



# Convention on the Rights of the Child

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## Committee on the Rights of the Child Sixty-ninth session

### Summary record of the 1998th (Chamber B) meeting

Held at the Palais Wilson, Geneva, on Friday, 22 May 2015, at 3 p.m.

*Chairperson:* Ms. Winter (Vice-Chairperson)

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*Combined fourth and fifth periodic reports of Ethiopia (continued)*

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*In the absence of the Chairperson, Ms. Winter, Vice-Chairperson, took the Chair.*

*The meeting was called to order at 3 p.m.*

**Consideration of reports submitted by States parties** (*continued*)

*Combined fourth and fifth periodic reports of Ethiopia* (continued) (CRC/C/ETH/4-5; CRC/C/ETH/Q/4-5 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Ethiopia took places at the Committee table.*
2. **Mr. Cardona Llorens** said that the figures for children with disabilities in Ethiopia provided by the State party (2 per cent) did not match those of international organizations such as the World Health Organization and the World Bank (18 per cent). He wondered if that had to do with parents' feelings of shame, which might make them reluctant to register the birth of a child with a disability. The State party had acknowledged the challenge it faced in raising awareness with regard to inclusive education for children with disabilities and he welcomed its strategy on inclusive education, but he wondered what specific goals and policies were being implemented in practice. In addition to the encouraging of participation in the Paralympics, he wondered what other measures were in place to promote inclusion in sport more generally and in other areas of culture.
3. **Ms. Muhamad Shariff** asked the delegation to outline the mental health services that were available for children and say whether they were free of charge. She wondered whether adolescents were comfortable in seeking such help: was counselling confidential and free of stigmatization? She said that she would also like to know what walk-in services were available to the victims of rape and gender violence such as female genital mutilation and forced marriage. What support was there for schoolgirls, who were vulnerable to assault by fellow students and teachers on their way to and from school? It was important that they should not drop out of school for that reason.
4. What provision was there for dealing with the trauma of persons returning to the country who had left to find work but had fallen into the hands of traffickers?
5. Where a child had one or both parents in prison, whether the child was living in the prison or at home, how were the child's best interests safeguarded? Did such children have adequate access to services? Concerns about prison conditions included overcrowding and lack of health care. Moreover, it appeared that family visits were not allowed during pretrial detention; did that also apply to visits by the children of parents in pretrial detention? If not, were arrangements made for them to meet their parents, and was help provided with transport or telephone calls? In general, what emotional and financial support was provided to such children and what was done to prevent stigmatization?
6. **Ms. Oviedo Fierro** said that she would like to know what measures were in place to counter discrimination against refugee children and adolescents. She wondered who was responsible for delivery of services to refugee children and how compliance was ensured. What was being done to eradicate harmful practices against refugee children such as forced or early marriage and female genital mutilation?
7. In terms of child development, she would like to know what provision was made for the under-4s and how it was funded. As to health, she wondered what was being done to correct the lack of specialized birth assistance and what results had been obtained by the policies to encourage breastfeeding, such as the child-friendly hospital policy.
8. **Ms. Aldoseri** said she would like to know whether school attendance was obligatory and free of charge. If it was not free of charge it could not be compulsory since many people could not afford the fees, or the hidden costs such as purchase of uniforms. The

literacy rate for over-15s was only 57 per cent, while only 13 per cent of children went to secondary school: she wondered what the reason for that situation was.

9. **Ms. Sandberg** said that marriage by abduction persisted in the State party. In some cases a man would not only abduct a girl but also rape her so that she would have no value to anyone else; the family would then accept a sum of money to marry her off to her abductor. She would appreciate an explanation of that practice.

10. She would like to know what measures were being taken to curb the use of *qat*, which was highly addictive. Not only was its use on the increase among high school students, but mothers who used it were apt to leave their children in order to seek fresh supplies.

11. She wondered whether there was a programme to protect victims and witnesses taking part in court proceedings and whether video recordings were permitted in court. Were social workers admitted to court proceedings?

12. **Ms. Assouma** asked whether there was any provision to subsidize caesarean sections and whether intermittent preventive treatment for malaria was provided to pregnant women. What measures did the Government take to treat women suffering from obstetric fistula? She would like to know why Ethiopia could not apply all the provisions of the International Code of Marketing of Breast-milk Substitutes. Lastly, on the subject of street children, she wondered what was being done under the poverty programme to help beggar children to get off the streets and to help mothers of families on the streets.

13. **Mr. Nelson** said that, according to the Government's written replies to the list of issues (CRC/C/ETH/Q/4-5/Add.1), there were numerous mentally retarded children attending regular primary schools in Ethiopia. He wondered why they were not in special schools or at least in special classes. He noted that, also according to the Government's replies, there was an enormous difference between the number of mentally retarded children attending primary school (around 11,000) and those attending secondary school around (300), and said that he would like to know the reason. Referring to paragraph 89 of the replies to the list of issues, he said he would like to know what services were provided to street children by NGOs and what services were provided by government agencies. He also wondered what form the training given to street children took.

14. **Mr. Agonafir** (Ethiopia) said that 80 languages were spoken in Ethiopia and the Convention had been translated into the five spoken by 80 per cent of the population. It had been made accessible to the public both in hard copy and through the website. It had also been transcribed into Braille.

15. Human rights education was provided as part of civics education in both primary and secondary schools.

16. Juvenile offenders were categorized by age group, either 9–15 or 15–18. The prime objective in dealing with the 9–15 age group was education and rehabilitation. It was extremely rare for anyone in that age group to be placed in pretrial detention or prison and no one under the age of 15 was currently in prison. The courts applied alternative measures, for example ordering medical treatment if the child was an addict or placing a neglected or corrupted child in relatives' care. In other cases children were ordered to attend school or take an apprenticeship.

17. Children in the 15–18 age group were tried as adults but were not necessarily treated as adults. The death penalty was never imposed on under-18-year-olds, for example. For the children in that group the courts were required by law to mitigate, at their discretion, the sentences applicable to adults.

18. Children aged 10 or over had the right to be heard and to give consent in adoption proceedings. There was no minimum age limit for children to consult a doctor on their own, indeed children were encouraged to go and seek medical treatment where necessary, for uncomplicated ailments. Children under the age of 18 wishing to renounce their Ethiopian citizenship must obtain their parents' signature.

19. With regard to corporal punishment, he said the priority was to ensure parents did not use it in the home. Media campaigns were being used to educate the public on the consequences of corporal punishment and he believed they were bearing fruit.

20. Efforts were being made, for example through community policing, to ensure that the community took ownership of and helped to detect violations of children's rights and sexual abuse, and the reporting rate was going up. Police stations had child protection units with specially trained officers and prosecutors, and judges and social workers had been sensitized to children's rights issues in order to create a supportive, child-friendly environment in courts.

21. The justice sector had played a positive role in bringing down rates of female genital mutilation, though there was no disaggregated data on convictions. Although the law was an important factor in that process, awareness-raising was the priority.

22. Three children had been arrested in connection with the violence in 2014, and that had helped calm the situation. However, the policy was not to prosecute children in such situations and they had been released immediately.

23. Progress was being made in providing separate facilities for children in prison, as required by law. However, there were direct economic implications which represented a major challenge. In the meantime special areas were set aside to prevent children coming into contact with adults.

24. The rationale for pre-birth adoption was to provide an alternative to abortion and give the mother a degree of choice. It was also a means of realizing the right to life. The practice was governed by a provision of the Family Code that had never actually been invoked. The Government was willing to review it.

25. **Mr. Cardona Llorens** said he would like clarification of the situation of 15–18-year-olds in the justice system. If he understood it correctly, they could be tried as adults except for the fact that they could not receive the death penalty, and the judge had discretion in sentencing. Could they be sentenced to life imprisonment?

26. **Ms. Ayoubi Idrissi** (Country Task Force) asked whether children in prison were at least guaranteed separation from adults during the night.

27. **Mr. Kotrane** (Coordinator, Country Task Force) said that it was clear there was a desire to improve the justice system in the State party and courts should be encouraged to apply alternative non-custodial measures. However, it was not enough to give judges discretion in sentencing: the law needed to set limits to guide them in their decisions.

28. He wondered whether teachers and social workers had a legal duty to report all cases of physical abuse of children. Was professional confidentiality lifted in cases of abuse? Pre-birth adoption, even though it might be intended to safeguard the right to life, was not in line with the provisions of the Convention. He wondered whether such adoptions could be revoked by the courts, which could be very destabilizing for the child, and he recalled the Committee's recommendation that the State party should amend its provisions on revocation of adoptions.

29. **Ms. Khazova** said that it was reassuring that no cases of pre-birth adoption had ever arisen, but that situation could change and she urged the State party to consider introducing

the notion of “confidential birth”. That would be a last resort, but it was better than abortion or abandonment and it gave the mother a chance to reconsider.

30. **Ms. Kiflay** (Ethiopia) said that data collection was a challenge but the Central Statistics Agency conducted surveys and social monitoring and had created indicators on child and maternal mortality, female genital mutilation and early marriage. Work was also being done to ensure birth registration and to create awareness of the need to register children. Efforts to promote registration were helped by the link between the Women’s Development Army and health extension workers, on the one hand, and the health outreach and field centres that were now spreading across the country, on the other. Her ministry, the Ministry of Women, Children and Youth Affairs, had identified 73 indicators reflecting the clusters of issues in the Convention and the objectives of the Growth and Transformation Plan and the National Plan of Action, that would help in the collection of data on initiatives for children.

31. The children’s parliaments brought together children from all backgrounds, including children with disabilities and children in institutional care, and with a gender mix. They were elected every two years and the age limit was 16. They were based not only in schools but outside and had established networks within and across the regions. They were represented at the annual conference on children’s affairs.

32. Her ministry was working with other sectors to help children deprived of their families, principally by trying to keep families intact by boosting income to ensure that children’s basic necessities were provided for. In rural areas micro-enterprises and small-businesses were being set up to provide job opportunities for low-income families. The Government supported them with credit, training and access to markets, and poverty had been reduced in that way. Food poverty, too, had declined, thereby enabling children to stay with their biological families. The community care coalitions, which brought together local teachers, families and children themselves, and religious leaders, among others, also provided care and support to vulnerable children in their own neighbourhoods. They had offices from which they could monitor which children were in most need and prioritize efforts accordingly. Child-headed households received special support. The initiative was a highly progressive one and was being scaled up across the country.

33. A new concept of formal adoption by local families, rather than by the extended family, had also made progress, the number of such adoptions having risen from 1,347 in 2011 to 10,387 in 2014. At the same time, the incidence of intercountry adoption was decreasing significantly: since 2011, the number of such adoptions had fallen from 4,269 to 398, partly because a clear procedure had been established. The Child Rights Protection and Promotion Directorate had assumed the position of central authority, although Ethiopia was not formally a party to the Convention on Protection of Children and Cooperation in respect of Intercountry Adoption. Therefore, before a child could be adopted, its best interests were discussed and consideration given to whether there were other options, such as sponsorship, kinship care or community care. At the same time, potential adoptive parents were vetted to ensure that they had a sufficient income and adequate space and that they did not have a criminal record. Even if the Ministry of Women, Children and Youth Affairs gave its permission, a final decision was handed down by a court of first instance. Once a child was adopted, a regular report on his or her progress was provided by the family, until the child reached the age of majority.

34. **Mr. Gastaud** (Country Task Force) asked whether resolutions or recommendations by children’s parliaments had ever been translated into domestic law by the adult Parliament. He also wondered why the age of members of children’s parliaments was restricted to 16. Secondly, he asked whether there were microcredit organizations available to help tackle poverty. Lastly, he asked whether a child’s opinions were heard in adoption proceedings and, if so, from what age.

35. **Ms. Ayoubi Idrissi** asked how many children with disabilities took part in children's parliaments. She also asked whether there was any appeal mechanism in cases of the violation of the rights of children in conflict with the law. Lastly, given that the media clearly played a large role in the promotion of children's rights in Ethiopia, she wondered whether the media had helped to disseminate knowledge of the Convention.

36. **Mr. Kotrane**, said that paragraph 138 of the State party's report (CRC/C/ETH/4-5) made no mention of any ministerial involvement in the follow-up to adoption. It was reassuring that the Ministry of Women, Children and Youth Affairs, rather than adoption agencies, had the final word with regard to intercountry adoption.

37. **Ms. Woldetsadik** (Ethiopia) said that she would not address the rationale for the policy on abortion but would say only that the Government had established a number of structures to assist deprived families. It had created 4.8 million jobs, 41 per cent of which were held by women. Microenterprises were encouraged in both urban and rural areas. Counselling, training, seed money or practical assistance was provided. For example, a rural family might be given 20–25 hens and the resulting eggs could be eaten or sold. Such projects had a double impact.

38. **Mr. Tegegne** (Ethiopia) said that general education had been free of charge for grades 1 to 10 since 1994. No child was denied the right to education for lack of finance. An education act, currently being drafted, would make education compulsory for the first 10 grades. Making education free had had a huge impact on enrolment figures. Planning was coordinated and carried out with support from educational authorities, civil society, students and teachers and monitoring was conducted quarterly.

39. The share of the budget allocated to education had risen from 23 per cent to 25 per cent and amounted to 140 billion birr to deal with the expansion of primary and secondary education. Of that amount some 281 million birr was allocated to the education of children with disabilities. The Government had a strategy to eliminate discrimination against such children and move to inclusive education. One aspect of that was to raise awareness among the parents and that campaign was bearing fruit. Whereas, in 2012–2013, 68,000 children with disabilities had attended primary school, one year later the number had risen to 70,000. The progress was slow but steady. Moreover, a project was currently under way, supported by the European Union, to open resource centres, with places also for children with disabilities. There was still a shortage of teaching staff, but teachers were being trained in increasing numbers.

40. One member of the Committee had said that early childcare and education in Ethiopia were not satisfactory. That was true, but the situation was improving. Under a government initiative, every one of the country's 32,000 or so primary schools was expected to open a pre-primary school in its grounds. In addition, there were a number of mainly private kindergartens and child-to-child mentoring was also encouraged in rural areas. The Government's target had been to achieve a 20 per cent enrolment rate in early childcare and education but that figure had already been surpassed and had reached 34 per cent.

41. A member of the Committee had said that 18 million Ethiopian children were not in school. That was a misunderstanding: 18 million was the total number of children in primary education. Indeed, following government campaigns, 2 million to 3 million children had returned to school. He added that, under the teacher development programme, a primary schoolteacher must hold at least a diploma, while a secondary schoolteacher must have a university degree. As for the question of whether children were faced with indirect fees at school, he could assure the Committee that no child was discriminated against for lack of a school uniform, for example. With regard to the question of mother tongue tuition, he said that 44 local languages were used as a medium of instruction in primary schools.

42. With regard to violence against girls in schools, he said that guidelines had been in place since 2002 prohibiting teaching staff from using corporal punishment. A perpetrator would be reported to the District Education Board and could face criminal charges or dismissal. Sexual harassment of girls was also prohibited under the guidelines.

43. **Ms. Oviedo Fierro** said that she would be interested in hearing further details about education for children under 4 years of age.

*The meeting was suspended at 4.30 p.m. and resumed at 4.45 p.m.*

44. **Mr. Agonafir** (Ethiopia) said, with regard to the reference to the requirement that there should be two or more witnesses in cases of sexual harassment, that, given that such harassment was by its nature secretive, the Government recognized no such requirement. As for the question of privacy for child witnesses, the courts had made every effort to create a conducive environment. Counselling by social workers was provided and a child could testify by video link.

45. **Ms. Demesie** (Ethiopia) said that the Government had set up a community health system providing for birth and death registration in rural areas, which was currently 64.5 per cent operational. Newborn mortality rates were still poor and were a priority for the Government; under a recent strategy, existing interventions had been scaled up and new ones introduced. The budget for child health — 11 per cent of total expenditure on health — had doubled since 2008. Some 38,000 health extension workers had been deployed and doctors and midwives were being trained. As for the question of malnutrition, she said that it was a significant problem. The Government had set up a task force, which included representatives of all the main ministries involved. Whereas previously half of all infants had died owing to malnutrition, the rate had decreased. Children under 2 were screened, the number of underweight children had been reduced from 28 per cent to 25 per cent and health workers had been trained to assist in uncomplicated cases of malnutrition. With regard to breastfeeding, she said that 52 per cent of babies were exclusively breastfed and 98 per cent partially so. The Government was engaged in a campaign to reassure parents that breast milk was sufficient and to discourage the use of supplementary formulas. A code of marketing had been drawn up, which stated that no free substitutes should be given to mothers and no milk formulas promoted in health-care facilities.

46. She assured the Committee that medical professionals were deployed in refugee camps. As for teenage pregnancy, the Government sought to raise awareness through activities in the country's 100,000 youth centres and in school clubs. The pregnancy rate had been reduced between 2011 and 2014. She added that, according to article 551 of the Criminal Code, an abortion could be performed if the pregnancy was due to rape or incest, if it could cause damage to the health of the mother or child, if the child was severely deformed or if the mother was unable to care for the child. With regard to HIV, she said that prevalence was currently 1.2 per cent. In 2013, a strategy had been developed to prevent mother-to-child transmission. Much remained to be done, however. The HIV programme had been integrated into other mother and child health services. With regard to the prevention of fistula, measures had been taken to reduce early marriage and, in addition, door-to-door campaigns had been mounted to detect and assess suspected cases of fistula. Every one of the country's regions was arranging surgical interventions and it was planned that the incidence of fistula would be reduced to under 1 per cent by 2020. With regard to malaria, she said that the Government had conducted a survey on the use of intermittent preventive treatment, but, owing to a low incidence of placental parasitaemia, it had been decided that the treatment was not cost-effective, so only insecticide-treated nets were distributed. A total of 41 per cent of mothers had access to health facilities, but further capacity was required. Ambulances were being introduced in every district. Lastly, she said that mental health services were free.

47. **Ms. Woldetsadik** (Ethiopia) said that the national literacy rate for 2013–2014 had been 64.5 per cent.

48. A National Plan of Action on Elimination of the Worst Forms of Child Labour had been drawn up, which focused on prevention, rehabilitation, family reunification and social reintegration. Awareness-raising campaigns had been carried out to change attitudes, in particular among families which used child labour. Child labour laws had been adopted in certain regions and rulings handed down in a number of cases of child labour and trafficking in persons, in the past few months. Work was going on to tackle child labour through large-scale media-based awareness-raising campaigns and labour inspections, supported by the judiciary and tripartite boards made up of representatives of the Government and of employers' and workers' organizations. Poverty alleviation measures had been taken in close cooperation with civil society, including programmes offering support to micro-enterprises and small-businesses in urban areas and non-agricultural activities in rural areas.

49. Family reunification work continued with respect to child victims of trafficking in persons, victims of child labour, and children in street situations, as well as nearly 160,000 Ethiopian nationals recently repatriated from Saudi Arabia and victims of trafficking to Libya, Yemen, South Africa and the Sudan. Anti-trafficking task forces had been set up at all administrative levels. Border guards, police officials, legal professionals, transport workers and members of the public had attended intensive courses on the prevention of child trafficking. A series of conferences on the issue had also been held across the country. Training and income-generating activities were being provided for children over the age of 14 formerly in street situations and now reunited with their families.

50. Bilateral anti-trafficking agreements had been signed with Kenya, the Sudan and a number of Middle Eastern States. The Government intended to amend existing legislation on employment abroad in order to address shortcomings in the law.

51. The rights of persons with disabilities were safeguarded by the Constitution and Ethiopia was a party to the Convention on the Rights of Persons with Disabilities, which had been translated into several local languages and disseminated as part of awareness-raising efforts. Legislation had been adopted on accessibility of public buildings. Companies were exempt from paying value-added tax and turnover tax if more than 60 per cent of their workforce was made up of persons with disabilities. Social protection and occupational health and safety policies had been adopted in order to address issues linked to disability and child labour.

52. Children with disabilities participated in a number of sporting activities. The Ministry of Labour and Social Affairs was expanding regional physical rehabilitation services and the Government had adopted the National Physical Rehabilitation Strategy. In the past few months, around 1,300 children had received treatment at physical rehabilitation centres and the number of such establishments been increased in recent years. The Central Statistics Agency, the Ministry of Labour and Social Affairs and Addis Ababa University were working to come up with a clearer definition of disability for the 2017 national census. Work was going on to ensure access to quality education for children with special needs and disabilities, including a campaign to check that they were being sent to school. Training was provided at the university level for special needs teachers and interpretation and free primary health care were provided for persons with disabilities; disability-related equipment was exempt from import duties.

53. **Mr. Botora** (Ethiopia) said that food, education and other services were provided to refugees and local residents on an equal basis. The Government also ensured the security of refugees in border regions. There were over 300,000 refugees between the ages of 3 and 18 living in camps in the State party. Assistance had been provided to refugees in the State



party by the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO), the Office for the Coordination of Humanitarian Affairs (OCHA), local and international NGOs and a number of donor countries. Ethiopia was currently supporting almost 800,000 migrants and refugees.

54. **Ms. Khazova** said that the Government should take steps to monitor and protect children in refugee camps, in particular in the light of recent reports of disappearances.

55. **Mr. Botora** (Ethiopia) said the reports would be investigated and he asked for more information.

56. **Mr. Hidug** (Ethiopia), turning to the issue of freedom of access to the mass media, said that all secondary schools had Internet connections. Access to information was a constitutional right. Age-appropriate television and radio programmes in various languages were provided for children. Information on the rights of the child was being disseminated in cooperation with development partners. Ethiopia was a member of the core group on child, early and forced marriage of the Human Rights Council.

57. **Ms. Aho Assouma** asked whether door-to-door checks for fistula were carried out in rural areas, whether there were sufficient ambulances in each region and how the authorities ensured access to subsidized caesarean section services and blood transfusion under the African Union (AU) Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA).

58. **Ms. Oviedo Fierro** asked whether measures had been taken to monitor use of the Internet by minors.

59. **Ms. Demesie** (Ethiopia) said that fistula detection work was being carried out in all regions of Ethiopia, including in rural areas, and regional authorities were preparing plans on appropriate medical intervention. Each of the more than 900 districts in the State party was equipped with at least one ambulance. Free birth assistance and medical advice were provided at the community level under CARMMA. Maternity homes for pregnant women were being built close to health centres and mothers of newborn infants received 24 hours of postnatal care. As to blood transfusion, a blood bank agency had been set up, blood banks were being built across the country to provide free services to pregnant women and emergency obstetric and newborn care services were being expanded through the provision of advanced training to graduate health officers.

60. **Ms. Kiflay** (Ethiopia) said that minors must be aged between 16 and 18 in order to participate in child parliaments. As to poverty alleviation, information could be provided at a later date on the number of families benefiting from micro-enterprise and small-business funding.

61. The views of children on intercountry adoption were taken into account from the age of 10 upwards. Since the adoption by Ethiopia of the United Nations Guidelines for the Alternative Care of Children, standards and frameworks for the monitoring and assessment of service providers in the fields of residential care and intercountry adoption had been introduced. A training module on the Convention had also been launched for journalists and members of the public.

62. **Mr. Tegegn** (Ethiopia) said that mechanisms were being prepared to prevent the use of corporal punishment within the family. The Ministry of Women, Children and Youth Affairs had developed and distributed a manual on positive child discipline that had been translated into three local languages; related training courses had also been provided. Role models, including religious and traditional leaders, had also taken part in efforts to promote alternative forms of discipline.

63. **Ms. Woldetsadik** (Ethiopia) said that more than 9,000 organizations were working on children's and women's rights at the grassroots level.

64. **Mr. Tegegne** (Ethiopia), said that children under the age of 4 could attend kindergarten. As to drug abuse in secondary schools, he said that a prevention programme had been developed. All educational establishments were working with parents to ensure that they provided a drug-free environment.

65. **Mr. Agonafir** (Ethiopia) said that detainees in the State party were able to receive visits from family members, and religious and legal counsel.

66. **Mr. Gastaud** (Country Task Force) said that he was grateful to the delegation for its contribution and that the Committee noted the updated information provided on the State party's efforts to meet its commitments under the Convention.

67. **Ms. Woldetsadik** (Ethiopia) said that her Government remained committed to ensuring respect for the rights of the child and to promoting good governance and cooperation with civil society.

68. **The Chairperson** said that data were essential in order to assess progress in implementing the Convention. She hoped to hear from the delegation in that regard in the near future.

*The meeting rose at 6 p.m.*