislation not following from UNCRC.

Par – calls to provide children with sexuality education, access to counseling and health services without the need for parental consent (or not mentioning it, incl. with references to confidentiality¹).

Table of CRC document excerpts

№	Type	Document details and excerpts
General comments (reproductive health)		
1	Par	<p>CRC/GC/2003/3</p> <p>General Comment No. 3 (2003)</p> <p>HIV/AIDS and the rights of the child</p> <p>6. Adequate measures to address HIV/AIDS can be undertaken only if the rights of children and adolescents are fully respected. The most relevant rights in this regard, in addition to those enumerated in paragraph 5 above, are the following: the right to access information and material aimed at the promotion of their social, spiritual and moral well-being and physical and mental health (art. 17); <u>the right to preventive health care, sex education and family planning education</u> and services (art. 24 (f))...</p> <p>...</p> <p>8. Of particular concern is gender-based discrimination combined with taboos or negative or judgemental attitudes to sexual activity of girls, often limiting their access to preventive measures and other services. <u>Of concern also is discrimination based on sexual orientation.</u> In the design of HIV/AIDS-related strategies, and in keeping with their obligations under the Convention, States parties must give careful consideration to prescribed gender norms within their societies with a view to eliminating gender-based discrimination as these norms impact on the vulnerability of both girls and boys to HIV/AIDS. ...</p> <p>...</p> <p>16. Consistent with the obligations of States parties in relation to the rights to health and information (arts. 24, 13 and 17), children should have the right to access adequate</p>

¹ It must be emphasized that, speaking of educating children on matters of sexual and reproductive health, documents that have received some international approval, the *Cairo Programme of Action* and the *Beijing Platform for Action* in particular, repeatedly and explicitly indicate the need to do so respecting the rights and duties of their parents. However, in documents issued by CRC this indication is nearly always omitted. Moreover, its General comments Nos. 3 and 4 explicitly state the need to provide children with sexuality education, reproductive health counselling and services regardless of parental consent. As a result, whenever the Committee in its concluding statements refers to these general comments, it implies the need to disregard the parents’ considerations, contrary to Article 5 of UNCRC and relevant documents of some intergovernmental standing.

		<p>information related to HIV/AIDS prevention and care, through formal channels (e.g. through educational opportunities and child-targeted media) as well as informal channels (e.g. those targeting street children, institutionalized children or children living in difficult circumstances). States parties are reminded that children require relevant, appropriate and timely information which recognizes the differences in levels of understanding among them, is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality in order to protect themselves from HIV infection. The Committee wishes to emphasize that effective HIV/AIDS prevention requires <u>States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information</u>, and that, consistent with their obligations to ensure the right to life, survival and development of the child (art. 6), States parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality.</p> <p>...</p> <p>20. The Committee is concerned that health services are generally still insufficiently responsive to the needs of children under 18 years of age, in particular adolescents. As the Committee has noted on numerous occasions, children are more likely to use services that are friendly and supportive, provide a wide range of services and information, are geared to their needs, give them the opportunity to participate in decisions affecting their health, are accessible, affordable, <u>confidential and non-judgemental, do not require parental consent</u> and are not discriminatory. ...</p> <p>...</p> <p>24. States parties must protect the confidentiality of HIV test results, consistent with the obligation to protect the right to privacy of children (art. 16), including within health and social welfare settings, and information on the HIV status of children may not be disclosed to third parties, <u>including parents, without the child's consent</u>.</p>
2	Par	<p>CRC/GC/2003/4</p> <p>General comment No. 4 (2003)</p> <p>Adolescent health and development in the context of the Convention on the Rights of the Child</p> <p>28. In light of articles 3, 17 and 24 of the Convention, States parties <u>should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives</u>, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs). In addition, States parties <u>should ensure that they have access to appropriate information, regardless of their marital status and whether their parents or guardians consent</u>. It is essential to find proper means and methods of providing information that is adequate and sensitive to the particularities and specific rights of adolescent girls and boys. To this end, States parties are <u>encouraged to ensure that adolescents are actively involved in the design and dissemination of information through a variety of channels beyond the school</u>, including youth organizations, religious, community and other groups and the media.</p> <p>...</p> <p>30. Adolescents, both girls and boys, are at risk of being infected with and affected by STDs, including HIV/AIDS. States should ensure that appropriate goods, services and information for the prevention and treatment of STDs, including HIV/AIDS, are available and accessible. To this end, States parties are urged (a) to develop effective prevention programmes, <u>including measures aimed at changing cultural views about adolescents' need for contraception</u> and STD prevention <u>and addressing cultural and other taboos</u></p>

		<p><u>surrounding adolescent sexuality</u>; (b) to adopt legislation to combat practices that either increase adolescents' risk of infection or contribute to the marginalization of adolescents who are already infected with STDs, including HIV; (c) to take measures <u>to remove all barriers hindering the access of adolescents to information, preventive measures such as condoms, and care.</u></p> <p>31. ... The Committee urges States parties (a) to develop and implement programmes that provide access to sexual and reproductive health services, including family planning, contraception <u>and safe abortion services where abortion is not against the law</u>, adequate and comprehensive obstetric care and counselling; ...</p> <p>32. <u>Before parents give their consent</u>, adolescents need to have a chance to express their views freely and their views should be given due weight, in accordance with article 12 of the Convention. However, <u>if the adolescent is of sufficient maturity, informed consent shall be obtained from the adolescent her/himself, while informing the parents if that is in the "best interest of the child" (art. 3).</u></p> <p>33. With regard to privacy and confidentiality, and the related issue of informed consent to treatment, States parties should (a) enact laws or regulations to ensure that <u>confidential advice concerning treatment is provided to adolescents</u> so that they can give their informed consent. Such laws or regulations should stipulate an age for this process, or refer to the evolving capacity of the child; and (b) provide training for health personnel on the <u>rights of adolescents to privacy and confidentiality</u>, to be informed about planned treatment and to give their informed consent to treatment.</p>
3	NL Par	<p>CRC/C/GC/12</p> <p>GENERAL COMMENT No. 12 (2009)</p> <p>The right of the child to be heard</p> <p>101. States parties <u>need to introduce legislation or regulations to ensure that children have access to confidential medical counselling and advice without parental consent, irrespective of the child's age</u>, where this is needed for the child's safety or well-being. Children may need such access, for example, where they are experiencing violence or abuse at home, or in need of reproductive health education or services, <u>or in case of conflicts between parents and the child</u> over access to health services. The right to counselling and advice is distinct from the right to give medical consent and <u>should not be subject to any age limit.</u></p>
Concluding observations (reproductive health)		
4	Par	<p>CRC/C/15/Add.128</p> <p>Concluding observations of the Committee on the Rights of the Child. CAMBODIA (2000)</p> <p>52. The Committee expresses its concern at the high maternal mortality rate, <u>the limited access by teenagers to reproductive and sexual health education and counselling services, including outside the school system, and the low level of contraceptive use.</u> ...</p>
5	A NL	<p>CRC/C/103</p> <p>Palau (2001)</p> <p>464. ... The Committee notes <u>that abortion is illegal except on medical grounds and expresses concern regarding the best interests of child victims of rape and/or incest in this regard.</u> ...</p> <p><u>465. ... The Committee recommends that the State party review its legislation concerning abortion, with a view to guaranteeing the best interests of child victims of rape and incest. ...</u></p>

6	Par	<p>CRC/C/RUS/CO/3</p> <p>Concluding observations: Russian Federation (2005)</p> <p>56. The Committee recommends that the State party pay close attention to adolescent health, taking into account general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child; and strengthen its efforts to promote adolescent health, <u>including by providing sexual and reproductive health education in schools</u> and introducing school health services, including youth-sensitive and <u>confidential counselling and care</u>. ...</p>
7	H-HR Par	<p>CRC/C/UGA/CO/2</p> <p>Concluding observations of the Committee on the Rights of the Child: Uganda (2005)</p> <p>52. With reference to the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and <u>the International Guidelines on HIV/AIDS and Human Rights</u>, the Committee recommends, in particular, that the State party:</p> <p>...</p> <p>(c) <u>Ensure access to child-sensitive and confidential counselling, without the need for parental consent</u>, when such counselling is required by a child;</p>
8	Par	<p>CRC/C/JOR/CO/3</p> <p>Concluding observations: JORDAN (2006)</p> <p>65. The Committee recommends that the State party strengthen its efforts to promote adolescent health, <u>including sex and reproductive health education in schools and in other appropriate places frequented by children</u>. ... Finally, 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.</p>
9	Par	<p>CRC/C/TTO/CO/2</p> <p>Concluding observations: Trinidad and Tobago (2006)</p> <p>54. The Committee recommends that the State party, taking into account general comment No. 4 of 2003 on Adolescent health and development (CRC/GC/2003/4):</p> <p>...</p> <p>(c) <u>Take measures to incorporate sexual and reproductive health education in the school curriculum, particularly at the secondary level, to inform adolescents fully of reproductive health rights</u>, including prevention of sexually transmitted diseases including HIV/AIDS and early pregnancies;</p>
10	Par	<p>CRC/C/SAU/CO/2</p> <p>Concluding observations: Saudi Arabia (2006)</p> <p>58. The Committee recommends that the State party take 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 (CRC/GC/2003/4) and strengthen its efforts to promote adolescent health, <u>including sex and reproductive health education in schools</u>, and to provide adolescents with youth-sensitive and <u>confidential counselling and health-care services</u>.</p>
11	Par	<p>CRC/C/HUN/CO/2</p> <p>Concluding observations: Hungary (2006)</p> <p>44. The Committee recommends that the State party pay close attention to adolescent health, taking into account general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child,</p>

		and strengthen its efforts to promote adolescent health, <u>including sexual and reproductive health education in schools</u> , and to introduce school health services, including youth-sensitive and <u>confidential counselling and care</u>
12	Par	<p>CRC/C/COL/CO/3</p> <p>Concluding observations: Colombia (2006)</p> <p>71. The Committee recommends that the State party promote and ensure access to reproductive health services for all adolescents, <u>including sex and reproductive health education in schools</u> as well as youth-sensitive and <u>confidential counselling and health-care services</u>, taking into due account the Committee's general comment No. 4 on adolescent health and development in the context of the Convention (CRC/GC/2003/4). ...</p>
13	Par	<p>CRC/C/SEN/CO/2</p> <p>Concluding observations: Senegal (2006)</p> <p>47. The Committee recommends that the State party:</p> <p>(a) <u>Strengthen sex and reproductive health education for adolescents, especially in schools</u>, with a view to reducing the incidence of teenage pregnancies and to provide teenage girls with the necessary assistance as well as access to health care and education;</p>
14	H-HR Par	<p>CRC/C/MEX/CO/3</p> <p>Concluding observations: Mexico (2006)</p> <p>51. The Committee recommends that the State party pay close attention to adolescent health, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child. In particular, the Committee recommends that the State party:</p> <p>(a) <u>Strengthen sexual and reproductive health education for adolescents, especially in schools</u>, with a view to reducing the incidence of teenage pregnancies and STIs, and to provide teenage pregnant girls with the necessary assistance and access to health care and education;</p> <p>...</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 <u>the International Guidelines on HIV/AIDS and Human Rights</u>:</p> <p>...</p> <p>(c) Ensure access to child-sensitive and <u>confidential counselling, without the need for parental consent</u>, when such counselling is required by a child;</p>
15	H-HR Par	<p>CRC/C/BEN/CO/2</p> <p>Concluding observations: Benin (2006)</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 <u>the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37)</u>, continue to:</p> <p>...</p> <p>(h) Carry out comprehensive information campaigns about HIV/AIDS, its transmission channels, treatment and prevention measures <u>as well as sex education, including condom promotion</u>, and provide training to teachers and other education personnel in this respect;</p> <p>(i) Involve children, in the development and implementation of HIV/AIDS policies and</p>

		strategies.
16	H-HR Par	<p>CRC/C/ETH/CO/3</p> <p>Concluding observations: Ethiopia (2006)</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 <u>to the International Guidelines on HIV/AIDS and Human Rights</u>, that the State party:</p> <p>...</p> <p>(d) Ensure access to child-sensitive and <u>confidential counselling, without the need for parental consent</u>, when such counselling is required and in the best interest of the child;</p>
17	Par	<p>CRC/C/IRL/CO/2 (*)</p> <p>Concluding observations: IRELAND (2006)</p> <p>52. While noting that social, personal and health education is incorporated into the curricula of secondary schools, <u>the Committee is concerned that adolescents have insufficient access to necessary information on reproductive health. The education is optional and parents can exempt their children from such education.</u> The Committee is also concerned that sexually transmitted infections are reported to have increased noticeably during the last 10 years and young girls are in particular risk.</p> <p>53. The Committee <u>recommends that the State party strengthen its efforts to enhance access to adolescent-specific reproductive and sexual health information and services</u>, and that these are not limited to school curricula but can also be accessed within the adolescent daily living environment, in addition to information and awareness-raising campaigns.</p>
18	H-HR Par	<p>CRC/C/THA/CO/2</p> <p>Concluding observations: Thailand (2006)</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 <u>the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37)</u>, continue to:</p> <p>...</p> <p>(d) Ensure access to child-sensitive and <u>confidential HIV/AIDS counselling when required by a child without parental consent</u>;</p> <p>(e) Systematically include accurate and <u>comprehensive information about HIV/AIDS and sex education, including condom promotion, in school and tertiary-level curricula</u>, and provide training to teachers and other education officials on teaching about HIV/AIDS and sex education;</p>
19	H-HR Par	<p>CRC/C/LBN/CO/3</p> <p>Concluding observations: Lebanon (2006)</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 <u>the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37)</u>, 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 <u>to pay particular attention to safe sex education and awareness-raising activities among adolescents</u>;</p> <p>...</p> <p>(c) Ensure adolescents' access to adequate social and health services, including youth-sensitive and <u>confidential counselling on HIV/AIDS</u>, and provide them with accurate and comprehensive information about HIV/AIDS;</p>

20	H-HR Par	<p>CRC/C/TZA/CO/2</p> <p>Concluding observations: United Republic of Tanzania (2006)</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 <u>the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37)</u>, continue:</p> <p>...</p> <p>(b) To systematically <u>include comprehensive information about HIV/AIDS and sex education, including condom promotion</u>, 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 <u>involve children</u>, in the development and implementation of its HIV/AIDS policies and strategies;</p>
21	Par	<p>CRC/C/MYS/CO/1</p> <p>Concluding observations: MALAYSIA (2007)</p> <p>67. The Committee recommends that the State party, taking into account the General Comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child (CRC/GC/2003/4):</p> <p>...</p> <p>(b) Promote adolescent health, <u>including sex and reproductive health education, in schools and in other appropriate places frequented by adolescents.</u></p>
22	Par	<p>CRC/C/MLI/CO/2</p> <p>Concluding observations: Mali (2007)</p> <p>55. The Committee recommends that the State party:</p> <p>...</p> <p>(c) <u>Strengthen sex and reproductive health education for adolescents, especially in schools</u>, with a view to reducing the incidence of teenage pregnancies and provide adolescents with the necessary assistance and access to health care and education;</p>
23	A NL Par	<p>CRC/C/KEN/CO/2</p> <p>Concluding observations: Kenya (2007)</p> <p>49. The Committee, while acknowledging that some measures have been taken to address mental and other health problems of adolescents, is concerned at the high rates of teenage pregnancies, <u>the criminalization of the termination of pregnancies in cases of rape and incest, the lack of adequate and accessible sex education and reproductive health services and the difficulties pregnant girls face in order to continue their education.</u> These factors all contribute to the elevated incidence of maternal mortality among adolescent girls. ...</p>
24	H-HR Par	<p>CRC/C/MHL/CO/2</p> <p>Concluding observations: MARSHALL ISLANDS (2007)</p> <p>55. The Committee recommends that the State party pay close attention to adolescent health, taking into account the Committee's General Comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child. In particular, the Committee recommends that the State party:</p> <p>...</p> <p>(e) <u>Strengthen sexual and reproductive health education for adolescents, especially in schools</u>, with a view to reducing STIs and the incidence of teenage pregnancies, and to provide teenage pregnant girls with the necessary assistance and access to health care and education;</p>

		<p>...</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 <u>the International Guidelines on HIV/AIDS and Human Rights</u>:</p> <p>...</p> <p>(d) Ensure access to child-sensitive and <u>confidential counseling, without the need for parental consent, when such counseling is required by a child</u>;</p>
25	A H-HR Par	<p>CRC/C/CHL/CO/3</p> <p>Concluding observations: Chile (2007)</p> <p>55. The Committee, while noting certain progress in the area of sexual education in schools, is concerned over the high rate of teenage pregnancies, the criminalization of the termination of pregnancies in all circumstances and <u>the lack of adequate sex education</u> and accessible reproductive health services. These factors all contribute to the elevated incidence of maternal mortality among adolescent girls.</p> <p>56. The Committee recommends that the State party promote and ensure access to sexual and reproductive health services for all adolescents, <u>including sex and reproductive health education in schools</u>, as well as youth-sensitive and <u>confidential counselling and health care services</u>, taking into account the Committee's general comment No. 4. on adolescent health and development in the context of the Convention (CRC/GC/2003/4). <u>The Committee urges the State party to review its criminalization of the termination of pregnancies in all circumstances, including in cases of rape, incest and situations where the life of the mother is at risk.</u> Furthermore, the Committee recommends that an appropriate strategy dedicate adequate resources to awareness raising, counselling services and other measures in order to prevent adolescent suicides.</p> <p>...</p> <p>58. The Committee recommends that the State party:</p> <p>...</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 <u>the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I)</u>;</p>
26	A H-HR NL Par	<p>CRC/C/URY/CO/2</p> <p>Concluding observations: Uruguay (2007)</p> <p>51. <u>The Committee, while recognising initiatives taken by the State party to improve adolescent health, remains concerned over the high rate of teenage pregnancies and the criminalization of the termination of pregnancies</u> in relation to the negative impact illegal abortions have on the health of girls. Furthermore, the Committee regrets the <u>lack of adequate and accessible sex education</u> and reproductive health services for adolescents, <u>the persistence of traditional attitudes</u> and the negative impact early pregnancies have upon the right of the girl child to access education. Furthermore, the Committee is concerned over the rapidly rising rate of drug abuse among adolescents.</p> <p>52. The Committee recommends that the State party further <u>promote and ensure access to reproductive health services for all adolescents, including sex and reproductive health education in schools</u> as well as youth-sensitive and <u>confidential counselling and health-care services</u>, 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. <u>The Committee urges the State party to raise further awareness among adolescents of the importance of preventing early</u></p>

		<p>pregnancies and <u>review its criminalization of the termination of pregnancies</u>. Furthermore, the Committee urges the State party to allocate additional resources for preventive and rehabilitation measures in order to combat the increase of drug abuse among adolescents</p> <p>...</p> <p>54. The Committee recommends that the State party:</p> <p>...</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 HIV/AIDS and the rights of the child and <u>the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37)</u>;</p>
27	H-HR NL Par	<p>CRC/C/ERI/CO/3</p> <p>Concluding observations: ERITREA (2008)</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 <u>the International Guidelines on HIV/AIDS and Human Rights</u>, the State party to:</p> <p>...</p> <p>(c) Ensure access to child-sensitive and <u>confidential testing and counselling, without the need for parental consent</u>;</p> <p>59. 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:</p> <p>...</p> <p>(b) <u>Ensure improved sex and reproductive health education in schools</u>;</p>
28	NL Par	<p>CRC/C/GEO/CO/3</p> <p>Concluding observations: GEORGIA (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. <u>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.</u></p> <p>48. The Committee recommends that the State party promote and ensure access to reproductive health services for all adolescents, <u>including sex and reproductive health education in schools as well as youth-sensitive and confidential counselling and health-care services</u>, 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 <u>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.</u></p>
29	NL Par	<p>CRC/C/BGR/CO/2</p> <p>Concluding observations: BULGARIA (2008)</p> <p>47. The Committee is deeply concerned about the high rate of early pregnancies and the high abortion rate among adolescents, which indicates that abortion may be used as a method of contraception. Furthermore, the Committee is concerned that the legal minimum</p>

		<p><u>age for medical treatment without parental consent is set at 16 years</u> and notes the limited availability of programmes and services in the area of adolescent health at school. The Committee is also concerned at the shortage of mental health services provided to children.</p> <p>48. The Committee recommends that the State party, taking into account the general comment No. 4 on adolescent health and development (CRC/GC/2003/4) of 2003:</p> <p>(a) Take all necessary measures to provide adolescent reproductive health services and strengthen measures aimed at the prevention of early pregnancies through, inter alia, <u>making a comprehensive range of contraceptives widely available, reproductive health education in schools and increasing knowledge about family planning;</u></p> <p>...</p> <p>(d) <u>Lower the minimum legal age for medical treatment without parental consent;</u></p>
30	A NL Par	<p>CRC/C/MOZ/CO/2</p> <p>Concluding observations of the Committee on the Rights of the Child: Mozambique (2009)</p> <p>Adolescent health</p> <p>63. ... The Committee shares the views expressed by the Committee on the Elimination of Discrimination against Women (CEDAW/C/MOZ/CO/2, para. 36) <u>on the importance of including adequate sex education in school curricula.</u></p> <p>64. The Committee urges the State party to take all the necessary measures to reduce teenage pregnancies and, to this end, improve knowledge and the availability of family planning services, <u>further develop education programmes on adolescent reproductive health, and raise awareness about and access to safe contraception methods. The Committee also urges the State party to review its legislation concerning abortion, with a view notably to guaranteeing the best interests of pregnant teenagers.</u></p>
31	Par	<p>CRC/C/MDA/CO/3</p> <p>Concluding observations: Republic of Moldova (2009)</p> <p>55. The Committee recommends that the State party:</p> <p>...</p> <p>c) <u>Ensure that adolescents have access to age-appropriate and confidential counselling services</u> and life skills training programmes;</p> <p>d) <u>Strengthen efforts in adolescent sex and reproductive health education</u> to reduce the number of teenage pregnancies and develop child-friendly programmes to assist teenage mothers and their children;</p>
32	Par	<p>CRC/C/PRK/CO/4</p> <p>Concluding Observations: Democratic People's Republic of Korea (2009)</p> <p>48. The Committee recommends that the State party Strengthen measures to promote access to reproductive health services for all adolescents in all parts of the country, <u>including sex and reproductive health education in schools</u> as well as youth-sensitive and <u>confidential counselling and health-care services</u>, taking into due account the Committee's General Comment no 4 (2003) on adolescent health and development in the context of the Convention.</p>
33	Par	<p>CRC/C/BOL/CO/4</p> <p>Concluding Observations: The Plurinational State of Bolivia (2009)</p> <p>56. The Committee recommends that the State party:</p>

		<p>...</p> <p>d) Promote and ensure access to reproductive health services for all adolescents, including sex and reproductive health education in schools, community and health facility levels;</p> <p>e) Take into account the Committee's general comment No. 4 (2003) on adolescent health and development in the context of the Convention.</p>
34	H-HR Par	<p>CRC/C/MRT/CO/2</p> <p>Concluding observations: MAURITANIA (2009)</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 <u>to the International Guidelines on HIV/AIDS and Human Rights</u>, that the State party:</p> <p>...</p> <p>c) Ensure access to child-sensitive and <u>confidential testing and counselling, without the need for parental consent</u>;</p> <p>...</p> <p>60. 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:</p> <p>...</p> <p>b) <u>Ensure improved sex and reproductive health education in schools</u>;</p> <p>c) Strengthen reproductive health services and make them known and accessible to adolescents.</p>
35	A NL Par	<p>CRC/C/NGA/CO/3-4</p> <p>Concluding observations: Nigeria (2010)</p> <p>61. ... The Committee remains concerned however at remaining health challenges facing adolescents, such as abortion complications and <u>deaths of girls as a result of unsafe abortions</u>, the lack of access to information and services relating to reproductive health for adolescents, the very low percentage of adolescents who use condoms at their first sexual encounter, <u>restrictive abortion law</u>, the existence of user fees and prevalence of HIV and sexually transmitted diseases (STIs).</p> <p>62. The Committee recommends that the State party, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development, continue to strengthen activities and services under its national adolescent health policy and other projects. It strongly recommends that the State party, among other things:</p> <p>...</p> <p>c) <u>Ensure free and easily accessible contraceptives for adolescents, including condoms, in health facilities and in schools, and develop and implement child-friendly awareness-raising programmes on the use of contraceptives</u>;</p> <p>d) <u>Introduce sex education for boys and girls in the school curricula</u> and undertake sensitization programs at community level on reproductive health and rights;</p> <p>e) <u>Consider the recommendations by the Committee on the Elimination of Discrimination against Women to review and amend the State party's abortion laws (CEDAW/C/NGA/C/06, para. 34).</u></p>
36	Par	<p>CRC/C/PRY/CO/3</p>

		<p>Concluding observations: Paraguay (2010)</p> <p>53. The Committee recommends that the State party:</p> <p>...</p> <p>d) Promote and ensure access to reproductive health services for all adolescents, <u>including sex and reproductive health education in schools</u>, community and health facility levels;</p>
37	NL Par	<p>CRC/C/GRD/CO/2</p> <p>Concluding observations: Grenada (2010)</p> <p>45. While noting that initiatives are being taken in the area of adolescent health, primarily with regard to HIV/AIDS, recalling its previous concluding observations (CRC/C/15/Add.121, para. 22), the Committee nevertheless expresses concern regarding the limited availability of programmes and services and the lack of adequate data in the area of adolescent health. The Committee reiterates its previous concern at the high level of early pregnancies, and also regrets the lack of initiatives to develop adolescent-friendly health care, counseling and rehabilitation facilities <u>and the lack of access for adolescents to confidential health services</u>. The Committee also expresses concern that persons under the <u>age of 16 must have parental consent in order to have access to contraceptives, a practice that may hinder the prevention of early pregnancies</u>.</p>
38	Par	<p>CRC/C/MNG/CO/3-4</p> <p>Concluding observations: Mongolia (2010)</p> <p>54. The Committee recommends that the State party:</p> <p>...</p> <p>b) Promote and ensure access to reproductive health services for all adolescents, <u>including sex and reproductive health education in schools</u> as well as youth-sensitive and <u>confidential counselling and health care services</u>, taking into due account the Committee's general comment no. 4 (2003) on adolescent health and development in the context of the Convention.</p>
39	NL Par	<p>CRC/C/PHL/CO/3-4</p> <p>Concluding observations: The Philippines (2009)</p> <p>61. The Committee remains seriously concerned at the inadequate reproductive health services and information, the <u>low rates of contraceptive use</u> (36 per cent of women relied on modern family planning methods in 2006) and the difficulties in obtaining access to artificial methods of contraception, which contribute to the high rates of teenage pregnancies and maternal deaths existing in the State party. The Committee welcomes the enactment of the Magna Carta of Women but remains especially concerned at the lack of effective measures to promote the reproductive rights of women and girls and <u>that particular beliefs and religious values are preventing their fulfilment</u>. ...</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>(a) <u>Adopt as a matter of urgency the Reproductive Health Bill awaiting approval by Congress and ensure that the Bill reflect the rights of children and adolescents as enshrined in the Convention;</u></p> <p>(b) Ensure access to reproductive health counselling and provide all</p>

		<p>adolescents with accurate and objective information and culturally sensitive services in order to prevent teenage pregnancies, <u>including by providing wide access to a broad variety of contraceptives without any restrictions</u> and improving knowledge and conscience on family planning;</p> <p>(c) <u>Strengthen formal and informal sex education, for girls and boys</u>, focusing on the prevention of early pregnancies, STIs and family planning;</p>
40	A NL Par	<p>CRC/C/BFA/CO/3-4</p> <p>Concluding observations: Burkina Faso (2010)</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, <u>enhance the availability of contraceptive services and promote sex education targeted at girls and boys</u>, with special attention to the prevention of early pregnancies and sexually transmitted diseases. The Committee also <u>calls upon the State party to review its legislation concerning abortion</u>, with a view particularly to guaranteeing the best interests of pregnant teenagers.</p>
41	H-HR Par	<p>CRC/C/CMR/CO/2</p> <p>Concluding observations: Cameroon (2010)</p> <p>58. The Committee urges the State party to:</p> <p>...</p> <p>c) <u>Expand confidential reproductive health services for adolescents and ensure improved sex education in schools;</u></p> <p>...</p> <p>f) Increase awareness and knowledge of HIV/AIDS prevention and protection methods, <u>including safe sex practices</u>, among adolescents.</p> <p>...</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 <u>the International Guidelines on HIV/AIDS and Human Rights</u>. The Committee also urges the State party to:</p> <p>...</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>
42	A NL Par	<p>CRC/C/LKA/CO/3-4</p> <p>Concluding observations: Sri Lanka (2010)</p> <p>55. Referring to its general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child, the Committee urges the State party to <u>increase the availability of confidential and youth-friendly health services throughout the country, to enhance the availability of contraceptive services and to promote sex education targeted at adolescent girls and boys</u>, with special attention to the prevention of early pregnancies and sexually transmitted diseases. <u>The Committee also urges the State party to review its legislation on abortion</u>, with a view, in particular, to guaranteeing the best interests of pregnant teenagers. It further calls upon the State party to strengthen its efforts to address youth suicides, drug abuse, alcoholism and tobacco use as previously</p>

		recommended.
43	A NL Par	<p>CRC/C/SLV/CO/3-4</p> <p>Concluding observations: El Salvador (2010)</p> <p>60. The Committee reiterates its previous concern expressed upon consideration of the State party's second periodic report at the high number of teenage pregnancies and the lack of results of the preventive measures adopted by the State party in this regard. <u>The Committee is also concerned at the fact that the current penal legislation criminalizes abortion in all circumstances and that this absolute prohibition may lead girls to resort to unsafe and clandestine abortion practices</u>, sometimes with fatal consequences. ...</p> <p>61. The Committee recommends that the State party:</p> <p>...</p> <p>b) Further promote and ensure access to reproductive health services for all adolescents, <u>including sex and reproductive health education in schools as well as youth-sensitive and confidential counselling and health-care services</u>, 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;</p> <p>...</p> <p><u>d) Consider revising the provisions in the penal code criminalizing termination of pregnancy in all circumstances;</u></p>
44	A NL Par	<p>CRC/C/ECU/CO/4</p> <p>Concluding observations of the Committee on the Rights of the Child: Ecuador (2010)</p> <p>60. While welcoming the National Plan for the Prevention of Adolescent Pregnancies as a response to one of the most pressing health problems faced by adolescents, the Committee shares the concern expressed by the Committee on the Elimination of Discrimination against Women in 2008 (CEDAW/C/ECU/CO/7, para. 38) at the high rate of pregnancy among teenage girls, especially among indigenous and Afro-Ecuadorian girls (one in five deliveries is by girls between 15 and 18 years of age). <u>In this regard, the Committee is concerned at the insufficient sex and reproductive health education and the absence of information on and access to contraceptives despite the recent Constitution's explicit guarantee of the rights to take freely, responsibly and well informed decisions on health and reproductive life (art. 66, No. 10). The Committee is particularly concerned with unwanted pregnancies as a result of rape, as well as <u>as the prohibition of some types of emergency contraception, in some cases leading to unsafe abortions and suicides.</u></u></p> <p>61. The Committee recommends that the State party strengthen its measures to promote access to reproductive health services for all adolescents in all parts of the country, <u>including sex and reproductive health education in schools as well as youth-sensitive and confidential counselling and health-care services, including information on and access to contraceptives. It further recommends that the State party make all emergency contraception available to adolescents.</u> In this regard, the State party's attention is drawn to 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. <u>The Committee shares the recommendation of the Committee on the Elimination of Discrimination against Women on the need for the State to support in-depth research on the question of abortions in dangerous circumstances and its effects on women (and girls) and on maternal health, enabling the appropriate formulation of laws and norms.</u></p>
45	A NL Par	<p>CRC/C/CRI/CO/4</p> <p>Concluding observations: Costa Rica (2011)</p> <p>63. While welcoming the Health Plan for Adolescents 2010–2015, the Committee is concerned about:</p>

		<p>a) The high rate of early pregnancies (one out of five births by mothers under 19);</p> <p>...</p> <p>c) <u>The lack of access to legal abortions</u>, the absence of guidelines informing doctors when they can legally perform an abortion, the high rate of unsafe abortions, and the lack of adequate post-abortion care;</p> <p>...</p> <p>e) <u>The very low condom use rate, the lack of sexual education programmes, and the limited access to sexual and reproductive health services and information for adolescents</u>; and</p> <p>...</p> <p>64. Referring to its general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child, the Committee recommends that the State party:</p> <p>...</p> <p>d) <u>Expand legal abortion in cases of rape and intra-family sexual violence and improve the availability and quality of post-abortion care in public hospitals;</u></p> <p>e) <u>Ensure that girls and adolescents have free and timely access to emergency contraception and raise awareness among women and girls about their right to emergency contraception, particularly in cases of rape;</u></p> <p>f) <u>Include systematic, comprehensive and scientific-based education on sexual and reproductive health, including on HIV/AIDS and other sexually transmitted diseases as well as on contraception, in regular school curricula and ensure that adequate resources are allocated for such education;</u></p> <p>...</p>
46	Par	<p>CRC/C/KOR/CO/3-4</p> <p>Concluding observations: Republic of Korea (2011)</p> <p>58. Furthermore, the Committee notes with concern that, despite initiatives undertaken to provide mandatory sex education programmes, in practice there continues to be a <u>lack of systematic and accurate education on sexual and reproductive health in schools</u>. In this context, the Committee is also deeply concerned about the high rates of unplanned pregnancies among adolescents and the correspondingly high rates of abortion among adolescents in such situations.</p> <p>59. ... <u>The Committee also recommends that the State party undertake measures to ensure that sex education programmes in the school curriculum are conducted in a systematic and reliable manner.</u></p>
47	Par	<p>CRC/C/CZE/CO/3-4</p> <p>Concluding observations: Czech Republic (2011)</p> <p>58. The Committee recommends that the State party, taking into account the Committee's general comment No. 4 (2003) on adolescent health:</p> <p>a) <u>Step up efforts in adolescent sex and reproductive health education as well as improve the accessibility of contraception to reduce the number of teenage pregnancies and develop child-friendly programmes to assist teenage mothers and their children;</u></p>
48	Par	<p>CRC/C/CUB/CO/2</p> <p>Concluding observations: Cuba (2011)</p> <p>46. ... The Committee recommends that the State party strengthen its awareness-raising programmes, <u>including campaigns on sexual and reproductive health</u></p>

		<u>education for adolescents, in school and out of school, with a view to providing them with access to safe contraception methods. ...</u>
General comments (disregard of sovereignty)		
49	IL NL	<p>CRC/C/GC/13</p> <p>General comment No. 13 (2011)</p> <p>The right of the child to freedom from all forms of violence</p> <p>41. State parties that have not yet done so <u>must</u>:</p> <p>a) <u>Ratify the two Optional Protocols to the Convention, and other international and regional human rights instruments that provide protection for children, including the Convention on the Rights of Persons with Disabilities and its Optional Protocol and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;</u></p> <p>b) <u>Review and withdraw declarations and reservations</u> contrary to the object and purpose of the Convention or otherwise contrary to international law;</p> <p>...</p> <p>d) <u>Review and amend domestic legislation</u> in line with article 19 and its implementation within the holistic framework of the Convention, establishing a comprehensive policy on child rights and <u>ensuring absolute prohibition of all forms of violence against children in all settings and effective and appropriate sanctions against perpetrators;</u>²</p> <p>e) <u>Provide adequate budget allocations for the implementation of legislation and all other measures</u> adopted to end violence against children;</p> <p>...</p> <p>j) <u>Establish and support an independent national institution of children's rights.</u></p>
Concluding observations (disregard of sovereignty)		
50	IL	<p>CRC/C/RUS/CO/3</p> <p>Concluding observations: Russian Federation (2005)</p> <p><u>43. The Committee recommends that the State party ratify the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption....</u></p> <p><u>69. ... The Committee further recommends that the State party further its efforts to clear mines and ratify the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction.</u></p> <p><u>83. The Committee encourages the State party to ratify the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime and the Council of Europe Convention on Action against Trafficking in Human Beings.</u></p> <p>87. The Committee welcomes the State party's signature and planned ratification of the Optional Protocol to the Convention on the involvement of children in armed conflict and notes that the State party is considering signing the Optional Protocol on the sale of children, child prostitution and child pornography. <u>The Committee urges the State party to pursue and complete its plans in this respect and to ratify the two Optional Protocols to the Convention.</u></p>
51	IL	CRC/C/CZE/CO/3-4

² In the context of "sanctions", the term "perpetrators" excludes children who harm themselves. The treatment of children who harm other children must be educational and therapeutic (Committee's footnote).

		<p>Concluding observations: Czech Republic (2011)</p> <p><u>71. The Committee urges the State party to ratify the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. The Committee also recommends that, in order to further strengthen the fulfilment of children's rights, the State party consider ratifying the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990) and the Optional Protocol to the Convention on the Rights of Persons with Disabilities (2006).</u></p>
52	IL	<p>CRC/C/CRI/CO/4</p> <p>Concluding observations: Costa Rica (2011)</p> <p>29. ... While welcoming the new Migration Act, the Committee regrets that the State party has decided not to ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.</p> <p><u>86. The Committee recommends that the State party, in order to further strengthen the fulfilment of children's rights, ratify the core United Nations human rights treaties and their Optional Protocols to which it is not yet a party, namely the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the Convention for the Protection of All Persons from Enforced Disappearance and the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights.</u></p>
53	IL	<p>CRC/C/FIN/CO/4</p> <p>Concluding observations: Finland (2011)</p> <p>64. The Committee recommends that the State party:</p> <p>...</p> <p><u>e) Ratify ILO Convention No. 169 (1989) concerning Indigenous and Tribal Peoples in Independent Countries.</u></p> <p><u>65. The Committee recommends that the State party, in order to further strengthen the fulfilment of children's rights, ratify the core United Nations human rights instruments to which it is not yet a party, namely the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, the Optional Protocol to the Convention against Torture, the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the Convention on the Rights of Persons with Disabilities and its Optional Protocol, the Convention for the Protection of All Persons from Enforced Disappearance, and the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights.</u></p>
54	IL	<p>CRC/C/KHM/CO/2</p> <p>Concluding observations: Cambodia (2011)</p> <p><u>52. The Committee urges the State party to ensure effective implementation of the Law on Promotion and Protection of the Rights of Persons with Disabilities and the 2008 Policy on Education for Children with Disabilities, notably by allocating the necessary human, technical and financial resources. The Committee also recommends that the State party:</u></p> <p>...</p> <p><u>g) Ratify the International Convention on the Rights of Persons with Disabilities;</u></p>
55	IL	<p>CRC/C/CUB/CO/2</p> <p>Concluding observations: Cuba (2011)</p>

		<p>31. ... <u>The Committee also reiterates the recommendation made by the Committee on the Elimination of Racial Discrimination (CERD/C/CUB/CO/14-18, para. 19) to ratify the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness.</u></p> <p>51. <u>The Committee recommends that the State party ratify ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour and review its Labour Code in order to harmonize it with the provisions of ILO Convention No. 182 and the Convention on the Rights of the Child.</u></p> <p>53. ... <u>The Committee also recommends that the State party ratify the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.</u></p> <p>57. <u>The Committee recommends that the State party, in order to further strengthen the fulfilment of children's rights, ratify the treaties to which it is not yet a party, namely the International Covenant on Economic, Social and Cultural Rights and its Optional Protocol, the International Covenant on Civil and Political Rights and its two Optional Protocols, the Optional Protocol to the Convention on the Elimination of Discrimination against Women, the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, and the Optional Protocol to the Convention on the Rights of Persons with Disabilities.</u></p> <p>58. <u>The Committee recommends that the State party ratify the Convention relating to the Status of Refugees (1951) and its Protocol (1967).</u></p>
56	IL	<p>CRC/C/BHR/CO/2-3</p> <p>Concluding observations: Bahrain (2011)</p> <p>54. The Committee recommends that the State party:</p> <p>...</p> <p><u>(f) Ratify the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto and proceed with their implementation.</u></p> <p>...</p> <p>72. <u>The Committee recommends that the State party, in order to further strengthen the fulfilment of children's rights, ratify the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, the International Convention on the Rights of Migrant Workers, the two Optional Protocols to the International Covenant on Civil and Political Rights, the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women and the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and any other relevant conventions.</u></p>
57	IL NL	<p>CRC/C/EGY/CO/3-4</p> <p>Concluding observations: Egypt (2011)</p> <p>45. <u>The Committee ... calls upon the State party to ratify the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness.</u></p> <p>56. ... <u>The Committee urges the State party to consider ratifying or acceding to the 1980 Hague Convention No. 28 and to ensure its incorporation into domestic legislation.</u></p> <p>79. The Committee urges the State party to strengthen effective measures to prohibit and eliminate economic exploitation of children, and in particular to:</p>

		<p>...</p> <p><u>e) Ratify ILO Convention No. 10 (1921) on Minimum Age (Agriculture) which prohibits employment or work in any public or private agricultural undertaking of children under the age of fourteen;</u></p> <p><u>89. The Committee welcomes the State party's announced plans to accede to all United Nations human rights treaties. It recommends that the State party, in order to strengthen the fulfillment of children's rights, ratify the International Convention for the Protection of All Persons from Enforced Disappearance, the Optional Protocol to the International Covenant on Civil and Political Rights, the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights, the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, the Optional Protocol to the Convention against Torture, the Optional Protocol to the Convention on the Rights of Persons with Disabilities.</u></p>
58	IL	<p>CRC/C/SGP/CO/2-3</p> <p>Concluding Observations: Singapore (2011)</p> <p>49. The Committee recommends that the State party:</p> <p>...</p> <p><u>c) Ratify, without delay, the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption.</u></p> <p><u>53. The Committee recommends that, in accordance with article 23 of the Convention, the State party:</u></p> <p>...</p> <p><u>g) Consider ratifying the Convention on the Rights of Persons with Disabilities and its Optional Protocol;</u></p>
59	IL	<p>CRC/C/UKR/CO/3-4</p> <p>Concluding observations: Ukraine (2011)</p> <p>38. The Committee recommends that the State party:</p> <p>...</p> <p><u>b) Ratify the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness.</u></p> <p><u>91. The Committee recommends that the State party ratify the core United Nations human rights treaties and their Optional Protocols to which it is not yet a party, namely, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and the International Convention for the Protection of All Persons from Enforced Disappearance.</u></p>
60	IL	<p>CRC/C/NZL/CO/3-4</p> <p>Concluding observations: New Zealand (2011)</p> <p><u>50. ... The Committee also reiterates its previous recommendation (CRC/C/15/Add.216, para. 48) that the State party ratify ILO Convention No. 138 (1973) concerning Minimum Age for Admission to Employment.</u></p> <p><u>59. The Committee recommends that the State party swiftly proceed with the ratification of the Optional Protocol on the sale of children, child prostitution and child pornography.</u></p> <p><u>60. The Committee encourages the State party to consider ratifying the international human rights instruments to which it is not yet party, namely, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the International Convention for the Protection of All Persons from Enforced Disappearance, the Optional Protocol to the Convention on the Rights of</u></p>

		<u>Persons with Disabilities and the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights.</u>
61	IL	<p>CRC/C/BLR/CO/3-4</p> <p>Concluding observations: Belarus (2011)</p> <p>34. ... <u>The Committee further recommends that the State party consider ratifying the 1954 Convention relating to the Status of Stateless Persons, the 1961 Convention on the Reduction of Statelessness, the 1997 European Convention on Nationality and the 2009 Council of Europe Convention on the avoidance of statelessness in relation to State succession.</u></p> <p><u>74. The Committee recommends that the State party ratify the core United Nations human rights treaties and the protocols thereto to which it is not yet a party, namely: the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights; the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty; the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families; the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto; and the International Convention for the Protection of All Persons from Enforced Disappearance.</u></p>
<p>General comments: unlawful introduction of a new norm (ban on corporal punishment).</p>		
62		<p>CRC/C/2/Rev.8</p> <p>[RESERVATIONS, DECLARATIONS AND OBJECTIONS RELATING TO THE CONVENTION ON THE RIGHTS OF THE CHILD]</p> <p>СИНГАПУР</p> <p>«The Republic of Singapore considers that <u>articles 19 and 37 of the Convention do not prohibit ... the judicious application of corporal punishment in the best interests of the child</u>».</p>
63	NL	<p>CRC/C/GC/8</p> <p>General Comment No. 8 (2006)</p> <p>The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (arts. 19; 28, para. 2; and 37, inter alia)</p> <p>18. Article 37 of the Convention requires States to ensure that “no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment”. This is complemented and extended by article 19, which requires States to “take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”. There is no ambiguity: “all forms of physical or mental violence” does not leave room for any level of legalized violence against children. <u>Corporal punishment and other cruel or degrading forms of punishment are forms of violence and States must take all appropriate legislative, administrative, social and educational measures to eliminate them.</u></p> <p>...</p> <p>20. <u>Article 19 and article 28, paragraph 2, do not refer explicitly to corporal punishment. The travaux préparatoires for the Convention do not record any discussion of corporal punishment during the drafting sessions.</u> But the Convention, like all human rights instruments, must be regarded as a living instrument, whose interpretation develops over time. ...</p>
64	NL	CRC/C/GC/13

		<p>General comment No. 13 (2011)</p> <p>The right of the child to freedom from all forms of violence</p> <p>41. State parties that have not yet done so <u>must</u>:</p> <p>...</p> <p>d) <u>Review and amend domestic legislation</u> in line with article 19 and its implementation within the holistic framework of the Convention, establishing a comprehensive policy on child rights and <u>ensuring absolute prohibition of all forms of violence against children</u> in all settings <u>and effective and appropriate sanctions against perpetrators</u>,³</p>
<p>Concluding observations⁴: unlawful introduction of a new norm (ban on corporal punishment)</p>		
65	NL	<p>CRC/C/RUS/CO/3</p> <p>Concluding observations: Russian Federation (2005)</p> <p>36. <u>The Committee is concerned that corporal punishment is not prohibited in the family and in alternative care settings. It is also concerned that corporal punishment of children remains socially acceptable in the State party and is still practised in families and in places where it has been formally prohibited, such as schools.</u></p> <p>37. The Committee urges the State party:</p> <p>a) <u>To explicitly prohibit by law all forms of corporal punishment in the family and in alternative care settings;</u></p> <p>b) <u>To prevent and combat the practice of corporal punishment of children in the family, in schools and other institutions by effectively implementing legislation;</u></p> <p>c) <u>To conduct awareness-raising and public education campaigns against corporal punishment and promote non-violent, participatory forms of discipline.</u></p>
66	NL	<p>CRC/C/UGA/CO/2</p> <p>Concluding observations of the Committee on the Rights of the Child: Uganda (2005)</p> <p>39. While taking note that corporal punishment has been prohibited in schools by a circular of the Ministry of Education, and in the penal system under the Children's Act, <u>the Committee remains concerned that corporal punishment is still traditionally accepted and widely practised in the family and in other settings.</u></p> <p>40. The Committee <u>recommends that the State party explicitly prohibit by law all forms of corporal punishment in all settings, including in the family, the schools and alternative childcare, and implement those laws effectively.</u> ...</p>
67	NL	<p>CRC/C/GTM/CO/3-4</p> <p>Concluding observations: Guatemala (2010)</p> <p>53. While noting that Article 53 of the PINA Law prohibits corporal punishment, <u>the Committee remains concerned that corporal punishment continues to be practised in the home and in alternative care settings, and that there is no explicit prohibition of corporal punishment in schools. It is also concerned at the social acceptance of corporal punishment as a normal form of discipline.</u></p> <p>54. The Committee recommends that the State party amend article 13 of the PINA Law and article 253 of the Civil Code, and specifically prohibit corporal punishment and other forms of cruel punishment of children in all settings. It further recommends that the State party develop and implement information and awareness-raising campaigns among the population, in order to change the notion of disciplining through violence and the practice of violence present in many families. It further recommends the creation of an effective abuse detection system in the educational, health and alternative care systems, with appropriate instruments and resources in order to provide assistance to children and training for the staff of</p>

³ In the context of "sanctions", the term "perpetrators" excludes children who harm themselves. The treatment of children who harm other children must be educational and therapeutic (Committee's footnote).

⁴ Only selected examples of a significantly greater number of concluding observations constituting unlawful pressure aimed at changing the national legislation are cited.

		the relevant institutions. The Committee brings to the State party's attention its general comment No. 8 (2006) on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment.
68	NL	<p>CRC/C/SGP/CO/2-3</p> <p>Concluding Observations: Singapore (2011)</p> <p>39. While noting the education programmes and guidelines that restrict and discourage the use of corporal punishment, <u>the Committee reiterates its deep concern that corporal punishment, including caning, is still considered a lawful form of discipline in the family, schools and institutions.</u></p> <p>40. In light of the Committee's general comment No. 8 (2006) on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment, the Committee recommends that the State party:</p> <p>a) <u>Prohibit unequivocally by law, without any further delay, all forms of corporal punishment, including caning, in all settings;</u></p>
69	NL	<p>CRC/C/CZE/CO/3-4</p> <p>Concluding observations: Czech Republic (2011)</p> <p>39. While noting that the corporal punishment of children is prohibited in public care, <u>the Committee notes with concern there that is still no legislation which explicitly prohibits corporal punishment of children in all settings, including in the family.</u> The Committee is also concerned <u>at the fact that according to surveys undertaken by the State party, the vast majority of Czech citizens expressed acceptance of corporal punishment in a child's upbringing.</u></p> <p>40. The Committee urges the State party to address the widespread tolerance of corporal punishment by, inter alia, conducting awareness-raising and public education programmes with a view to encouraging the use of alternative disciplinary measures in accordance with the inherent dignity of the child, and in doing so, ensure that corporal punishment is prohibited in all settings including the family.</p>
70	NL	<p>CRC/C/CUB/CO/2</p> <p>Concluding observations: Cuba (2011)</p> <p>36. While taking note that the provision on "adequate and moderate" punishment will be removed from the new draft Family Code, as indicated during the dialogue, <u>the Committee is concerned that provisions allowing for such punishment of children by their parents and guardians (arts. 86 and 152 of the Family Code) are still in force in the State party.</u> The Committee is further concerned that corporal punishment is often used at school and in social institutions as a measure of "discipline".</p> <p>37. <u>The Committee recommends that corporal punishment, in any form, be explicitly prohibited</u> and that the State party conduct public awareness campaigns and provide information on alternative non-violent forms of discipline, parental guidance and counselling with a view to eliminating all forms of corporal punishment of children. The Committee urges the State party to prioritize the adoption of the draft Family Code. In this regard, the Committee draws the State party's attention to its general comment no. 13 (2011) on the right of the child to freedom from all forms of violence, and its general comment no. 8 (2006) on corporal punishment.</p>
71	NL	<p>CRC/C/KHM/CO/2-3</p> <p>Concluding observations: Cambodia (2011)</p> <p>40. While noting that the State party has adopted various legislation to prohibit corporal punishment, <u>the Committee is however concerned that article 1045 of the Civil Code allows a "parental power holder to personally discipline the child to the extent necessary" and that article 8 of the Law on the Prevention of Domestic Violence and Protection of the Victims implicitly authorizes corporal punishment of children for disciplinary purposes.</u> The Committee expresses concern <u>that physical punishment is frequently viewed as a culturally acceptable form of discipline by parents and teachers and widely practiced in the State party.</u></p>

		<p>41. The Committee urges the State party to:</p> <p><u>a) Repeal article 1045 of the Civil Code and provisions of the Law on the Prevention of Domestic Violence and Protection of the Victims authorizing corporal punishment of children;</u></p> <p><u>b) Enact legislation to explicitly prohibit corporal punishment of children in all settings, including within the family;</u></p> <p>c) Ensure that laws prohibiting corporal punishment are effectively implemented and that legal proceedings are systematically initiated against those responsible for violence against children;</p> <p>d) Introduce public education, awareness-raising and social mobilization campaigns on the harmful effects of corporal punishment with a view to changing the general attitude towards this practice and promote positive, non-violent, participatory forms of child-rearing and education as an alternative to corporal punishment;</p> <p>e) Refer to the Committee's general comment No. 8 (2006) on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment.</p>
72	NL	<p>CRC/C/BLR/CO/3-4</p> <p>Concluding observations: Belarus (2011)</p> <p>39. While noting that corporal punishment is unlawful as a sentence for a crime, and that it has been prohibited in the regulations of education establishments, <u>the Committee, nevertheless, remains concerned that corporal punishment is lawful in the home, not explicitly prohibited in institutions, including in the penal system and alternative care settings, and is widely accepted in society.</u></p> <p><u>40. The Committee reiterates its recommendation (CRC/C/15/Add.180, para. 40 (d)) that the State party prohibit all forms of corporal punishment at home, in schools and other institutions and develop measures to raise awareness on the harmful effects of corporal punishment, and promote alternative forms of discipline in families, in institutions and the penal system, to be administered in a manner consistent with the child's dignity and in conformity with the Convention. In this regard, the Committee draws the State party's attention to its general comment No. 8 (2007) on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment.</u></p>