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COMMITTEE ON THE RIGHTS OF THE CHILD

Thirty-sixth session

SUMMARY RECORD OF THE 952nd MEETING

Held at the Palais Wilson, Geneva,
on Wednesday, 19 May 2004, at 3 p.m.

Chairperson: Mr. DOEK

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The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Second periodic report of Panama (continued) (CRC/C/70/Add.20; CRC/C/Q/PAN/2; CRC/C/RESP/62; HRI/CORE/1/Add.14/Rev.1)

1. At the invitation of the Chairperson, Ms. de Adames, Ms. Arosemena, Mr. Beliz, Ms. López de Lobo and Ms. Vergara (Panama) took places at the Committee table.
2. Ms. VERGARA (Panama) said that, during the period 2000-2004, US\$ 36 million had been allocated for grants for primary-, secondary- and tertiary-level students. School attendance, particularly among the indigenous and rural populations, often depended on grants. The Institute for the Training and Use of Human Resources was responsible for awarding grants, including grants for children with disabilities and young people wishing to re-enter the school system after release from prison. While the Government was aware of the inadequacy of its current efforts in the field of education, the World Bank's Basic Education Project had facilitated many improvements, particularly in schools in rural areas.
3. Of the 619 towns in Panama, 278 had family committees in place, and training was under way for the establishment of an additional 102 committees. All committee representatives came from civil society. While the Ministry for Youth, Women, Children and the Family promoted such committees, the committees were not answerable to the Ministry. Their role was to identify problems affecting local young people and recommend solutions. The committees, which were established by decree, had had a particularly positive impact on indigenous communities. While there was no official agreement between the municipalities and the Ministry for Youth, Women, Children and the Family, both the municipalities and the Ministry had adopted a coordinated approach to social welfare issues.
4. With regard to family reunification, she said that the judiciary was responsible for encouraging reconciliation, and the Department for the Family of the Ministry of Youth, Women, Children and the Family offered guidance to couples and strove to safeguard the rights of the children involved.
5. Ms. ORTIZ enquired whether such services were available nationwide.
6. Ms. VERGARA (Panama) said that, within the judiciary, staff specialized in family reconciliation were available only in certain provinces. However, the Ministry of Youth, Women, Children and the Family offered family counselling throughout the country in association with the National Council on the Family and Children.
7. Ms. ORTIZ asked whether Panama had any plans to extend the right to secondary education to all children. It would be interesting to learn which body was responsible for pre-school education and whether such education would be made available to more children.
8. Ms. VERGARA (Panama) said that the Ministry of Youth, Women, Children and the Family was responsible for the education of children up to 4 years of age. Pre-school education was currently available to 38 per cent of that age group. Education for children aged 5 and over

was provided by the Ministry of Education and, while there were no definite plans to make such education available to a greater number of children, the Government was aware that that was a concern. Primary education had been extended from sixth to ninth grade.

9. Displaced persons did not enjoy the same status as refugees in Panama, and the Government had taken measures to facilitate the reunification of children and mothers of displaced families. With regard to birth registration, she said that children born in Panama, whether children of refugees or of displaced persons, were entitled to be registered in Panama.

10. Ms. ORTIZ, referring to a report of the Office of the United Nations High Commissioner for Refugees (UNHCR), said that, since refugee children were not permitted to leave refugee areas, Panama should clarify whether or not such children were allowed to attend secondary school or to work.

11. Ms. VERGARA (Panama) said that all refugee and displaced children had always had the right to attend secondary school.

12. The CHAIRPERSON enquired whether refugees, particularly those from Colombia, were informed that children born in Panama had the right to Panamanian citizenship. He requested information on the Government's policy of sending back members of Colombian families, including persons who had not yet been granted refugee status.

13. Ms. SARDENBERG asked why a distinction was made between people entering Panama from Colombia and Costa Rica, and other refugees. She requested additional information on the Temporary Humanitarian Protection Statute, which had not been recognized by UNHCR.

14. Ms. VERGARA (Panama) said that all children born of refugees and displaced persons in Panama had the right to be registered in Panama. Many Colombians had crossed the border into Panama to escape social unrest and insecurity, while persons entering Panama from Costa Rica tended to be indigenous people in search of employment. Those two groups had been placed under humanitarian protection because they rarely requested refugee status. The Panamanian Red Cross had provided assistance to displaced persons from Colombia and Costa Rica, and the International Committee of the Red Cross (ICRC) had set up a special humanitarian assistance programme in Darién Province.

15. Child support, an issue of great concern in Panama, was dealt with by the judiciary at the municipal level. It was also covered under the bill on the protection of children and adolescents, which would soon be considered by the Legislative Assembly. Follow-up mechanisms would ensure that child support was received. While there was no specific social welfare benefit for single mothers, support was provided through initiatives promoted by the Office of the First Lady of the Republic and the Ministry of Youth, Women, Children and the Family.

16. In 2000, the Department for the Family of the Ministry of Youth, Women, Children and the Family had taken over responsibility for adoptions. Significant improvements to the relevant structures, facilities and staffing had been made, in cooperation with government bodies and non-governmental organizations (NGOs). Most children available for adoption were cared for in NGO institutions, which received government funding. Couples wishing to adopt a child were

assessed both by the judiciary and the Ministry of Youth, Women, Children and the Family. If intercountry adoptions took place, arrangements were made between the Panamanian and the foreign authorities for appropriate follow-up. Adoptive parents received information on children's biological parents in order to be able to provide their adopted children with such information when they requested it. The Ministry had recently launched a project that had set up 20 homes that provided care for children whose families had had no other alternative than to put them up for adoption.

17. The CHAIRPERSON asked how couples that were separating found out that mediation services were available, and whether such services were free and how they could be obtained.

18. Ms. VERGARA (Panama) said that, when a couple applied for divorce, legal services were free of charge. Couples that requested counselling received it through the Ministry of Youth, Women, Children and Family. Although counselling was also free of charge, not all couples availed themselves of it.

19. The CHAIRPERSON asked whether there was a government body that had the power to prosecute fathers who did not pay child support, or to seize their property.

20. Ms. VERGARA (Panama) said that, under current legislation, detention was the only sanction against fathers who did not support their children, and it was often ineffective. There were, however, plans to include a specific provision on child support in a comprehensive code for the protection of children and adolescents.

21. The CHAIRPERSON asked whether adopted children had the right to know who their biological parents were, regardless of their adoptive parents' wishes.

22. Ms. VERGARA (Panama) said that adopted children had the right to obtain information about their biological parents, and efforts had been made to raise adoptive parents' awareness of that issue.

23. The Government and NGOs had taken measures to organize youth clubs and organizations. The province of Panama was the only province where there was currently a curfew, and the Ministry of Youth, Women, Children and the Family was working to lift it.

24. While changing names was not common practice, adults were permitted to change their names. In some cases, people had chosen to register a nickname and a legal name.

25. The Civil Status Registry was responsible for the registration of births. While the Registry had offices in several provinces, people from indigenous communities had experienced difficulties in registering their children. A project had been launched by the Ombudsman, together with the United Nations Children's Fund (UNICEF), to encourage birth registration in those communities.

26. While the media was self-regulating in Panama, the Government had worked with radio and television stations to raise awareness about the suitability of programmes for children, and to promote children's rights.

27. A project had been set up in which Panamanian businessmen supported children from marginal communities in order to enable them to continue their education. Another government initiative had helped over 300 young offenders to be reintegrated into their communities and either go back to school or find a job.

28. The National Council for the Comprehensive Care of Disabled Minors and the Panamanian Institute of Special Education were two government institutions that had been established to address child and youth disability issues. Particular attention was paid to the situation of disabled persons from rural and indigenous communities. The Ministry of Youth, Women, Children and the Family provided financial support to families of children with disabilities for the purchase of wheelchairs and other special equipment. It was clear that ongoing efforts were needed to promote the rights of persons with disabilities.

29. Ms. LEE enquired why the Constitution of Panama prohibited discrimination on the grounds of gender and race but did not explicitly prohibit it on the grounds of disability. She requested additional information about the mandate of the National Council for the Comprehensive Care of Disabled Minors and the resources available to it.

30. Ms. VERGARA (Panama) said that the National Council for the Comprehensive Care of Disabled Minors was an inter-agency coordinating body that brought together 13 institutions representing the State and civil society. It had been established to monitor implementation of legislation that guaranteed equal opportunities for persons with disabilities.

31. Ms. ORTIZ asked what steps were being taken to reduce the teenage suicide rate and whether any studies had been conducted to determine why there was a relatively high rate of suicide among 15- to 17-year-olds.

32. Ms. SARDENBERG said that, in its concluding observations following consideration of Panama's initial report in 1997 (CRC/C/15/Add.68), the Committee had encouraged the State party to take all appropriate measures to prevent and combat the sexual abuse and sexual exploitation of children and to ensure their physical and psychological recovery and social reintegration. The State party had indicated that it had taken a number of legislative, educational and other measures in accordance with that recommendation. She wondered what status the Standing Committee against the Ill-treatment of Young Children had within the Government and what role it played in enforcing child-related legislation. She requested additional information about the centres established by the criminal investigation police to receive complaints and provide assistance to victims, the draft national plan to combat domestic violence and the programme to prevent and eliminate the commercial sexual exploitation of children and adolescents. She wondered why the Government was unable to determine the extent of the problem of sexual exploitation and abuse. She asked what progress had been made since the publication of the report in implementing legislation in that field.

33. Ms. LÓPEZ de LOBO (Panama) said that the Standing Committee against the Ill-treatment of Young Children was an independent body that had been established in 1996; it comprised representatives of NGOs and the Ministry of Youth, Women, Children and the Family. The objective of the Standing Committee was to monitor the implementation of and follow up all programmes aimed at combating child abuse. The programme to prevent and eliminate the commercial sexual exploitation of children and adolescents had been introduced as

part of the International Labour Organization's International Programme for the Elimination of Child Labour (ILO/IPEC Programme); one of its objectives was to develop legislation to protect children from aspects of commercial sexual exploitation that were currently not covered by Panama's Criminal Code. In March 2004, Panama had adopted legislation to classify crimes against sexual integrity and freedom and prescribe more severe penalties for crimes involving sexual exploitation. That legislation also provided for the addition of a chapter to the Criminal Code criminalizing child pornography, sex tourism involving minors, and child trafficking.

34. Another objective of the programme to prevent and eliminate the commercial sexual exploitation of children and adolescents was to raise awareness of the issue and provide training for persons working in relevant sectors. In 2003, a two-day training course had been held for people working in the media. In the near future, training would be provided for law enforcement and government officials. Since prevention was an important component of the programme, the Ministry of Youth, Women, Children and the Family had recently opened an office to address the problem of street children, who were the most vulnerable to sexual exploitation.

35. In recent years, there had been a number of improvements in the field of health, particularly in terms of child mortality. In 1990, the infant mortality rate had been 25.9 per 1,000 live births; by 2002, that rate had decreased to 14.4 per 1,000 live births. The under-five mortality rate had also decreased. Nevertheless, huge disparities continued to exist between urban and rural areas. In rural areas, child mortality rates were still relatively high.

36. The vaccination coverage rate had reached 98 per cent, thanks to the efforts of the Ministry of Health. All children were vaccinated against such preventable diseases as measles, tetanus and tuberculosis, and no cases of those diseases had been reported in Panama since 1996. Polio had been completely eradicated. Children were currently being vaccinated against other diseases, such as meningitis and hepatitis.

37. Despite progress, the Government still faced a number of serious challenges in the area of children's right to health. There had been an increase in HIV/AIDS, despite the introduction of a national plan to combat the pandemic. In addition, the Government had been unable to reach the goal set in 1990 to reduce the maternal mortality rate by half. The rate of child malnutrition had remained fairly stable over recent years: currently, 16 per cent of children under 5 suffered from some form of malnourishment.

38. In order to address those problems, Panama had recently introduced a new model of primary health care that provided for greater community involvement and the improvement of health infrastructure in all areas. Particular efforts were being made to improve paediatric and gynaecological services. For example, a project had recently been approved to build a child and maternity clinic in the province of Ngöbe, which had a large indigenous population. Local health centres had been supplied with computers and other hi-tech equipment; that initiative had been particularly successful in rural areas that had previously had no access to such technology.

39. Social investment to improve access to drinking water and sewage facilities had increased significantly over the past five years. The Ministry of Health had sponsored a number of projects to repair and build piping systems and waste-water treatment facilities throughout the country, focusing largely on urban areas but also on rural areas populated by indigenous

communities. Over 90 per cent of dwellings in Panama had access to drinking water. However, major disparities in the provision of water and sewage facilities continued to exist between rural and urban areas.

40. In order to reduce malnutrition, the Government had introduced measures to promote sustainable farms in indigenous and rural areas where there was a marked incidence of malnutrition. It had also launched an initiative to provide school lunches to all children enrolled in primary education.

41. HIV/AIDS had been increasing ever since the first cases had been reported in 1984. In 2003, 322 people aged between 0 and 19 years had received treatment. The Ministry of Health had adopted a multisectoral strategic plan to reduce the incidence of HIV/AIDS and sexually transmitted diseases and to provide better care to patients with such diseases. Particular efforts were being made to promote the human rights of affected persons. A clinic had been opened to provide antiretroviral treatment to HIV/AIDS patients. Approximately 70 per cent of the population had social security insurance, and the cost of their treatment was covered by the Social Security Fund. The Ministry of Health paid for the antiretroviral treatment of persons who were not insured. A specialized NGO provided additional support to patients living with HIV/AIDS.

42. Ms. AL-THANI asked why the progress in reforming the health sector had not led to a reduction of the maternal mortality rate, which continued to be very high. She wished to know whether the children of parents who did not have social security insurance benefited from free primary health care.

43. Ms. LEE said that, according to Panama's report, there were six baby-friendly hospitals at the national level. However, the report also indicated that, of the hospitals in the country with maternity facilities, 40 per cent qualified as "baby-friendly" hospitals. She therefore assumed that as few as 14 facilities in Panama were equipped to provide obstetric and gynaecological care.

44. Ms. VUCKOVIC-SAHOVIC said that the delegation should provide additional statistical information on medical facilities in Panama. In particular, she wished to know exactly how many clinics were equipped to provide assistance during childbirth.

45. Ms. LÓPEZ de LOBO (Panama) said that the high maternal mortality rate was attributable to difficult access to health centres and hospitals and the lack of equipment to provide adequate assistance during childbirth. However, since 2000, when the most recent statistics on maternal mortality had been produced, the Ministry of Health had been endeavouring to remedy those problems. There were currently more than 300 health centres throughout Panama, in addition to some 20 polyclinics run by the Social Security Administration, and numerous health posts in rural areas. All health centres in Panama provided basic gynaecological and obstetric services, although they did not all have the facilities to perform surgical procedures. In remote rural areas, trained birth attendants were available to provide assistance during childbirth. All children received free basic health care. If their parents did not pay social insurance contributions, the cost of their children's care was covered by the Ministry of Health.

46. The CHAIRPERSON asked the delegation to explain why so little data had been provided on children with disabilities. A number of questions had remained unanswered concerning mental health, suicide, substance abuse and corporal punishment. He requested information on reproductive health programmes and asked what measures had been taken to address the problem of teenage pregnancies.
47. Ms. VERGARA (Panama) said that programmes for the inclusive education of children with disabilities often met with resistance from parents and educational authorities. Considerable efforts were being made to raise awareness and change traditional attitudes and behaviour. Working parents, particularly those who lived in rural and indigenous areas, often found it difficult to care for children with disabilities, and the Ministry of Youth, Women, Children and the Family had therefore proposed that allowances should be introduced to support some of those families.
48. Ms. LÓPEZ de LOBO (Panama) said that Panamanian legislation provided for breastfeeding breaks for working mothers during the first six months after birth and promoted awareness of the nutritious value of breast milk.
49. The adoption of Act No. 38 of 2001 extended the provisions of Act No. 27 of 1995 on domestic violence. In particular, it provided greater protection for minors from all forms of ill-treatment.
50. Ms. KHATTAB said that, while the Committee was aware of the legal provision concerning breastfeeding breaks, it was concerned the provision was not being implemented.
51. Ms. AL-THANI asked whether Panama's legislation on maternity leave was being implemented.
52. Ms. LÓPEZ de LOBO (Panama) said that the right of mothers to three months' maternity leave and breastfeeding breaks for a period of six months was guaranteed by all public and private employers. In addition, mothers could request a more flexible schedule to accommodate their special needs during that period.
53. Ms. VERGARA (Panama) said that no complaints of non-compliance with legislation on breastfeeding breaks had been received.
54. Ms. LÓPEZ de LOBO (Panama) said that national legislation prohibited corporal punishment, and the adoption of Act No. 38 had considerably improved the protection of minors. When children's protection from ill-treatment in the family environment could not be guaranteed, either the aggressor was removed or the child was placed in a suitable care institution. Special monitoring mechanisms were in place to ensure the well-being of institutionalized children. Such institutions were open, and children were allowed regular contact with family members, as well as access to recreational facilities and cultural activities. Children living in institutions had participated in the preparation of a national plan for children and adolescents.
55. The National Commission on Sexual and Reproductive Health had been established to devise educational programmes for schools, health centres and families; the topics of sex and

reproductive health had been included in educational curricula. There was a wide range of programmes for children and adolescents and their families aimed at preventing teenage pregnancies. Specific programmes were in place for adolescents at risk.

56. In 2003, the World Health Organization (WHO) had certified Panama as a country free of iodine-deficiency disorders. Vitamin A was periodically distributed at health facilities throughout the country.

57. The Social Security Fund and the Ministry of Health had established mental health programmes in health facilities nationwide. Multidisciplinary teams of psychologists, psychiatrists and social workers dealt with a wide range of mental health patients. There were no specific mental health programmes for children and adolescents.

58. Ms. VERGARA (Panama) said that the Government was acutely aware of the problem of high suicide rates. In addition to the previously mentioned mental health programmes, outreach workers assisted families and children at risk. Identification of persons at risk was difficult since families often initially refused assistance. The Government was currently focusing on suicide prevention at the school, family and community levels.

59. Ms. LÓPEZ de LOBO (Panama) said that specialized governmental and non-governmental organizations had been set up to combat alcohol and drug abuse. Multidisciplinary teams worked with substance abusers in drug rehabilitation and treatment centres. In recent years, programmes and facilities had been reorganized, and personnel had received additional training to deal with high-risk populations and minors in conflict with the law. Many cases of adolescent drug abusers were referred to Hogares Crea, an association that operated a number of drop-in centres and provided comprehensive therapy. Other programmes for children and adolescents were operated with the assistance of the Panamanian White Cross and Red Cross and universities.

The meeting was suspended at 4.50 p.m. and resumed at 5.10 p.m.

60. Ms. KHATTAB asked what measures were being taken to prevent the imprisonment of children under the age of criminal responsibility who, according to national legislation, could be deprived of their liberty on the grounds of their social responsibility. Since children under 14 were tried by juvenile judges, she wondered whether that meant that children over 14 were tried in regular courts as adults.

61. The Committee had learned that, owing to a lack of financial and human resources, a number of controversial decisions had been handed down by family courts. The delegation should comment on that matter.

62. She commended Panama for its excellent cooperation with UNHCR in providing assistance to refugee children.

63. The statistics provided by the State party on child labour were somewhat confusing and contradictory, and she wondered whether a national child labour survey had been conducted. In the context of Panama's recent accession to ILO Convention No. 138 concerning Minimum Age

for Admission to Employment and ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, it would be useful to know what measures had been taken to remove children from the labour market.

64. The delegation should explain why the Committee for the Elimination of Child Labour and the Protection of Child Workers had been transferred back and forth between various ministries and should provide information on that Committee's achievements to date.

65. Ms. ORTIZ asked why Panamanian adolescents were commonly perceived as a threat to society, considering that crimes committed by minors accounted for only 10 to 20 per cent of the total number of crimes. She wondered what measures had been taken to correct that misperception. In the light of the limited education and employment opportunities for young people, society should take responsibility for the future of its children and adolescents rather than resort to repression.

66. She wondered whether the Government considered the implementation of Act No. 40 concerning the Special Regime governing Juvenile Criminal Responsibility a viable solution to the problem of juvenile crime. The lack of the financial resources had impeded implementation of the Act, and she asked how the State party intended to secure adequate budget allocations in the future.

67. She would welcome information on measures taken by the State party - apart from translation into indigenous languages - to disseminate the Convention among indigenous populations.

68. Ms. VUCKOVIC-SAHOVIC regretted the lack of statistics and concrete information on juvenile justice, child labour and trafficking in children, and requested the State party to conduct surveys on those issues.

69. She asked whether legislation treated street children as delinquents and placed them in correctional institutions, and whether orphaned street children were placed in closed or open institutions. She requested information on the State party's participation in regional efforts to combat trafficking in children.

70. Ms. SARDENBERG regretted that the State party had provided scant information on the sexual exploitation of children. She wished to know what measures had been taken in the field of demobilization and reintegration of child combatants from Colombia.

71. She recognized Panama's specific circumstances and the difficulties that they posed for the implementation of the Convention. As a signatory, however, the State party had made a commitment and she called on the Government to intensify its efforts to protect the rights of the child.

72. Ms. VERGARA (Panama) said that, prior to the adoption of Act No. 40 of 1999, regulations governing children in conflict with the law had been contained in the Family Code, which was neither suitable for such situations nor entirely in conformity with the Convention. Act No. 40 had laid the foundations for the reform of the Panamanian juvenile justice system and for the replacement of repressive measures with those that emphasized protection and

rehabilitation. Act No. 40 characterized juvenile offences, defined the terms and conditions regarding adolescents' responsibility and established a system of specialized institutions to deal with juvenile offenders. The Act had been founded on the principle of specialty, which held that institutions and authorities should be governed by special principles - in this case, the principles of juvenile justice - contained in international legal instruments, including the Convention.

73. However, following the adoption of Act No. 40, budgetary difficulties and the inability to appoint the required specialized judges and prosecutors had led to a situation that was widely perceived as reflecting impunity on the part of the judicial authorities. In 2003, public pressure had resulted in the amendment of Act No. 40 in order to extend the maximum period of temporary detention and apply heavier penalties for juvenile delinquents. Beginning in 2003, criminal court judges competent to try adolescents and related officials had been appointed in most parts of the country, and steps had been taken to increase accountability in all branches of government. While Panama currently had the minimum human resources to finance its juvenile justice system, it still lacked specialized interdisciplinary teams.

74. Although the number of crimes committed by adolescents was far lower than the number of crimes committed by adults, young persons continued to be perceived as dangerous. That was due in part to the fact that juvenile offenders were usually from dysfunctional families and violence had been a central element of their socialization. The Government was currently seeking international assistance in order to investigate the causes of violence.

75. The problem of children in conflict with the law was complex; its solution resided not only in the enactment of legislation but also in the design of preventive and early intervention measures. Recent rehabilitation efforts had focused on the education of juveniles serving sentences, and inmates could receive primary and secondary instruction and undertake distance-learning programmes. Within correctional institutions, new facilities that conformed to international standards had recently been completed; such facilities included libraries and reading rooms with access to the Internet. Self-management programmes, including vocational training and instruction in family and social values, had been introduced to help juvenile inmates prepare to return to their communities.

76. A number of alternatives to deprivation of liberty existed for juvenile offenders. There were sanctions of a social and educational nature, such as mandatory participation in assistance programmes, as well as guidance and supervision orders that required juveniles to register daily with the authorities and placed various restrictions on their daily activities. The Ministry of Youth, Women, Children and the Family was currently in the process of concluding agreements with municipalities concerning community service programmes for juvenile delinquents.

77. The Government of Panama had conducted studies on the human resources required to implement its juvenile justice legislation and had made the relevant proposals. Much had already been accomplished, even with few resources; however, those accomplishments remained inadequate.

78. Ms. LÓPEZ de LOBO (Panama) said that juvenile delinquents were deprived of their liberty only when they had committed serious offences, such as kidnapping, homicide or rape. Eight criminal courts, each with its own public prosecutor, were competent to try minors, and

two supervisory courts monitored the suitability of the sentences issued. Children under 14 who committed offences were referred to children's courts, which decided whether or not to enrol them in a prevention programme or to assign them to one of the four State homes where they could receive care and protection. The Department of Children, which was part of the Ministry of Youth, Women, Children and the Family, operated a number of programmes for children under 14 who had come into conflict with the law. Comprehensive care centres provided such children with a variety of health and educational services, and a company sponsorship programme prepared adolescents who had completed their schooling for entry into the workforce.

79. Mr. KOTRANE asked whether children under 14 who had come into conflict with the law were brought before a civil court judge or a criminal court judge, and whether a government ministry or a judge decided what measures should be taken. He wondered whether children at risk could be removed from their homes and be required to receive vocational training.

80. Ms. LÓPEZ de LOBO (Panama) said that, as the children's ombudsman, the Department of Children protected and cared for children under 14 who had committed offences. However, only a children's court judge had the authority to place a child in a State home. Vocational training programmes were optional; they had been mentioned because a large number of children in conflict with the law did not attend school.

81. The CHAIRPERSON wished to know why responsibility for the Committee for the Eradication of Child Labour and Protection of Child Workers had so often been transferred between ministries.

82. Ms. LÓPEZ de LOBO (Panama) said that the frequent transfers could be explained in part by the changes in that Committee's methodology. Its function was to oversee the plans and programmes undertaken in the field of child labour and to formulate relevant policies.

83. Ms. VERGARA (Panama) said that another explanation for the transfers was that several of the functions assigned to the Ministry of Youth, Women, Children and the Family overlapped with those of the Ministry of Labour and Welfare.

84. The CHAIRPERSON asked whether street children were considered to be children at risk and whether such children were placed in institutions.

85. Ms. LÓPEZ de LOBO (Panama) said that the Family Code differentiated between "street children", who were homeless and lived in the street, and "children in the street", who worked in the street but who returned home after work. Fortunately, there were no street children in Panama. However, there were some 5,000 "children in the street", who accounted for the majority of child workers in urban areas. According to a survey on child labour carried out in 2000, there were nearly 47,000 child workers in Panama: 68 per cent worked in rural areas, often in coffee or sugar cane harvests, and 32 per cent worked in urban areas. Panama had ratified ILO Convention No. 138 concerning the Minimum Age for Admission to Employment and ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. With the support of ILO, the Government had launched the International Programme for the Elimination of Child Labour (IPEC) in Panama.

The objective of the Programme was to remove a total of 1,000 children - 500 in rural areas and 500 in urban areas - from their jobs. One of the principal areas of concern of the ILO/IPEC Programme related to girls employed as domestic servants.

86. Ms. ORTIZ said that Panama must take urgent measures to adopt a children's code and complete the preparation of a comprehensive system of protection for children. The energies of the Government and of civil society should be directed towards implementing the programmes that had been set up under that system. Panama's social policy should be more closely linked to its economic policy in order to ensure the allocation of adequate resources. It was important to involve new actors, such as local government, in the Government's efforts on behalf of children. Likewise, greater participation by civil society and by children themselves should be encouraged. Structural disparities in the most vulnerable groups, particularly girls, should be addressed, and priority should be given to adolescents in difficulty in order to prevent their alienation from society.

87. Ms. VERGARA (Panama) said that the Government had proposed a social agenda that focused on vulnerable populations, particularly children and adolescents, and had demonstrated its commitment to that agenda by hosting an Ibero-American summit that had focused on problems faced by children in the region, especially child poverty. The Ministry of Youth, Women, Children and the Family had prepared a bill on comprehensive protection for children, and she would make every effort to ensure that the bill was submitted to the Legislative Assembly.

The meeting rose at 6.05 p.m.