

Human Rights in the Context of HIV/AIDS and Other Sexually Transmissible Infections (STIs)

Government Duties to Ensure Prevention, Care, and Non-Discrimination

Human rights violations contribute to the spread of HIV/AIDS and other STIs. Governments have a duty to address these rights violations and to adopt measures to prevent infections, as well as to protect the human rights of people living with HIV/AIDS and other STIs. These duties, which are grounded in international guarantees of the rights to life, health, privacy, and non-discrimination, have been interpreted by United Nations human rights bodies to require specific government action. Governments must ensure access to sexual and reproductive health information, counseling, testing, and services while also working to eliminate discrimination related to HIV/AIDS and other STIs.

This briefing paper takes an in-depth look at the standards developed by six UN "treaty monitoring bodies," or committees, in the area of HIV/AIDS and other STIs. Following a brief overview of the origin and work of the committees, this paper reviews standards each body has adopted as it has monitored governments' compliance with their duties under international human rights law. In repeated statements, these bodies have made clear that, in the context of HIV/AIDS and other STIs, governments are bound by international standards to ensure prevention, care, and protection from discrimination.



☐ Abortion

□ Contraception & Family Planning □ Marriage & Private Life □ Violence Against Women

☐ Female Genital Mutilation ☐ Maternal Mortality

□ HIV/AIDS

■ Sexuality Education



Background

Treaty Monitoring Bodies and their Role in Developing International Law

The UN treaty monitoring system was created to ensure governments' compliance with their treaty obligations.¹ Each of the six major international human rights treaties provides for the establishment of a committee whose primary mandate is to monitor governmental progress in implementing the treaty. Monitoring is achieved primarily through a "country reporting" process, which requires states to report periodically on their efforts to respect, protect, and fulfill the human rights enshrined in a particular treaty.² Following in-person dialogues with government representatives, committee members issue concluding observations to the reporting government. Every year, these observations are compiled in a report and sent to the General Assembly of the UN.³

In addition to the concluding observations, committees have the authority to issue "general comments" or "general recommendations." These documents elaborate on a treaty's broadly worded human rights guarantees in order to guide government efforts to implement the treaty, providing a working interpretation of the rights in each of the major treaties. Some committees also have a mandate to examine individual complaints of human rights violations, in which cases they issue written decisions.

Key Human Rights Treaties and their Monitoring Committees	
HUMAN RIGHTS TREATY	COMMITTEE
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	Committee on the Elimination of Discrimination against Women (CEDAW Committee)
Convention on the Rights of the Child (Children's Rights Convention)	Committee on the Rights of the Child (CRC)
International Covenant on Civil and Political Rights (Civil and Political Rights Covenant)	Human Rights Committee (HRC)
International Covenant on Economic, Social and Cultural Rights (Economic, Social and Cultural Rights Covenant)	Committee on Economic, Social and Cultural Rights (CESCR)
International Convention on the Elimination of All Forms of Racial Discrimination (Convention against Racial Discrimination)	Committee on the Elimination of Racial Discrimination (CERD)
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (Convention against Torture)	Committee against Torture (CAT)

Taken together, the concluding observations, general comments and case decisions of the committees serve to guide governments and advocates in further promoting human rights. They are also a crucial tool for holding governments accountable under international human rights law. The standards elaborated upon by the committees, summarized in this briefing paper, can and should be used to measure government compliance with human rights treaty obligations. Materials cited in this paper can be used to support legal challenges in national, regional and international human rights institutions. They can also be used to hold governments accountable politically in campaigns aimed at ensuring services and protection for those affected by HIV/AIDS and other STIs.

What follows is a discussion of the statements relating to HIV/AIDS and other STIs, made between January 1993 and June 2007 by six committees: the Committee on the Elimination of Discrimination against Women (CEDAW Committee); the Committee on the Rights of the Child; the Human Rights Committee; the Committee on Economic, Social and Cultural Rights; the Committee on the Elimination of Racial Discrimination; and the Committee against Torture.⁶

1.

RELEVANT PROVISIONS OF CEDAW

Article 10 protects women's right to health and requires states parties to take all appropriate measures to eliminate discrimination against women in order to ensure equal rights with men in the field of education, specifically with regard to access to educational information to ensure the health and well-being of families.

Committee on the Elimination of Discrimination Against Women

General Recommendations

General Recommendation 15: Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)⁷

In its General Recommendation 15, the CEDAW Committee applies a gender analysis to the issue of HIV/AIDS and asks states parties to increase public awareness, particularly among women and children, about the risks and effects of HIV infection and AIDS. It calls for states parties' special attention to the rights and needs of women and children, including their particular vulnerability to HIV infection; it recommends that states parties ensure participation of women in the primary health care system; and it asks states parties to include information on the effects of AIDS on women, as well as measures taken to address the needs of HIV-positive women and to prevent discrimination against women in response to AIDS.

General Recommendation 24: Women and Health®

In its General Recommendation 24, the CEDAW Committee asks states parties to report on how they have addressed preventable illnesses that affect women, such as HIV/AIDS.⁹ In particular, the Committee acknowledges that women and adolescent girls lack adequate access to information and services necessary to ensure sexual health, including HIV/AIDS prevention and treatment.¹⁰ The

RELEVANT PROVISIONS OF CEDAW

Article 12 protects women's right to health and requires states parties to take all appropriate measures to eliminate discrimination against women in the area of health care, including reproductive health care such as family planning services.

Article 14 protects rural women's right to health and requires states parties to take all appropriate measures to eliminate discrimination against women in rural areas regarding access to adequate health care facilities, including information, counseling, and services in family planning.

Committee also acknowledges the role that unequal gender power relations play in making women and girls more vulnerable than males to contracting HIV/AIDS and other STIs.¹¹ The Committee identifies sex workers, women who have been trafficked, and adolescents as particularly vulnerable groups, and calls upon states parties to ensure adolescents' rights to sexual and reproductive health information, education, and services by properly trained personnel in specially designed programs that respect their rights to privacy and confidentiality.¹²

Concluding Observations

The CEDAW Committee has often expressed its general concern over the increasing prevalence of HIV/AIDS and other STIs,¹³ noting specific instances where infection rates were higher among women than men.¹⁴ It has asked governments to take a human rights-based¹⁵ and gender-sensitive approach in responding to HIV/AIDS.¹⁶ The Committee has frequently recommended the implementation of a multifaceted and holistic preventive program.¹⁷ Specifically, the Committee has called on states to collect reliable information and disaggregated data to determine the prevalence of women infected with HIV/AIDS. It has also recommended broad-based awareness-raising,¹⁸ as well as practical prevention methods such as education about sexual health services for both males and females¹⁹ and promotion of condom use.²⁰ In one case, the Committee suggested that a state party cooperate with NGOs and international organizations to improve the general health situation of women and girls and that high-risk groups be targeted for strategies to prevent the spread of HIV/AIDS and other STIs.²¹

The Committee has addressed some of the factors contributing to the spread of HIV/AIDS. It has acknowledged the link between violence against women—including rape and incest—and the high prevalence of HIV/AIDS and other STIs in women.²² It has also recognized the connection between low economic status and HIV/AIDS prevalence.²³ In one case, the Committee expressed alarm about the rising HIV/AIDS infection rates among women and the direct link between harmful traditional practices and the spread of HIV/AIDS.²⁴ The Committee has highlighted the vulnerability of certain groups at greater risk of contracting HIV/AIDS,²⁵ such as young adults,²⁶ women and girls who have been trafficked²⁷ and, most frequently, sex workers²⁸ and noted increasing rates of infection within these specific groups.²⁹

With respect to treatment, the CEDAW Committee has expressed concern over the lack of care for those infected with HIV/AIDS, ³⁰ particularly women and girls. ³¹ The Committee has recommended the introduction of proactive measures and incentives to attract health professionals to areas in need of health services, as well as the allocation of resources to combat HIV/AIDS and other STIs. ³² The Committee has frequently commented on sex workers' need for access to health services ³³ and in one instance, commented on the need for more information on the situation of women in trafficking and prostitution affected by HIV/AIDS. ³⁴

The Committee has emphasized that those living with HIV/AIDS must be guaranteed equal enjoyment of their human rights.³⁵ While the Committee has not comprehensively addressed issues of discrimination, on at least one occasion, the Committee has requested that state parties adopt measures to eliminate discrimination against women and girls living with HIV/AIDS.³⁶ It has criticized the use of mandatory HIV/AIDS testing³⁷ as well as widespread attitudes attributing the prevalence of HIV/AIDS to sex workers.³⁸

2.

RELEVANT PROVISIONS OF THE CHILDREN'S RIGHTS CONVENTION

Article 2 ensures children's right to non-discrimination.

Article 3 provides that the best interest of the child shall be a primary consideration in all actions affecting children.

Article 6 protects children's right to life, survival, and development.

Committee on the Rights of the Child

General Comments

General Comment 1: The Aims of Education³⁹

In its General Comment 1, the Committee on the Rights of the Child recognizes that children living with HIV/AIDS are discriminated against in both formal and informal educational settings.⁴⁰

General Comment 3: HIV/AIDS and the Rights of the Child41

In its General Comment 3, the Committee on the Rights of the Child undertakes a comprehensive review of HIV/AIDS and its impact on the human rights of children. It notes that HIV/AIDS is not exclusively a health issue but that it also materially affects all children's rights—civil, political, economic, social, and cultural. The Committee reaffirms its recommendations to states parties made on the Committee's Day of General Discussion on Children Living in a World with HIV/AIDS. These recommendations include 1) implementing child-centered HIV/AIDS policies, 2) allocating appropriate resources to HIV/AIDS programs, 3) modifying laws or enacting new legislation to prohibit discrimination based on both real and perceived HIV/AIDS status, 4) establishing national committees to respond to the neglect of children or the violation of their rights in relation to HIV/AIDS, 5) ensuring that HIV data and collection efforts cover children and distinguish by age group and gender, and 6) calling upon international agencies, including U.N. agencies, to ensure and improve the rights of children in the context of HIV/AIDS.⁴²

General Comment 4: Adolescent Health and Development⁴³

In its General Comment 4, the Committee on the Rights of the Child recognizes that adolescents are at risk of being infected by HIV/AIDS. It recommends that states parties take measures to prevent HIV/AIDS infection, including ensuring access to information and the means of prevention, such as condoms,⁴⁴ and to protect adolescents affected by HIV/AIDS from discrimination.⁴⁵

RELEVANT PROVISIONS OF THE CHILDREN'S RIGHTS CONVENTION

Article 12 ensures children's right to express themselves and have their views taken into account.

Article 13 establishes children's right to impart and receive information of all kinds.

Article 24 guarantees children's right to the highest attainable standard of health and places responsibility on states parties to ensure proper health care for mothers, children, and families.

Concluding Observations

In a great number of concluding observations, the Committee on the Rights of the Child has expressed concern over the high incidence as well as the growing number of cases of HIV/AIDS and other STIs.⁴⁶ In addition, the Committee has expressed concern for those children who are particularly vulnerable to infection, such as infants at risk of mother-to-child transmission⁴⁷ and children living in the streets.⁴⁸ The Committee has asked states parties to undertake studies regarding the prevalence and nature of adolescent health problems, including the negative impact of HIV/AIDS.⁴⁹ The Committee has also recommended strengthening efforts to prevent mother-to-child transmission,⁵⁰ ensuring access to contraceptives,⁵¹ creating prevention programs,⁵² and conducting awareness-raising campaigns.⁵³ Most frequently, the Committee has recognized the importance of reproductive health education and youth-sensitive services in the prevention of HIV/AIDS.⁵⁴ It has advocated for the allocation of sufficient human and financial resources to developing and strengthening policies, programs and facilities, as well as to evaluating the effectiveness of existing programs.⁵⁵ The Committee has discussed the importance of access to services without requiring parental consent,⁵⁶ and has stressed the need for confidentiality in HIV/AIDS testing, counseling, and health services.⁵⁷

The Committee has discussed some of the social consequences of the HIV/AIDS epidemic, such as the deprivation of a family life.⁵⁸ In particular, the Committee has commented on the increasing number of AIDS orphans⁵⁹ and the fact that these children are often placed in child welfare centres or children's homes rather than being placed in foster care or adopted.⁶⁰ It has also discussed the poverty that results from HIV/AIDS infection.⁶¹ The Committee has urged states parties to focus on the general needs of children affected by HIV/AIDS-related deaths,⁶² including the need for assistance to child-headed households⁶³ and access to family life, adoption, emotional care and education.⁶⁴

In addition, the Committee has frequently expressed concern over social exclusion of and discriminatory attitudes toward children with HIV/AIDS,⁶⁵ such as their exclusion from mainstream schooling.⁶⁶ To address these issues, it has discussed the need for legislative measures, legal reform and other comprehensive strategies to combat discrimination.⁶⁷

The Committee has often asked states parties to refer to the Summary Document for its General Day of Discussion on Children Living in a World with AIDS⁶⁸ and to General Comments 3⁶⁹ and 4⁷⁰ and to take into account recommendations of the International Guidelines on HIV/AIDS and Human Rights.⁷¹ Less frequently, the Committee has referred states parties to the work of the other treaty monitoring bodies on HIV/AIDS.⁷² It has also recommended that states parties coordinate efforts with and request technical assistance from UN agencies, such as WHO, UNICEF and the United Nations Joint Programme on HIV/AIDS.⁷³

The Committee has incorporated a gender analysis into its recommendations to states parties on STIs and HIV/AIDS, citing teenage girls as particularly vulnerable.⁷⁴ It has also linked the spread of HIV/AIDS to sexual tourism involving adolescent girls⁷⁵ and has implicitly acknowledged that early and forced marriage, as well as other traditional practices, increase adolescent girls' risk of infection.⁷⁶

3.

RELEVANT PROVISIONS OF THE CIVIL AND POLITICAL RIGHTS COVENANT

Article 2 calls on states parties to respect and ensure to all individuals their rights under the Covenant without distinction of any kind.

Article 3 guarantees equal rights of men and women to the enjoyment of all civil and political rights under the Covenant.

Article 6 recognizes every person's right to life.

Article 26 recognizes that all individuals are equal before the law and are entitled to equal protection of the law without discrimination of any kind.

Human Rights Committee

General Comments

General Comment 6: The Right to Life⁷⁷

In its General Comment 6 on the right to life, the Human Rights Committee emphasizes that the inherent right to life should not be understood in a restrictive manner and requires states parties to take positive measures to ensure it. In particular, the Committee mentions the need for states parties to take all possible measures to eliminate epidemics.⁷⁸

General Comment 28: Equality of Rights Between Men and Women⁷⁹

General Comment 28 does not explicitly mention HIV/AIDS or other STIs in the context of equality between men and women, but it does contain some language that is relevant to the issue. For example, the Committee discusses women's right to equality in exercising their right to privacy as it relates to their reproductive lives.⁸⁰

Concluding Observations

The Human Rights Committee has expressed concern about the availability of effective treatment for individuals living with HIV/AIDS and has urged states parties to allow and facilitate access to adequate antiretroviral treatment.⁸¹ The Committee has also called for measures to ensure that individuals living with HIV/AIDS have equal access to treatment.⁸² It has expressed concern over the high incidence of HIV/AIDS in the detention and prison facilities in one country and has encouraged that state party to ensure that inmates have access to health care.⁸³

The Committee has recommended that states parties extend existing anti-discrimination legislation to protect individuals from discrimination on the basis of HIV/AIDS status.⁸⁴ The Committee has expressed concern over the impact of HIV/AIDS on vulnerable groups, such as young women between the ages of 15 and 19 who are living with HIV/AIDS.⁸⁵ and children who have been orphaned as a result of HIV/AIDS.⁸⁶

4.

RELEVANT PROVISIONS OF THE ECONOMIC, SOCIAL AND CULTURAL RIGHTS COVENANT

Article 2 calls on states parties to respect and ensure to all individuals their rights under the Covenant without discrimination of any kind.

Article 3 guarantees equal rights of men and women to the enjoyment of all economic, social and cultural rights under the Covenant.

Article 12 protects the right to the highest attainable standard of physical and mental health.

Article 12(2)(c) requires states parties to take steps towards the prevention, treatment and control of epidemic, endemic, occupational and other diseases.

Committee on Economic, Social and Cultural Rights

General Comments

General Comment 14: The Right to the Highest Attainable Standard of Health⁸⁷

In its General Comment 14, the Committee on Economic, Social and Cultural Rights recognizes that the spread of HIV/AIDS has created new obstacles to the realization of the right to health⁸⁸ and provides states parties with guidelines for ensuring access to health facilities, goods and services—particularly for vulnerable groups such as persons living with HIV/AIDS.⁸⁹ The Committee focuses on Article 12(2)(c) of the Economic, Social and Cultural Rights Covenant, which requires prevention and education programs for STIs, including HIV/AIDS, and also implies a right to treatment, including a system of urgent medical care in case of epidemics.⁹⁰ In addition, the Committee elaborates on the right to non-discrimination on the basis of health status and equal treatment in the exercise of one's right to health.⁹¹ The Committee asks states parties to integrate a gender perspective in all health-related policies, planning, programs and research,⁹² but it does not specifically mention gender issues in the context of HIV/AIDS.

General Comment 15: The Right to Water⁹³

In its General Comment 15, the Committee on Economic, Social and Cultural Rights stresses the importance of the right to water in the context of disease prevention. In addition, it highlights the Covenant's prohibition against discrimination based on health status, including discrimination based on HIV/AIDS, with respect to the equal enjoyment or exercise of the right to water. The Committee urges states parties to prevent any prohibited discrimination in providing water and asks that those discriminatorily denied the right to water be given access to appropriate judicial or other remedies.

General Comment 16: The Equal Right of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights®

In its General Comment 16, the Committee on Economic, Social and Cultural Rights reminds states parties of the right of men and women to the enjoyment of the highest attainable standard of health, as articulated in Article 12 of the Covenant. ⁹⁹ The Committee goes on to further examine women's health issues, including the ways in which gender roles affect women's access to health care and treatment, as well as the need for adequate training for health-care workers to deal specifically with women's health issues. ¹⁰⁰ The Committee does not specifically discuss HIV/AIDS or other STIs.

General Comment 18: The Right to Work¹⁰¹

In its General Comment 18, the Committee on Economic, Social and Cultural Rights indicates that the right to work requires that the labor market be accessible to all and highlights that the Covenant prohibits discrimination in the labor market based on health status, which includes HIV/AIDS. 102

Concluding Observations

TIn its discussions of Article 12 of the Economic, Social and Cultural Rights Covenant, which protects the right to health, the Committee on Economic, Social and Cultural Rights continues to make STIs particularly HIV/AIDS—a priority. The Committee has expressed concern over high rates of STIs, including HIV/AIDS, on numerous occasions¹⁰³ and has taken note of increasing rates of infection.¹⁰⁴

The Committee has requested that states parties make general efforts to prevent and combat HIV/AIDS and other communicable diseases. 105 It has criticized states parties for taking insufficient preventive measures, 106 for having inadequate statistical information, 107 and for inadequately documenting cases.¹⁰⁸ It has advocated education and prevention programs on sexual and reproductive health for adolescents. 109 On several occasions, the Committee has expressed its grave concern over the link between commercial sex tourism and the spread of HIV/AIDS.¹¹⁰ In one case, the Committee recommended the institution of a blood safety program as part of its comprehensive HIV/AIDS prevention strategy.¹¹¹

The Committee has requested information from states parties on the situation of HIV-positive individuals and people living with AIDS, 112 as well as on their treatment. 113 Specifically, the Committee is concerned about lack of adequate access to necessary services, food and facilities for people suffering from HIV/AIDS.¹¹⁴ The Committee has asked states parties to improve sexual and reproductive health services¹¹⁵ and to address barriers to accessing antiretroviral medicines,¹¹⁶ including their high cost.117 In one instance, the Committee noted specific concern for the lack of availability of and access to these medicines on the part of migrant workers and AIDS orphans, 118 and has urged that such medication be made available and equally accessible to all. 119

The Committee has specifically recommended measures to eliminate discrimination based on HIV/AIDS through various measures, such as legislation, 120 policy, 121 and educational strategies, including use of school curricula¹²² and public awareness campaigns.¹²³ In addition, the Committee has repeatedly advocated for non-discriminatory application of laws, policies, and practices in relation to HIV/AIDS, 124 emphasizing a need for improved delivery of services to those in rural areas and for ethnic minority groups. 125 On several occasions, the Committee has asked that states parties comply with the standards of the International Guidelines on HIV/AIDS and Human Rights adopted at the Second International Consultation on HIV/AIDS and Human Rights in September 1996.¹²⁶

The Committee has continued to incorporate a gender dimension in its recommendations to states parties on HIV/AIDS. For example, it has discussed the link between trafficking of women and HIV/AIDS.¹²⁷ The Committee has also noted increases in HIV/AIDS among young women and children.¹²⁸ On at least one occasion, the Committee expressed its concern that women are often the first victims of HIV/AIDS. 129

RELEVANT PROVISIONS OF THE CONVENTION AGAINST RACIAL DISCRIMINATION

Article 5(e) links the right to be free from racial discrimination to the enjoyment of a number of economic, social, and cultural rights, including the rights to health and education.

Committee on the Elimination of Racial Discrimination

General Recommendations

General Recommendation 25: Gender-Related Dimensions of Racial Discrimination 130

In its General Recommendation 25, the Committee on the Elimination of Racial Discrimination specifically recognizes that some forms of racial discrimination may only be experienced by women and may be directed at women because of their gender.¹³¹ In the recommendation, CERD states that it will take gender factors into account when evaluating and monitoring racial discrimination against women and how it impacts the exercise of all their rights. 132 This would include the rights to health and life, which are implicated in the case of women and STIs and HIV/AIDS.

General Recommendation 29: Descent¹³³

Although the Committee does not specifically mention STIs or HIV/AIDS in its general comment recommending that states parties take measures to combat descent-based discrimination, it urges states parties to ensure that all members of descent-based communities have equal access to health care and that descent-based communities be involved in designing and implementing health programs and projects. 134

General Recommendation 30: Discrimination Against Non-Citizens 135

In its General Recommendation 30, while HIV/AIDS is not addressed directly, the Committee stresses that states parties must respect the right of non-citizens to an adequate standard of health by, for example, not denying or limiting access to preventive, curative and palliative health services. 136

Concluding Observations

The Committee on the Elimination of Racial Discrimination has discussed HIV/AIDS in numerous concluding observations. It has noted that the HIV/AIDS epidemic, which has a negative impact on particularly vulnerable groups in the population—notably children, refugees and minorities is making it increasingly difficult for states parties to implement the Convention against Racial Discrimination.¹³⁷ It has also requested more information from states parties regarding the situation of those particularly at risk, the impact of HIV/AIDS, and the measures taken to control and prevent HIV/AIDS and other diseases. 138

The Committee has noted the spread of STIs, including HIV/AIDS, among indigenous and tribal people, and recommended a plan of action to combat the pandemic.¹³⁹ On several occasions, the Committee has acknowledged states parties for their commitments to combating the spread of HIV/AIDS; however, it has noted that HIV/AIDS continues to spread among minorities and

marginalized ethnic groups and has encouraged states parties to strengthen their efforts to fight the epidemic.140

The Committee has demonstrated its concern over the high cost of medications for persons living with HIV/AIDS in developing countries.¹⁴¹ It has noted that refugees in one state party do not have access to programmes developed for antiretroviral medication or mother-to-child transmission prevention programs and recommended that the state party grant refugees equal access to such health programs. 142 The Committee expressed concern that HIV/AIDS affects all population groups and requested that information be provided on the impact of the epidemic on the various ethnic groups in a particular state party and specifically the impact on women. 143

In at least one case, the Committee expressed its concern regarding the denial of citizenship to persons affected by HIV/AIDS, noting that these individuals may also belong to groups vulnerable to racism and racial discrimination.144 The Committee has expressed its concern over a state party's policy of obligatory HIV testing for descendants of Africans and the state party's allegations that members of this minority group disproportionately test positive for HIV.145



RELEVANT PROVISIONS OF THE CONVENTION AGAINST TORTURE

Article 1 defines torture as any intentional act, inflicted for reasons based on discrimination of any kind, which causes severe physical or mental suffering, and is committed with the consent or acquiescence of a public official.

Article 3 prohibits states parties from returning or expelling a person to another state where that person would be in danger of suffering or torture.

Committee Against Torture

General Comments

General Comment 1: Implementation of Article 3 of the Convention in the Context of Article 22¹⁴⁶ In its General Comment 1, the Committee Against Torture discusses the use of the individual complaint mechanism of Article 22 of the Convention against Torture to enforce states parties' obligations to individuals who would be at risk of torture if returned to their country of origin.

Concluding Observations

The Committee has not addressed the issue of HIV/AIDS and other STIs in its concluding observations.

KEY CONCLUDING OBSERVATIONS ON CONTRACEPTION

"The Committee is . . . 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."

Concluding Observations of the Committee on the Elimination of Discrimination against Women: Malawi, 03/02/2006, U.N. Doc. CEDAW/C/MWI/CO/5, ¶ 31.

"The Committee notes the adoption of the HIV National Strategic Plan, but is extremely concerned at the high incidence and increasing prevalence of HIV/AIDS amongst adults and children, more particularly at the high incidence of children infected at birth and at the number of children orphaned by HIV/AIDS. The Committee is further concerned at the lack of knowledge among adolescents on how to prevent HIV/AIDS in spite of real efforts of the State party to raise awareness on this issue."

Concluding Observations of the Committee on the Rights of the Child: Haiti, 18/03/2003, U.N. Doc. CRC/C/15/Add.202, ¶ 48.

"The Committee . . . 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 the free trade agreements currently being negotiated with some other countries may negatively impact access to affordable medicines, in particular antiretroviral drugs.."

Concluding Observations of the Committee on the Rights of the Child: Thailand, 17/03/2006, U.N. Doc. CRC/C/THA/CO/2, ¶ 57.

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

Concluding Observations of the Human Rights Committee: Uganda. 04/05/2004, U.N. Doc. CCPR/CO/80/UGA, ¶ 14

Summary Assessment

The CEDAW Committee, the Committee on the Rights of the Child, the Human Rights Committee, the Committee on Economic, Social and Cultural Rights, and the Committee on the Elimination of Racial Discrimination have recognized the gravity of rights violations relating to HIV/AIDS and are generally very strong in making concrete recommendations on specific measures for the prevention and treatment of HIV/AIDS.

All of the committees, with the exception of the Committee Against Torture, have addressed to some extent the issue of discrimination against HIV-positive individuals and those living with AIDS.

The Committee on the Rights of the Child has discussed discriminatory attitudes against children with HIV/AIDS, and the CEDAW Committee, The Committee on Economic, Social and Cultural Rights, and The Human Rights Committee, have all been strong advocates for non-discriminatory application of laws. The Committee on the Elimination of Racial Discrimination has commented on the discriminatory treatment of ethnic and other minority groups with respect to HIV/AIDS. The Committee on Economic, Social and Cultural Rights has mentioned need to combat discrimination, offering specific recommendations to states parties on how to overcome prevailing discriminatory attitudes, including by use of legislative and social measures, such as public-awareness campaigns.

While The Committee on Economic, Social and Cultural Rights and The Committee on the Rights of the Child have recognized that women and girls may suffer disproportionately from the HIV/AIDS pandemic, the CEDAW Committee has taken the lead in developing a full gender analysis of the issue, starting by asking states parties for specific disaggregated information on women and HIV/AIDS and by asking them to include an analysis of causes, prevention and treatment with respect to women. While the CEDAW Committee has explored fully the link between sexual violence against women and HIV/AIDS, the other committees have not yet incorporated this type of analysis.

The committees recognize that people with HIV/AIDS are particularly vulnerable to rights violations and, to varying degrees, all of the committees (with the exception of Committee Against Torture) have noted the populations that are more vulnerable to HIV/AIDS. Committee on the Rights of the Child has acknowledged that certain groups of children are more vulnerable and has recommended that states parties focus on the needs of these groups. It has particularly noted the vulnerability of street children, children orphaned as a result of the HIV/AIDS pandemic, and those children who are at risk of infection from mother-to-child transmission. The CEDAW Committee has concentrated its discussion on sex workers and victims of trafficking and has further made recommendations to address underlying attitudes towards particularly vulnerable groups. The Human Rights Committee has noted the vulnerability of young women between the ages of 15 and 19. The Committee on the Elimination of Racial Discrimination has addressed the issue of discrimination on the basis of race in the context of HIV/AIDS and has issued concluding observations discussing the high rate of HIV/AIDS among refugees, indigenous and tribal groups and ethnic and other minority groups.

Conclusions

- The committees could follow the lead of the CEDAW Committee and The Committee on the Rights of the Child to consider recommending that states parties take a gender-sensitive approach to addressing HIV/AIDS. To this end, the committees could ask all states parties to furnish disaggregated data and information on HIV/AIDS and other STIs; the committees could use the data to recommend specific measures to prevent the spread of HIV/AIDS among women and girls, as well as how best to treat women and girls living with HIV/AIDS.
- Committees could further consider the situation of particularly vulnerable groups—such as adolescent girls, low-income women, women who have been trafficked, women who use intravenous drugs, and sex workers—and recommend specific measures that could be undertaken to benefit them. For example, recommendations on HIV/AIDS among adolescents should take into account that adolescent girls are particularly vulnerable to HIV/AIDS due to heightened risks of sexual exploitation, lack of sexual education, lack of access to condoms, high rates of other STIs, and lack of access to reproductive health services.
- All of the committees could follow the lead of The Committee on Economic, Social and Cultural Rights and The Committee on the Rights of the Child to more fully address the impact of HIV/AIDS on the right to be free from discrimination in the exercise of all rights. Committees could also make a particular effort to recognize potentially discriminatory aspects of policies and programs to prevent HIV infection. For example, the **CEDAW Committee** has pointed out that programs targeting sex workers should not attribute the HIV/AIDS pandemic to them.
 - The Human Rights Committee's mandate is particularly well suited to address discrimination in the context of HIV/AIDS. It could further develop its work in this area.
 - The committees, and particularly **Committee on Economic, Social and Cultural** Rights, could recommend that states parties legally prohibit all forms of discrimination against people living with HIV/AIDS in access to heath care, education, employment, and property rights.
- Committees could follow the lead of Committee on the Rights of the Child and ask states parties to implement policies to ensure that sexual and reproductive health ensure full confidentiality in HIV/AIDS testing, counseling, and health services.

- The Human Rights Committee, in particular, is well situated to advocate for the right to privacy and confidentiality in the context of HIV/AIDS.
- The Committee on the Rights of the Child has noted that gender-based discrimination limits girls' access to health services and that traditional practices such as early and forced marriage make girls

more susceptible to HIV infection. However, with the exception of the CEDAW Committee the other committees have not yet comprehensively addressed the factors contributing to women's particular susceptibility and vulnerability to HIV/AIDS, including women's subordination in the economic, social, civil, and political spheres. In particular, the committees could recommend that states parties enact legislation to prohibit violence against women—including trafficking of women and practices such as child and forced marriage—because such practices increase women's risk of infection. Legislation could also address practices that contribute to further marginalization of infected women such as discrimination in inheritance.

Endnotes:

- ¹ See Office of the High Commissioner for Human Rights, THE UNITED NATIONS HUMAN RIGHTS TREATY SYSTEM: AN INTRODUCTION TO THE CORE HUMAN RIGHTS TREATIES AND THE TREATY BODIES 7, http://www.ohchr.org/english/bodies/ docs/onchr-FactSheet30.pdf.
- ² A particular provision of each treaty establishes the treaty body and provides for its oversight mandate. See Convention on the Elimination of All Forms of Discrimination against Women, adopted Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, art. 17, U.N. Doc. A/34/46, (1979) (entered into force Sept. 3, 1981); Convention on the Rights of the Child, adopted Nov. 20, 1989, G.A. Res. 44/25, annex, U.N. GAOR, 44th Sess., Supp. No. 49, at 166, art. 43, U.N. Doc. A/44/49 (1989), reprinted in 28 I.L.M. 1448 (entered into force Sept. 2, 1990); International Covenant on Civil and Political Rights, adopted Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 52, art. 28, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (entered into force Mar. 23, 1976); International Convention on the Elimination of All Forms of Racial Discrimination, adopted Dec. 21, 1965, G.A. Res. 2106 (XX), art. 8, 660 U.N.T.S. 195 (entered into force Jan. 4, 1969); Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted Dec. 10, 1984, G.A. Res. 39/46, UN GAOR, 39th Sess., Supp. No. 51, at 197, art. 17, U.N. Doc. A/39/51 (1984), 1465 U.N.T.S. 85 (entered into force June 26, 1987). The International Covenant on Economic, Social and Cultural Rights adopted Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3 (entered into force Jan. 3, 1976), does not actually provide for the establishment of the committee. The Economic and Social Council established the committee in 1985. ESC Res. 1985/17, U.N. ESCOR, 1985, Supp. No.1, at 15, U.N. Doc. No. E/1985/85 (1985).
- ³ For a fuller explanation of the work of the committees, see Center for Reproductive Rights, Bringing Rights to BEAR 21-34 (2002).
- ⁴ Andrew Byrnes, Toward More Effective Enforcement of Women's Human Rights Through the Use of International Human Rights Law and Procedures, in Human Rights of WOMEN 218 (Rebecca Cook ed., 1994).
- ⁵ The following treaties have either an additional optional protocol empowering the treaty monitoring body to hear

- individual complaints, or a similar mechanism found in the treaty itself: Convention on the Elimination of All Forms of Discrimination against Women, International Covenant on Civil and Political Rights, International Convention on the Elimination of All Forms of Racial Discrimination, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
- ⁶ This briefing paper covers materials available in the United Nations Treaty Body Database, available at http://www.unhchr.ch/tbs/doc.nsf.
- ⁷ Committee on the Elimination of Discrimination against Women, General Recommendation 15: Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS), U.N. Doc. A/45/38 at 81 (1990).
- 8 Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and Health, U.N. Doc. A/54/38/Rev.1 (1999).
- 9 Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and Health, ¶ 17, U.N. Doc. A/54/38/Rev.1 (1999).
- ¹⁰ Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and Health, ¶ 18, U.N. Doc. A/54/38/Rev.1 (1999).
- ¹¹ Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and Health, ¶ 18, U.N. Doc. A/54/38/Rev.1 (1999).
- ¹² Committee on the Elimination of Discrimination against Women, General Recommendation 24: Women and Health, ¶ 18, U.N. Doc. A/54/38/Rev.1 (1999).
- ¹³ See, e.g., **Belize**, ¶ 58, U.N. Doc. A/54/38 (1999); Burundi, ¶ 59, U.N. Doc. A/56/38 (2001); Estonia, ¶ 111, U.N. Doc. 1/57/38 (2002); Fiji, ¶ 62, U.N. Doc. A/57/38 (2002); **Ghana**, ¶ 31, U.N. Doc. C/GHA/CO/5 (2006); **Guinea**, ¶ 130, U.N. Doc. A/56/38 (2001); **Guyana**, ¶¶ 151, 178, U.N. Doc. A/56/38 (2001); Malawi, ¶ 31, U.N. Doc. CEDAW/C/MWI/CO/5 (2006); Myanmar, ¶ 121, U.N. Doc. A/55/38 (2000); **Namibia**, ¶ 79, U.N. Doc. A/52/38/Rev.1, Part II (1997); Romania, ¶ 314, U.N. Doc. **Togo**, ¶ 28, U.N. Doc. A/55/38 (2000); CEDAW/C/TGO/CO/5 (2006); United Kingdom of Great

- Britain and Northern Ireland, ¶ 309, U.N. Doc. A/54/38 (1999); Viet Nam, ¶ 266, U.N. Doc. A/56/38 (2001).
- ¹⁴ See Belize, ¶39, U.N. Doc. A/54/38 (1999).
- ¹⁵ See Egypt, ¶¶ 336–7, U.N. Doc. A/56/38 (2001).
- ¹⁶ See Antigua and Barbuda, ¶ 261, U.N. Doc. A/52/38/Rev.1, Part II (1997).
- ¹⁷ See, e.g., **Burundi**, ¶ 60, U.N. Doc. A/56/38 (2001); Ethiopia, ¶161, U.N. Doc. A/51/38 (1996); Guinea, ¶ 131, U.N. Doc. A/56/38 (2001); Guyana, ¶ 179, U.N. Doc. A/56/38 (2001); **Peru**, ¶ 343, U.N. Doc. A/55/38/Rev.1 (1998); United Kingdom of Great Britain and Northern Ireland, ¶ 310, U.N. Doc. A/54/38 (1999).
- ¹⁸ See, e.g., Burkina Faso, ¶ 276, U.N. Doc. A/55/38 (2000); Burundi, ¶ 60, U.N. Doc. A/56/38 (2001); Cameroon, ¶ 60, U.N. Doc. A/55/38 (2000); Cape Verde, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6 (2006); Ghana, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); Guyana, ¶ 179, U.N. Doc. A/56/38 (2001); Iraq, ¶ 203, U.N. Doc. A/55/38 (2000); **Jamaica**, ¶ 36, U.N. Doc. CEDAW/C/JAM/CO/5 (2006); Philippines, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); Togo, ¶ 29, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); United Kingdom of Great Britain and Northern Ireland, ¶ 310, U.N. Doc. A/54/38 (1999); Viet Nam, ¶ 267, U.N. Doc. A/56/38 (2001).
- ¹⁹ See, e.g., **Burundi**, ¶ 60, U.N. Doc. A/56/38, (2001); Cape Verde, ¶ 30, U.N. Doc. CEDAW/C/CPV/CO/6; Cuba, ¶ 224, U.N. Doc. A/51/38 (1996); **Dominican Republic**, ¶ 349, U.N. Doc. A/53/38 (1998); Ghana, ¶ 32, CEDAW/C/GHA/CO/5 (2006); Guyana, ¶ 179, U.N. Doc. A/56/38 (2001); Iraq, ¶ 203, U.N. Doc. A/55/38 (2000); Jamaica, ¶ 36, U.N. Doc. CEDAW/C/JAM/CO/5 (2006); **Malawi**, ¶ 32, U.N. Doc. CEDAW/C/MWI/CO/5 (2006); **Togo**, ¶ 29, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); Uganda, ¶ 338, U.N. Doc. A/50/38 (1995); Philippines, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); United Kingdom of Great Britain and Northern Ireland, ¶ 310, U.N. Doc. A/54/38 (1999); Viet Nam, ¶ 267, U.N. Doc. A/56/38 (2001); **Zimbabwe**, ¶ 160, U.N. Doc. A/53/38
- ²⁰ See, e.g., Belize, ¶ 59, U.N. Doc. A/54/38 (1999); **Burkina Faso**, ¶ 276, U.N. Doc. A/55/38 (2000); Burundi, ¶ 60, U.N. Doc. A/56/38 (2001); Cameroon, ¶ 60, U.N. Doc. A/55/38 (2000); Cape Verde, ¶ 30, U.N.

- Doc. CEDAW/C/CPV/CO/6 (2006); **Ghana**, ¶ 32, U.N. Doc. CEDAW/C/GHA/CO/5 (2006); **Guinea**, ¶ 131, U.N. Doc. A/56/38 (2001); Malawi, ¶ 32, U.N. Doc. CEDAW/C/MWI/CO/5 (2006); Philippines, ¶ 28, U.N. Doc. CEDAW/C/PHI/CO/6 (2006); Togo, ¶ 29, U.N. Doc. CEDAW/C/TGO/CO/5 (2006); **Uganda**, ¶ 313, 03/02/1995, U.N. Doc. A/50/38 (1995); Viet Nam, ¶ 267, U.N. Doc. A/56/38 (2001).
- ²¹ See, e.g., Republic of Moldova, ¶ 31, U.N. Doc. CEDAW/C/MDA/CO/3 (2006); Myanmar, ¶ 96, U.N. Doc. A/55/38 (2000).
- ²² See, e.g., **Rwanda**, ¶ 321, U.N. Doc. A/51/38 (1996); **Uganda**, ¶ 322, U.N. Doc. A/50/38 (1995).
- ²³ See **Namibia**, ¶ 79, U.N. Doc. A/52/38/Rev.1, Part II (1997).
- 24 Malawi, \P 31, U.N. Doc. CEDAW/C/MWI/CO/5 (2006).
- ²⁵ See, e.g., Romania, ¶¶ 26, 30–31, U.N. Doc. CEDAW/C/ROM/CO/6 (2006); Romania, ¶ 315, U.N. Doc. A/55/38 (2000).
- ²⁶ See, e.g., Cuba, ¶ 224, U.N. Doc. A/51/38 (1996); Guyana, ¶ 178, U.N. Doc. A/56/38 (2001); United Kingdom of Great Britain and Northern Ireland, ¶ 309, U.N. Doc. A/54/38 (1999); **Zimbabwe**, ¶ 147, U.N. Doc. A/53/38 (1998).
- ²⁷ See, e.g., Cambodia, ¶ 19, U.N. Doc. CEDAW/C/KHM/CO/3 (2006); India, ¶ 76, U.N. Doc. A/55/38 (2000); Peru, ¶¶ 325-326, U.N. Doc. A/55/38/Rev.1 (1998).
- ²⁸ See e.g., **Bolivia**, ¶ 65, U.N. Doc. A/50/38 (1995); Guyana, ¶ 181, U.N. Doc. A/56/38 (2001); India, ¶ 76, U.N. Doc. A/55/38 (2000); Nigeria, ¶ 168, U.N. Doc. A/53/38/Rev.1 (1998); **Peru**, ¶¶ 325-6, U.N. Doc. A/55/38/Rev.1 (1998).
- ²⁹ See Guinea, ¶ 136, U.N. Doc. A/56/38 (2001).
- 30 See Burundi, ¶ 59, U.N. Doc. A/56/38 (2001).
- ³¹ See Guinea, ¶ 130, U.N. Doc. A/56/38 (2001).
- 32 See Fiji, ¶ 63, U.N. Doc. A/57/38 (2002).
- ³³ See, e.g., Armenia, ¶ 59, U.N. Doc. A/52/38/Rev.1, Part II (1997); **Cameroon**, ¶ 52, U.N. Doc. A/55/38 (2000); China, ¶ 289, U.N. Doc. A/54/38 (1999); Cuba, ¶ 224, U.N. Doc. A/51/38 (1996); Democratic Republic of the

Congo, ¶ 220, U.N. Doc. A/55/38 (2000); Guinea, ¶ 137, U.N. Doc. A/56/38 (2001); Guyana, ¶ 181, U.N. Doc. A/56/38 (2001); **Tunisia**, ¶ 229, U.N. Doc. A/50/38 (1995); **Uganda**, ¶ 318, U.N. Doc. A/50/38 (1995).

- ³⁴ See Myanmar, ¶ 122, U.N. Doc. A/55/38 (2000).
- 35 See Ethiopia, ¶ 161, U.N. Doc. A/51/38 (1996).
- ³⁶ See Jamaica, ¶ 36, U.N. Doc. CEDAW/C/JAM/CO/5 (2006).
- ³⁷ See India, ¶ 76, U.N. Doc. A/55/38 (2000); Tunisia, ¶ 229, U.N. Doc. A/50/38 (2005).
- 38 See, e.g., Indonesia, ¶ 298, U.N. Doc. A/53/38 (1998); **Uganda**, ¶ 318, U.N. Doc. A/50/38 (1995).
- ³⁹ Committee on the Rights of the Child. *General Comment* 1: The Aims of Education, U.N. Doc. CRC/GC/2001/1 (2001).
- 40 Committee on the Rights of the Child, General Comment 1: The Aims of Education, ¶ 10, U.N. Doc. CRC/GC/2001/1 (2001).
- ⁴¹ Committee on the Rights of the Child, General Comment 3: HIV/AIDS and the Rights of the Child, U.N. Doc. CRC/GC/2003/3 (2003).
- ⁴² Committee on the Rights of the Child, *General Comment* 3: HIV/AIDS and the Rights of the Child, ¶ 40, U.N. Doc. CRC/GC/2003/3 (2003).
- ⁴³ Committee on the Rights of the Child, *General Comment* 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child, U.N. Doc. CRC/GC/2003/4 (2003).
- 44 Committee on the Rights of the Child, General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child, ¶ 30, U.N. Doc. CRC/GC/2003/4 (2003).
- ⁴⁵ Committee on the Rights of the Child, General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child, ¶ 6, U.N. Doc. CRC/GC/2003/4 (2003).
- 46 See, e.g., Angola, ¶ 48, U.N. Doc. CRC/C/15/Add.246 (2004); Argentina, ¶ 50, U.N. Doc. CRC/C/15/Add.187 (2002); Armenia, ¶ 38, U.N. Doc. CRC/C/15/Add.119

(2000); **Azerbaijan**, ¶ 51, U.N. Doc. CRC/C/AZE/CO/2 (2006); Barbados, ¶ 25, U.N. Doc. CRC/C/15/Add.103 (1999); **Belarus**, ¶¶ 41, 43, U.N. Doc. CRC/C/15/Add.180 (2002); Belize, \P 25, U.N. Doc. CRC/C/15/Add.99 (1999); Benin, ¶ 25, U.N. Doc. CRC/C/15/Add.106 (1999); Bolivia, ¶ 49, U.N. Doc. CRC/C/15/Add.256 (2005); Burundi, ¶ 60, U.N. Doc. CRC/C/15/Add.133 (2000); Central African Republic, ¶ 60, U.N. Doc. CRC/C/15/Add.138 (2000); Chad, \P 28, U.N. Doc. CRC/C/15/Add.107 (1999); Colombia, ¶ 48, U.N. Doc. CRC/C/15/Add.137 (2000); Comoros, ¶ 33, U.N. Doc. CRC/C/15/Add.141 (2000); Côte d'Ivoire, ¶ 42, U.N. Doc. CRC/C/15/Add.155 (2001); Cuba, ¶ 37, U.N. Doc. CRC/C/15/Add.72 (1997); Democratic Republic of the Congo, ¶¶ 52, 54, U.N. Doc. CRC/C/15/Add.153 (2001); **Dominican Republic**, ¶ 37, U.N. Doc. CRC/C/15/Add.150 (2001); Ethiopia, ¶ 14, U.N. Doc. CRC/C/15/Add.67 (1997); Ethiopia, ¶¶ 58, 60, U.N. Doc. CRC/C/15/Add.144 (2001); Fiji, ¶ 20, U.N. Doc. CRC/C/15/Add.89 (1998); **Ghana**, ¶ 45, U.N. Doc. CRC/C/15/Add.73 (1997); **Ghana**, ¶ 53, U.N. Doc. CRC/C/GHA/CO/2 (2006); Guatemala, ¶ 44, U.N. Doc. CRC/C/15/Add.154 (2001); Guinea, ¶ 25, U.N. Doc. CRC/C/15/Add.100 (1999); Haiti, ¶ 48, U.N. Doc. CRC/C/15/Add.202 (2003); Honduras, ¶ 27, U.N. Doc. CRC/C/15/Add.24 (1999); India, ¶ 50, U.N. Doc. CRC/C/15/Add.115 (2000); Japan, ¶ 21, U.N. Doc. CRC/C/15/Add.90 (1998); Latvia, ¶ 39, U.N. Doc. CRC/C/15/Add.142 (2001): Lesotho. ¶ 45. U.N. Doc. CRC/C/15/Add.147 (2001); Lithuania, ¶ 39, U.N. Doc. CRC/C/15/Add.146 (2001); Maldives, ¶ 19, U.N. Doc. CRC/C/15/Add.91 (1998); Mali, ¶ 27, U.N. Doc. CRC/C/15/Add.113 (1999); Mexico, ¶ 27, U.N. Doc. CRC/C/15/Add.112 (1999); Mexico, ¶¶ 50, 52, U.N. Doc. CRC/C/MEX/CO/3 (2006); Micronesia (Federated States of), ¶ 19, U.N. Doc. CRC/C/15/Add.86 (1998); Nicaragua, ¶ 35, U.N. Doc. CRC/C/15/Add.108 (1999); **Peru**, ¶ 24, U.N. Doc. CRC/C/15/Add.120 (2000); **Romania**, ¶ 50, U.N. Doc. CRC/C/15/Add.199 (2003): Sierra Leone, ¶ 59, U.N. Doc. CRC/C/15/Add.116 Africa, ¶ 31, U.N. (2000); **South** CRC/C/15/Add.122 (2000); The Former Yugoslav Republic of Macedonia, ¶¶ 38, 40, U.N. Doc. CRC/C/15/Add.118 (2000); Togo, ¶ 23, U.N. Doc. CRC/C/15/Add.83 (1997); Trinidad And Tobago, ¶ 19, U.N. Doc. CRC/C/15/Add.82 (1997); Turkey, ¶ 53, U.N. Doc. CRC/C/15/Add.152 (2001); Uganda, \P 17, U.N. Doc. CRC/C/15/Add.80 (1997); United Republic of

- **Tanzania**, ¶ 30, U.N. Doc. CRC/C/15/Add.156 (2001); **Venezuela**, ¶ 27, U.N. Doc. CRC/C/15/Add.109 (1999).
- e.g., Cambodia, \P 46, U.N. Doc. CRC/C/15/Add.128 (2000); Democratic Republic of the Congo, ¶ 52, U.N. Doc. CRC/C/15/Add.153 (2001); **Djibouti**, ¶ 41, U.N. Doc. CRC/C/15/Add.131 (2000); Haiti, ¶ 48, U.N. Doc. CRC/C/15/Add.202 (2003); Mozambique, ¶ 52, U.N. Doc. CRC/C/15/Add.172 (2002); Thailand, ¶ 57, U.N. Doc. CRC/C/THA/CO/2 (2006).
- ⁴⁸ See, e.g., **Benin**, ¶ 73, U.N. Doc. CRC/C/BEN/CO/2 (2006); **Czech Republic**, ¶ 63, U.N. Doc. CRC/C/15/Add.201 (2003); Democratic Republic of the Congo, ¶¶ 70-71, U.N. Doc. CRC/C/15/Add.153 (2001); **Djibouti**, ¶ 45, U.N. Doc. CRC/C/15/Add.131 (2000); **Guatemala**, ¶¶ 54–55, U.N. Doc. CRC/C/15/Add.154 (2001); Mozambique, ¶ 68, U.N. Doc. CRC/C/15/Add.172 (2002); Romania, ¶ 60, U.N. Doc. CRC/C/15/Add.199 (2003); Ukraine, ¶ 68, U.N. Doc. CRC/C/15/Add.191 (2002).
- ⁴⁹ See, e.g., Argentina, ¶ 51, U.N. Doc. CRC/C/15/Add.187 (2002); Belarus, ¶ 44, U.N. Doc. CRC/C/15/Add.180 (2002); Belize, ¶ 25, U.N. Doc. CRC/C/15/Add.99 (1999); Benin, ¶ 25, U.N. Doc. CRC/C/15/Add.106 (1999); Benin, ¶ 20, U.N. Doc. CRC/C/BEN/CO/2 (2006); Democratic Republic of the Congo, ¶¶ 55, 71, U.N. Doc. CRC/C/15/Add.153 (2001); Djibouti, ¶ 42, U.N. Doc. CRC/C/15/Add.131 (2000); Dominican **Republic**, ¶ 38, U.N. Doc. CRC/C/15/Add.150 (2001); **Egypt**, ¶ 44, U.N. Doc. CRC/C/15/Add.145 (2001); El **Salvador**, ¶ 54, CRC/C/15/Add.232 (2004); **Fiji**, ¶ 39, U.N. Doc. CRC/C/15/Add.89 (1998); Georgia, ¶¶ 46-47 U.N. Doc. CRC/C/15/Add.124 (2000); Grenada, ¶ 22, U.N. Doc. CRC/C/15/Add.121 (2000); Guatemala, ¶ 45, U.N. Doc. CRC/C/15/Add.154 (2001); **Honduras**, ¶ 27, U.N. Doc. CRC/C/15/Add.24 (1999); Iran (Islamic Republic of), ¶ 43, U.N. Doc. CRC/C/15/Add.123 (2000); **Kuwait**, ¶ 27, U.N. Doc. CRC/C/15/Add.96 (1998); Latvia, ¶ 40, U.N. Doc. CRC/C/15/Add.142 ¶¶ 45–46, U.N. (2001): Lesotho, Doc. CRC/C/15/Add.147 (2001); Lithuania, ¶ 40, U.N. Doc. CRC/C/15/Add.146 (2001); Mali, ¶ 27, U.N. Doc. CRC/C/15/Add.113 (1999); Mali, ¶ 57, U.N. Doc. CRC/C/MLI/CO/2 (2007); Marshall Islands, ¶ 51, U.N. Doc. CRC/C/15/Add.139 (2000); Nicaragua, ¶ 35, U.N. Doc. CRC/C/15/Add.108 (1999); Palau, ¶¶ 48-49, U.N.

- Doc. CRC/C/15/Add.149 (2001); Republic of Tanzania, ¶ 49, U.N. Doc. CRC/C/15/Add.156 (2001); Saint Kitts and Nevis, ¶ 26, U.N. Doc. CRC/C/15/Add.104 (1999); **Suriname**, ¶ 45, U.N. Doc. CRC/C/15/Add.130 (2000); Thailand, ¶ 25, U.N. Doc. CRC/C/15/Add.97 (1999); The Former Yugoslav Republic of Macedonia, ¶¶ 39, 41, U.N. Doc. CRC/C/15/Add.118 (2000); Turkey, ¶ 54, U.N. Doc. CRC/C/15/Add.152 (2001); United Kingdom of Great Britain and Northern Ireland—Overseas Territories, ¶ 37, U.N. Doc. CRC/C/15/Add.135 (2000); United Republic of **Tanzania**. ¶¶ 48–49. U.N. Doc. CRC/C/15/Add.156 (2001); Venezuela, ¶ 27, U.N. Doc. CRC/C/15/Add.109 (1999).
- 50 See, e.g., Kazakhstan, \P 54, U.N. Doc. CRC/C/KAZ/CO/3 (2007); Mali, ¶ 57, U.N. Doc. CRC/C/MLI/CO/2 (2007).
- ⁵¹ Mali, ¶ 57, U.N. Doc. CRC/C/MLI/CO/2 (2007).
- ⁵² See, e.g., Australia, ¶ 54, U.N. Doc. CRC/C/15/Add.268 (2005); Benin, ¶ 58, U.N. Doc. CRC/C/BEN/CO/2 (2006); **Botswana**, ¶ 51, U.N. Doc. CRC/C/15/Add.242 (2004); Burundi, ¶ 61, U.N. Doc. CRC/C/15/Add.133 (2000); Cambodia, ¶ 47, U.N. Doc. CRC/C/15/Add.128 (2000); Comoros, ¶ 35, U.N. Doc. CRC/C/15/Add.141 (2000); Czech Republic, ¶ 34, U.N. Doc. CRC/C/15/Add.81 (1997); Democratic Republic of the Congo, ¶ 53, U.N. Doc. CRC/C/15/Add.153 (2001); El **Salvador**, ¶ 54, CRC/C/15/Add.232 (2004); **Ethiopia**, ¶ 56, U.N. Doc. CRC/C/ETH/CO/3 (2006); India, ¶ 55, U.N. Doc. CRC/C/15/Add.228 (2004); Liechtenstein, ¶ 27, U.N. Doc. CRC/C/15/Add.143 (2001); Mozambique, ¶ 53, U.N. Doc. CRC/C/15/Add.172 (2002); Nicaragua, ¶ 35, U.N. Doc. CRC/C/15/Add.108 (1999); Panama, ¶ 48, U.N. Doc. CRC/C/15/Add.233 (2004); Russian Federation, ¶¶ 47, 48, U.N. Doc. CRC/C/15/Add.110 (1999); Slovakia, ¶ 38, U.N. Doc. CRC/C/15/Add.140 (2000); The Former Yugoslav Republic of Macedonia, ¶ 38, U.N. Doc. CRC/C/15/Add.118 (2000); United Republic of Tanzania, ¶ 49, U.N. Doc. CRC/C/TZA/CO/2 (2006).
- ⁵³ See, e.g., Australia, ¶ 54, U.N. Doc. CRC/C/15/Add.268 (2005); **Burundi**, ¶ 61, U.N. Doc. CRC/C/15/Add.133 (2000); Cambodia, ¶ 47, U.N. Doc. CRC/C/15/Add.128 (2000); Comoros, ¶ 35, U.N. Doc. CRC/C/15/Add.141 (2000); Czech Republic, ¶ 27, U.N. Doc. CRC/C/15/Add.81 (1997); Ethiopia, ¶ 56, U.N. Doc. CRC/C/ETH/CO/3 (2006); **Ghana**, ¶ 41, U.N. Doc.

CRC/C/15/Add.73 (1997); Haiti, ¶ 49, U.N. Doc. CRC/C/15/Add.202 (2003); Honduras, ¶ 63, U.N. Doc. CRC/C/HND/CO/3 (2007); Hungary, ¶ 36, U.N. Doc. CRC/C/15/Add.87 (1998); India, ¶ 51, U.N. Doc. CRC/C/15/Add.115 (2000); India, ¶ 55, U.N. Doc. CRC/C/15/Add.228 (2004); Lao People's Democratic **Republic**, ¶ 23, U.N. Doc. CRC/C/15/Add.78 (1997); Mali, ¶ 57, U.N. Doc. CRC/C/MLI/CO/2 (2007); Netherlands, ¶ 20, U.N. Doc. CRC/C/15/Add.114 (1999); Paraguay, ¶ 23, U.N. Doc. CRC/C/15/Add.27 (1997); **Senegal**, ¶ 49, U.N. Doc. CRC/C/SEN/CO/2 (2006); **Sierra Leone**, ¶ 60, U.N. CRC/C/15/Add.116 (2000); Togo, ¶ 47, U.N. Doc. CRC/C/15/Add.83 (1997); Turkey, ¶ 54, U.N. Doc. CRC/C/15/Add.152 (2001); Viet Nam, ¶ 46, U.N. Doc. CRC/C/15/Add.200 (2003); Yemen, ¶ 25, U.N. Doc. CRC/C/15/Add.102 (1999).

⁵⁴ See, e.g., Argentina, ¶ 51, U.N. Doc. CRC/C/15/Add.187 (2002); Belize, ¶ 25, U.N. Doc. CRC/C/15/Add.99 (1999); **Bolivia**, ¶ 50, U.N. Doc. CRC/C/15/Add.256 (2005); **Botswana**, ¶ 51, U.N. Doc. CRC/C/15/Add.242 (2004); Brazil, ¶ 55, CRC/C/15/Add.241 (2004); Cape **Verde**, ¶ 52, U.N. Doc. CRC/C/15/Add.168 (2001); Central African Republic, ¶¶ 60-61, U.N. Doc. CRC/C/15/Add.138 (2000); Cuba, ¶ 37, U.N. Doc. CRC/C/15/Add.72 (1997); Democratic Republic of the **Congo**, ¶ 55, U.N. Doc. CRC/C/15/Add.153 (2001); **Djibouti**, ¶ 46, U.N. Doc. CRC/C/15/Add.131 (2000); **Dominican Republic**, ¶¶ 37–38, U.N. Doc. CRC/C/15/Add.150 (2001); Egypt, ¶ 44, U.N. Doc. CRC/C/15/Add.145 (2001); Ethiopia, ¶ 61, U.N. Doc. CRC/C/15/Add.144 (2001); Fiji, ¶¶ 20, 39, U.N. Doc. CRC/C/15/Add.89, (1998); Georgia, ¶ 47, U.N. Doc. CRC/C/15/Add.124 (2000); **Ghana**, ¶ 41, U.N. Doc. CRC/C/15/Add.73 (1997); Grenada, ¶ 22, U.N. Doc. CRC/C/15/Add.121 (2000); Guatemala, ¶¶ 44-45, U.N. Doc. CRC/C/15/Add.154 (2001); Honduras, ¶ 27, U.N. Doc. CRC/C/15/Add.24 (1999); **Hungary**, ¶ 36, U.N. Doc. CRC/C/15/Add.87 (1998); Kuwait, ¶ 27, U.N. Doc. CRC/C/15/Add.96 (1998); Lao People's Democratic **Republic**, ¶ 47, U.N. Doc. CRC/C/15/Add.78 (1997); **Latvia**, ¶¶ 39-40, U.N. Doc. CRC/C/15/Add.142 (2001); **Lesotho**, ¶¶ 45–6, U.N. Doc. CRC/C/15/Add.147 (2001); **Lithuania**, ¶¶ 39–40, U.N. Doc. CRC/C/15/Add.146 (2001); Marshall Islands, ¶ 51, U.N. Doc. CRC/C/15/Add.139 (2000); Mozambique, ¶ 53, U.N. Doc. CRC/C/15/Add.172 (2002); **Nicaragua**, ¶ 35, U.N. Doc. CRC/C/15/Add.108 (1999); Palau, ¶ 49, U.N. Doc.

CRC/C/15/Add.149 (2001); Paraguay, ¶ 45, U.N. Doc. CRC/C/15/Add.75 (1997); Russian Federation, ¶ 48, U.N. Doc. CRC/C/15/Add.110 (1999); Saint Kitts and Nevis, ¶ 26, U.N. Doc. CRC/C/15/Add.104 (1999); **Slovakia**, ¶ 38, U.N. Doc. CRC/C/15/Add.140 (2000); South Africa, ¶ 31, U.N. Doc. CRC/C/15/Add.122 (2000); **Thailand**, ¶ 25, U.N. Doc. CRC/C/15/Add.97 (1998); **Thailand**, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006); The Former Yugoslav Republic of Macedonia, ¶ 41. U.N. Doc. CRC/C/15/Add.118 (2000): Togo. ¶ 47. U.N. Doc. CRC/C/15/Add.83 (1997); Trinidad and **Tobago**, ¶ 35, U.N. Doc. CRC/C/15/Add.82 (1997); Turkey, ¶¶ 53–54, U.N. Doc. CRC/C/15/Add.152 (2001); **Uganda**, ¶ 32, U.N. Doc. CRC/C/15/Add.80 (1997); United Republic of Tanzania, ¶¶ 48–49, U.N. Doc. CRC/C/15/Add.156 (2001); **Venezuela**, ¶ 27, U.N. Doc. CRC/C/15/Add.109 (1999); Yemen, ¶ 25, U.N. Doc. CRC/C/15/Add.102 (1999).

⁵⁵ See, e.g., Argentina, ¶ 51, U.N. Doc. CRC/C/15/Add.187 (2002); Belize, ¶ 25, U.N. Doc. CRC/C/15/Add.99 (1999); **Benin**, ¶ 25, U.N. Doc. CRC/C/15/Add.106 (1999); **China**, ¶ 69, U.N. Doc. CRC/C/15/Add.271 (2005); China, ¶ 69, U.N. Doc. CRC/C/CHN/CO/2 (2005); Democratic Republic of the Congo. ¶¶ 54–55. U.N. Doc. CRC/C/15/Add.153 (2001); **Dominican Republic**, ¶ 38, U.N. Doc. CRC/C/15/Add.150 (2001); Fiji, ¶ 39, U.N. Doc. CRC/C/15/Add.89 (1998); Georgia, ¶ 47, U.N. Doc. CRC/C/15/Add.124 (2000); Grenada, ¶ 22, U.N. Doc. CRC/C/15/Add.121 (2000); Guatemala, ¶ 45, U.N. Doc. CRC/C/15/Add.154 (2001); India, ¶ 51, U.N. Doc. CRC/C/15/Add.115 (2000); Latvia, ¶ 40, U.N. Doc. CRC/C/15/Add.142 (2001); Lesotho, ¶ 46, U.N. Doc. CRC/C/15/Add.147 (2001); Lithuania, ¶ 40, U.N. Doc. CRC/C/15/Add.146 (2001); Marshall Islands, ¶ 51, U.N. Doc. CRC/C/15/Add.139 (2000); Palau, ¶ 49, U.N. Doc. CRC/C/15/Add.149 (2001); Saint Kitts and Nevis, ¶ 26, U.N. Doc. CRC/C/15/Add.104 (1999); South Africa, ¶ 31, U.N. Doc. CRC/C/15/Add.122, (2000); **Thailand**, ¶ 25, U.N. Doc. CRC/C/15/Add.97 (1998); Turkey, ¶ 54, U.N. Doc. CRC/C/15/Add.152 (2001); United Republic of **Tanzania**, ¶ 49, U.N. Doc. CRC/C/15/Add.156 (2001); **Venezuela**, ¶ 27, U.N. Doc. CRC/C/15/Add.109 (1999).

⁵⁶ See, e.g., Angola, ¶ 49, CRC/C/15/Add.246 (2004); **Barbados**, ¶ 25, U.N. Doc. CRC/C/15/Add.103 (1999); **Belarus**. ¶ 44. U.N. Doc. CRC/C/15/Add.180 (2002): Benin, ¶ 25, U.N. Doc. CRC/C/15/Add.106 (1999); El **Salvador**, ¶ 54, CRC/C/15/Add.232 (2004); **Ethiopia**, ¶

- 56, U.N. Doc. CRC/C/ETH/CO/3 (2006); Guatemala, ¶ 45, U.N. Doc. CRC/C/15/Add.154 (2001); Latvia, ¶ 40, U.N. Doc. CRC/C/15/Add.142 (2001); Lesotho, ¶ 46, U.N. Doc. CRC/C/15/Add.147 (2001); Lithuania, ¶ 40, U.N. Doc. CRC/C/15/Add.146 (2001); Mali, ¶ 27, U.N. Doc. CRC/C/15/Add.113 (1999); Marshall Islands, ¶ 51, U.N. Doc. CRC/C/15/Add.139 (2000); Mexico, ¶ 53, U.N. Doc. CRC/C/MEX/CO/3 (2006); Netherlands, ¶ 19, U.N. Doc. CRC/C/15/Add.114 (1999); South Africa, ¶ 31, U.N. Doc. CRC/C/15/Add.122 (2000); **Thailand**, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006); Turkey, ¶ 54, U.N. Doc. CRC/C/15/Add.152 (2001).
- ⁵⁷ See, e.g., **Belarus**, ¶ 44, U.N. Doc. CRC/C/15/Add.180 (2002); **Benin**, ¶ 58, U.N. Doc. CRC/C/BEN/CO/2 (2006); **El Salvador**, ¶ 54, CRC/C/15/Add.232 (2004); **Ethiopia**, ¶ 56, U.N. Doc. CRC/C/ETH/CO/3 (2006); Mexico, ¶ 53, U.N. Doc. CRC/C/MEX/CO/3 (2006); Netherlands, ¶ 19, U.N. Doc. CRC/C/15/Add.114 (1999); **Oman**, ¶ 50, U.N. Doc. CRC/C/OMN/CO/2 (2006); **Thailand**, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006).
- e.g., Cambodia, \P 37, U.N. CRC/C/15/Add.128 (2000); Central African Republic, ¶ 46, U.N. Doc. CRC/C/15/Add.138 (2000); Côte d'Ivoire, ¶¶ 42-43, U.N. Doc. CRC/C/15/Add.155 (2001); **Ethiopia**, ¶ 59, U.N. Doc. CRC/C/15/Add.144 (2001); **Ethiopia**, ¶ 14, U.N. Doc. CRC/C/15/Add.67 (1997); Lesotho, ¶¶ 35-36, 46, U.N. Doc. CRC/C/15/Add.147 (2001).).
- ⁵⁹ See, e.g., Burkina Faso, ¶ 42, U.N. Doc. CRC/C/15/Add.193 (2002); Cameroon, ¶ 52, U.N. Doc. CRC/C/15/Add.164 (2001); El Salvador, ¶ 53, CRC/C/15/Add.232 (2004): Haiti. ¶ 48. U.N. Doc. CRC/C/15/Add.202 (2003); Mali, ¶ 56, U.N. Doc. CRC/C/MLI/CO/2 (2007); Viet Nam, ¶ 45, U.N. Doc. CRC/C/15/Add.200 (2003); Zambia, ¶ 50, U.N. Doc. CRC/C/15/Add.206 (2003).
- 60 See Cambodia, ¶ 37-39, U.N. Doc. CRC/C/15/Add.128 (2000).
- 61 See, e.g., Central African Republic, ¶ 47, U.N. Doc. CRC/C/15/Add.138 (2000); Ethiopia, ¶ 59, U.N. Doc. CRC/C/15/Add.144 (2001); Lesotho, ¶¶ 35-36, U.N. Doc. CRC/C/15/Add.147 (2001).
- 62 See, e.g., Central African Republic, ¶ 63, U.N. Doc. CRC/C/15/Add.138 (2000); Côte d'Ivoire, ¶¶ 5, 42-43,

- U.N. Doc. CRC/C/15/Add.155 (2001); Cuba, ¶ 37, U.N. Doc. CRC/C/15/Add.72 (1997); Democratic Republic of the Congo, ¶¶ 52-53, U.N. Doc. CRC/C/15/Add.153 (2001); Equatorial Guinea, ¶ 51, U.N. Doc. CRC/C/15/Add.245 (2004); Ethiopia, ¶¶ 58-59, U.N. Doc. CRC/C/15/Add.144 (2001); Ethiopia, ¶ 14, U.N. Doc. CRC/C/15/Add.67 (1997); Ghana, ¶ 20, U.N. Doc. CRC/C/15/Add.73 (1997); Guinea, ¶ 25, U.N. Doc. CRC/C/15/Add.100 (1999); Jamaica, ¶ 22, U.N. Doc. CRC/15/Add.32 (1995); Jamaica, ¶ 45, U.N. Doc. CRC/C/15/Add.210 (2003); Lesotho, ¶¶ 35-36, 46, U.N. Doc. CRC/C/15/Add.147 (2001); Liberia, ¶ 55, CRC/C/15/Add.236 (2004); Mali, ¶ 27, U.N. Doc. CRC/C/15/Add.113 (1999); **Poland**, ¶ 17, U.N. Doc. CRC/C/15/Add.31 (1995); Saint Kitts and Nevis, ¶ 26, U.N. Doc. CRC/C/15/Add.104 (1999); Sierra Leone, ¶ 60, U.N. Doc. CRC/C/15/Add.116 (2000); Togo, ¶ 53, U.N. Doc. CRC/C/15/Add.255 (2005); **Uganda**, ¶ 17, U.N. Doc. CRC/C/15/Add.80 (1997); United Republic of **Tanzania**, ¶¶ 54–55, U.N. Doc. CRC/C/15/Add.156 (2001); **Yemen**, ¶ 25, U.N. Doc. CRC/C/15/Add.102 (1999).
- 63 See, e.g., Ethiopia, ¶ 38, U.N. Doc. CRC/C/ETH/CO/3 (2006); **Lesotho**, ¶¶ 36, 46, U.N. Doc. CRC/C/15/Add.147 (2001).
- ⁶⁴ See, e.g., Burkina Faso, ¶ 43, U.N. Doc. CRC/C/15/Add.193 (2002); Cameroon, ¶ 47, U.N. Doc. CRC/C/15/Add.164 (2001); Gambia, \P 47, U.N. Doc. CRC/C/15/Add.165 (2001); Haiti, ¶ 49, U.N. Doc. CRC/C/15/Add.202 (2003); Madagascar, ¶ 52, U.N. Doc. CRC/C/15/Add.218, (2003); Niger, ¶ 51, U.N. Doc. CRC/C/15/Add.179 (2002); Togo, ¶ 53, U.N. Doc. CRC/C/15/Add.255 (2005); **Zambia**, ¶ 51, U.N. Doc. CRC/C/15/Add.206 (2003).
- 65 See, e.g., Benin, ¶ 25, U.N. Doc. CRC/C/BEN/CO/2 (2006); Cambodia, ¶ 27, U.N. Doc. CRC/C/15/Add.128 (2000); Chile, ¶ 57, U.N. Doc. CRC/C/CHL/CO/3 (2007); **Colombia**, ¶ 48, U.N. Doc. CRC/C/15/Add.137 (2000); **Ethiopia**, ¶ 24, U.N. Doc. CRC/C/ETH/CO/3 (2006); **Ethiopia**, ¶ 59, U.N. Doc. CRC/C/15/Add.144 (2001); **Ethiopia**, ¶ 14, U.N. Doc. CRC/C/15/Add.67 (1997); Ghana, ¶ 41, U.N. Doc. CRC/C/15/Add.73 (1997); India, ¶ 51, U.N. Doc. CRC/C/15/Add.115 (2000); Lesotho, ¶ 25, U.N. Doc. CRC/C/15/Add.147 (2001); Mozambique, \P 52, U.N. Doc. CRC/C/15/Add.172 (2002); Norway, \P 20, U.N. Doc. CRC/C/15/Add.23 (1994); Peru, ¶ 24, U.N. Doc. CRC/C/15/Add.120 (2000); **Senegal**, ¶ 23,

- U.N. Doc. CRC/C/SEN/CO/2 (2006); South Africa, ¶ 31, U.N. Doc. CRC/C/15/Add.122 (2000); Suriname, ¶ 26, U.N. Doc. CRC/C/SUR/CO/2 (2007); Swaziland, ¶¶ 25, 54, U.N. Doc. CRC/C/SWZ/CO/1 (2006); Togo, ¶ 47, U.N. Doc. CRC/C/15/Add.83 (1997); Ukraine, ¶ 22, U.N. Doc. CRC/C/15/Add.42 (1995); Ukraine, ¶ 29, U.N. Doc. CRC/C/15/Add.191 (2002).
- 66 See Azerbaijan, ¶ 57, U.N. Doc. CRC/C/AZE/CO/2 (2006).
- 67 See, e.g., Eritrea, ¶ 21, U.N. Doc. CRC/C/15/Add.204 (2003); Lesotho, ¶ 26, U.N. Doc. CRC/C/15/Add.147 (2001); Mali, ¶ 57, U.N. Doc. CRC/C/MLI/CO/2 (2007); **Philippines**, ¶ 65, U.N. Doc. CRC/C/15/Add.259 (2005); St. Vincent and the Grenadines, ¶ 20, U.N. Doc. CRC/C/15/Add.184 (2002); Ukraine, \P 30, U.N. Doc. CRC/C/15/Add.42 (1995).
- 68 Committee on the Rights of the Child, General Discussion on Children Living in a World with HIV/AIDS, 19th Sess., ¶¶ 210-243, U.N. Doc. CRC/C/80 See, e.g., Barbados, ¶ 25, U.N. Doc. CRC/C/15/Add.103 (1999); Burundi, ¶ 61, U.N. Doc. CRC/C/15/Add.133 (2000); Cambodia, ¶ 47, U.N. Doc. CRC/C/15/Add.128 (2000); Chad, ¶ 28, U.N. Doc. CRC/C/15/Add.107 (1999); Colombia, ¶ 49, U.N. Doc. CRC/C/15/Add.137 (2000); Comoros, ¶ 35, U.N. Doc. CRC/C/15/Add.141 (2000); Côte d'Ivoire, ¶ 43, U.N. Doc. CRC/C/15/Add.155 (2001); Dominican Republic, ¶ 38, U.N. Doc. CRC/C/15/Add.150 (2001); Guinea, ¶ 25, U.N. Doc. CRC/C/15/Add.100 (1999); Haiti, ¶ 49, U.N. Doc. CRC/C/15/Add.202 (2003); Honduras, \P 27, U.N. Doc. CRC/C/15/Add.24 (1999); Mexico, ¶ 27, U.N. Doc. CRC/C/15/Add.112 (1999); Nepal, ¶ 70, U.N. Doc. CRC/C/15/Add.261 (2005); Nicaragua, ¶ 35, U.N. Doc. CRC/C/15/Add.108 (1999); Nigeria, ¶53, U.N. Doc. CRC/C/15/Add.257 (2005); Peru, ¶ 24, U.N. Doc. CRC/C/15/Add.120 (2000); Ukraine, ¶ 59, U.N. Doc. CRC/C/15/Add.191 (2002); Venezuela, ¶ 27, U.N. Doc. CRC/C/15/Add.109 (1999).
- 69 Committee on the Rights of the Child, General Comment 3: HIV/AIDS and the Rights of the Child, U.N. Doc. CRC/GC/2003/3 (2003). See, e.g., Australia, ¶ 54, U.N. Doc. CRC/C/15/Add.268 (2005); Benin, ¶ 58, U.N. Doc. CRC/C/BEN/CO/2 (2006); Botswana, ¶ 51, U.N. Doc. CRC/C/15/Add.242 (2004); Colombia, ¶ 75, U.N. Doc. CRC/C/COL/CO/3 (2006); Croatia, ¶ 54, U.N. Doc. CRC/C/15/Add.243 (2004); India, ¶ 55, U.N. Doc.

- CRC/C/15/Add.228 (2004); Mauritius, ¶ 57, U.N. Doc. CRC/C/MUS/CO/2 (2006); **Oman**, ¶ 50, U.N. Doc. CRC/C/OMN/CO/2 (2006); Thailand, \P 58 , U.N. Doc. CRC/C/THA/CO/2 (2006); **Uzbekistan**, ¶ 51, U.N. Doc. CRC/C/UZB/CO/2 (2006).
- ⁷⁰ Committee on the Rights of the Child, *General Comment 4:* Adolescent Health and Development in the Context of the Convention on the Rights of the Child, U.N. Doc. CRC/GC/2003/4 (2003). See e.g., Antigua and Barbuda, ¶ 54, U.N. Doc. CRC/C/15/Add.247 (2004); Bolivia, ¶ 50, U.N. Doc. CRC/C/15/Add.256 (2005); Brazil, ¶ 55, CRC/C/15/Add.241 (2004); Croatia, ¶ 54, U.N. Doc. CRC/C/15/Add.243 (2004); **Oman**, ¶ 50, U.N. Doc. CRC/C/OMN/CO/2 (2006); **Uzbekistan**, ¶ 51, U.N. Doc. CRC/C/UZB/CO/2 (2006).
- 71 U.N. Econ. & Soc. Council [ECOSOC], Comm'n on Hum. Rts., Report of the Secretary General on the Second International Consultation on HIV/AIDS and Human Rights, Annex 1, U.N. Doc. E.CN.4/1997/37 (Jan. 20, 1997). See, e.g., Colombia, ¶ 75, U.N. Doc. CRC/C/COL/CO/3 (2006); **Ethiopia**, ¶ 56, U.N. Doc. CRC/C/ETH/CO/3 (2006); Mozambique, ¶ 53, U.N. Doc. CRC/C/15/Add.172 (2002); Romania, ¶ 51, U.N. Doc. CRC/C/15/Add.199 (2003); Swaziland, ¶ 54, U.N. Doc. CRC/C/SWZ/CO/1 (2006); **Thailand**, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006).
- ⁷² See Cambodia, ¶¶ 27–28, U.N. Doc. CRC/C/15/Add.128
- ⁷³ See, e.g., **Angola**, ¶ 49, CRC/C/15/Add.246 (2004); Argentina, ¶ 51, U.N. Doc. CRC/C/15/Add.187 (2002); Bosnia and Herzegovina, ¶ 53, U.N. Doc. CRC/C/15/Add.260 (2005); Burkina Faso, ¶ 43, U.N. Doc. CRC/C/15/Add.193 (2002); **El Salvador**, ¶ 54, CRC/C/15/Add.232 (2004); Equatorial Guinea, ¶ 51, U.N. Doc. CRC/C/15/Add.245 (2004); Georgia, ¶ 47, U.N. Doc. CRC/C/15/Add.124 (2000); Grenada, ¶ 22, U.N. Doc. CRC/C/15/Add.121 (2000); Guatemala, ¶ 45, U.N. Doc. CRC/C/15/Add.154 (2000); Guinea, ¶ 25, U.N. Doc. CRC/C/15/Add.100 (1999); Honduras, ¶ 27, U.N. Doc. CRC/C/15/Add.24 (1999); **Honduras**, ¶ 63, U.N. Doc. CRC/C/HND/CO/3 (2007); India, ¶ 51, U.N. Doc. CRC/C/15/Add.115 (2000); **Lesotho**, ¶ 44, U.N. Doc. CRC/C/15/Add.147 (2001); Marshall Islands, ¶ 51, U.N. Doc. CRC/C/15/Add.139 (2000); Nicaragua, ¶ 35. U.N. Doc. CRC/C/15/Add.108 (1999); Palau, ¶ 49, U.N. Doc. CRC/C/15/Add.149 (2001); Panama, ¶ 48, U.N.

- Doc. CRC/C/15/Add.233 (2004); Peru, ¶ 24, U.N. Doc. CRC/C/15/Add.120, (2000); Saint Kitts and Nevis, ¶ 26, U.N. Doc. CRC/C/15/Add.104 (1999); Sierra Leone, ¶ 60, U.N. Doc. CRC/C/15/Add.116 (2000); Thailand, ¶ 58, U.N. Doc. CRC/C/THA/CO/2 (2006); The Former Yugoslav Republic of Macedonia, ¶¶ 39, 41, U.N. Doc. CRC/C/15/Add.118, (2000); United Republic of **Tanzania**, ¶¶ 31, 49, U.N. Doc. CRC/C/15/Add.156 (2001).
- ⁷⁴ See **Lesotho**, ¶¶ 45–46, U.N. Doc. CRC/C/15/Add.147 (2001).
- ⁷⁵ See Sri Lanka, ¶ 42, U.N. Doc. CRC/C/15/Add.40 (1995).
- ⁷⁶ See, e.g., Botswana, ¶ 50, U.N. Doc. CRC/C/15/Add.242 (2004); Central African Republic, ¶¶ 46–47, U.N. Doc. CRC/C/15/Add.138 (2000); **Djibouti**, ¶¶ 45–46, U.N. Doc. CRC/C/15/Add.131 (2000); India, ¶ 50, U.N. Doc. CRC/C/15/Add.115 (2000).
- ⁷⁷ Human Rights Committee, *General Comment 6: Article* 6, U.N. Doc. HRI/GEN/1/Rev.1 at 6 (1994).
- ⁷⁸ Human Rights Committee, *General Comment 6: Article*. 6, ¶ 5, U.N. Doc. HRI/GEN/1/Rev.1 at 6 (1994).
- ⁷⁹ Human Rights Committee, *General Comment 28:* Equality of Rights Between Men and Women (Art. 3), U.N. Doc. CCPR/C/21/Rev.1/Add.10 (2000).
- 80 Human Rights Committee, General Comment 28: Equality of Rights Between Men and Women (Art. 3), U.N. Doc. CCPR/C/21/Rev.1/Add.10 (2000).
- 81 See, e.g., Uganda, ¶ 14, U.N. Doc. CCPR/CO/80/UGA (2004); Namibia, ¶ 10, U.N. Doc. CCPR/CO/81/NAM (2004).
- 82 See Kenya, ¶ 15, U.N. Doc. CCPR/CO/83/KEN (2005).
- 83 See Ukraine, ¶ 11, U.N. Doc. CCPR/C/UKR/CO/6 (2006).
- ⁸⁴ See Trinidad and Tobago, ¶ 11, U.N. Doc. CCPR/CO/70/TTO (2000).
- 85 See Lithuania, ¶ 12, U.N. Doc. CCPR/CO/80/LTU (2004).
- 86 See Democratic Republic of Congo, \P 24, U.N. Doc. CCPR/C/COD/CO/3 (2006).

- 87 Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health, U.N. Doc. E/C.12/2000/4 (2000).
- 88 Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health, U.N. Doc. E/C.12/2000/4 (2000).
- 89 Committee on Economic, Social and Cultural Rights. General Comment 14: The Right to the Highest Attainable Standard of Health, U.N. Doc. E/C.12/2000/4 (2000)
- 90 Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health, U.N. Doc. E/C.12/2000/4 (2000).
- 91 Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health, U.N. Doc. E/C.12/2000/4
- 92 Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health, U.N. Doc. E/C.12/2000/4 (2000).
- 93 Committee on Economic, Social and Cultural Rights, General Comment 15: The Right to Water, U.N. Doc. E/C.12/2002/11 (2002).
- 94 Committee on Economic, Social and Cultural Rights, General Comment 15: The Right to Water, ¶¶ 6, 37(a), U.N. Doc. E/C.12/2002/11 (2002).
- 95 Committee on Economic, Social and Cultural Rights. General Comment 15: The Right to Water, ¶ 13, U.N. Doc. E/C.12/2002/11 (2002).
- ⁹⁶ Committee on Economic, Social and Cultural Rights, General Comment 15: The Right to Water, ¶ 15, U.N. Doc. E/C.12/2002/11 (2002).
- 97 Committee on Economic, Social and Cultural Rights, General Comment 15: The Right to Water, ¶ 55, U.N. Doc. E/C.12/2002/11 (2002).
- 98 Committee on Economic, Social and Cultural Rights, General Comment 16: The Equal Right of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights, U.N. Doc. E/C.12/2005/4 (2005).

- 99 Committee on Economic, Social and Cultural Rights, General Comment 16: The Equal Right of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights, ¶ 4, U.N. Doc. E/C.12/2005/4 (2005).
- 100 Committee on Economic, Social and Cultural Rights, General Comment 16: The Equal Right of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights, ¶ 29, U.N. Doc. E/C.12/2005/4 (2005).
- 101 Committee on Economic, Social and Cultural Rights, General Comment 18: The Right to Work, U.N. Doc. E/C.12/GC/18 (2005).
- 102 Committee on Economic, Social and Cultural Rights, General Comment 18: The Right to Work, ¶ 12(b)(i), U.N. Doc. E/C.12/GC/18 (2005).
- ¹⁰³ See, e.g., Congo, ¶ 21, U.N. Doc. E/C.12/1/Add.45 (2000); **Honduras**, ¶ 26, U.N. Doc. E/C.12/1/Add.57 (2001); Togo, ¶ 16, U.N. Doc. E/C.12/1/Add.61 (2001); **Trinidad & Tobago**, ¶ 24, U.N. Doc. E/C.12/1/Add.80 (2002).
- ¹⁰⁴ See, e.g., Azerbaijan, \P 30, U.N. Doc. E/C.12/1/Add.104 (2004); Czech Republic, ¶ 22, U.N. Doc. E/C.12/1/Add.76 (2002); Dominican Republic, ¶ 27, U.N. Doc. E/C.12/1/Add.16 (1997); Kyrgyzstan, ¶ 22, U.N. Doc. E/C.12/1/Add.49 (2000); Mali, ¶ 13, U.N. Doc. E/C.12/1994/17 (1994); Republic of Moldova, ¶ 26, U.N. Doc. E/C.12/1/Add.91 (2003); Mongolia, ¶ 15, U.N. Doc. E/C.12/1/Add.47 (2000); Panama, ¶ 21, U.N. Doc. E/C.12/1/Add.64 (2001); Russian Federation, ¶ 27, U.N. Doc. E/C.12/1/Add.13 (1997); **Sudan**, ¶ 27, U.N. Doc. E/C.12/1/Add.48 (2000); Ukraine, ¶ 18, U.N. Doc. E/C.12/1/Add.65 (2001).
- ¹⁰⁵ See. e.g., Azerbaijan, ¶ 56, U.N. Doc. E/C.12/1/Add.104 (2004); Congo, ¶ 28, U.N. Doc. E/C.12/1/Add.45 (2000); Germany, ¶ 35, U.N. Doc. E/C.12/1/Add.29 (1998); **Honduras**, ¶ 47, U.N. Doc. E/C.12/1/Add.57 (2001); Togo, ¶ 21, U.N. Doc. E/C.12/1/Add.61 (2001).
- ¹⁰⁶ See, e.g., Dominican Republic, ¶ 27, U.N. Doc. E/C.12/1/Add.16 (1997); People's Republic of China, Hong Kong and Macao, ¶ 33, U.N. Doc. E/C.12/1/Add.107 (2005).
- ¹⁰⁷ See Kuwait, ¶ 24, U.N. Doc. E/C.12/1/Add.98 (2004).

- ¹⁰⁸ See Philippines, ¶ 22, U.N. Doc. E/C.12/1995/7 (1995).
- ¹⁰⁹ See, e.g., **Spain**, ¶ 40, U.N. Doc. E/C.12/1/Add.99 (2004): **Ukraine**. ¶ 31. U.N. Doc. E/C.12/1/Add.65 (2001).
- ¹¹⁰ See, e.g., Dominican Republic, ¶ 27, U.N. Doc. E/C.12/1/Add.16 (1997); Jamaica, ¶¶ 13, 16, U.N. Doc. E/C.12/1/Add.75 (2001); **Nepal**, ¶ 35, U.N. Doc. E/C.12/1/Add.66 (2001).
- 111 See Democratic People's Republic of Korea, \P 45, U.N. Doc. E/C.12/1/Add.95 (2003).
- ¹¹² See, e.g., Dominican Republic, ¶ 27, U.N. Doc. E/C.12/1/Add.16 (1997); **Panama**, ¶ 38, U.N. Doc. E/C.12/1/Add.64 (2001).
- ¹¹³ See, e.g., Belarus, ¶¶ 18, 24, U.N. Doc. E/C.12/1/Add.7/Rev.1 (1996); Panama, ¶ 38, U.N. Doc. E/C.12/1/Add.64 (2001); **Yemen**, ¶ 39, U.N. Doc. E/C.12/1/Add.92 (2003); **Zambia**, ¶ 53, U.N. Doc. E/C.12/1/Add.106 (2005).
- 114 See, e.g., Yemen, ¶ 21, U.N. Doc. E/C.12/1/Add.92 (2003); Zambia, ¶ 30, U.N. Doc. E/C.12/1/Add.106 (2005).
- 115 See, e.g., Congo, ¶ 28, U.N. Doc. E/C.12/1/Add.45 (2000); **Ecuador**, ¶ 54, U.N. Doc. E/C.12/1/Add.100 (2004); People's Republic of China, Hong Kong and **Macao**, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Togo, ¶ 21, U.N. Doc. E/C.12/1/Add.61 (2001).
- ¹¹⁶ See, e.g., **Honduras**, ¶¶ 26, 47, U.N. Doc. E/C.12/1/Add.57 (2001); **Zambia**, ¶ 30, U.N. Doc. E/C.12/1/Add.106 (2005).
- ¹¹⁷ See Sudan, ¶ 27, U.N. Doc. E/C.12/1/Add.48 (2000).
- 118 See United Kingdom of Great Britain and Northern Ireland, the Crown Dependencies and the Overseas Dependent Territories, ¶ 21, U.N. Doc. E/C.12/1/Add.79 (2002).
- 119 See United Kingdom of Great Britain and Northern Ireland, the Crown Dependencies and the Overseas Dependent Territories, ¶ 40, U.N. Doc. E/C.12/1/Add.79 (2002).
- ¹²⁰ See, e.g., Russian Federation, ¶ 40, U.N. Doc. E/C.12/1/Add.13 (1997); Trinidad and Tobago, ¶ 37,

- U.N. Doc. E/C.12/1/Add.80 (2002).
- 121 See Cameroon, \P 45, U.N. Doc. E/C.12/1/Add.40 (1999).
- ¹²² See, e.g., Chile, ¶ 54, U.N. Doc. E/C.12/1/Add.105 (2004); People's Republic of China, Hong Kong and Macao, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003).
- ¹²³ See, e.g., Chile, ¶¶ 54-55, U.N. Doc. E/C.12/1/Add.105 (2004); People's Republic of China, Hong Kong and **Macao**, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94
- ¹²⁴ See, e.g., Algeria, ¶ 39, U.N. Doc. E/C.12/1/Add.71 (2001); **Germany**, ¶ 35, U.N. Doc. E/C.12/1/Add.29 (1998); **Libyan Arab Jamahiriya**, ¶¶ 18, 24, U.N. Doc. E/C.12/1/Add.15 (1997); People's Republic of China, Hong Kong and Macao, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005); **Philippines**, ¶ 22, U.N. Doc. E/C.12/1995/7 (1995); Russian Federation, ¶ 62, U.N. Doc. E/C.12/1/Add.94 (2003); Russian Federation, ¶ 40, U.N. Doc. E/C.12/1/Add.13 (1997); Egypt, ¶ 38, U.N. Doc. E/C.12/1/Add.44 (2000) (requesting that the state party conform to the International Guidelines adopted at the Second International Consultation on HIV/AIDS and Human Rights in 1996).
- ¹²⁵ See People's Republic of China, Hong Kong and Macao, ¶ 60, U.N. Doc. E/C.12/1/Add.107 (2005).
- ¹²⁶ See, e.g., Algeria, ¶ 39, U.N. Doc. E/C. 12/1/Add.71 (2001); Colombia, ¶ 50, U.N. Doc. E/C. 12/1/Add.74 (2001); Czech Republic, ¶ 42, U.N. Doc. E/C.12/1/Add.76 (2002).
- ¹²⁷ See Nepal, ¶ 35, U.N. Doc. E/C.12/1/Add.66 (2001).
- ¹²⁸ See, e.g., Brazil, ¶ 38, U.N. Doc. E/C.12/1/Add.87 (2003); Chile, ¶ 27, U.N. Doc. 12/1/Add.105 (2004); Trinidad and Tobago, ¶ 24, U.N. Doc. E/C.12/1/Add.80 (2002).
- ²⁹ See Guinea, ¶ 22, U.N. Doc. E/C.12/1/Add.5 (1996).
- ¹³⁰ Committee on the Elimination of Racial Discrimination, General Recommendation 25: Gender Related Dimensions of Racial Discrimination, U.N. Doc. A/55/18, annex V at 152 (2000).

- ¹³¹ Committee on the Elimination of Racial Discrimination, General Recommendation 25: Gender Related Dimensions of Racial Discrimination, ¶ 1, U.N. Doc. A/55/18, annex V at 152 (2000).
- ¹³² Committee on the Elimination of Racial Discrimination, General Recommendation 25: Gender Related Dimensions of Racial Discrimination, ¶ 1, U.N. Doc. A/55/18, annex V at 152 (2000).
- 133 Committee on the Elimination of Racial Discrimination, General Recommendation 29: Discrimination Based on Descent, U.N. Doc. A/57/18 at 111 (2002).
- ¹³⁴ Committee on the Elimination of Racial Discrimination, General Recommendation 29: Discrimination Based on Descent, U.N. Doc. A/57/18 at 111 (2002).
- ¹³⁵ Committee on the Elimination of Racial Discrimination, General Recommendation 30: Discrimination against Non-Citizens, U.N. Doc. CERD/C/64/Misc.11/rev.3
- 136 Committee on the Elimination of Racial Discrimination, General Recommendation 30: Discrimination against Non-Citizens, U.N. CERD/C/64/Misc.11/rev.3 (2004).
- ¹³⁷ See Uganda, ¶ 7, U.N. Doc. CERD/C/62/CO/11 (2003).
- ¹³⁸ See Mali, ¶ 405, U.N. Doc. CERD/C/61/A/57/18 (2002).
- ¹³⁹ See Suriname, ¶ 17, U.N. Doc. CERD/C/64/CO/9 (2004).
- ¹⁴⁰ See, e.g., Estonia, ¶ 17, U.N. Doc. CERD/C/EST/CO/7 (2006); **South Africa**, ¶ 20, U.N. CERD/C/ZAF/CO/3 (2006); Uganda, ¶ 18, U.N. Doc. CERD/C/62/CO/11 (2003).
- ¹⁴¹ See **Germany**, ¶ 9, U.N. Doc. CERD/C/304/Add.115 (2001)
- 142 See Botswana, ¶ 19. U.N. Doc. CERD/C/BWA/CO/16 (2006)
- ¹⁴³ See Botswana, ¶ 306, U.N. Doc. CERD/C/61/A/57/18 (2002)
- ¹⁴⁴ See Lithuania, ¶ 12, U.N. Doc. CERD/C/60/CO/8 (2002).
- ¹⁴² See Botswana. ¶ 19. U.N. Doc. CERD/C/BWA/CO/16 (2006).

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- $^{\mbox{\tiny 145}}$ See Norway, ¶ 16, U.N. Doc. CERD/C/304/Add.40 (1997).
- ¹⁴⁶ Committee Against Torture, *General Comment 1:* Implementation of Article 3 of the Convention in the context of Article 22, U.N. Doc. A/53/44, annex IX at 52 (1998).