



Convention on the Rights of the Child

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Committee on the Rights of the Child Seventy-fifth session

Summary record of the 2215th meeting

Held at the Palais Wilson, Geneva, on Tuesday, 30 May 2017, at 3 p.m.

Chair: Ms. Winter

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

Consideration of reports of States parties (*continued*)

Combined third to fifth periodic reports of Cameroon (continued) (CRC/C/CMR/3-5; CRC/C/CMR/Q/3-5 and Add.1)

1. *At the invitation of the Chair, the delegation of Cameroon took places at the Committee table.*

2. **Ms. Abena Ondoa** (Cameroon) said that funding had been made available to build technical capacity and improve health infrastructure under the Government's three-year emergency plan. A number of hospitals had been renovated, and new hospitals had been built in underserved areas. Specialized staff were employed at all hospitals, and each neighbourhood health centre employed at least one qualified doctor. Having been suspended for several years, midwifery training had resumed with the support of stakeholders, including the United Nations Population Fund (UNFPA). New midwifery graduates were eligible for employment in the public health sector immediately after completing their studies without having to sit competitive examinations. Midwives assisted women at childbirth in remote areas with insufficient doctors and provided care to mothers and children in places where there was a shortage of gynaecologists and paediatricians. Kits were available to enable qualified staff to carry out caesarean sections in emergencies.

3. The Government had implemented a programme to reduce the rates of maternal, neonatal and infant and child mortality, and the relevant ministries were working to raise awareness of antenatal clinics, vaccinations and anti-malarial measures, particularly among women. For a small fee, women in certain regions could purchase a health voucher, giving them access to antenatal visits, childbirth assistance and post-partum care. For children and pregnant women, certain vaccinations were available free of charge. A programme had been established to prevent mother-to-child transmission of HIV/AIDS and HIV screening services were available, including a mobile screening unit deployed by the Ministry of Health. HIV treatment, including antiretroviral therapy, and related examinations were available in rural and urban areas.

4. The Government was raising awareness of the dangers of child marriage and the health risks that such marriages entailed, including obstetric fistula, which often went undiagnosed and caused the women affected to be shunned by their communities. Women diagnosed with obstetric fistula were referred to health centres, where they received free treatment from specially trained doctors. A hospital ship from the NGO Mercy Ships would be arriving in Cameroon in summer 2017 to provide treatment for obstetric fistula and other illnesses. Women who had been successfully treated for obstetric fistula received counselling and employment assistance in order to facilitate their social reintegration.

5. The media were involved in raising awareness in the local languages about the dangers of counterfeit and illegal drugs. World Breastfeeding Week was celebrated in August each year to promote exclusive breastfeeding. Nursing mothers were entitled to an hour-long daily break from work for breastfeeding, in addition to four weeks of maternity leave prior to delivery and eight weeks after a birth. However, no hospitals had yet obtained accreditation under the baby-friendly hospital initiative.

6. A hospital in Yaoundé offered adolescents access to confidential health services to discuss their problems without requiring them to be accompanied by their parents. For a number of years, the First Lady had been organizing an event to raise young people's awareness about HIV/AIDS and other sexually transmitted diseases and unwanted pregnancies.

7. **Ms. Aho Assouma** (Coordinator, Country Task Force), noting that people in Cameroon could be vulnerable to poliomyelitis owing, for example, to the reluctance of the population in neighbouring Nigeria to be vaccinated, asked whether the Government had a polio surveillance mechanism. She also wondered whether it was taking measures to prepare for the loss of funding from the Global Alliance for Vaccines and Immunization (GAVI) in 2018. She urged the Government to pursue efforts to combat and increase public awareness of malnutrition. She would be grateful if the delegation could provide

information on efforts to implement the Water, Sanitation and Hygiene for All (WASH) initiative launched by the United Nations Children's Fund (UNICEF) and asked why limited progress had been made in combating waterborne diseases and improving access to drinking water. She also wished to know whether separate toilet facilities for boys and girls were available in schools.

8. **Mr. Rodríguez Reyes** asked whether the Government had any policies to combat discrimination against young people in the lesbian, gay, bisexual, transgender and intersex (LGBTI) community. He also wished to know whether the Government planned to obtain accreditation for hospitals under the baby-friendly hospital initiative and whether Cameroonian legislation complied with the International Code of Marketing of Breast-milk Substitutes.

9. **Ms. Abena Ondo** (Cameroon) said that Cameroon did indeed have a polio surveillance unit. Unfortunately, the proximity of Nigeria prevented Cameroon from being certified polio free. Whenever outbreaks of poliomyelitis occurred in Nigeria, the Government sought to identify the source of the outbreak and mounted vaccination campaigns in the border regions to prevent the spread of the disease. To prepare for the loss of GAVI funding, the Government was working with development partners to avoid shortages of vaccine supplies.

10. Within the framework of the WASH programme, the Government was working to guarantee the water supply in schools. All new schools were provided with separate toilet facilities for boys and girls and boreholes. Funding was provided so that existing schools could drill new boreholes and build separate toilets.

11. The Government no longer provided health officials with training on breast-milk substitutes, and only in exceptional cases was the use of substitutes recommended. The International Code of Marketing of Breast-milk substitutes had been adopted, and breastfeeding was promoted for all babies, including in cases of mothers with HIV.

12. **Ms. Makentsop Wamba** (Cameroon) said that an action plan for the period 2016-2020 had been adopted to control counterfeit medicines, the sale of which was punishable by imprisonment of up to 3 years and a fine of 1-3 million CFA francs (CFAF). Campaigns had been launched to raise awareness of such drugs, eliminate their illegal sale and teach customs officials how to identify and seize counterfeit medicines entering Cameroon. Medicines worth approximately CFAF 1 million had been seized and destroyed in 2016.

13. Although there was no specific legislation addressing the situation of babies who were kept in prisons with their mothers, measures had been taken to place such children with families or in reception centres.

14. Children recruited by Boko Haram who were taken into police stations for questioning were not subject to judicial proceedings, and every effort was made to return them to their families under the relevant family reunification programme. Preventive measures, such as awareness-raising campaigns, had been implemented to prevent the recruitment of children, including an emergency plan to combat poverty in the northern parts of Cameroon that were particularly vulnerable to terrorist activities.

15. In 2014, the National Action Plan to Combat the Worst Forms of Child Labour had been launched to remove children from child labour, reintegrate them into families or enrol them in educational or vocational institutions. The Intersectoral Committee to Combat Child Labour had led efforts to amend the 1969 child labour law containing a list of hazardous occupations prohibited for women and children and had taken steps to map out the communities in which children were engaged in child labour and to take appropriate measures. It had organized awareness-raising campaigns and a capacity-building workshop for public services, trade unions and civil society organizations.

16. In 2015, the Ministry of Labour had issued a circular on inspections of plantations with a view to ending the labour exploitation of children and had increased the number of labour inspectors and inspections of farm businesses and plantations. Awareness-raising campaigns were conducted in plantations and agricultural businesses with the support of technical partners, including the United Nations Subregional Centre for Human Rights and Democracy in Central Africa.

17. Cases of sexual exploitation of children, including sexual abuse, had been reported and had resulted in a number of convictions. Although the Criminal Code did not cover corporal punishment specifically, it did contain general provisions on violence against children that encompassed such punishment. It was considered an aggravating circumstance if the victim of a violent act was a child.

18. **Ms. Adyang** (Cameroon) said that, between 2015 and 2017, the portion of the Ministry of Health budget allocated to children had remained relatively stable, while the budgets of the Ministry of Secondary Education, the Ministry of Basic Education, the Ministry of Social Affairs, the Ministry of Women's Empowerment and the Family and the Ministry of Employment and Professional Training had all increased in that period.

19. **Ms. Aho Assouma** said she would welcome information on the State party's commitment under the Abuja Declaration to allocate at least 15 per cent of its annual budget to the health sector.

20. **Ms. Abena Ondoa** (Cameroon) said that government budgets were supplemented by funding from external partners. The Government was attempting to fulfil its commitment under the Abuja Declaration, but the decrease in State spending caused by the global economic crisis had slowed progress.

21. **Mr. Eyoume Nyebel** (Cameroon) said that the State party had allocated funds in its 2018 budget to translate the Convention on the Rights of the Child into local languages in order to raise awareness of its provisions.

22. **Mr. Soh** (Cameroon) said that many street children had developmental problems that affected their abilities to understand their own actions and get along with others. In order to prevent children from ending up on the street, existing preventive measures had been enhanced, funds were available to help families enrol their children in schools and efforts were being made to gather personal information on street children, with over 1,900 having been interviewed. Street children could seek shelter in reception centres and receive assistance, including to combat drug addiction, from specialists working in mobile units. The Government aimed to teach street children to improve their social skills and modify problem behaviour. Centres provided training in computing and agriculture, and employment could be secured through connections with various government departments. A number of former street children had also been awarded scholarships for higher education.

23. Regarding children with disabilities, a 2010 law contained provisions on the early detection of disabilities and education for parents about behaviours that could cause their child to be born with a disability. Disabilities were required to be recorded in public registries. The National Centre for the Rehabilitation of Persons with Disabilities received substantial State support and established standards for different regions and disabilities, including in regions where Boko Haram activities had led to an increased number of people with disabilities.

24. Children with disabilities could attend specialized education centres to acquire the necessary skills to adjust to mainstream schools, which accepted children irrespective of their type of disability. Teachers received training on different disabilities. Over 200 teachers with such training had been recruited to date.

25. Although the Convention on the Rights of Persons with Disabilities had not yet been ratified, implementation of its provisions had begun and mechanisms had been established in various ministries, with particular reference to the universal design of buildings. While the law did not cover reasonable accommodation for persons with disabilities, the needs of persons with disabilities would be taken into account in all future construction projects. The Government was pursuing a community-based approach to social inclusion that would allow communities to take control of local projects. In that regard, guides had been distributed on how to provide assistance to persons with disabilities and conduct awareness-raising activities to ensure that the needs of persons with disabilities were taken into account at all levels.

26. **Mr. Cardona Llorens** (Country Task Force) said that a rehabilitation-based approach to education was not appropriate for all children with disabilities and would not

necessarily increase inclusion. Noting the lack of available data on the school attendance of children with disabilities, he asked whether efforts were being made to improve the accessibility of education for such children in rural areas and to remove the social stigma often associated with children with psychosocial and intellectual disabilities in particular.

27. **Ms. Koukreo Wespa Maipa** (Cameroon) said that a number of institutions were involved in sport and recreation activities for children and that the creation of the necessary facilities and grounds was an integral part of current urban planning. Every year, the Ministry of Youth and Civic Education, together with the Ministry of Tourism and Leisure, organized children's holiday camps, and the Government held national sports events for primary and secondary schools.

28. Her Government worked closely with grass-roots communities and local radio stations to raise awareness about the importance of issues such as birth registration, vaccination, breastfeeding and the fight against malaria and polio. It ran workshops that brought together community leaders and radio presenters. Cameroon had more than 250 ethnic groups and languages. In order to reach all those communities, the relevant messages must be passed on in the country's national languages. Public service messages were therefore produced in the local languages and broadcast by local radio stations.

29. **Ms. Abena Ondo** (Cameroon) said that several factors were responsible for school dropout, including a lack of understanding on the part of some families about the importance of girls' education. The Government had therefore worked with families to make them understand that boys and girls were born with the same rights, including the right to receive an education. Primary school was free and parents were required by law to enrol their children in school. When they failed to do so, they were liable to penalties. Centres for the promotion of women and the family received young persons who had dropped out of school and provided them with vocational training, including in the clothing, catering, interior decoration and other trades. Training generally lasted from nine months to two years. When resources were available, the young persons received a small allowance to enable them to set up their own businesses upon leaving school.

30. Turning to the question of teachers who failed to take up their assigned posts, she said that such teachers were subject to punishment, including suspending payment of their salaries. The Government was making efforts to encourage teachers to remain in their posts, including by providing them with special housing and financial incentives. It had built a number of new classrooms to tackle the problem of overcrowded classes and had mounted a campaign to recruit more teachers.

31. **Ms. Aho Assouma** said that, while the delegation had stated that education in Cameroon was compulsory and provided free of charge, hidden fees that families were asked to pay and often could not afford were nevertheless often imposed. Among the factors for dropout among girls was the fact that they were subject to sexual harassment in the schools, mostly by teachers. She took it that the State party had set up special police units to combat sexual harassment and sexual violence in schools. She wished to know how many such units there were, how they operated, whether they required additional public funding and how many cases had been reported. Were girls encouraged to report incidences of sexual violence? It was not clear what outcome awareness-raising campaigns had had in practice for the country's parent-teacher associations, as there was no monitoring or assessment of their impact on either parents or teachers. She reiterated her question concerning the State party's efforts to reduce the disparities in access to education that existed from one part of the country to another. Further details of the national policy on community-based preschool education would also be welcome.

32. **Ms. Makentsop Wamba** (Cameroon) said that her delegation had been asked whether there were any laws or regulations governing the right to protect children's images, particularly when they were involved in legal proceedings. The Code of Criminal Procedure stipulated that any proceedings involving minors must be held *in camera*. Furthermore, no photos could be taken or recordings made of any proceedings, regardless of whether children were involved. When minors did take part in juvenile justice proceedings, there must be nothing that would indicate their identity, including their initials, in any judgments rendered.

33. Under the current juvenile justice system, when a young person in conflict with the law was taken in for questioning, his or her parents or a social worker were immediately informed of the fact and were required to be present during the questioning or hearing. A social worker was required in such circumstances to conduct an inquiry into the child's personality and background and to submit a report to the officer in charge of the investigation. Once the questioning of minors was completed, they were placed with their parents or a social worker. Two non-presiding judges (*assesseurs*) with expertise in the rights of the child assisted the professional judge who presided over the given proceedings and expressed an opinion on the measures to be taken for the rehabilitation and reintegration of the minor in question. The minors who, in exceptional cases, had to be placed in detention were kept separate from adults. When minors were obliged to stay in the same detention centres as adults, they were always held in specialized cells apart from adults.

34. It should be emphasized that the best interests of the child were taken into account in both criminal and civil legislation. A number of training sessions had been organized to build the capacity of law enforcement officers in upholding the best interests of the child. In January 2015, for example, 240 police and gendarme officers received training in juvenile justice procedures. The Criminal Code, as amended, provided for a number of non-custodial sentences for minors, such as the payment of reparations, which were aimed at avoiding the detention of young persons.

35. A commission set up in 2011 to examine applications from asylum seekers and determine their eligibility for refugee status began operations in May 2016. Under an agreement with the Office of the United Nations High Commissioner for Refugees (UNHCR), responsibility for processing applications was transferred from the Office to the Commission.

36. **Mr. Kotrane**, drawing attention to the Committee's general comment No. 10 on children's rights in juvenile justice, in particular its recommendation to introduce the legal provisions necessary to ensure that the court or other competent body made a final decision on the charges not later than six months after they had been presented, said he was concerned that children could still be held in pretrial detention for months, if not years. He wished to know what steps the State party was taking to ensure that minors were not held in detention for long periods.

37. **Mr. Pedernera Reyna** asked what short-, medium- and long-term measures the State party planned to take to reduce the number of children in pretrial detention. He would appreciate it if the delegation could comment on the reports of a lack of free legal aid for the defence of children in criminal proceedings.

38. **Ms. Aho Assouma** said that she would be interested in hearing an explanation of reports that children in Cameroon had easy access to the painkiller called tramadol.

The meeting was suspended at 4.35 p.m. and resumed at 5 p.m.

39. **Ms. Abena Ondoa** (Cameroon) said that homosexuality remained a value that ran contrary to the accepted standards of behaviour and the moral values of Cameroonian society. Engaging in homosexuality did not carry a specific social stigma. The police did not take persons who practised homosexuality in for questioning unless the acts in question were performed in public or were the subject of complaints or denunciations that led to investigations in accordance with criminal procedural law.

40. It was true that there were cases in which education bore hidden costs. That said, education was available free of charge to all children. Heads of educational establishments that had been found to have charged additional school fees had been severely punished. It was also true that sexual harassment in schools was another problem that the authorities were working to resolve. To cite one example, a university professor had recently been suspended for sexual harassment. When the victims of such harassment were children, criminal justice measures were taken to punish the perpetrators. Although there were cases in which girls dared to come forward to expose offenders, unfortunately, most victims were afraid to do so. The Government was nevertheless making efforts to raise awareness among

girls about the need to come forward when they were faced with sexual harassment and encouraged them to do so.

41. With a view to reducing disparities in education between the country's various regions, an emergency plan of action had been introduced by the President and had received considerable funding. Under the plan, schools had been rebuilt in the regions in which infrastructure had been destroyed by terrorist or other activities. Far North Province had received support from the Office of the President to construct new classrooms, for example.

42. The introduction of community-based preschool education was still in an embryonic state. She acknowledged that there were other countries such as Senegal that had progressed much further in that respect. Nevertheless, the community-based services that did exist greatly helped mothers who did not have the option of leaving their children with their grandparents when they were at work.

43. Children could not be denied nationality because they had disabilities or had been born out of wedlock. Mothers were able to register their children regardless of whether the father of the child was identified in the birth certificate.

44. As for education in the country's East and Far North provinces, those regions had been confronted with a massive influx of refugees and internally displaced persons from the Central African Republic and Nigeria. Far North Province had been provided with the necessary schools and health infrastructure, with support from UNICEF, UN-Women and other international organizations. In addition to the Cameroonian teachers in the camps, the authorities had identified and recruited competent teachers from among the refugees and displaced persons to provide the children with an education. The Government had also set up crèches and nurseries for children in the camps.

45. Whenever business projects were proposed, the authorities conducted surveys of the populations that might be affected, including an assessment of their assets. If resettlement was required, the people concerned were relocated to an appropriate area and the necessary infrastructure was put in place. They were duly compensated for any property lost.

46. Concerning the question raised about access to tramadol, unfortunately, such drugs were widely available on the streets. When the drugs in question were seized, they were immediately destroyed. Children had been caught with pills and promptly expelled from school. Dealers of drugs such as tramadol were also duly prosecuted. Her Government was addressing the problem of children's mental health. Although a number of child psychologists had been trained, there was still a need for more. Nevertheless, social workers catered to the needs of children with mental health problems. Furthermore, there were plans to build more psychiatric hospitals.

47. **Ms. Adyang** (Cameroon) said that her delegation cooperated closely with civil society and non-governmental organizations that cared for children. The country's relevant departments set aside budget funds to provide support for such organizations. By way of example of the cooperation between the Government and NGOs, the current periodic reports had been drafted together with civil society organizations responsible for children's issues.

48. **Ms. Makentsop Wamba** (Cameroon), replying to the question posed concerning the preventive detention of minors, pointed out that, under the provisions of the Code of Criminal Procedure pertaining to juvenile justice, young people were subject to pretrial detention only in exceptional cases. The principle was either to entrust them with their parents or to place them in a centre where they could receive proper protection (*centres d'encadrement*). In the exceptional cases in which preventive detention was necessary, under the law, the maximum period of detention was 12 months for lesser crimes (*délits*) and 18 months for more serious crimes (*crimes*). The Government provided training to the judiciary to ensure that it understood that minors were vulnerable persons who should be the subjects of protection rather than punishment. In the medium term, the current improvements taking place in institutions for the protection of children would pave the way for the placement of children in conflict with the law in care institutions rather than places of detention.

49. As for the shortage of lawyers for juvenile justice proceedings, under the law, the presence of a lawyer was required whenever a minor was tried. When a minor's parents could not afford a lawyer, one was provided, without fail, by the court. If no lawyers were available in a given town or village, a social worker or other person responsible for the protection of children could act to defend the child's interests.

50. With respect to the registration of children born out of wedlock, under the nationality law, children born out of wedlock enjoyed full rights to nationality. Whenever a Cameroonian mother gave birth, the child acquired Cameroonian nationality as a matter of law. Regarding the denial of nationality to insane persons, the relevant provision of the law did not apply to persons with mental disabilities. Rather, it was aimed at preventing the granting of nationality to persons who posed a danger to public order.

51. **The Chair** said that the question concerned children with disabilities born out of wedlock in Cameroon to mothers who were not Cameroonian nationals, who reportedly had encountered greater difficulties in acquiring nationality than children in the same situation without disabilities.

52. **Ms. Makentsop Wamba** (Cameroon) said that, provided that a birth certificate was drawn up within the required time frame, the *jus soli* rule gave children with birth certificates who had been born on Cameroonian soil the right to nationality regardless of whether they were found to have disabilities.

53. **Mr. Soh** (Cameroon) said that Cameroon was making a transition towards inclusive education and sought to build on the lessons learned from special needs education. However, it did not yet have the infrastructure, human resources and facilities necessary to complete that transition. The rehabilitation of persons with disabilities was carried out in both the urban and rural areas, with local communities playing an important role. The Government had adopted strategies to build the capacities of communities to provide such care. A number of pilot projects had been launched in communities to achieve that goal. Under the process of decentralization under way in the country, funding for local authorities had been earmarked so that they could respond to needs at the community level. The Government had been carrying out campaigns to remove the stigma that was often attached to persons with psychosocial or intellectual disabilities. Sometimes it had had to work with the parents of children with disabilities to show them that such children could function as fully fledged members of the family and the community.

54. **Ms. Aho Assouma** said that the dialogue had revealed that there had been a considerable number of positive developments in Cameroon. However, there remained many challenges to overcome, including issues pertaining to birth registration, statelessness, breastfeeding, baby-friendly hospitals, data collection, resource allocations and corporal punishment. Urgent steps must be taken to root out corruption in all its forms. The Committee urged the State party to step up its efforts to combat harmful practices such as female genital mutilation, child marriage, ritual crimes and breast ironing. It also encouraged it to continue its campaign against malnutrition. She wished it every success in its efforts to promote the rights of the child.

55. **Ms. Abena Ondo** (Cameroon) said that, on behalf of her delegation, she wished to thank the Committee for the interest that it had shown in the periodic reports submitted to it. She wished to assure members that Cameroon was a country based on the rule of law. Her Government would spare no effort for the protection and promotion of the rights of the child.

The meeting rose at 5.30 p.m.