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SESSIONAL WORKING GROUP OF GOVERNMENTAL EXPERTS ON THE IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

SUMMARY RECORD OF THE 6th MEETING

Held at Headquarters, New York,
on Thursday, 17 April 1986, at 10.30 a.m.

Chairman: Mr. RUIZ-CABAÑAS (Mexico)

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The meeting was called to order at 10.40 a.m.

CONSIDERATION OF REPORTS SUBMITTED IN ACCORDANCE WITH COUNCIL RESOLUTION 1988 (LX) BY STATES PARTIES TO THE COVENANT CONCERNING RIGHTS COVERED BY ARTICLES 10 TO 12 (continued)

Initial report of Colombia (E/1986/3/Add.3)

1. At the invitation of the Chairman, Mr. Albán Holguín (Colombia) took a place at the table.

2. Mr. ALBAN HOLGUIN (Colombia), introducing his country's initial report, expressed regret that, owing to an error on the part of the persons who had drawn it up, the report only dealt with the rights covered by article 12 of the Covenant. At a later date, his Government would submit an addendum containing information on the implementation of the rights covered by articles 10 and 11. The report under consideration provided information on the general state of health in Colombia. Mortality had been reduced significantly to a rate of 5.8 per thousand as a result of a decline in fertility and a marked reduction in the death rate of children and adults. Owing to the decline in fertility, the population growth rate had been stabilized. The most remarkable phenomenon had been the systematic reduction of morbidity and mortality due to diseases usually connected with underdevelopment, such as intestinal diseases, malnutrition and respiratory diseases. In the last 10 years the morbidity and mortality rates for intestinal infections had been reduced by one third. The incidence of malignant tumours, however, had increased since the early 1970s and such tumours currently constituted a primary cause of death. The incidence of heart disease and cerebro-vascular diseases had remained the same. Homicide had become a primary cause of death at the end of the 1970s. That phenomenon was due to problems of underdevelopment and the Government was endeavouring to reach an understanding with the disaffected groups in order to restore peace in all areas. Substantial progress had been made in that regard and it was hoped that that was only a temporary phenomenon.

3. Paragraphs 1 to 5 of the report provided ample information on the general objectives and strategies of the national health policies. Since 20 per cent of the population still had no access to care provided under the National Health System, the Government had set the general objective of achieving complete coverage for the population by the year 2000. That goal would be reached in stages, in accordance with available resources. In co-operation with WHO and UNICEF, the National Health System had conducted a vaccination and immunization campaign which had greatly reduced infant morbidity and mortality. The National Health System had come into being in 1955 as a result of the enactment of legislative provisions and constitutional reforms. It included the State sector, the social security system, the mixed sector and the private sector. On the basis of a constitutional reform in 1969, the National Health System was guaranteed a permanent source of funding which could not be reduced. It financed the activities of the regional health services and was directed jointly by the Ministry of Health and the Governors of Departments. Delegates of the Governors and from the Ministry of Health formed a board of directors which administered the regional health services. Under the law, no funds or staff could be reallocated to other activities, even in emergency situations.

(Mr. Albán Holguín, Colombia)

4. The number of hospital beds in Colombia had increased from 60,000 in 1980 to 75,000 in 1983. One of the obstacles to providing health care to the entire population was the concentration of approximately 50 per cent of the country's health specialists in the three largest cities: Bogotá, Medellín and Cali. The Government was carrying out an incentive programme based on salary increases, educational benefits for children and housing subsidies to attract health care specialists to the smaller towns and rural areas. It was hoped that adequate health-care services would be available to the entire population by the year 2000.

5. The National Health Code referred to in section C of the report, served as a general guide in expanding health-care coverage throughout the country. Priority-care group activities had focused in particular on the mother-child group. Increased institutional care would be provided at childbirth to attain coverage of between 70 and 80 per cent; in respect of pre-natal care, to attain coverage of 70 per cent; and, in respect of family planning advice, to attain coverage of 20 to 25 per cent in official institutions. A national consensus had been achieved on the proper methods for family planning, which was based on a profound respect for human dignity, the freedom of couples and an educational programme directed primarily at women. On the basis of the family planning policy, the annual population growth rate in Colombia had been reduced to 1.5 per cent.

6. Particular attention had been given to providing care to infants through health centres and mother-and-child clinics. Cities like Bogotá had succeeded in providing adequate pre-natal and post-natal care to all mothers in the mid-1970s. The Government was currently in the process of expanding those services to all regions of the country.

7. Activities designed to reduce morbidity and mortality due to diseases which could be prevented through immunization, directed in the first instance at children under four years of age, had greatly increased their coverage in recent years, especially in 1985. Unfortunately, it had not been possible to include in the report statistics in that regard for the years 1984-1985. The recent immunization campaign had yielded excellent results and could serve as a model to other third world countries. Such campaigns were extremely worthwhile because they could save a great number of lives at a relatively low cost.

8. The CHAIRMAN expressed satisfaction at the very informative introduction of the report of Colombia. He had taken note of the statement that the Government of Colombia would submit an addendum containing information on the implementation of the rights covered by articles 10 and 11 of the Covenant. The introductory remarks had demonstrated the substantial progress made by Colombia under its National Health System and had highlighted its general objectives up to the year 2000. They also served as a reminder that the main task of the Working Group was to establish as fruitful a dialogue as possible with States parties concerning the implementation of the Covenant.

9. Mr. LOPEZ (Ecuador) said that paragraph 2 (a) of the report emphasized improvement of public health services in rural marginal regions. To what extent had the Government been able to implement that objective?

10. What measures had the Government taken to ensure the participation of the community, as indicated in paragraph 2 (d)? He was interested in acquiring further information on the regulations concerned with the issuing of driver's licenses in Colombia. In most countries, the ability to drive was sufficient and no education to combat other potential causes of accidents was required.

11. Paragraph 17 mentioned drug dependence and he would appreciate statistics on the extent to which the youth of Colombia was affected, if such statistics were available.

12. Paragraph 40 pointed out the inverse relationship between socio-economic factors and morbidity. He would like to have some information on average family income in Colombia.

13. With regard to malaria control, mentioned in paragraph 99 and the following paragraphs, further information would be appreciated on what areas presented difficulties in implementing the programme.

14. Mr. TEXIER (France) regretted that no information concerning the implementation of articles 10 and 11 of the Covenant was available, but the information provided on the implementation of article 12 was excellent. It was clear that the Colombian Government had made strenuous efforts to combat tropical diseases and to improve the health of the population, in particular its youth. It was enlightening that, while progress was made with tropical diseases, as a corollary, the incidence of modern diseases such as heart disease and cancer, was increasing.

15. It was encouraging to see how the situation in a country could improve when complying with provisions of the Covenant. In view of the three separate health-care delivery systems - public sector, social security and private sector - he would appreciate more detailed information on measures taken by the Government to equalize the quality of medical care provided. Physicians trained in Colombia, it seemed, progressively went over to the private sector, although the public sector should provide equal service; it appeared that the private sector was superior to the public sector.

16. With regard to paragaph 23, it would be useful to know whether free dental treatment was provided.

17. The topic of homicide, a difficult problem, was mentioned in paragraph 48. Colombian society had a tradition of violence, and it was difficult to think of a way to encourage efforts to improve the situation.

18. Paragraph 66 concerned increased access to hospitals for pre-natal care. He would be grateful for additional information on measures taken to bring that about in rural regions, where the terrain made access difficult. The vaccination campaign was impressive and a great impact on the health of the whole population could be achieved with a relatively low outlay of resources.

(Mr. Texier, France)

19. With regard to paragraph 92 of the report, family health education was indeed the prime solution for improving the physical well-being of the population.

20. Paragraph 98 showed figures for decreasing numbers of malaria cases in succeeding years, with the exception of 1983, which went against the trend. It would be interesting to know why in just that year more cases were notified.

21. Paragraph 115 mentioned the adoption by the Congress of Colombia of a National Health Code, based on the relationship between human well-being and the environment. Such a relationship was particularly interesting with regard to the tropical parts of the country.

22. Paragaph 146 mentioned the problem of staff mobility and the fact that salary levels in official institutions were much lower than in private institutions. Only long-range plans could improve that situation.

23. Mr. POERSCHKE (German Democratic Republic) said that the report provided evidence of the interest of the Colombian Government in the work of the Group of Experts and in the Covenant, reflecting the many activities undertaken by the Colombian Government to comply with its obligations under article 12. The statistics provided in the introduction were very useful.

24. More detailed information was required on the practical implementation of the supervision and co-ordination provided by the Ministry of Health with regard to the four sub-sectors delivering health care (E/1986/3/Add.3, para. 128).

25. It had not been possible so far to curb drug abuse anywhere, and, according to an estimate by the World Health Organization, there were currently 48 million drug addicts. Measures to combat that menace were required urgently. States parties should play an active role in drug abuse prevention while fulfilling their obligations under article 12 of the Covenant. He wondered what measures had been taken by the Colombian Government in that regard and whether any statistics were available on drug abuse in Colombia. In addition, it would be interesting to know how drug addicts were treated, and whether drug addiction was seen only as a crime or whether its social ramifications were also taken into consideration.

26. The Ministry of Health in Colombia also had a co-ordinating and supervisory role with regard to the improvement and the protection of the environment. It would be interesting to know whether there were any plans for centralizing environmental protection activities in a separate body or Minstry, as had been done in other countries. It would furthermore be useful to know which parts of the environment were especially endangered, and what penalties had been provided for the violation of environmental legislation.

27. Mr. YAKOVLEV (Union of Soviet Socialist Republics) said that the report provided was comprehensive, and showed the efforts made by the Colombian Government to fulfil its obligations under article 12 of the Covenant. The consideration of health problems in Colombia was linked to other problems in developing countries in a tropical environment. Health problems were a world-wide concern and could not be resolved by regional or national efforts. There was a clear link between the problems of development and economic crises.

(Mr. Yakovlev, USSR)

28. As a tropical country, Colombia had to pay more attention than some other countries to tropical diseases. Its increasing efforts to combat such diseases deserved the support of other States parties.

29. Paragraph 96 indicated that, despite great efforts made and much financial investment, more than half of the total population of Colombia was still affected by malaria, and it was encouraging to see that in paragraph 106 the hope was expressed that the number of cases detected per year would fall from 4.5 per thousand in 1982 to 2.64 per thousand in 1986.

30. Information on what measures could be taken at regional or international level to reinforce efforts to fight malaria or dengue fever would be welcome. It would furthermore be useful to know what international measures would help to eradicate those diseases by the year 2000.

31. Despite great efforts, the problem of dengue fever had not been resolved, as indicated in paragraph 109. It was commendable that Colombia, notwithstanding financial difficulties, as well as social and developmental problems, still paid attention to health care and devoted financial resources to it.

32. It would seem that the Government was more effective than the private sector in making health care available to all in equal measure. That was the right approach. He would appreciate more detailed information on the current prospects for increasing free health services to the population as a whole.

33. He asked whether Colombia had experienced, as had many other developing countries, an exodus of national health specialists and, if so, whether the Government had taken or was contemplating any measures to combat such an exodus. He wondered if any measures had been taken to improve the environment in connection with the control of tropical diseases, and to what extent environmental measures received the support of the private sector and business interests. Lastly, he expressed appreciation for Colombia's constructive efforts to co-operate in the implementation of articles 10 to 12 of the Covenant.

34. Mr. MRACHKOV (Bulgaria) commended the Government on its report and thanked the representative for his oral presentation, which had provided a considerable amount of information on the implementation of article 12. The report had given a complete picture of Colombia's national health policy and clearly demonstrated to what extent geographical, social and political conditions had influenced that policy, which had achieved very positive results. He would appreciate additional information on trends in the public, private and mixed sectors since the adoption of the "Equality in Health" Plan, indicating how the Government was encouraging the development and expansion of the public sector and what methods were being used to monitor the implementation of the Plan. Also, in view of the fact that, as stated in paragraph 26, 25 per cent of the population was still not covered by health services, he asked whether there were specific strata or categories of society which were not covered.

35. Mrs. JIMENEZ BUTRAGUEÑO (Spain) said it would be useful to have further clarification about the relationship between the National Health System, referred to, inter alia, in paragraphs 3 (a) and 27, and the "Equality in Health" Plan, as well as about the relationship between the public and private health sectors, in particular with regard to percentage of coverage. She wondered whether the mixture of systems had led to any administrative complications. With regard to extending primary health care coverage, as described in paragraph 26, it would be useful to have more details on practical achievements in the past few years.

36. She expressed concern at the incidence of homicide in Colombia. It would be interesting to have further information on the possible causes of such violence, such as unemployment, drugs or mental illness. She also wished to know if any special measures had been taken against drug abuse.

37. Since the representative had indicated that the Government had not faced any particular difficulties with its family planning policy, she wondered whether the Catholic Church was more progressive there than in other countries, where it had expressed opposition to family planning. Lastly, additional information would be welcome on environmental protection as a job-producing activity (para. 124).

38. Mr. BENDIX (Denmark) said that he looked forward to receiving additional information from the Government on the implementation of articles 10 and 11, in view of the interrelationship that existed between the types of problems dealt with in the three articles. He would appreciate more information on the Government's plans for revising and publishing the National Health Study referred to in paragraph 28 (c), indicating what results had been achieved so far and providing figures for the years since 1982. It was commendable that priority was being given to the training of doctors and the improvement of family medicine, in view of the goal of providing complete primary health care by the year 2000. Since it had been estimated that as much as 70 per cent of the population of Colombia could not afford private medical care (para. 136), he asked what part of that population was covered by the free health care sector, and what proportion of the national budget was devoted to that sector. Lastly, he pointed out that many countries could learn from Colombia's integrated approach to the problems of the environment and health care.

39. Mr. RUIZ-CABAÑAS (Mexico), speaking in his personal capacity, said that Colombia's report, in both quality and quantity, clearly reflected the Government's efforts to achieve the goal of health for all by the year 2000. He asked whether the downward trend in Colombia's population growth was in accordance with projected figures, and whether the changes in the population were largely a result of improved socio-economic development. In view of the general trend towards declining rates of population growth in Latin America, partly because of family planning programmes, he wished to know more about the principal demographic objectives of the Government and whether they involved a redistribution of the population. Lastly, with regard to one of the observations made by Mrs. Jiménez Butragueño, he noted that, in many countries, the Catholic Church had not actively opposed family planning programmes.

40. Mr. ALBAN-HOLGUIN (Colombia) said that he understood that he would be given a day in which to prepare answers to the questions put forward by the members of the Working Group. He would try to provide some statistics covering the period from 1983 to 1986; however, he did not believe that any figures on drug addiction in Colombia were available, owing to the newness of the phenomenon among Colombian youth.

41. The CHAIRMAN said, if he heard no objection, he would take it that the Committee agreed to hear the replies to the questions raised during the discussion of Colombia's report on the afternoon of the following day.

42. It was so decided.

43. Mr. Albán-Holguín (Colombia) withdrew.

Initial and second periodic reports of the Hungarian People's Republic (E/1980/6/Add.37 and E/1986/4/Add.1)

44. At the invitation of the Chairman, Mr. Endreffy (Hungary) took a place at the table.

45. Mr. ENDREFFY (Hungary) said that the achievements of the Hungarian People's Republic since 1945 in implementing its goals of ensuring equal economic, social and cultural rights to all human beings without discrimination were not to be dismissed lightly. The rights covered by the Covenant were in accordance with the principles of the Hungarian People's Republic and had consequently been a matter of governmental policy and daily practice even before the Covenant had entered into force. Hungary considered it a great achievement that citizens were, inter alia, entitled to free medical care. One of the Government's present concerns was how to upgrade the services provided by the social security system and how to meet the requirements of the higher standard of living which Hungary had achieved in the face of the world economic situation which had constrained the budget resources available for such services.

46. The practical implementation of the right to work for everyone had bolstered the guarantees of social well-being and had radically diminished poverty. The social security net had been gradually widened until it accounted for approximately 25 per cent of the annual national income. The primary goal of Hungary's social policy was to realize individual capacities by preventing inequality of opportunity. An adequate social policy could reduce the need for corrective social measures and appropriations in the State budget for social security benefits.

47. One of the questions concerning the further development of Hungary's social policy was whether the costs of social care and allowances could be increased more rapidly than job-related incomes, and what was the proper relationship between income from social allowances and remuneration for work. Another question under discussion was how to utilize limited resources, i.e., whether to raise the social security benefits for everyone or to use them to aid mainly the needy. Recently, the latter option had prevailed.

48. Mr. POERSCHKE (German Democratic Republic) said that the Hungarian reports contained comprehensive and precise information and reflected the great efforts by that country to implement the provisions of the Covenant. The results achieved in that regard went far beyond the standards required by the Covenant. Paragraphs 11 to 14 of the initial report (E/1980/6/Add.37) dealt with the question of marriage. Paragraph 11 pointed out that, by virtue of article 15 of the Constitution, the State guaranteed the equality of spouses in marriage and family life. Paragraph 14 stated that the law required all future spouses under 35 years of age to participate in pre-marital counselling. That was most commendable and he wondered whether married couples could also avail themselves of such counselling. Paragraph 12 of the initial report also referred to the legal requirements of marriage and legal impediments to marriage. He would like further clarification of those terms.

49. He was impressed by the efforts of the Government of Hungary to improve the material well-being and education of the population, an effort that had resulted in remarkable improvements in living standards.

50. Finally, with respect to article 11 of the Covenant, he wondered whether there was any difference between living standards in urban areas and those in rural areas and whether any special programmes were being undertaken to assist people living in rural areas.

51. Mrs. KIMATA (Japan) drew attention to paragraph 8 of the second periodic report (E/1986/4/Add.1) and asked whether the housing grant referred to was in the form of a lump sum or whether the amount was granted annually. Secondly, she wished to know what was the average monthly wage of the average worker with, say, a spouse and three children. She also wished to have more information on the sick-pay referred to in paragraph 25. Was it granted to a mother so that she could stay home to care for her children or was it intended to be used to pay someone to care for the child or to pay for hospital costs?

52. Paragraph 46 of the initial report (E/1980/6/Add.37) referred to special leave for a working mother or a working father and she wondered whether that meant that such a parent was entitled to nine days' leave in addition to regular paid leave.

53. Mr. TEXIER (France) congratulated the representative of Hungary on a well-balanced report and said that, by examining the initial report and the second periodic report at the same time, the Working Group was able to get a clear picture of developments in that country.

54. With respect to article 10 of the Covenant, he wished to know whether children born out of wedlock were treated equally with so-called natural or legitimate children. Secondly, was there a high divorce rate in Hungary and if so, did that have an effect on family life?

55. Paragraph 12 of document E/1980/6/Add.37 stated that the waiting period for marriages was intended to enable both parties to consider their intention carefully. He wondered whether it was also intended to give third parties who might oppose the marriage an opportunity to do so. In addition, paragraph 55 referred to parental supervision and he wondered whether that was shared equally between mothers and fathers or whether the father was considered head of the family and therefore had paramount authority.

(Mr. Texier, France)

56. He was struck by the extensive protective legislation for mothers. For example, maternity leave had been extended to 24 weeks, a longer period than in many other countries.

57. Paragraph 57 of the initial periodic report referred to protective measures and he wondered whether there was a special children's court and, if so, what were its powers. In addition, several paragraphs referred to guardianship authority and he wished to know exactly what was meant by that phrase. He also wished to have more information on the reformatory school referred to in paragraph 73. In other words, was it a State institution and was it used for detention of children or was it an open institution?

58. Paragraph 78 referred to neglect of maintenance of children and he wondered whether prosecution for such neglect was left to the authorities or whether one spouse could have the other prosecuted. He also welcomed the fact that the minimum age for work had been raised from 14 to 15 years and wondered whether there were special working hours for children 15 to 18 years old. Like the representative of Japan, he wished to know what was the difference between the minimum wage and the maximum salary earned.

59. He was pleased to note that the report reflected the concern of the Government with respect to housing and wished to have more information concerning the difficulties encountered in that area. With regard to paragraph 118, he wished to know what were the criteria for allocating dwellings and what was the proportion of public housing compared to private housing.

The meeting rose at 1.10 p.m.