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## COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Forty-second session

## SUMMARY RECORD (PARTIAL)\* OF THE 8th MEETING

Held at the Palais Wilson, Geneva, on Thursday, 7 May 2009, at 3 p.m.

Chairperson: Mr. MARCHÁN ROMERO

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(a) REPORTS SUBMITTED BY STATES PARTIES IN ACCORDANCE WITH ARTICLES 16 AND 17 OF THE COVENANT (continued)

Second periodic report of Brazil (continued)

\* No summary record was prepared for the rest of the meeting.

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#### The meeting was called to order at 3.10 p.m.

#### CONSIDERATION OF REPORTS:

(a) REPORTS SUBMITTED BY STATES PARTIES IN ACCORDANCE WITH ARTICLES 16 AND 17 OF THE COVENANT (continued)

Second periodic report of Brazil (continued) (E/C.12/BRA/2, E/C.12/BRA/Q/2 and Add.1; HRI/CORE/1/Add.53/Rev.1)

1. <u>At the invitation of the Chairperson, the members of the delegation of Brazil resumed their places at the Committee table</u>.

2. <u>The CHAIRPERSON</u> invited the delegation of Brazil to continue its exchange of views with the Committee.

3. <u>Mr. TELLES</u> (Brazil) said that the Government was committed to achieving the Millennium Development Goals on child mortality and maternal mortality and, to that end, the Ministry of Health had introduced the Pact on the Reduction of Maternal and Neonatal Mortality in 2004. On the results obtained by the Committees on Maternal Mortality between 2006 and 2008, he said that the initial increase in the number of deaths registered indicated a previous underregistration. Every death must now be registered and investigated within 180 days. Once registered, the causes of death could be investigated so that targeted action could be taken. The data were processed by the Ministry of Health. Consolidated data were available for 2006, but not for 2007 and 2008. Figures on the number of hospital deaths were available for 2007 and 2008, but they would not give a full picture.

4. One of the President's goals was to reduce child mortality rates, especially neonatal mortality rates, in the least economically developed regions where there was limited access to health services. One of the main causes of maternal death was pre-eclampsia, which affected Afro-Brazilian women in particular, and training in emergency obstetric care was therefore being provided to health workers by the Ministry of Health. As the populations in those regions lived in isolated areas, women rarely received medical assistance during childbirth. The regional Governments had trained 180 lay midwives to work in those communities. He noted, however, that 98 per cent of births nationwide took place in hospitals.

5. One factor contributing to high maternal mortality rates was complications associated with abortion. Abortion was legal in cases of rape and when the woman's life was at risk. An amendment to the law making it possible to terminate a pregnancy in cases when a foetus was not viable was being considered by the Federal Supreme Court and the National Confederation of Health Workers also had a case on the issue before the Court.

6. Abortion was not an issue for the Ministry of Health, rather it was a matter of national legislation; however the Ministry provided services to women having legal abortions and strongly supported a public debate on the issue. Only four states had no specialist services with the capacity to carry out legal abortions, but women in those states could receive assistance at university teaching hospitals. The Ministry and society at large hoped that the decision of the

Federal Supreme Court would advance women's rights. In 2008, a survey had shown that 72 per cent of Catholic women interviewed were in favour of a woman's right to choose whether to continue with a pregnancy in cases of an encephaly.

7. Under Brazilian law, incest was considered to be rape and was therefore an offence, which meant a victim of incest could have an abortion. In a recent case involving a 9-year-old who had been repeatedly abused, the termination of the pregnancy had led to a dispute with the Catholic Church. The Ministry of Health and the President had defended the action of the medical team.

8. Complications associated with pregnancy were a major cause of death among teenage girls. Health programmes at schools focused not only on birth control, but also on adolescents' assertion of their sexual and reproductive rights and, to that end, male condoms were distributed in schools.

9. He provided figures on the health budget, which also covered the production of medication and the purchase of diagnostic equipment.

10. He said that the national HIV/AIDS programme was funded from the health budget. The Government provided testing and treatment for HIV/AIDS. Following unsuccessful negotiations with a pharmaceutical company that produced AIDS medication, Brazil had decided to purchase a generic version of the drug from India. Since then, laboratories had been established in Brazil and antiretroviral drugs were produced domestically.

11. The Ministry of Health recognized that drug and alcohol abuse was a public health problem. It had reformed psychiatric services and now provided specialist services for disorders linked to drug and alcohol abuse. The Ministry was also forging partnerships with civil society to address the problem.

12. While legislation on tobacco advertising was in place, there was no federal law banning smoking in all public places; certain states, such as São Paulo, had adopted such legislation, however. The Federal Supreme Court had upheld the decision by some states, including São Paulo, to ban the use of asbestos, which opened the way for national legislation on the issue.

13. <u>Mr. SAMPAIO PEDREIRA</u> (Brazil) said that Brazil was a major consumer and producer of medication. There was a need to find a balance between public health and private interests. The Government supported the full implementation of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). The compulsory licensing of antiretroviral drugs in 2007 had been fully in line with TRIPS and had been considered a success. The production and distribution of low-cost antiretrovirals was important for developing countries worldwide.

14. <u>Mr. HACKBART</u> (Brazil) said that land reform was a part of sustainable development. There were a large number of settlement programmes that provided numerous families with support of various kinds, such as credit facilities, technical assistance and access to water, electricity and roads. Although much progress had been made, there was still more that could be done in order to build a new sustainable model of land use.

15. With regard to the environment, Brazil had adopted modern legislation. Recent efforts to reduce deforestation, especially in the Amazon, had been successful, but further efforts were

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required. One cause of deforestation was the illegal occupation of land by companies, including foreign companies. A programme for a sustainable Amazon, which included providing access to credit and growing organic produce, was in place to counter the destruction.

16. <u>Ms. CAMPOS MOTTA</u> (Brazil) said that the issue of genetically modified organisms (GMOs) did not concern Brazil alone, but the whole international food trade. The Government followed the advice contained in the Codex Alimentarius of the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) on carrying out risk assessments on a case-by-case basis before allowing genetically modified products onto the market. There was a need for long-term scientific research into GMOs. The World Trade Organization (WTO) had recently ruled against the European Union's moratorium on GMOs in a case brought by the United States of America, Argentina and Canada. Brazil was promoting organic farming as an alternative to GMOs.

17. <u>Mr. SAMPAIO PEDREIRA</u> (Brazil) said that all Brazilian citizens had the right to decent living conditions in towns and rural areas, including access to housing and municipal services such as water, sewage treatment and refuse collection. From 2003 to 2008, the Government had invested about US\$ 10 million in water services, including the provision of clean drinking water and sanitation. While most of that had been allocated to cities of over 150,000 inhabitants and the metropolitan regions, improvements had also been made in smaller cities and towns. The proportion of households connected to the mains water supply had risen from around 82 per cent in 1992 to around 91 per cent in 2007. By 2007, the proportion of households linked to the sewage system had increased to 58 per cent. The Government planned to take further action to reduce the number of households using septic tanks or without an adequate wastewater treatment system.

18. No data on the cost of water was available. The industry was decentralized under the Constitution, and all companies charged different prices. His Ministry would try to collect data for submission to the Committee in Brazil's next periodic report.

19. Federal legislation adopted in 2005 had introduced a national social housing system, which allocated funds from federal, State and municipal authorities to provide those on low incomes with decent, sustainable housing. From 2003 to 2008, the social housing fund had invested about 80 per cent of its budget in housing for families with a maximum monthly income of five times the minimum wage. In 2009, an additional Government programme had been established to build a million houses for families with a maximum average monthly income of 10 times the minimum wage. The aim was to reduce by 15 per cent the national housing deficit, which currently affected nearly 8 million families, most of them living in urban areas on a very low income. Reducing the housing deficit was the most effective way of resolving urban land conflicts and preventing further evictions. The Council of Cities, comprising some 80 NGOs and workers and business people, participated in discussions with the Government on urban development, including housing policy.

20. <u>Mr. CARVALHO NATALINO</u> (Brazil) said that poverty had declined more in rural and Afro-Brazilian communities than in the population as a whole. Between 1997 and 2007, the percentage of poor Afro-Brazilians living in rural areas had fallen from 83 per cent to 64.5 per cent and the percentage of black people living in poverty from 60 per cent to 42 per cent

in the same period. Given that more blacks than whites lived in poverty, the poverty reduction programmes had had a greater influence on that sector of the population. The Government planned to continue with that policy even during the financial and economic crisis.

21. While deforestation remained a problem in Brazil, it was slowing down. In 2002, deforestation had affected over 21,000 square kilometres, whereas for 2008, the figure was 11,000 square kilometres.

22. The table on economic growth to which Mr. Abdel-Moneim had referred at the previous meeting showed the nominal growth of GDP. When adjusted for the dollar exchange rate, inter alia, growth could be seen not to have been as high as it appeared from the table.

23. Youth unemployment remained very high, despite a decrease since 2007. The National Programme for the Inclusion of Young Adults targeted young people who did not work or attend school, as they were the most vulnerable. The Programme was set to reach 3.5 million youngsters in 2009.

24. <u>Ms. ROCHA</u> (Brazil) said that, as part of the Zero Hunger Programme, some 238,000 water tanks had been constructed in the semi-arid north-east region in partnership with several NGOs, thus guaranteeing the right to water for over a million people.

25. The most recent Government statistics indicated that some 370,000 adults, or around 0.2 per cent of the total population, were homeless. The Government was taking steps to improve the situation of people living on the streets, and of those striving to make a living from collecting and selling recyclable materials.

26. Welfare centres provided services for the homeless in the big cities. Overall there were some 4,000 welfare centres where people could find out about and apply for benefits. The centres also made efforts to locate families and individuals who had not applied for their entitlements. Efforts were also made to locate those not registered in the welfare system and provide them with basic services.

27. The National Food and Nutritional Security System had been introduced by law in 2006. In accordance with the current policy of distributing wealth as it was generated in order to tackle social injustice, subsidized community canteens had been set up to provide cheap, nourishing meals for those on low incomes.

28. The goal of the Bolsa Familia family grant programme was to reach 13 million families in total. By the end of 2009, some 12.4 million families would be registered in the programme, leaving 600,000 places for the automatic inclusion of families from minority communities. The financial crisis had created some uncertainty about the resources available for the programme, but the problem had been resolved and the resources to reach 13 million families had been allocated in March 2009.

29. <u>Ms. SILVEIRA de OLIVEIRA</u> (Brazil) said that there were an estimated 25,000 street children in Brazil. Experience showed that in 60 per cent of cases, it was domestic violence rather than poverty that led children to leave their families to live on the streets. Research in several cities had found that some 80 per cent of them kept in touch with their family and spent

the night or part of the day in the family home. The remaining 20 per cent accounted for 0.008 per cent of all children and young people under 18 living in Brazil. Assistance was provided for those children under the auspices of a social programme adopted in 2006. Many street children were also assisted under the National Plan for the Eradication of Child Labour and the Protection of Adolescent Workers. In order to obtain a more accurate picture of the number of street children and improve the services available to them, the National Council on the Rights of the Child and the Adolescent had approved a plan to conduct the first census of street children in 2009, as requested by several NGOs.

30. She said that the President had made the eradication of the sexual exploitation of children one of his priorities. An intersectoral ministerial committee had been created to implement relevant policies on education, teacher training and health. Brazil had a programme of sustainable tourism to avoid the sexual exploitation of children in tourism and there was a helpline for reporting exploitation.

31. There were various cooperation programmes at the municipal level and also within Mercosur, involving NGOs, the federal police and Internet providers, to facilitate the identification of perpetrators and the implementation of preventive mechanisms.

32. <u>Ms. GONÇALVES</u> (Brazil) said that domestic violence was now a specific crime under article 129 of the Criminal Code, punishable by up to three years in prison, and up to a third longer in cases of domestic violence against women with disabilities. Previous legislation had dealt less severely with domestic violence, imposing a maximum sentence of one year in prison. In addition, failure to comply with protective measures ordered in respect of women and children victims could lead to a perpetrator being placed in preventive detention.

33. <u>Mr. DE AQUINO XIMENES</u> (Brazil) said that basic compulsory education had been extended to nine years under Law No. 11274 of 2006. In general, school attendance levels had risen and there was a better correlation between age and educational standard, although further improvements were still needed in those areas, as well as in the quality of education. Educational standards and school attendance among Afro-Brazilians and people from the poorest areas had improved, although they were still below the national average. The Bolsa Familia programme monitored school attendance among beneficiary children, who accounted for at least half the students in the poorest areas, and many of whom were Afro-Brazilian. For such children to complete their schooling would narrow the social, economic and racial gaps in education.

34. An education programme had been launched in April 2007 that applied to all municipalities. Biennial indicators on ages and educational standards at all schools would provide a mechanism for monitoring inequality.

35. Education was financed through a national fund, which was created from taxes collected from the municipalities and now covered all education levels, not just basic education.

36. Illiteracy rates had decreased in general and the Government was now focusing on reducing illiteracy in the north-east and other vulnerable regions.

37. Brazil's vocational training policy included the building of technical schools.

38. Religious education was a basic subject and was taught in public schools in such a way as to respect Brazil's cultural and religious diversity.

39. <u>Mr. DE OLIVEIRA</u> said that cases concerning indigenous people's land and environmental rights were dealt with by a special jurisdiction of the federal courts. The rights provided for under the United Nations Declaration on the Rights of Indigenous Peoples were already part of Brazilian domestic law.

40. <u>Mr. FAVRETO</u> (Brazil) said that the Maria da Penha Law had established a systematic approach to the civil and criminal aspects of domestic violence and provided guidelines on prevention of domestic violence and the reintegration of victims into society. Under the national covenant against violence, the Law was applied through special courts for domestic violence and family matters, in which US\$ 7.5 million had been invested in 2008. The number of social workers and psychologists working in the field of domestic violence had doubled and Government-funded rehabilitation centres for perpetrators had been set up.

41. Brazil had created a working group to devise a national plan to combat trafficking in persons and organs; the plan had been approved in 2008. In view of the importance of tackling the issue internationally, the Government had established special trafficking centres at airports and in border areas.

42. A national health plan for prisoners, focusing on HIV/AIDS, sexually transmitted infections, tuberculosis and hepatitis, was currently being implemented by 18 of Brazil's 27 states. Condoms were also distributed in prisons. The Ministry of Justice had a national programme establishing health standards for prisons, although it could only provide guidance in the matter, as the prisons were controlled by the states.

43. There were around 460,000 prisoners in total, around half of whom were in pretrial detention. In Rio de Janeiro there were separate prisons for women prisoners and prisoners aged between 18 and 24 and, as young offenders were the most likely to reoffend, 4,000 new places were to be created for them there. In an effort to prevent torture, 100,000 police and prison officers were undergoing training on prisoners' rights, and the Government was encouraging the Public Prosecutor's Office and other bodies to monitor conditions in prisons and violations of prisoners' rights.

44. The judiciary ensured the enjoyment of the right to housing. In 2008, US\$ 4.3 million had been invested in the courts so that they could deal effectively with such human rights issues as housing.

45. Lastly, with regard to slavery, he noted that only that morning a sugar cane producer had been fined US\$ 160,000 for using slave labour.

46. <u>Ms. BARAHONA RIERA</u> asked for precise details on the amount allocated to health under the State budget, in particular to sexual health. She also asked what programmes were in place to ensure that teenage mothers completed secondary education.

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47. <u>Mr. DASGUPTA</u> asked what caused delays in the regularization of indigenous land title and what the legal consequences of the delays were. He also requested clarification as to whether the Racial Equality Act had already been adopted.

48. <u>Mr. TELLES</u> (Brazil) said that the budget spent on sexual health could not be disaggregated from the overall health budget. The Ministry of Health was however working to guarantee the availability of contraception, prenatal care, vasectomy and sterilization.

49. <u>Mr. XIMENES</u> (Brazil) said that, in universities, more women were enrolled on undergraduate courses than men, but men overtook women at postgraduate level. Referring to the correlation between age and educational level, he said that nearly 5 million 19-year-old students were still enrolled on first-grade programmes.

50. In 2003 almost 600,000 births to teenage mothers had been registered, but that figure had fallen by over 18 per cent by 2007. All teenagers in education were registered so that their attendance could be monitored: in that way, the State, in conjunction with the municipalities, could assist pregnant teenagers who did not attend school.

51. <u>Mr. OLIVEIRA</u> (Brazil) said that the demarcation of land was a complex process that required technical and anthropological studies by the National Indigenous Forum. Regularization was carried out by the President. Over 95 million hectares of indigenous peoples' land had already been regularized which left some 5 per cent of indigenous land still to be regularized. The Government was seeking to help indigenous communities develop economically so that they could continue to live in the traditional way.

52. <u>Ms. CAMPOS MOTTA</u> (Brazil) said that no vote on the Racial Equality Act had taken place, but the law had already gathered enough support to be passed.

53. In response to a question of Mr. Abdel-Moneim on the State budget for culture, she said that expenditure on cultural programmes had increased to 650 million reais in 2008. The budget was divided between 15 cultural programmes.

54. <u>The CHAIRPERSON</u> said that he appreciated the efforts made by the delegation to provide the information requested and hoped that the Committee's conclusions and recommendations would be accepted by the State party in the constructive spirit in which they were offered.

The discussion covered in the summary record ended at 5.10 p.m.