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Initial report submitted by Guinea-Bissau under articles 16 and 17 of the Covenant, due in 1994*

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I. A brief description of the country's geographical, demographic, social and economic situation

1. Geographical situation

1. The Republic of Guinea-Bissau¹ is a Portuguese-speaking country located on the west coast of Africa, at latitudes 11° and 13° N and longitudes 13° and 17° W. It has a total surface area of 36,125 square kilometres, beginning at Cape Roxo, in the north of the country, and ending at Ponta Cajete. It is bordered to the north and east by the Republic of Senegal, to the south by the Republic of Guinea-Conakry, and to the west by the Atlantic Ocean.

2. The country is made up of a continental part and an island part that includes the Bijagós Archipelago, made up of around 90 islands and islets, only 17 of which are inhabited. Relief, vegetation and hydrography: There are essentially three zones, a coastal zone in the west, a transitional zone in the centre, characterised by slightly undulating plateaus, and a plateau and hill zone in the Gabú sector of Boé at an altitude of around 300 metres.

3. Its surface area is 36,125 square kilometres, of which only 27,700 square kilometres are emerged due to the country's low altitude in relation to the average sea level; the tides penetrate inland up to 150 kilometres, making some areas partially or totally inaccessible for part of the year. The topography favours the existence of two areas of high productive potential, the areas influenced by the tides and the areas surrounding the large basins of the Geba and Corubal Rivers due to the great availability of surface water. Numerous rivers, of which the Cacheu, Mansôa, Corubal and Geba are the most important, run through the territory and are the best routes into the interior.

2. Demographics

4. According to the data obtained from the 2009 population and housing census² the Guinean population was 1,449,230 inhabitants, whereas subsequent studies by INE,³ due to the delay in the general population and housing census process that was due to be carried out in 2019, but will be possible this year, estimate the Guinean population for this year 2023 at a total of 1,781,308 inhabitants, of which 842,267 are men and 939,041 women. The urban population has grown to 47.6%, with the Autonomous Sector of Bissau accounting for 25.2% of the total population, Oio with 14.9%, Gabú with 14.2%, Bafatá with 13.9%, Cacheu with 12.8%, Biombo with 6.4%, Tombali with 6.3%, Quinara with 4.2% and Bolama-Bijagós with 2.2%. The majority of Guinean households are large, with those with 10 or more people making up 32.6%, followed by six (10.5%) and five (9.7%), while those with one person are less significant (3.4%).⁴ With regard to place of residence, it can be seen that in both places of residence (urban and rural), the most representative households are those made up of 10 people or more (25.4% and 38.6%), followed by 6 people (10.7% and 10.3%), 5 people (10.6% and 9%), with no significant single-person households (4.8% against 2.2%). Generally, households are made up of the following family members: 37.5% are children, 12.0% CAF, 11.9% nephews, 11.7% spouses, 15.0% grandchildren and siblings, and the remaining 26.3% are made up of relatives in the ascending line, other relatives and non-relatives.

5. According to the RGPH-2009, Guinea-Bissau's population is relatively young, with people under the age of 20 accounting for 54.3% of the total population and only 3.2% aged 65 or over. The child population (0-5 years old) represents around 19% of the country's total

¹ See: National Institute of Statistics of GUINEA-BISSAU, Av. Amílcar Cabral, Largo de Pinjiguite, former premises of Armazéns do Povo, CP no. 06 Tel: 320 5457, E-mail: inegbissau@gmail.com. Website www.stat-guinebissau.com.

² idem RGPH 2009 INE.

³ National Statistics Institute, demographic projection 2014-2063, November 2022. The work was carried out using the DemProj model, which is a component of the SPECTRUM software developed by "The Futures Group International".

⁴ See Table 3 of RPGH-2009, on "Household living conditions".

population, with a relatively higher percentage in rural areas (21.3%) than in urban areas (15.7%). While the school-age population (6-12 years old) has the same weight as the child population, it is also higher in rural areas (around 20%) than in urban areas (around 17%).

6. The economically active population (15-64 years old) represents more than half of the total population (54.1%), most of whom live in urban areas and especially in SAB and the Bolama/Bijagós region. The population aged 65 and over accounts for just 3.2% of the total population, and is more representative in rural than urban areas. It is worth mentioning that 3,283 people did not declare their age, which corresponds to a very low percentage (0.2%). The average age of the population is 21.7 years, 21.2 for men and 22.3 for women. The urban population is slightly more mature (21.8 years) than the rural population (21.7 years). In urban areas, the differences between the sexes are insignificant, while in rural areas, women are almost three years older than men (20.8 years for men and 22.6 years for women).

7. The country is ethnically diverse, with 15 ethnic groups accounting for the following percentages: The Fulas (28.5%), the Balantas (22.5%), the Mandingas 14.7%, the Papeis corresponds to 9.1%, the Manjacos 8.3%, the Beafada (3.5%), the Mancanha (3.1%), no ethnicity (2.2%), the Bijagós (2.1%), the Felupe (1.7%), the Mansoanca (1.4%), the Balanta Mané (1.0%), the Nalu (0.9%), the Saracule (0.5%), the Sosso (0.4%). Ethnic diversity goes hand in hand with religious diversity, with Muslims in the majority (45.1%), followed by Christians (22.1%) and animists (14.9%).

8. The majority of ethnic groups have a social structure of centralised power, in which judicial, legislative and executive responsibilities are concentrated in the hands of the chief or ruler. These are known as vertical societies, with hierarchical structures, and comprise the Mancanhas, Manjacos, Papel, Biafadas, Fulas, Mandingas and Felupes ethnic groups. Others, such as the Balantas and Bijagós, with a decentralised structure and no hierarchy, are called horizontal societies. Both vertical and horizontal societies reveal a relevant feature – because it is permitted and foreseen – the council of elders, responsible for deciding crucial matters for the community.⁵

3. Social situation

9. The country was colonised by Portugal on the date of the discoveries, which many believe was 1445, when Diogo Gomes settled on the banks of the River Geba. Decolonisation took place in 1973, on September 24, when the PAIGC party unilaterally proclaimed independence. The following year, by means of the Algiers Agreement, on 10 September 1974, Portugal decided to hand over sovereignty to the party. On 14 November 1980, there was a first coup d'état, led by João Bernardo Vieira, who took over as President of the Republic, which was interrupted by the 1999 coup d'état a year after the 1998 civil war and five years after the political-party opening. The President of the People's National Assembly, Malam Bacai Sanhá, came to power and held general elections in which the leader of the Social Renewal Party and the Opposition at the time, Dr Kumba Yala Cobde Nhanca, won in 2000. In September 2003, this was followed by a coup d'état by the then Chief of Staff of the Armed Forces, General Veríssimo Correia Seabra, after which Mr Henrique Pereira Rosa, the person chosen by consensus on an interim basis to hold the elections and hand power back to the civilians, took office. On 28 March 2004, another election was held in which the PAIGC won, with the Chief of Staff Veríssimo Correia Seabra being killed the same year. Presidential elections were held in 2005 and the head of state deposed in 1999, João Bernardo Vieira, won them.

10. General Tagme na Waie, Chief of Staff of the Armed Forces, was killed on 1 March 2009, the day after the death of the President of the Republic João Bernardo Vieira. The President of the ANP, Dr Raimundo Pereira, took office, tasked with holding the elections won by Malam Bacai Sanhá. In the presence of President Malam Bacai, there was an unsuccessful coup d'état targeting the Prime Minister, Carlos Gomes Júnior, by Antonio Injai

⁵ LIMA, Mário, INSALI, Victor, História da Codificação do D.Civil na GB, Revista do Programa de Pós-Graduação em Direito da UFBA, e-issn 2358-4777, V. 29, N. 01, págs. 144-163, Jan-Jun 2019.

on 1 April 2010. The death of President Malam Bacai Sanhá led to the country being led by Manuel Serifo Nhamadjo until 11 May 2012.

11. In 2014, general elections were held, the presidential one won by José Mario Vaz, supported by the PAIGC, and the legislative one won by the PAIGC with 57 seats. The following year, Prime Minister Domingos Simões Pereira was ousted, paralysing the entire government project, and seven prime ministers were appointed until the legislative elections held on 18 November 2018. The PAIGC won the elections with 47 seats. However, the President of the Republic refused to appoint Domingos Simões Pereira as Prime Minister, keeping Dr Aristides Gomes in power to conduct the presidential elections, which took place on 24 November 2019, won by Umaro Sissoco Embaló, who took office on 27 February 2020 and appointed Nuno Gomes Nabiam as Prime Minister.

12. The last elections took place on 4 June 2023 with legislative elections, and the swearing in of the new members of parliament took place on 27 July 2023. On 15 August 2023, the new government took office.

4. Economy

13. The RGB is one of the least developed countries (LDCs), with a monetary poverty rate of 58.2% in 2018 and an HDI of (0.461), according to the UNDP report, 2019.⁶ Note that the average for the WAEMU zone is 0.470, while that of sub-Saharan Africa is 0.541.⁷

14. Guinea-Bissau is part of the Economic Community of West African States (ECOWAS), which is made up of 15 countries with more than 300 million inhabitants, and the West African Monetary Union (WAEMU), with 8 countries with 80 million inhabitants. The currency is the CFA franc (Franc of the African Financial Community) which, being pegged to the Euro, is convertible to the value of 650.00 XOF = 1 EU.

15. The Guinean economy is basically agricultural with a weak industrial sector, sometimes operating without electricity, with almost 89.1% of the housing and road infrastructure precarious. Income from fishing taxes, customs duties, tax contributions, cashew nut and timber exports are, among other things, the main sources of revenue that often do not cover the general state budget.

16. Guinea-Bissau's economic and social basis is market economy, which implies the existence of state, private and co-operative property, all subordinated to political power, with the aim of continuously promoting well-being and suppressing any form of social exploitation of one group by another. The state promotes foreign capital investment as long as it is useful for the country's economic and social development.

17. A structurally fragile and informal economy,⁸ marked by political instability, has led to a low level of economic and social development, coupled with unclear policies and regulation of the economy, which has limited foreign direct investment. The country's membership of the Organisation for the Harmonisation of Business Laws in Africa (OHADA since 1996) has improved legislation on a harmonised set of business law issues with more than 15 countries in West, Central and Southern Africa, thus facilitating commercial relations between these countries and simplifying various instruments linked to payment, collection, company management and mechanisms for appealing to the courts and alternative dispute

⁶ The HDI is a composite index that focuses on three basic dimensions of human development: a long and healthy life measured by life expectancy at birth; the ability to acquire knowledge measured by the average number of actual and expected years of schooling; as well as the ability to achieve a decent standard of living measured by gross national income *per capita*. Guinea-Bissau's score is 0.420, compared to Norway in 1st place with 0.944 and Cape Verde in 122nd place with 0.646, which makes it the highest ranked country in ECOWAS.

⁷ See Voluntary National Exam 2022.

⁸ Despite the fact that the new Investment Code presents attractive proposals for incentives for investors, in art. 5 (obligation to present an accounting system) and art. 7 and 10 et seq. of Law no. 13/2011 of 6 July. Another regulatory framework is OHADA (Organisation for the Harmonisation of Business Laws in Africa) with 14 member countries of the same commercial legal system.

resolution in the commercial sphere, making the country even more attractive to investment. These changes have not brought substantial gains for the country.

18. Guinea-Bissau's economic growth in 2022 was around 4.7%, driven by the agricultural sector, especially the cashew sector, and public investment. In the primary sector, there was real growth of 6.1% in 2022, an increase of 0.7% compared to 2021. National cashew production in 2021 is 256,000 tonnes across the country. Also in this sector, food production continues to grow consistently, with the structuring factors being public agricultural projects. In 2022 there was a growth of 4.1% in subsistence production and 11.1% in cashew production.

19. In the secondary sector, growth of 4.8% is expected in 2022, 0.8% below the rate seen in 2021, whose reduction compared to last year is due to the weak performance of the construction sector. Rising prices at international level, coupled with the fiscal adjustments that have taken place in the country, have limited growth in this sector, despite the existence of several road construction and electricity distribution infrastructure projects that are still underway. Construction is expected to grow by 0.7% and the water, energy and sanitation sub-sector is expected to grow by 10.0%, the latter registering a drop of 2.7% compared to 2021.

20. The tertiary sector reversed its position as the top performer in terms of growth rate to the lowest among all sectors of the economy, although it has a greater share of GDP. In 2022 it grew by 3.7%, 3.6% below its 2021 growth rate. Communications grew by 4.0% and transport by 4.5%. Although public administration reported growth of 8.1%, this is not a crucial factor in the development of this sector.

21. In line with GDP growth, the general price level (inflation) grew by 6.9% in 2022, 3.9% above the target of the WAEMU convergence criterion. The conflict between Russia and Ukraine has accentuated the rise in prices that has been taking place since the end of 2020. This is affecting the purchasing power and standard of living of people in Guinea-Bissau. The prices of imported products have risen considerably, and to make matters worse, domestic products have also followed these increases, especially food products.

22. As far as public finances are concerned, in 2022 total revenue and donations fell slightly by 6.8% compared to 2021, due to the 29.8% decrease in donations. As for spending, overall current expenditure stands at 15.6% of GDP in 2022, compared to 16.1% the previous year, due to the authorities' efforts to contain spending.

23. The public debt ratio is estimated at 73.9% of GDP in 2022. In 2022, estimates of the balance of payments indicate a surplus of 31 billion FCFA, compared to 60.4 billion FCFA in 2021. The positive balance will be in line with the significant increase in capital transfers from central government, mitigated by the deficit in the balance of goods and services and the reduction in net foreign assets. The current account balance will show a deficit of 36.9 billion CFA francs in 2022 compared to a deficit of 5.5 billion CFA francs in 2021, as a result of a sharp increase in the deficit in the balance of goods and services, of 21.3 billion CFA francs, which will stand at 116.0 billion CFA francs.

24. Money supply is expected to increase in 2022, in line with GDP growth, and could stand at 491.3 billion FCFA (44.1% of GDP) compared to 473.1 billion FCFA (47.8% of GDP) in 2021, as a result of the increase in both net foreign assets and domestic credit. Credit availability will increase in 2022 compared to 2021, given the start-up of a new commercial bank in the country and the normal return of economic activities.

25. Overall, the macroeconomic picture shows progress even in a situation of international economic complexity. The results could have been better in this forecast if the maritime transport system for cashew nut exports had been operating efficiently. This good performance is due to the efforts made to control expenditure, increase revenue and gradually make investments.⁹

⁹ See General State Budget for 2022 and 2023, Ministry of Finance.

5. Culture

26. Article 17 of the CRGB states that it is the fundamental imperative of the state to create and promote favourable conditions for the preservation of cultural identity, to encourage its practice and dissemination, as a support for national awareness and dignity and as a stimulating factor for the harmonious development of society. The State shall preserve and defend the cultural heritage of the people, the enhancement of which shall serve progress and the safeguarding of human dignity, and shall provide for the creation of conditions so that all citizens have access to culture and are encouraged to participate actively in its creation and dissemination, including encouraging the practice and dissemination of sport and physical culture. The government is responsible for organising and directing the execution of political, economic, cultural, scientific, social, defence and security activities, in accordance with its programme.

27. In general, all ethnic groups consider their mother tongue dialect to be their main means of communication. In terms of languages spoken, over 90% of the Guinean population speaks Creole. Less than 1/3 speak Portuguese and around 5% speak French. The majority of Guineans were employed at the time of the census (89.5%) and around 11% were unemployed. Among the working Guinean population, 43.8% were male and 56.2% female. With regard to educational characteristics, it can be seen that around 52% of the Guinean population aged 6 and over is literate, of which 58.2% are men and 41.8% are women. With regard to housing characteristics, according to the material most used in the exterior walls of the dwellings by ethnicity, it was found that 5% of the population live in dwellings with exterior walls made of adobe/taipe and 14.5% in dwellings made of reinforced adobe.¹⁰

28. The endogastronomic offer presents a variety of local riches. Cereals, particularly rice and maize, form the basis of a Guinean's daily meal. Vegetables, tubers and tropical fruit make up the complementary foods in the Guinean diet. Palm wine and cashew wine are local products of mass consumption, especially among animist and Christian communities. Fish, which at least many people have access to regardless of its quality, is due to the country's geographical location on the west coast of Africa, whose coastline is bordered by the Atlantic Ocean and whose main rivers are Geba, Cacheu and Corubal, as well as several streams.

II. The way in which the ICESCR and other human rights treaties are incorporated into domestic legislation and the use of the ICESCR in jurisprudence

29. Guinea-Bissau's constitutional model stems from the Portuguese Constitution of 1976. It is a constitution that underwent several revisions until 1996, when it was amended to 133 articles. It is the only country in Portuguese-speaking Africa where it is not possible to find provisions specifically dedicated to the incorporation of sources of international law into its legal system, with a particular emphasis on the effects produced internally by treaties. The constitutional text makes no reference to how the sources of international law can (or should) produce effects in its internal legal order.¹¹

30. The CRGB¹² on human rights treaties has a single article, art. 29/2 CRGB, which reads: "Constitutional and legal precepts relating to fundamental rights shall be interpreted in harmony with the Universal Declaration of Human Rights". International instruments enter into force in the domestic legal system via the open clause of fundamental rights, allowing for the subsequent enshrinement of matters in the catalogue, without the need to amend the Constitution.¹³ Rules enshrining fundamental rights are interpreted in accordance with the UDHR.

¹⁰ *Ibidem* RGPB-2009 "household living conditions".

¹¹ See Prof. Fernando Loureiro Bastos, Postgraduate course on the legal framework for preventing and fighting corruption, money laundering and organised crime - September to November, 2020.

¹² The Constitution of the Republic of Guinea-Bissau does not have a clause welcoming international law, as is present in many constitutions, such as those of Portugal, Cape Verde and Angola.

¹³ See João Espírito Santos, comentários a Constituição da República da Guiné-Bissau, pp. 77, 78 and 79.

31. Thus, it is established that the commitments made by the country in terms of international law, both at the level of the United Nations and at the level of the African Regional Organisations (AU, ECOWAS, OHADA and UEMOA), have direct applicability and immediate effect in the domestic legal order, and revoke any previous or subsequent domestic rule to the contrary.

32. Guinea-Bissau's domestic law is structured around international law and constitutional norms in the same hierarchical position, laws, produced by the National People's Assembly and decrees for the government in the same hierarchical position, and decree-laws in the competitive sphere.

Recourse to the ICESCR in case law

33. The International Covenant on Economic, Social and Cultural Rights is generally not directly invoked in the judicial system by the parties or by court decisions.

III. The existence, composition and work carried out by an independent National Human Rights Institution

1. The National Human Rights Commission

34. The CNDH¹⁴ was created by Decree 6/2009 and is a state body responsible for the protection, promotion, observance and defence of human rights in Guinea-Bissau. It also acts as an advisory body to the government and monitors public policies in this area.

35. The Commission's remit includes contributing to the promotion and strengthening of respect for human rights, as well as acting as a body for vigilance, early warning, consultancy, monitoring and investigation in human rights matters, such as: promotion and education, participation in the definition and implementation of public policies, making recommendations regarding national legislation and public policies, drafting and submitting draft laws to the government, providing consultancy to the government, investigating situations that offend human rights and linking international law to domestic norms.

36. Although covering overall expenditure remains one of the objectives, the Commission benefits from its own budget allocated by the Ministry of Finance to cover administrative costs.

2. The tutelage of the National Human Rights Commission

37. The National Human Rights Commission is under the supervision of the Prime Minister. The President of the Commission is appointed by the Council of Ministers on the proposal of the Minister of Justice for a four (4) year renewable term.

38. The structure and composition of the Commission follows a participatory process involving government departments linked to human rights, representatives of judicial institutions, academics, civil society organisations and religious institutions.

39. The government is working to strengthen the Commission's response capacity and to reinforce its administrative, patrimonial and financial autonomy in order to ensure that its bodies are more independent from other state structures.

40. In order to pursue the objectives described above, the government approved the National Strategy for Human Rights and Citizenship 2022-2026 and the corresponding Action Plan, always endeavouring to ensure a significant investment of human and financial resources, particularly in efforts to make the work of the National Human Rights Commission accessible to communities.

¹⁴ Created by Decree No. 6/2009, published in the Official Bulletin on 15 February 2010.

41. There is a project to amend the current statutes of the National Commission for Human Rights, the aim of which is to reform its autonomy and independence in line with the Paris Principles and thus enable it to be accredited by the Global Alliance of Human Rights Institutions.

3. Work carried out by the CNDH since its creation

42. The functioning of the CNDH¹⁵ throughout its creation has had several setbacks due to a lack of financial means, despite the budget provided for in the General State Budget, in order to fully fulfil its mission. Some efforts have been made, such as paying the rent for the house where it operates and some support from the Ministry of Justice and Human Rights in allocating small amounts of money to run the structure, which although made up of no more than five members, has no defined status, apart from the President who has an effective relationship with the state.

43. Most of the Commission's work is funded by international organisations such as UNICEF, UNDP, UNIOGBIS and the AU, although there has been state support for certain actions such as visits to prison centres and investigations into human rights violations in the regions.

44. The general aim of the Strategy is to enable everyone to enjoy human rights effectively, by strengthening institutional mechanisms and actions to promote, protect and monitor human rights, fostering changes in attitudes and behaviour and inclusive dialogue between all government sectors and civil society, contributing to the consolidation of the democratic rule of law and the sustainable development and stability of the Bissau-Guinean nation.

45. The axes on which the Strategy is based are:

- Axis 1: National Human Rights System.
- Axis 2: Promotion and Culture of Human Rights.
- Axis 3: Participation and Access to Justice.
- Axis 4: Education, Health and Standard of Living.
- Axis 5: Equality, Non-discrimination, Diversity and Inclusion.
- Axis 6: Combating Trafficking in Human Beings.

46. Other relevant actions over the last five years have been chronologically as follows: Training and awareness-raising on the protection of women and girls during confinement; Awareness-raising against witchcraft and popular justice; Awareness-raising and training (djumbai) on the Land Law and its Regulations; Workshop on the dissemination of the recommendations of the 3rd cycle of the Universal Periodic Review specifically on the rights of children and girls; Presentation of the periodic report on the human rights situation in Guinea Bissau; Radio awareness programme on human rights, training on human rights, the right to freedom and the right to demonstrate for security and military forces; Cycle of lectures in educational establishments on human rights and the environment; Visit to regional education offices to find out about the situation of school drop-outs. A meeting was organised with the Minister of Education to discuss the issue of strengthening the education curriculum and teaching human rights.

¹⁵ Report on the activities carried out by the CNDH over the last three years (2020 to 2022).

IV. The state's relationship with NGOs, their role in society and whether they were consulted in drawing up this report

1. Articulation of state actions with NGOs

47. In the early 1990s the country entered a period of political and social reform, changing politics and opening up to a democratic social system based on political pluralism and amending the Constitution to conform to the new reality.

48. The constitutional amendment made allows and grants the right, in Article 55 of the CRGB, for all citizens to set up associations and without depending on any authorisation, to freely pursue their aims without interference from public authorities, and they cannot be dissolved by the state or their activities suspended except in the cases provided for by law and by court decision, as long as they are not intended to promote violence; armed, military or militarised and paramilitary associations and those that promote racism and tribalism are prohibited. The actions of NGOs and associations are based on solidarity and without ethnic, political, racial, religious or gender discrimination.

49. Decree no. 23/92 of 23 March was adopted, which “regulates the creation and exercise of the activities of national non-governmental organisations (NGOs) in Guinea-Bissau”. The justification note states that NGOs are development partners whose common denominator is working directly with the population, based on a philosophy of intervention that encourages and stimulates efforts towards autonomy and self-development by local communities, especially those most in need.

50. The CC inherited from the colonial era allows for the creation of legal persons, and defines them as: non-profit associations and social interest foundations. With political openness, associations of all kinds proliferated to promote and protect different rights.

51. Associations thus constitute pressure groups for the defence of human rights and fundamental rights enshrined in the Constitution, allowing for popular participation in the management of goods of public interest and the promotion of responsible citizenship. The most established are associations of residents, children and friends of villages, sections, sectors and regions and for the defence of the environment, culture, sport, health and education.

52. The creation of NGOs after the adoption of this law allowed for greater social intervention in communities where the state often doesn't reach.

2. Monitoring and evaluation of NGO work in Guinea-Bissau

53. Over the last 20 years, the country has always had a development strategy/policy that serves as a guiding document for interventions and the main source for idealising and designing projects. Efforts to comply with the principles of shared responsibility (Paris Declaration, 2005), and the process of preparing, executing and closing projects follow participatory approaches.

54. The drafting of the National Development Plan (PND,¹⁶ 2020-2023) has enabled the exercise of harmonising and giving overall coherence to projects, ensuring multi-annual monitoring of NGO activities and improving their implementation and identifying investment gaps and shortcomings. The government is currently harmonising the National Development Plan with the Sustainable Development Goals, allowing for overall coherence between public actions and those of other partners.

55. Public investment will depend on how projects are carried out, depending on the criteria of the funder and the complexity of their implementation. Each beneficiary ministry

¹⁶ Ministry of Economy, Planning and Regional Integration, National Development Plan (2020-2023), August 2020.

carries out its own projects or hires a technician to do so, or development partners, or NGOs, etc.

56. Two levels of monitoring are carried out during the implementation of any project: i) the first level comprises the Steering Committee, which functions as a Board of Directors and can meet two or more times a year to assess and validate the periodic reports and, if necessary, propose corrective measures; ii) a second level concerns the physical and financial monitoring of projects, which falls within the remit of the Directorate General for Planning. This monitoring culminates in the drawing up of reports that reflect the rate of implementation, the allocation for gross fixed capital formation and the allocation for operation.

57. The two stages of monitoring project implementation are complemented by the mid-term evaluations carried out by the funders. With the agreement of the national authorities and within the framework of the principles of shared responsibility between funder and beneficiary.

58. Overall in 2019, 54.7% of the programming was executed, and the performance at sector level varied as follows: i) in the social sector only 35.5% of what was initially programmed was actually executed ii) in infrastructure, 30.9% and iii) for the productive and economic management sectors, execution stood at 20.0% and 13.6% respectively. In terms of donors, the United Nations System (UNS) is the main partner with 33.1%, followed by the West African Development Bank (BOAD) with 23.7% of total funding. In terms of financing modalities, resources from donations accounted for 31.4%, loans and internal financing accounted for 19.1% and 1.6% respectively in 2019.

V. Self-determination

59. The Republic of Guinea-Bissau defends the right of peoples to self-determination and independence, supports the struggle of peoples against colonialism, imperialism, racism and all other forms of oppression and exploitation, advocates the peaceful resolution of international conflicts and participates in efforts to ensure peace and justice in relations between states and the establishment of the new international economic order.

60. The country does not discriminate against ethnic minority groups, but it does have a great diversity of ethnic groups with their subgroups, all living in their own geographical areas, which we call (tchon) terra in Portuguese. Each people in their own Tchon lives and manages the natural forest resources without problems. Thus, there are: Tchon de Manjaco, de Mancanha, de Balanta, de Fula, de Mandinga, de Papel, de Bijagós, de Nalus, de Felupe, among others, which represented the space inhabited by each of these peoples.

61. Custom, for these peoples, is the instance in which social, political and religious factors seek common ground in order to establish egalitarian principles for the most diverse relationships and/or interests possible.

62. Infra-constitutional legislation such as the Land Law and its regulations, the Forestry Law, the Environmental Impact Assessment Law, the Protected Areas Law and the Fisheries Law govern the use and exploitation of soil, forests and other living natural resources and the exploitation of land by private individuals.¹⁷

63. The CRGB¹⁸ recognises the existence of different types of property: state, cooperative and private. However, it prescribes that soil, subsoil, water, mineral wealth, the main sources of energy, forest wealth and social infrastructure are state property. This means that all natural wealth and infrastructures that are fundamental to everyone's life (roads, bridges and stadiums, etc.) are in the public domain.

¹⁷ LIMA, Mário, INSALI, Victor, História da Codificação do D.Civil na GB, Revista do Programa de Pós-Graduação em Direito da UFBA, e-issn 2358-4777, V. 29, N. 01, p 144-163, Jan-Jun 2019.

¹⁸ See art. 12 CRGB.

The Law of the Land

64. Land use is a fundamental economic factor for people's well-being. The Land Law allows customary use rights, with some innovations, such as land concessions, both urban and rural, which can be for perpetual or temporary use.

65. The main aim of this regulation is to guarantee land to local communities to the extent that they can use it economically, to incorporate the customary land regime into positive law, as well as the institutions that represent them, and to stimulate investment in land by creating a market value for land.

66. Under the terms of the Land Law, all citizens are recognised as having the right to private use of land, without discrimination as to gender, social origin or origin within the territory. For the purposes of economic exploitation, housing, social utility and other productive and social activities, the state may grant private land use rights to national or foreign entities, individuals or groups, taking into account the national interest as defined in the plans and objectives for economic and social development.

67. The law calls traditional occupants local communities, a territorially-based customary entity, corresponding to the aggregate formed by families and individuals residing in a certain circumscription of the national territory (tabancas or group of tabancas) and allows them to use the resources in their areas in pursuit of common historical, economic, social and cultural interests and which includes housing, agricultural and forestry areas, tollbooths, water points, sites of cultural importance and the respective expansion zones.

68. The state grants the right to private use of rural or urban land, free from occupation, with the exclusion of integral protection zones and those occupied by the state for public utility purposes. The right of private use of dominion land can only be granted through customary use and concession. Under these terms, the allocation of areas for exploitation may never exceed 100 hectares for family holdings and by individuals, and 500 hectares for holdings by agricultural companies or cooperatives, subject to prior authorisation by the Council of Ministers.

69. The land is managed through a participatory process involving the main stakeholders, the state and neighbouring communities. The Land Law Regulation¹⁹ requires the participation of neighbouring communities in the delimitation, and their participation is obligatory in the confirmation of the space and its memory and in devolution.

VI. The allocation of resources in the state budget for the realisation of ESCR, namely health, education, social protection and housing

1. Allocation of resources to Health

70. The concern for public health lies in the fact that the Constitution proclaims that the fundamental task of the state is to promote the physical and mental well-being of the population and their balanced integration into the socio-ecological environment in which they live. It must be geared towards prevention and aim for the progressive socialisation of medicine and the medical-medicine sectors.

71. Mechanisms have been created to improve the management of resources from various sources at public health level:

- The existence of a poorly functioning Health Sector Coordination Commission (CCSS).
- Other mechanisms for coordinating partners' resources, such as the CCM for Global Fund resources and the CCIA for GAVI resources.

¹⁹ Decree no. 6/2018 of 27 November.

- The country's adherence to international health initiatives: UHC2030 (IHP+), HHA, H4+.
- The partner consultation framework put in place to support the response to the COVID-19 pandemic and which has enabled the ongoing establishment of the Health Partner Coordination Group.

72. As the government is not in a position to cover all the costs of implementing this plan on its own, some donors have made a gradual alignment of foreign aid and funds, pending the organisation of a round table to mobilise the missing resources. Health financing depends mainly on external support, which accounts for more than 90% of the investment budget. Of this external support, 24% comes from international partners and 68% is attributed to direct payments by families, leaving the state contribution at just 8%. This is limited to the payment of salaries and a few small interventions. Weak government budgets and corruption have affected salaries, which has led to an inadequate working environment, resulting in non-payment of salaries to doctors and nurses.

73. As a result, the health sector remains highly dependent on international aid, limiting the capacity of the infrastructure of health units and hospital equipment and reducing the sustainability of the financing of this sector to guarantee the right to health for all. According to the 2022 State Budget, emphasising the previous year's figures, the Ministry of Health's total expenditure in the first six months of 2021 amounted to FCFA 6,738 million. The execution rate is 33.9%. Compared to 2020, it is up 70.1%, as a result of the increase in expenditure on the purchase of goods and services and investment. For the year 2023, figures from the State Budget for 2022 point to an amount of 21.187 billion FCFA. Operating expenditure accounts for 39% of the Ministry's total expenditure. Compared to 2021, total expenditure is up 6.4%, due to the increase in investment expenditure with external resources. Investment expenditure is up 16% on the previous year.

2. Allocation of resources to education

74. The management and monitoring²⁰ of the education sector is characterised on the one hand by insufficient resources and on the other by great inequalities in their distribution. Taking the example of classrooms, public primary schools appear to be very overcrowded. In fact, the ratio of pupils per classroom in these schools is 62. With the exception of the regions of Bolama/Bijagós and Cacheu, where this ratio drops to 48, this same ratio is higher than 62 in all the other regions of the country, even reaching 72 in Bafatá. All these indicators highlight a strong need to build classrooms. In addition, there are inequalities in the distribution of classrooms between schools. Schools with the same number of pupils (for example 300) have a very variable number of classrooms (between 2 and 8). Similarly, schools with the same number of classrooms (e.g. 4) have a very variable number of pupils (between 50 and 450 pupils).

75. The education sector is underfunded, with 97% of spending going to cover staff salary costs, which leaves no room for manoeuvre when it comes to spending on quality or strengthening the capacity of administrative structures, let alone school establishments.

76. In 2021, total expenditure by the Ministry of National Education and Higher Education totalled 14.0% of state expenditure. In 2022, expenditure covered an amount of 29,667 million FCFA and represents 18.3% of total current state expenditure. Compared to 2021, this is an increase of 25.7%.²¹

3. Allocation of resources to Social Protection

77. Social protection is dealt with in Article 46 of the CRGB, which reads as follows: "The State shall gradually create a system capable of guaranteeing workers social security in old age, sickness or when they are unable to work." A general rule for the realisation of

²⁰ Education Sector Plan, 2017-2025, 2017, pp.14-15.

²¹ Ministry of Finance, GSB Proposal 2022, 2021, p. 121.

economic, social and cultural rights can be found in Article 58 of the CRGB, which tells us that, in accordance with the country's development, the state will gradually create the conditions necessary for the full realisation of economic and social rights. This is an enunciation of the social state, which aims for full social realisation through the progressive creation of material and effective conditions that can be directly demanded just like any other fundamental right.

78. The realisation of this right led to the creation of Decree-Law no. 5/86, of 29 March, which established the general social security system for workers, and later to the adoption of Law no. 4/2007 (Social Protection Framework Law). The National Social Security Institute was created by Decree-Law no. 3/2012, of 17 October, to exclusively manage compulsory social security schemes such as compulsory insurance for accidents at work and occupational diseases, and the regulation on the voluntary payment of contributions was also adopted by Decree no. 6/2012, of 17 October.

79. The social protection system is based on national solidarity and seeks to achieve the objectives of preventing situations of need, protecting the most vulnerable, promoting people's well-being, reducing social inequalities and regional asymmetries (LEPS, art. 4). In fact, in addition to contributions from the respective beneficiaries, the system allows for the use of the State Budget and transferred local authority revenue (LEPS, arts. 31 and 33).

80. A compulsory social protection system has been adopted for employees and employers. This system is managed by the National Social Security Institute (INSS).

81. Another system was adopted in the public sector, with the creation of a pension fund as a result of Decree-Law No. 11/2012, of 19 November, on the Retirement Statute for Public Administration Officials and Agents, with the aim, on the one hand, of sustaining the payment of a dignified retirement to state employees from funds that are autonomous from the General State Budget.

4. Partnerships

82. In terms of partnership, we can highlight the areas of bilateral and multilateral international cooperation.

4.1 At multilateral level

83. The state of Guinea-Bissau has enjoyed a fruitful relationship with the UN system, which has allowed it to develop cross-cutting projects and programmes to implement different issues related to the realisation of human rights.

84. Under an institutional support agreement between the UN and the government of Guinea-Bissau, structures were set up within each Ministry to coordinate the aid received from the different components and agencies of the system for Guinea-Bissau. The UN structure in the Ministries is essentially aimed at monitoring the planning of activities, following up on the actions carried out and producing reports on implementation in the fields of intervention.

85. The United Nations framework for sustainable development co-operation for Guinea-Bissau for the years 2022-2026 was approved in 2022 with the aim of supporting the country's development around three Strategic Priorities that form part of the eight peace-building priorities:

- Governance, covering democratic governance, justice, security sector reform, human rights, and the fight against trafficking (in drugs and human beings) and transnational organised crime.
- Economic development and the environment; biodiversity; climate change; and disaster management.
- Human capital development, covering human development and social services.

86. The coordination and implementation agreements will be guided by the principles of the Global Partnership for Effective Development Cooperation (GPEDC), the guiding

principles of the UNSDCF, as well as the programming principles and approaches of the UN Development System (UNDS) in Guinea-Bissau.

Joint National Management Committee of the UNSDCF

87. Consistent with the principle of national ownership and partnership, the governance of the Co-operation Framework will be under the joint leadership of the Government and the UN. The governance structure will have at its apex a Joint National Management Committee (JNMC) of the UNSDCF as the highest governance body to provide leadership for implementation. Its role will essentially consist of providing strategic guidance, stimulating strategic thinking, joint advocacy and dialogue on policy issues, approving annual work plans and programme and project documents to ensure strategic alignment and national ownership, monitoring progress, challenges and opportunities, and guiding the direction of implementation through annual reports.

4.2 At bilateral level

Portugal

88. A Portugal-Guinea-Bissau Strategic Cooperation Programme (SCP) 2021-2025 was approved to finance the country's development in all areas, to the tune of 66 million euros, with a greater focus on: i) Education and Culture; ii) Justice, Security and Defence; iii) Health, Social Affairs and Labour; iv) Agriculture, Fisheries, Energy and Environment; v) Infrastructure, Economy and Finance. The first SCP was not very successful due to a lack of capacity to absorb the funds.

China

89. The People's Republic of China has played a leading role in the construction of buildings and material aid to the Guinean state.²²

Cuba

90. The agreements with the Republic of Cuba cover technical assistance, the training of doctors and professionals in different areas of knowledge, and the placement of Cuban medical specialists in different hospitals in the country.

Venezuela

91. The Bolivarian Republic of Venezuela has emerged as one of the country's partners in different areas of knowledge. In 2022 it signed several memoranda of understanding, including the training of Guinean medical specialists in Venezuela, scholarships for students, agreements in the fields of human rights training, building and equipping infrastructure, etc.

92. Russia, France, Italy, Morocco, Algeria, Angola and Turkey are other very important cooperation partners that are being developed.

VII. The legislative framework, strategies and action plans to combat discrimination

93. The principle of equality and non-discrimination in Article 25 of the CRGB states that: men and women are equal before the law in all areas of political, economic, social and cultural life.

²² These include the construction of the STJ, the Attorney General's Office, the Court of Auditors and the Court of Appeal; the Sino-Guinean Military Hospital (built and equipped), the Canchungo Regional Hospital, the 24 September National Stadium, the ANP, the Government Palace, the House of Former Combatants, the Bissau-Safim motorway, etc.

94. Through this legislation, all other infra-constitutional laws have been amended when they jeopardise equality or discriminate against citizens. Thus, the CC²³ contained some discriminatory provisions in relation to sex, filiation²⁴ etc., but Law No. 4/76 of 4 May 1974 abolished any discrimination on the grounds of birth, sex and the administration of the couple's property. Law no. 5/76 equates de facto unions with legally constituted marriages, giving women the right to demand formalisation of the marriage after three years of living with a man.

95. A number of international conventions at regional, continental and international level have been adopted by the country to promote gender equality and ban discrimination.²⁵

96. These international and regional provisions end up being reflected in the state's legal documents and encourage the creation of important domestic legislation, as a sign of the Guinean state's commitment to issues of Gender Equality and Equity.

97. With greater impact and often because they have been supported by international partners, both bilateral and multilateral, some policies, programmes and action plans are being implemented at sectoral level.

1. In the Health Sector

98. Although it remains a handicap due to structural weaknesses (poor government funding, limited infrastructure, medicines, qualified technical staff, etc.) some improvements have been made. The health sector has adopted instruments to improve the condition of the population and ensure non-discrimination. The number of technical staff (doctors, nurses, midwives) has increased; UNIOGBIS data collected²⁶ showed that there were 1.7 doctors per 10,000 people, compared to 0.7 doctors between 2004 and 2014. According to the same report, in 2017 there were 1,137 nurses in the country, representing a rate of 6.4 nurses per 10,000 people, and 139 midwives. By 2023, the Ministry of Public Health's figures show that there will be 1,530 general nurses and graduates distributed throughout the country, 158 midwives and 396 doctors of different specialities.

99. Accessibility has been given a new impetus through measures taken by the government that have allowed social inclusion in all new buildings.

100. In 2018, among the total agricultural population, a proportion of 24.4% (MICS6, 2018-2019) had property rights in agricultural land. Among the male agricultural population, 41% compared to just 10.8% of the female agricultural population.

2. Equality between men and women in the enjoyment of ESCR Gender equality and empowering all women and girls

101. Equality is guaranteed in the RGB Constitution, in its Article 25. In addition, there are specific laws, including the law on parity in elections, approved by the ANP, which aims to guarantee a more equitable representation in politics by requiring a minimum quota of 36% of women on any electoral list.

²³ Decree-Law no. 47.344, of 25 November 1966 - approves the Civil Code, extended to the overseas provinces by Order no. 22.869 of the Ministry of Overseas Territories, of 4 September 1967 - extends the new Civil Code, approved by Decree-Law no. 47.344, of 25 November 1966, to the overseas provinces - Supplement to Official Bulletin no. 38, of 25 September 1967.

²⁴ The aforementioned Civil Code in force questioned the legitimacy of children's births, the exercise of parental authority, the marital relationship between spouses and inheritance issues.

²⁵ See CEDAW - Convention on the Elimination of All Forms of Discrimination against Women, CEDAW-OP - Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, the ICCPR, the ICESCR, the CRC, Article 5, e, iv, of the International Convention on the Elimination of All Forms of Racial Discrimination, Convention on the Rights of Persons with Disabilities, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, Agenda 2030 and 2063, the SDGs, the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), the Maputo Protocol, the African Charter on the Rights and Welfare of the Child.

²⁶ See: Report on the Human Rights to Health in Guinea-Bissau, UNIOGBIS - Human Rights Section/UNHCHR, April 2017, pages 14 to 17.

102. In Guinea-Bissau, there are relatively positive results in terms of gender equality in health. Gender parity is ensured in the survival rates of children under five. In the field of education, there is relative gender parity in the literacy of young people. The same situation prevails for participation in the labour market. On the other hand, there is a significant gender disparity in favour of men in political representation, with 11 women represented in the National People's Assembly against 91 men in 2023, or 10.7% of the seats.

103. As far as access to the labour market is concerned, there is a low representation of women in the civil service, with men occupying 69% of positions in the administration. In key ministries such as agriculture and education, women occupy only 14 and 26% of positions respectively. In terms of land, the land law in force certainly guarantees the right to use land without any discrimination, but in fact, for all ethnic groups in the country, the land belongs to men and is managed by them.

104. Women and girls are particularly vulnerable to violence, abuse, discrimination and injustice because the justice system lacks the capacity to guarantee the application of gender-sensitive protection measures and women are poorly represented in the local (traditional) justice system.

105. According to the Multiple Indicator Cluster Survey 2018-2019 (MICS6), 27% of girls become pregnant before the age of 18. The prevalence of FGM is 52.1% among women and girls aged 15 to 49 and 29.7% among girls aged 0 to 14. These mutilations are particularly widespread in the Gabu region, where 95.8% of women and 73.2% of girls have been subjected to them.

106. In all rural areas of the RGB, harmful cultural practices that affect both boys and girls are common. For girls, the practice of FGM is seen by traditional and religious leaders as a normal practice that preserves women and makes them fit for marriage. To date, more than 400,000 women and girls have undergone genital mutilation, as well as 52% of women and girls aged 15 to 49.

107. Despite being the majority of the RGB's population, accounting for 51.5% compared to 48.5% of men, and having the highest life expectancy at birth, corresponding to 60.21 years compared to 56.31 years for men, women are still among the most vulnerable segments of society.

108. In terms of violence against women, and in the context of traditions and the hegemonic power of men, there are situations in which women themselves accept this violence. For example, 36.4% of women aged between 15 and 49 consider it justified for a husband to beat his wife for the following reasons: if she leaves the house without her husband's permission; if she neglects to look after the children; if she fights with her husband; if she refuses to have sex with her husband; if she burns the food. Because of these attitudes, many cases of domestic violence are frequently reported, but few reach the competent authorities and those that do reach the judicial structures are generally not convicted.

109. The phenomenon of early/forced marriage is a daily reality. In 2019, among women aged 20 to 24, a proportion of 25.7% were married or in a union before the age of 18, including 8.1% before the age of 15. Genital mutilation or ablation was also observed during the same year. Among girls and women aged 15 to 49, 52.1% had undergone genital mutilation or removal.

110. According to the situation established in 2019 by the UNFPA, the RGB has an overall score of 70% in that it has laws and regulations that guarantee full and equal access for women and men aged 15 and over. Sexual and reproductive health care, information and education. In maternity care, the score is 85%, due to the total lack of legal provision for post-abortion care.

111. For contraception and family planning, the score is 75% due to partial provisions on contraceptive services 80% and on emergency contraception 75%. The score for sex education is 50% due to the lack of legislation on sex education programmes, although sex education is included in school curricula. Finally, the score for HIV and HPV is 65% due to partial provisions on HIV counselling and testing services 80% and HIV treatment and care services 80%, as well as the absence of HPV vaccination laws.

112. In 2019, it was estimated that 60.7% of women owned a mobile phone, while the rate of ownership by men was 87.2%.

113. Guinea-Bissau does not have a system for monitoring and publicising the amount of resources allocated to gender equality and women's empowerment.

VIII. The right to work

114. The Constitution of the Republic of Guinea-Bissau does not reserve a definition of the concept of work, but Article 11(1) and (2) of the CRGB guarantees this right. Workers are therefore guaranteed the right to protection, safety and hygiene at work and a system capable of guaranteeing workers social security in the event of old age, illness or incapacity to work. It guarantees workers freedom of association as a way of promoting unity, the right to strike in order to defend their rights and protect their interests." In addition, the right to work is also included in Article 7 of the Labour Code (2022).

115. The CRGB also prohibits forced labour, dismissals for political or ideological reasons, and lock-outs. One of the limits to constitutional revision is the fundamental rights of workers.

116. The strike law²⁷ was created at the infra-constitutional level to set the terms of this right.

117. There are two legal labour regimes in the country:

- One for the civil service - covering a range known as the Civil Service Personnel Statute, which in 2012 was broken down into various laws that modernise the way public services work, such as: General Principles on Employment in the Public Administration, the Statute for Managerial Personnel, the Incompatibility Regime, the Professional Reclassification and Reconversion Regime, the Career Restructuring Regime, the Personnel Recruitment and Selection Regime, the Training Regime, the Holidays, Absences and Leave Regime, the Performance Assessment Regime, the Retirement Statute and the Surplus Diploma.
- Another for private law, recently created, condensed in the Labour Code Law no. 07/2022 of 19 July.

List of labour conventions ratified by Guinea-Bissau

<i>Convention</i>	<i>Year</i>	<i>Ratification</i>
C. no. 12 - repairing agricultural accidents	1921	21.02.1977
C. n°17- repairing accidents at work	1925	21.02.1977
C. no. 18 - on occupational diseases	1925	21.02.1977
C. no. 19 - on equal treatment in compensation for occupational accidents	1925	21.02.1977
C. 26 - setting the minimum wage	1928	21.02.1977
C.n°81 - labour inspection	1949	21.02.1977
C. 100 - equal pay		21.02.1977
C. n°138 - on the minimum age for admission to employment	1973	21.02.1977
C. 105 - abolition of forced labour		
C. No. 111 - prohibition of discrimination in employment		09.03.2009
C. n°182 - on the worst forms of child labour		26.08.2008

²⁷ Law no. 9/91, of 3rd October.

1. The employment situation in Guinea-Bissau

118. According to the RGPH-2009²⁸ the labour force, made up of 546,222 people, was made up of the employed and unemployed populations. Both represent 89.5% and 10.5%, respectively, of the total working population. For every 100 people of working age belonging to the male sex, 82 are employed and 18 are unemployed, while for the female sex 95 are employed and 5 are unemployed for every 100 people of working age. When the sexes are compared, there is an overall difference:

- The employed population: more women are employed than men. They account for 59.8% compared to 40.2% of men. This is due to the fact that women are more self-employed;
- The unemployed population, more unemployed men (75.4%) than women - 24.6%.

119. The breakdown by place of residence shows that 37.0% and 63.0% of the working population live in urban and rural areas respectively. In rural areas, 47.8% of the population is male, compared to 52.2% of the female population, while in urban areas 58.4% of the population is female, compared to 41.6% of the male population.

120. The age structure of the working population shows that the majority of the working population belongs to the 15-64 age group. This majority represents 88.4%. For example, out of every 100 people of working age, 23 belong to the 15-24 age group, 28 to the 25-34 age group, 19 and 18 to the 35-44 and 45-64 age groups, respectively.

121. Compared to the sexes, in the male population, the highest incidence is in the 45-64 age group, which accounts for 48.1% compared to 51.9% of the female population. And the highest proportion of female population is in the 15-24 age group (62.0%) compared to 38.0% of male population. According to gender, the 25-34 age group in both groups has the highest proportions compared to the other groups - 27.9% and 28.0% respectively. There are two findings that deserve particular emphasis:

- The labour force is essentially young because 58.7% are under 35.
- Between the ages of 6 and 34 there are more females in the labour market than males. And from the age of 35 and over, the labour market reverses in favour of the male sex, i.e. there are more men working.

122. In terms of the breakdown by age structure according to place of residence, it can be seen that in urban areas and in relation to the male population, the 35-44 and 45-64 age groups are the most expressive, i.e. they account for 51.0% and 52.2% respectively; in relation to the female sex, the 65+ age group (60.3%) and the 25-34 age group (51.1%) are the most expressive. In rural areas, the 65+ age group (46.6%) is the most prominent in terms of males, and the 15-24 and 25-34 age groups are the most prominent in terms of females, accounting for 63.4% and 60.1% respectively.

123. The uneducated and educated populations account for 2.1% and 97.9% respectively. The labour force with vocational, secondary and university education together represents just 5.4%. There are more men (1.2%) than women (0.9%) in the working population with no level of education. However, in terms of their distribution by level of education and place of residence, there are more women with no education in urban areas, 13.7% compared to 8.2% of men. The opposite is true in rural areas, where there are more uneducated men, 42.2% compared to 35.2% of women.

2. Unemployment and informal labour in Guinea-Bissau

124. In Guinea-Bissau, the unemployment rate according to ERI-ESI 2017/2018²⁹ and the ILO is 7.1%, with little difference between men (7.3%) and women (6.96%). This rate is high among young people aged 15 to 24 (11.2%) and 15 to 34 (10.3%). People with secondary

²⁸ Economic characteristics CENSO 2009 INE.

²⁹ Study on the informal sector, INE 2017/2018, Integrated Regional Survey on Employment and the Informal Sector (ERI-ESI).

education (12.4%) or higher (15.3%), in urban areas (9.2%) and in Bissau (13.0%). The combined rate of underemployment related to working time and unemployment and the combined rate of unemployment and potential labour force are 13.0% and 18.5% respectively. While men are affected (13.0% against 12.5% for women) by the first rate, it is women who are most affected (21.7% against 15.5% for men) by the second. The underused labour force has a rate of 23.7%. This underutilisation is higher among women (26.4%) than men (15.5%). The underutilisation of the younger generation is 31.6% among 15–24-year-olds and 21.2% among 15–34-year-olds.

125. People in vulnerable employment situations, i.e. self-employed and family workers, account for 41.9% of jobs. Women (51.9%) are more vulnerable in employment than men (33.4%). Vulnerability in employment affects people with no schooling more (48.6%). The working population in employment accounts for 45.7% of the population (aged 15 and over) and this proportion is higher for men (52.9%). The rate of precarious employment is 15.9% and this precariousness is most marked among men (19.6%), people with primary (19.3%) or secondary (24.3%) education, young people aged 25 to 34 (19.8%) and in the Bissau region (26.7%).

3. Informal labour³⁰

126. With regard to informal labour, we see that young women, compared to young men, are 3 times more likely to work as informal wage earners than in the formal employment segment. In the “informal self-employed” segment, we see that women, compared to men, are 12 times more likely to work as informal self-employed workers than in formal employment.

127. This result reflects the reality of the country, where the majority of young women, due to difficulties in accessing basic education and other types of vocational training, are more involved in small informal businesses, self-employment and street vending (of agricultural or fishery products).

4. Employment policies and programmes³¹

128. There are a number of programmes in place aimed at reducing the unemployment rate in Guinea-Bissau, such as:

- Increased bank financing;
- National Development Plan (2020-2023) Government of Guinea-Bissau;
- National Youth Policy (2015-2035);
- Project to relaunch vocational and technical education and training for employment (2019-2024) ENABEL;
- The Labour Code encourages work, vocational training and the improvement of workers' conditions;
- A preliminary draft of the Law on Hygiene, Health and Safety in the Workplace, among other measures, lists some categories of work or employment that are considered dangerous ;
- The continued implementation of Guinea-Bissau's Public Administration Reform Action Plan, which aims to help clean up public finances, revitalise the economy and improve governance;
- The effective start-up of the Employment and Professional Qualification Observatory, whose creation decree has already been approved by the Council of Ministers and

³⁰ Simão SEMEDO, Les Jeunes face au Marché du Travail Informel en Guinée-Bissau, in *Revue Régionale sur les Conditions de vie des populations, l'Emploi et le Secteur Informel dans les États Membres de l'UEMOA*, 2021, pags. 214-233.

³¹ Study on vocational training, job creation and integration into the labour market, Guinea-Bissau, 2014.

which will operate under the tutelage of the Ministry of Function and Labour and Modernisation of the State;

- Formulation of the strategic document for the ILO's Decent Work Country Programme, the main objectives of which are to promote decent work as a key component of the national development strategy and to provide a broad knowledge of the International Labour Organisation's instruments of action;
- Carrying out the National Child Labour Survey, the results of which will guide the drafting of the National Plan to Combat Child Labour;
- Carrying out the National Diagnosis of Vocational Training and Technical Vocational Training, in partnership with the Institute for Technical Vocational Training, the ILO and UNESCO, which aims to identify practical options and approaches to creating a VET policy and system, strengthening local capacity to carry out policy analysis and strategic planning in the field of VET.

5. Right to worker protection

129. Article 46(2) of the CRGB states that workers can only be dismissed in the cases and under the terms laid down by law, and that dismissals for political or ideological reasons are prohibited.

130. According to Article 7(1) of the CT, everyone has the right to work, which includes the right that everyone has, regardless of their status, sex, race, political or religious conviction, to secure the possibility of earning a living by exercising a productive activity, freely chosen or accepted, in conditions of adequate hygiene, health and safety.

131. Article 210 of the Labour Code provides for unlawful dismissal in order to protect workers' jobs. By stipulating that dismissal is unlawful:

- If it is promoted without the relevant disciplinary procedure or if the procedure is null and void;
- If it is based, in particular, on political, ideological or religious grounds, even if a different reason is invoked;
- If the just cause invoked is declared unfounded;
- If the disciplinary procedure has lapsed;
- If the offences of which the defendant has been accused are time-barred.

132. In addition, the dismissal of pregnant women, women who have recently given birth or women who are breastfeeding is presumed to have been made without just cause, according to Article 364 of the Civil Code.

6. The right to fair and favourable working conditions

Right to pay, rest, health and safety at work, measures to combat sexual harassment

133. The right to fair and favourable working conditions can be found in the Labour Code and the Civil Service Legal Regime. According to Article 12 of the Labour Code, the State shall take appropriate measures for the protection that guarantees everyone decent and fair work, in safe and hygienic conditions, with rest, leisure and reasonable limitation of working hours and paid holidays, as well as pay on public holidays, a fair wage and equal pay for equal work of equal value, without any distinction, and in particular women must be guaranteed working conditions not inferior to those enjoyed by men, with equal pay for equal work.

134. As soon as the employment contract is formed, the employer and the employee must establish the amount and frequency of the initial basic salary, as well as the other

remuneration benefits, as well as the health and safety conditions at work and the social climate of the company.³²

135. The workers' rights set out in Article 48 CT also aim to protect women.

136. With regard to the minimum wage, article 153.1 of the CT guarantees the minimum monthly wage determined by law, due to every worker, including rural workers, capable of satisfying their basic needs for food, housing, clothing, education, health, hygiene and transport. Article 154/1 states that it is up to the government to set the national minimum wage each year, after consulting the social partners in the context of social dialogue, taking into account:

- The consumer price index;
- The national average productivity achieved;
- The increase in labour's share of national income;
- The general economic climate.

137. The national minimum wage for the civil service is 50,000.00 XOF (fifty thousand CFA francs - 75 euros). The private sector has an outdated system dating from the 1980s.

138. With regard to social consultation, the Permanent Social Consultation Council (CPCS) was created by Decree 01/2001 of 22 March. The CPCS is a body that consults and agrees positions on the drafting and monitoring of labour policies, especially social policies. It is a tripartite body that works closely with the Prime Minister's Office, which is, by virtue of its functions, its president (Art. 1 and 4 of the Decree) or, if delegated by the Prime Minister, by the Minister of Labour. The CPCS was created to promote dialogue and consultation between the government and the social partners, workers and employers, in order to ensure their participation in defining the country's socio-economic policies (Article 1(2) of the Decree). Amongst other things, it is responsible for pronouncing on socio-economic restructuring and development policies, as well as their implementation.

139. In exercising its typical functions, the Council enables the Administration to record and take into account the opinions of the interested parties, in this case the social partners, thus helping to maintain social peace by resolving conflicts and reconciling antagonisms in a timely manner. The Council does not limit its intervention to labour matters, but also extends it to economic and social issues. The Council's primary function has been to maintain essential services in the event of a strike.

140. Normal working hours must not exceed 8 hours a day or 45 hours a week (Article 89(1) of the Labour Code). Local customs and practices must be taken into account when determining the actual working hours, provided that they do not contradict the mandatory rules of the law or collective labour agreements or good faith. The effective working time can be increased by a maximum of four hours a day (Article 92 of the Labour Code).

141. In agricultural and similar companies, regardless of the method of payment of remuneration and the duration of the contract, the normal working period is fixed by joint order of the Minister of Labour and Agriculture, according to the needs of the crops, activities and weather conditions, and may not exceed 44 hours per week and 10 hours per day (art. 90 of the CT).

142. Annual leave lasts at least 22 working days (Art. 128(1)). Holiday pay is equivalent to what the worker would receive if they were at work.

143. Article 136(1) CT states that if a worker falls ill during the holiday period, the holiday is suspended as long as the employer is informed.

Reconciling family and professional life

144. Both the Labour Code and the civil service legal regime talk about measures to reconcile family and professional life, in addition to holidays. These include protection

³² Art. 24, ex vi art. 43/1 al. b) of the CT.

during pregnancy, maternity and paternity leave, time off for consultations, special leave for high-risk pregnancies and time off for breastfeeding.

145. In the Labour Code, the measures include the right of pregnant women to work under conditions that do not harm the pregnancy, which includes not doing overtime or night work, nor being moved from their usual place of work, interrupting their daily work to breastfeed and care for their children without loss of pay, maternity leave of ninety days and paternity leave of fifteen days, and the father can be guaranteed a period of thirty (30) days in the event of the mother's death or incapacity. For the purposes of breastfeeding, the worker is entitled to sixty (60) minutes of leave during each working period during the first six months following childbirth.

146. In the public administration, the legal regime for holidays, absences and leave, Decree-Law no. 13/2012, of 18 December, talks about absences for marriage, maternity or paternity, for antenatal consultations and breastfeeding, for adoption and for the death of a family member, and in relation to the leave regime, provision is made for unpaid leave to accompany a spouse posted abroad.

147. The difference is that the civil service system gives less benefit for maternity and paternity leave, 60 days as opposed to 90 days, gives more benefit for marriage 11 days as opposed to 7 days, 60 days for adoption of a child and accompanying them.

148. Article 118 of the Labour Code provides for the possibility of part-time work, giving preference to workers with family responsibilities, workers with reduced working capacity, people with disabilities or chronic illnesses and workers attending secondary or higher education establishments.

Promoting health and safety at work

149. The government has created mechanisms for protection and safety at work, under the auspices of the General Inspectorate of Labour and Social Security (IGTSS - Law no. 02/1986 of 5 April), a department of the Ministry of the Civil Service and Administrative Reform (Decree no. 24-A/1990 of 1 August) responsible for ensuring that the legal provisions relating to work are being applied and respected. The IGTSS is responsible for monitoring compliance with all employment regulations, both optional and preceptive, and in the event of an offence, issuing a notice and ordering the payment of a fine.

150. This body has its own staff of inspectors and a great deal of autonomy in its inspection activities, only providing information to the supervisory body or requesting the necessary support from the Ministry, exercising its competence throughout the country and in relation to all companies, whether national or foreign, public, mixed or private, according to articles 2 and 4 of Decree 24-A/1990.

151. The Draft Law on Hygiene, Health and Safety in the Workplace is currently being drafted, and it puts into practice what is stated in no. 4 of article 181 of the Labour Code, which deals with dangerous work. However, young people, no matter how much professional training they have, if they have not reached the age of eighteen, cannot be included in a group of jobs that the CT calls dangerous, as determined by the Draft Law on Hygiene, Health and Safety in the Workplace.

152. Chapter XII of the Labour Code, article 181, prescribes the general principles on which occupational safety, hygiene and health services must operate:

- Workers have the right to work in conditions of safety, hygiene and health ensured by their employer.
- The employer is obliged to organise occupational safety, hygiene and health activities aimed at preventing occupational risks and promoting workers' health.
- The implementation of measures at all stages of the company's activity to ensure safety and health at work is based on the following principles of prevention:
 - Planning and organising occupational risk prevention;
 - Elimination of risk and accident factors;

- Assessment and control of occupational risks;
- Information, training, consultation and participation of workers and their representatives;
- Promoting and monitoring workers' health.

Trade Union Rights

153. Trade union freedom, as well as trade union rights and the right to strike, are expressed in the autonomy and independence of the trade union organisation safeguarded by article 45 of the CRGB and subsequently regulated by the Trade Union Freedom Act (Law no. 8/91 of 3 October).

154. Article 45 of the Constitution of Guinea-Bissau states:

- Workers are recognised as having freedom of association as a means of promoting unity, defending their rights and protecting their interests.
- The exercise of trade union freedom is guaranteed to workers, without any discrimination, namely:
 - Freedom to form, organise and regulate associations.
 - The right to exercise trade union activity in companies.
- Trade union associations are independent of the state, employers, religious committees, parties and other political associations.
- The law shall ensure that employees' representatives are adequately protected against any form of restriction on the legitimate exercise of their functions.

155. The country has always had trade unions and organisations representing workers, women and young people within the single party. Trade union organisations with democratic origins took shape with the political opening to multi-party politics.

156. The National Union of Guinean Workers (UNTG) no longer belongs to the PAIGC party and has moved towards representing its affiliated workers.

157. Since 1992, trade unionism has gone from strength to strength with the creation of several labour and employers' unions. For the civil service, as long as its own laws are not established, the exercise of freedom of association is governed by the Freedom of Association Act.

158. The Freedom of Association Act³³ guarantees workers and employers the right to form associations to defend and promote their socio-professional and socio-economic rights and interests. These associations are known as trade unions and employers' associations.

159. In carrying out their activities, workers' and employers' trade unions are autonomous and therefore all acts of interference, either direct or through their agents or members, with regard to their constitution, operation, management or activity are prohibited.

160. The law prohibits the provision by employers and employers' associations of human resources, economic or financial means to workers' associations, as well as any entity unrelated to these associations, whenever it has the purpose of interfering in their functioning or subordinating them to objectives that are alien to their purpose.

161. The legality of associations and the actions of their leaders is controlled by the courts. The Public Prosecutor's Office, on its own initiative, at the request of the Minister for the Civil Service and Labour or the Minister responsible for the activity in whose area of competence the acts carried out fall, can take legal action against associations or their managers when the following situations occur:

- Committing acts, crimes or abuses aimed at ends that do not coincide with the objectives for which they were created;

³³ Law no. 8/91, of 3 October.

- When these are pursued by illicit or immoral means;
- When the existence of the association is contrary to public order.

162. Associations are governed by statutes approved at a general meeting, are free to organise their management, activities and define action programmes, and their governing bodies must be freely and democratically elected from among the members.

163. Workers may not be discriminated against in employment or suffer any detriment at work because of their membership or withdrawal from a workers' association.

164. In exercising the right to freedom of association, individual workers and employers have the right to join or withdraw from trade unions or employers' associations, already established or to be established, according to their free will and choice.

Collective labour law and collective labour regulation instruments

165. Book III of the Labour Code (CT), articles 372 to 394, deals with collective law and collective labour regulation instruments. A standard collective labour agreement is a negotiated labour regulation instrument. Collective agreements can be collective contracts, collective agreements or company agreements.

166. Collective agreements are signed by representatives of trade union associations and, depending on the case, by representatives of employers' associations or by the employers themselves.

167. Despite the fact that the CT has enshrined this matter, in practice the use of agreements is uncommon.

Right to strike

168. The right to strike is constitutionally guaranteed in the 47th article of the CRGB.

169. As soon as democracy opened up, the Guinean government, concerned about workers' rights, created Law No. 9/91 of 3 October, the Strike Law. This law defines a strike as a collective, organised and voluntary stoppage of work in order to pressure the employer to satisfy a common interest of the workers. The right to strike functions as a mechanism for defending and promoting the socio-professional interests of workers and is limited by the other rights of citizens recognised in the Constitution, and its exercise may not impede or affect other rights in an unreasonable manner. The right to strike is a last resort, so workers should not resort to strike action until all peaceful means of resolving collective labour disputes have been exhausted, without prejudice to negotiations with the employer.

170. The strike is preceded by a notice, a document in which the employer and the locally competent services of the Ministry of Civil Service and Labour are notified in writing of the decision to strike, at least seventy-two hours before the strike begins.

171. The notice must include:

- The date and time of the start of the strike;
- The certain duration of the strike and the workplaces covered by it;
- The benefits that are the object of the strike;
- The identification of the members of the strike committee and the strike delegates, if appointed.

172. When the strike involves companies or essential public services, seven days' notice must be given. Essential services include hospital emergency services, water, electricity and fuel supply, funeral services, loading, transport and unloading of rapidly deteriorating products, fire services, loading and unloading of essential products at ports and airports, postal services, telecommunications and airspace control.

173. Workers who form strike pickets may carry out activities by peaceful means aimed at persuading non-adhering workers to join the strike. The activities carried out by members of the picket lines may not impede or jeopardise the freedom to work of non-adherents or involve aggression, threats or insults.

Right to social security

174. Article 46 (1) and (3) of the CRGB states: “Those who work have the right to protection, safety and hygiene at work. The State shall gradually create a system capable of guaranteeing workers social security in old age, sickness or when they are unable to work.”

175. According to the Social Protection Framework Law,³⁴ “the Guinean social protection system is unified and centralised. It includes Compulsory Social Protection, Citizenship Social Protection and Complementary Social Protection”.

176. The registration of workers who carry out activities covered by the general system is compulsory (article 3 of Decree-Law no. 5/86 of 29 March, published in the Supplement to the Official Bulletin of the Republic of Guinea-Bissau no. 13). It guarantees social security to employees who work in commerce, industry and services.

177. The contribution rate is set out in article 84, where the worker pays 8% and the employer 14%, totalling 22% of the worker’s salary. Protection in the event of illness is guaranteed through the granting of medical and medicinal assistance and a cash allowance (Article 22); family expenses are compensated through the granting of family allowances and funeral allowances (Article 35). Protection in the event of invalidity is also guaranteed (Article 53); protection in old age through the granting of lifelong retirement pensions (Article 65); and protection in the event of death through the granting of survivors’ pensions (Article 71).

178. The system of voluntary payment of contributions guarantees the right to social security of people not covered by compulsory social protection schemes. By order of the Minister, specific protection schemes can be created for certain groups, taking into account their specificities, namely those resulting from socio-economic conditions or the activity carried out (article 1 of Decree no. 6/2012 of 17 October).

179. By opting for the restricted or extended protection scheme, the payment of contributions can vary between 12% and 18%, depending on the bracket adopted. The following benefits are included in the restricted scheme: invalidity, old age and survivor’s pensions. In the extended scheme, medical assistance and death grants are added. Remuneration is indexed to the minimum pension in the general scheme, which amounts to 30,697 FCFA (€47.2) per month (Article 10 of Decree 6/2012 of 17 October).

Protecting and assisting the family, especially women and children

180. Article 26 of the Constitution of Guinea-Bissau recognises the family and ensures its protection. It recognises the equality of children before the law, regardless of their parents’ marital status. The spouses have equal rights and duties as regards civil and political capacity and the maintenance and upbringing of their children.

181. In the legal sphere, the Social Protection Framework Law³⁵ was created, which defines the objectives and policies of social protection. These are to mitigate the effects of the reduction in workers’ incomes in situations of lack of or reduced capacity for work, maternity, old age and to guarantee the survival of their families in the event of death.

182. It aims to alleviate the burdens inherent in particularly fragile or dependent family situations. Social protection also seeks to ensure the livelihood of the resident population in need and their integration into the community, in line with the country’s economic development:

- People or families in serious poverty, especially if displaced;
- Women in disadvantaged situations;
- Children and adolescents with special needs or at risk;
- Elderly people in a situation of physical or economic dependence and isolation;

³⁴ Law no. 4/2007, of 3 September.

³⁵ Law no. 4/2007 of 3 September.

- People with disabilities, at risk or socially excluded;
- Unemployment at risk of marginalisation.

Legal age of marriage for boys and girls

183. In Guinea-Bissau, the legal age for marriage is eighteen, as article 1 of Law no. 5/76 of 3 May 1976 states that the age of majority is to acquire full capacity to exercise rights and to be entitled to govern one's person and dispose of one's property, this being the case of every individual of either sex who reaches the age of eighteen. And exceptionally at the age of 16 if the minor has been emancipated in accordance with the precepts of article 2 of the same law.

184. The marriage structure by sex varies according to age. Most of the population aged between 12 and 14, around 98.3%, are single. In this respect, we can say that in Guinea-Bissau, and according to the information in this 3rd RGPH, the phenomenon of early marriage is not yet significant. Among residents in the 15-19 age group, the proportion of unmarried people is significant, reaching 84.9% of the resident population in this age group. It can also be seen that around 15% of the population aged 15-19 are married. From this perspective, it can be said that in Guinea-Bissau, a large part of the population starts living in a conjugal union (married) from this age (15-19 years). Around 36% of the population aged between 20 and 24 and 57% of the population aged between 25 and 29 are married.

Prohibition of child labour

185. With regard to international legal instruments³⁶ from a human rights point of view, child labour is considered a flagrant violation all over the world. This is why the international community, in defence of children's rights and well-being, has adopted international laws known as "international conventions for children", namely: the United Nations International Convention on the Rights of the Child (CRC), ILO Convention 29 on forced labour, ILO Conventions 182 (1999) and 138 (1973) on the worst forms of child labour and on the minimum age for admission to employment, and the African Charter on the Rights and Welfare of the Child.

186. At the national level, the Constitution of the Republic of Guinea-Bissau does not contain a provision specifically prohibiting child labour.

187. In the field of national legislation, the Labour Code (CT) in force in Guinea-Bissau, in its Book II Chapter I Section VII, entitled "Work of minors", addresses the issue of the prohibition of child labour. The Labour Code exhaustively regulates the prohibition of child labour in Articles 346-358.

188. Our national legislation generally prohibits child labour, with a number of derogations under well-defined conditions.

189. Article 347 of the Labour Code stipulates that only minors who have reached the age of 16, have completed compulsory schooling and have the physical and mental capacities appropriate to the job can be admitted to work, regardless of the method of payment. The Code defines child labour as any work done by a child under the age of 16.

190. The Code for the Integral Protection of Children, which is currently being discussed and approved by the National People's Assembly, adopts other conditions for employment contracts for people over the age of 15, which have to do with work that is dangerous or harmful to their development³⁷ and which are considered the worst forms of child labour. Dangerous work includes heavy labour, work carried out in dangerous conditions and underground work.

³⁶ INE, *Enquête nationale sur le travail des enfants en Guinée-Bissau*, 2015 pp. 18-20. Notes introduced with the necessary adaptations, as INE worked with the articles of the General Labour Law and we updated the wording with the articles of the new Labour Code.

³⁷ The Comprehensive Child Protection Code, art. 78. This Code has already been discussed and approved by the Council of Ministers and is awaiting referral to the ANP.

191. Article 355 of the Labour Code also prohibits employers from employing minors under the age of 18 in work which, due to its nature and potential risks, or the conditions in which it is carried out, is harmful to their physical and mental development. It is also forbidden for minors under 18 to work in theatres, cinemas, cabarets, nightclubs and similar establishments, as well as selling or advertising pharmaceutical products, alcoholic drinks and tobacco.

192. A child who reaches the age of 16, if not attending compulsory school, cannot be employed, unless it is proven that they are unable to attend school. Among the accepted reasons is the lack of educational establishments in the child's area of residence.

193. The national legislator imposes an obligation on employers to ensure the training of minors who work for their company (Article 350 of the Labour Code).

194. The employer is obliged to take the necessary measures to ensure that minors working in the company are provided with working conditions appropriate to their age, in order to ensure their normal physical and mental development.

195. Night work is forbidden for children; exceptionally and under certain conditions, minors over the age of 16 may be authorised to work at night.

196. In order for the employment of minors to be effectively taxed, our legislator, under the terms of Article 358 of the Labour Code, requires employers to have a register in which the identification and age of minors working for the company must be recorded, thus facilitating the inspectors' control activities. Failure to comply with this rule will result in sanctions being imposed on the offending company or employer.

197. With regard to the data recorded on child labour, the country has a high rate of child labour. In 2014, according to the MICS report, more than half of children aged between 5 and 14 (51%) were involved in child labour. Around 80% of child labour was concentrated in rural areas, where children worked picking cashew nuts, farming and fishing.³⁸ Although in the latest MICS 6, for 2018-2019, the child labour rate appears to have fallen to 17%, this decrease is due more to a change in the criteria for this indicator³⁹ than to a significant change in the actual situation.

IX. Protecting children and young people

198. In Guinea-Bissau, the legal concept of child is in line with the Convention on the Rights of the Child (CRC), and according to the Statute of Jurisdictional Assistance to Minors and the Constitution of the Republic of Guinea-Bissau, any individual under the age of 18 is considered a child.

199. Since joining the CRC on 20 August 1990 and participating in the 1990 World Summit on Children, the government of Guinea-Bissau has been adopting legislative and institutional measures in order to fulfil its commitments to the CRC.

200. In 2000, the government created the Institute for Women and Children, which reflects the political commitment to better respond to the needs of this most vulnerable group. Likewise, the Social Welfare Institute pays special attention to children with disabilities.

201. The Constitution of the Republic establishes, among other things:

- Recognising the constitution of the family and ensuring its protection;
- The equality of children before the law;

³⁸ Guinea-Bissau National Policy for the Integral Protection of Children (PNPIC/GB) 2021-20309, 2021, p. 15.

³⁹ Cited by PNPIC/GB: To ensure comparability of estimates, UNICEF and the ILO decided to exclude involvement in hazardous occupations or unsafe working conditions from child labour estimates for reporting SDG 8.7.1 in 2018. REPUBLIC OF GUINEA-BISSAU. Ministry of Economy and Finance, General Directorate of Planning/National Institute of Statistics (INE). (2020). *Multiple Indicator Cluster Survey (MICS6) 2018-2019*.

- The right to personal identity, citizenship, a good name and privacy of private and family life;
- The right to education;
- The right to health.

202. The Statute on Jurisdictional Assistance for Minors enshrines the following rights (Articles 84 to 125):

- Right to legality (right to a name and a nationality);
- Right to food;
- The right to protection in terms of guardianship, adoption, administration of property and a special curator;
- It regulates the fulfilment of criminal prevention measures and considers the legality of minors in terms of paternity and maternity.

203. Article 1877 of the Civil Code regulates parental authority over children, particularly with regard to education, health and medical care. Article 117 of the Penal Code condemns female excision.

204. The Institute for Women and Children under the Ministry of Social Action, Family and Women's Protection is responsible for social assistance and support for initiatives related to women and children, through water and sanitation programmes, improving basic education, strengthening primary health care and specific interventions related to women.

205. An office for the care and assistance of women and children has recently been set up under the command of the Public Order Commission.⁴⁰

X. Protecting the elderly

206. There is no law in the country defining the age of old age. However, there are National Civil Service Retirement and Social Security laws that determine the start of retirement at 60 years of age. Retirement regulations can be found in Decree-Law no. 12-A/94 of 28 February, Chapter XV.

207. Traditionally in Guinean society and culture, the elderly are very privileged and respected members of any household. This is because, from the point of view of socio-cultural and ethnic values, the elderly are a section of the population with a great deal of knowledge, vital, professional and educational experience in society. Furthermore, in some ethnic groups, the elderly are holders of certain traditional local "knowledge".

208. On the other hand, Guinean society is characterised by a form of traditional solidarity, where each elderly person lives within the household under the full responsibility and protection of their children or other family members who provide them with any kind of support and/or assistance they need.⁴¹

XI. Maternity protection

209. The new Labour Code, like the legal regime for the civil service, presents a much more developed and up-to-date framework on labour issues. It is with this in mind that Section VIII of the Labour Code deals with women's work.

210. Maternity protection is thus provided for under the terms of articles 359 to 364 of the Labour Code. In the civil service legal system, articles 22, 23 and 24 of Decree-Law no. 13/2012 of 18 December (the legal system for absences, holidays and leave) provide for the

⁴⁰ 3rd General Census of Population and Housing, 2009, Section: Children, pages 14-19.

⁴¹ 3rd RGPH, 2009, Section: The Elderly, p. 15.

following absences – for maternity and paternity, for antenatal consultations and breastfeeding, and for childbirth.

211. Pregnant women must work in conditions that do not jeopardise their pregnancy. During pregnancy and after childbirth, working women are guaranteed the following rights, among others:

- Not to carry out, without a reduction in salary, any work not suited to their condition;
- Not to work overtime or at night, nor to be moved from their usual place of work.

212. Pregnant workers must, whenever required by their employer, provide medical proof of their condition. When she gives birth, she is entitled to ninety days' maternity leave.

213. Pregnant workers must, whenever necessary, attend antenatal appointments outside normal working hours. When the consultation is only possible during normal working hours, the worker may be required to present a document proving this.

214. Pregnant workers who are in a situation where there is a risk to themselves or their unborn child which prevents them from carrying out their duties, whatever the reason for the impediment, are entitled to special leave for the time necessary to prevent the risk, if they are not guaranteed a job and/or location compatible with their condition.

215. For the purposes of breastfeeding, the employee is entitled to sixty (60) minutes' leave during each working period during the first six months following childbirth.

XII. Gender-based violence

216. Domestic violence was criminalised by Law no. 06/2014, which defines the crime as any pattern of conduct by action or omission of a criminal nature, repeated or not, which inflicts physical, sexual, psychological suffering, deprivation of liberty and economic hardship, directly or indirectly, committed within the family against any person who habitually resides in the same domestic space or not, and the person with whom the victim maintains relations.

217. Domestic violence includes psychological violence, physical violence, sexual violence, rape, property rape and the unequal exercise of power that affects, jeopardises or limits the free development of the victim's personality for reasons of gender and age.

218. The most common cases of domestic violence brought to justice are sexual violence and rape (sexual abuse).

Annual statistics by domestic violence offence⁴²

Name	Year					
	2017	2018	2019	2020	2021	2022
Sexual Violence	18	10	08	12	12	14
Sexual Abuse	31	45	49	23	29	51

219. The penalties imposed on those convicted of domestic violence vary according to the type of violence committed.

220. In 2022, a project was created called “No tene diritu a um vida sem violência” - Strengthening protection mechanisms for victims of gender-based violence and promoting women's rights in Guinea-Bissau NDICI INTPA 2022/433-582, funded by the European Union and implemented by Mani Tese, in partnership with the Faith and Cooperation Foundation (FEC), the Ente Nazionale Giuseppini del Murialdo (ENGIM) and the Association of Friends of Children (AMIC). The project has promoted the creation of a space for dialogue between Ministries, CSOs, public and private actors involved in the sectors of reference, with a view to fostering political articulation aimed at building and presenting

⁴² Judicial Police source.

proposals for laws and engaging in dialogue and putting pressure on public authorities to generate sustainable changes in the fight against gender-based violence and in favour of gender equality.

XIII. Trafficking in human beings

221. The country has adopted a law on preventing and combating trafficking in human beings, particularly women and children⁴³ with the aim of criminalising trafficking in human beings and related activities and protecting victims, whistleblowers and witnesses. This law on trafficking in human beings criminalises trafficking in human beings and imposes the maximum penalty on those who engage in this activity.

222. Article 4 defines human trafficking as the recruitment, provision, transport or harbouring of a person for the purposes of prostitution, forced labour, slavery, involuntary servitude or debt bondage. The punishment is imprisonment for 3 to 15 years and if the victim is sick or dies as a result, the perpetrator is punished with 15 to 20 years.

223. The country has signed multilateral agreements with the Republic of Senegal, Guinea-Conakry and Mali in the fight against child trafficking at ECOWAS level. In addition, Guinea-Bissau has a Committee to Combat Trafficking in Human Beings, which includes organisations from different backgrounds: government, civil society and social partners, employers and workers.

224. In fact, there has been significant progress in the fight against trafficking in human beings in Guinea-Bissau. The draft Code for the Integral Protection of Children, which has child labour as one of its aspects, requires employers to provide a certain amount of information about the children they employ. This requirement in the procedures rules out the possibility that the child is being exploited and allows the General Labour Inspectorate to have access, when it deems it necessary, to all the information relating to the children employed.

225. At cross-border level, the country has improved its capacity to liaise with regional structures, especially the Senegalese authorities, in the field of identifying and mapping Guinean children who are begging on the streets of Senegal. Through collaboration and synergy between the government, via the IMC, and CSOs, particularly AMIC, the return of more than 2,000 Talibé children from Senegal has already been achieved. AMIC has rescued the following number of children:

<i>Year</i>	<i>2019</i>	<i>2020</i>	<i>2021</i>	<i>2022</i>	<i>2023</i>
Number of children	98	108	129	192	106

XIV. The right of everyone to a standard of living adequate for themselves and their families, including food, clothing and housing, and to a continuous improvement of their living conditions

Poverty reduction

226. Over time the country has adopted various anti-poverty programmes. In a recent sequence, DENARP I and II (National Poverty Reduction Strategy Paper) were adopted, the first covering the period 2006-2008 and the second covering the period 2011-2015. With the country's commitment to the Sustainable Development Goals (SDGs) in 2014, the government began to create the conditions to fulfil the targets set by this instrument in order to leave no one behind. Another development and poverty reduction policy instrument was created, called the Strategic Operational Plan - Terra Ranka (Guinea-Bissau 2015-2025),

⁴³ Law no. 12/2011 of 6 July.

aimed at outlining strategies to reduce poverty in its many dimensions, creating income and employment opportunities and improving the population's access to the basic quality public services to which they are entitled.

227. Following on from the Development Plan (PD) made in the 1980s, and after many years of lack, the National Development Plan (PND) 2020-2023 was created as the second medium-term planning exercise aimed at promoting the country's socio-economic and regional development through a strategy coordinated with the SDGs, "Hora Tchiga" and "Terra Ranka", seeking to harmonise their activity plans with the public projects included in the National Development Plan.

228. The results of the country's first National Poverty Reduction Strategy were less than expected. Various factors, such as political and institutional instability, the lack of infrastructure, the impacts of the global oil and economic crises, among others, influenced the failure to meet the targets initially set. As a result, the government decided to draw up a second strategy (DENARP II) to be implemented over a five-year period, from 2011 to 2015.

229. The "Terra Ranka" Plan provides for the reduction of poverty in programme 34A and 34B by "Promoting the national social development strategy" – promoting a large-scale national social development strategy, structured in the National Social Protection Plan and the National Strategy for the Empowerment of the Most Disadvantaged Populations, whose goal is to place the social battle and the fight against poverty at the centre of the strategic turnaround agenda", and the "Improvement and extension of social protection" – implementation of an effective social protection system (predictable social networks) that drastically reduces poverty through the implementation of conditional aid programmes such as Brazil's Bolsa Família and Rwanda's Vision 2020 Umurenge.

XV. Policies and Programmes to Combat Poverty among Vulnerable Groups (Women and Children)

230. In the search for ways to combat poverty among vulnerable people, the government has adopted specific programmes in DENARP⁴⁴ and Terra Ranka.

231. One of DENARP's policies and programmes is essentially aimed at reducing disparities between men and women and eliminating discrimination and inequality against women.

232. As a result of the constant political crises, the two DENARPs have not had much impact on the lives of Guineans, despite having concrete actions to reduce poverty and social inequalities at all levels.

233. In the case of the operational strategic plan (Terra Ranka), plan 34A provides for the promotion of a national social development strategy consisting of combining social protection and empowerment, which will enable mobilisation on the basis of a poverty reduction project combining emergency aid and sustainable solutions for disadvantaged populations.

1. Food Insecurity

234. In September 2019,⁴⁵ 30.7% of households in Guinea-Bissau were food insecure, or around 368,458 people. This proportion was 19.2% in urban households and 34.2% in rural households. From September 2016 to September 2019, food insecurity increased by 3.6% in rural households, although the difference between the affected population is not statistically significant.

⁴⁴ See: National Poverty Reduction Strategy Paper "DENARP I and II" (I covered the period 2006-2008. DENARP II covered the period 2011-2015), December 2011, IMF Report No. 11/353.

⁴⁵ Food and nutrition security monitoring system (SISSAN), Guinea-Bissau, September 2019, Bulletin No. 6, March 2020.

235. The regions of Gabu, Cacheu, Biombo and Oio were the most affected by food insecurity, with rates ranging from 36 to 39%. On the other hand, the lowest rates were found in the regions of Bafatá, Quinara and Bolama-Bijagós, where the rates were below 20%. 61.4% of households were forced to use consumption-based strategies to cope with hardship and 20% of households struggled to meet minimum food needs, being forced to use irreversible coping strategies that make it impossible for them to generate income or invest in human capital formation or productive assets in the future.

236. The average number of meals per day was 2 for adults and 3 for children under five.

237. Analysing the profile of food insecure households shows that rural households are more vulnerable to food insecurity than urban households. The analysis also shows that agricultural households are more vulnerable than those that do not depend directly on agriculture. The level of education of household heads significantly influences the food security situation. The lower the level of education of the household head, the greater the food insecurity. In addition, households with a small number of members are the most vulnerable to food insecurity.

238. Guinea-Bissau has not yet undertaken the creation of facilities for the safe medium or long-term conservation of genetic resources (animals or plants) for food and agriculture and there is no directory of local breeds considered to be in danger of extinction.

2. Food and Nutrition Security

239. In Guinea-Bissau, a study⁴⁶ shows that only 9.3% of children aged between 6 and 23 months had adequate nutrition and received a minimum acceptable diet. The proportion was 8.9% in rural areas and 13.3% in urban areas. This proportion increases with age, with 3.2% for children aged 6 to 11 months and 13.5% for children aged 18 to 23 months. The evolution of this proportion is due to the gradual introduction of new foods into children's diets.

240. According to the minimum dietary diversity indicator, only 17.9% of women of reproductive age (15 to 49) had an adequate diet in September 2019, including 16% in rural areas and 24.5% in urban areas. However, 8.4% of the women surveyed were pregnant at the time of the survey and 77.3% of them did not have an adequate diet, with all the possible consequences this could have for the woman's health and that of her future children.

3. Disseminating information on nutrition and healthy diets

241. The country has adopted awareness campaigns on nutrition and healthy diets through awareness programmes promoted by community health workers (CHWs), specifically trained to provide antenatal and postnatal care, based on the National Reproductive Health Programme (NRHP), which is aligned with the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA), an initiative of the African Union (AU) Commission. The Campaign was launched in 2009 during the 4th Ordinary Session of the African Union Conference of Ministers of Health held in Addis Ababa, with the theme "Africa Cares: No Woman Should Die Giving Life".

242. Through the Child Health and Nutrition Follow-up and Development Programme, CHWs are involved in providing various health services, mobilising families to seek treatment or women to attend antenatal appointments, raising awareness and providing information on healthy behaviour. CHWs are fundamental in raising awareness about hand washing, hygiene practices, vaccinations, healthy nutrition and malaria prevention.

⁴⁶ Ibidem, Food and nutrition security.

XVI. Promoting Equal Access to Land, Financial Credit for Women, Children and Refugees

243. There have been efforts to promote equal access to food, natural resources, land, financial credit and technology for food production. Women's access to land and economic resources is very limited. Although they are the main users of land as farmers and producers, and national legislation confirms gender equality, in practice women do not have secure land tenure. Under the customary law of some ethnic groups, they are restricted to secondary land rights, whereby their land use rights are obtained only through their husbands or other male family members.

244. Rural women are more affected by illiteracy, are less integrated into formal education systems and are less likely to own capital and other productive resources and face enormous challenges in returning to subsistence levels for their families.⁴⁷

245. In 2018, of the total agricultural population, 24.4% had ownership rights to agricultural land. Among the male agricultural population, 41% compared to just 10.8% in the female agricultural population. In addition, women represent only 24.3% of owners or holders of agricultural land rights.

246. The adult population's access to secure land is relatively low: the availability of a legal land document is recognised by 21.7% of all adults, including 21.2% of women. 97.6% of adults believe they have the right to own land while 79.3% of these adults believe they own land even if they don't have a legal document.

247. In terms of financial inclusion, there is a stark contrast between the lack of microfinance development in the country, which reaches only 0.9% of the population, and the rapid expansion of mobile money in 2021 (in 2020, 91.6% of adults opened money accounts and 47.7% were active users).⁴⁸

XVII. The Right to Water and Sanitation

248. Access to drinking water is a fundamental right and a prerequisite for the realisation of many other human rights. The government, with the support of development partners, is working to realise this right, with particular emphasis on vulnerable children, families and communities living in humanitarian and development contexts. Universal access to clean, safe, affordable and timely water sources is at the centre of SDG 6.1.

249. In 2010, according to MICS-4/IDSR-2010, more than half (two thirds) of Guinea-Bissau's population used an improved water source, with a big difference between rural and urban areas (53% versus 84%).

250. Access to clean, safe drinking water and sanitation remains a challenge in Guinea-Bissau and there is a huge disparity between rural and urban areas. According to the MICS6 survey, 2018-2019, the percentage of households using improved water sources for human consumption was 66.8%, with 87.5% in urban areas versus 55.3% in rural areas. Regarding the use of improved and/or adequate sanitary facilities, the total percentage was 14.4% of the households surveyed using improved sanitary facilities that are not shared, with 6.6% sharing with 5 households or less and 3.5% sharing with 5 or more households. Regarding the percentage of household members with a washbasin (place) where soap and water are present, the same report indicates that only 16.1% have a specific place to wash their hands in rural areas.

251. Efforts have been made in water supply and sanitation, one example being the creation of formal or informal organisations involved in the management of services such as water and sanitation committees, parents' associations and guardians.

⁴⁷ Magdalena Sepúlveda Carmona, Report of the Special Rapporteur on extreme poverty and human rights, 2015, paragraphs 38-39, p. 13.

⁴⁸ See National Voluntary Exam, 2022.

252. In the water and sanitation sector, the “Terra Ranka” Strategic Operational Plan aims to favour guaranteeing the population widespread access to drinking water and sanitation services as one of the main axes of Guinea-Bissau’s social development strategy, enabling the creation of a system for controlling, monitoring and evaluating water quality, which to date does not exist.

XVIII. The Right to Adequate Housing

253. The data from the RGPH-2009 shows that the majority of Guineans live in precarious housing. In fact, of the 176,500 households registered at national level, 89.1% live in precariously built dwellings and 10.9% in permanently built dwellings.

254. Of the total number of dwellings in urban areas, 21.4% are permanent, which shows that the remaining dwellings have no quality of life for their inhabitants, and much less so in rural areas, where only 2.2% are permanent.

255. When we analyse the breakdown of households by region and by type of dwelling, we see that it is not homogeneous. SAB has the highest proportion of households living in permanent housing (67.5%), followed by Gabú (10.5%). The remaining 22% are spread across other regions, with the Quinara region having the lowest number of households living in permanent housing at 0.8%. Also, the highest concentration of precarious housing is in SAB with 25.4%, followed by Cacheu (14.6%), Oio (13.9), Gabú (12.5%) and Bafata (11.1%).

256. According to the data, 73.1% of households in Guinea-Bissau live in their own homes (owners), and the remaining 13% live in rented accommodation, of which 2% is public rented, 19.1% private rented and 4% live in accommodation put at their disposal otherwise.

257. When analysing the region, the scenario is the same: owner-occupied housing units are almost evenly distributed across SAB (17.5%), Oio (16.1%), Cacheu (15.6%), Gabú (14.3%) and Bafatá (12.5%). Except in SAB, where the number of accommodation units rented out to private organisations is 46.4%, followed by owner-occupied units (42.7%).

258. The number of bedrooms reveals the privacy situation in which household members live. With regard to the breakdown of households according to the number of sleeping rooms by region. At national level, 73.6% of households live in homes with between 2 and 6 sleeping rooms. Of these, the largest proportion live in houses with 4 sleeping rooms (18.5%). Households living in dwellings with 7 or more sleeping rooms account for 18.9%. On the other hand, 7.5% of households live in houses with one room to sleep in.

259. Analysing by region, we see that the trend observed at national level is repeated in almost all regions of the country, except in SAB, Bolama/Bijagós and Biombo. In these regions, the majority of households live in dwellings with between 1 and 4 bedrooms, with 79% in SAB, 74% in Biombo and 70.8% in Bolama/Bijagós. SAB, Bolama/Bijagós and Biombo also represent the group of regions where the number of households living in one-room dwellings is relatively high, at 19.7%, 11.3% and 10.9% respectively.

260. The relative importance of households living in houses with 7 or more rooms stands out in the regions of Gabú, Bafatá, Cacheu, Oio and Quinara, whose proportions exceed the national average.

261. The results also show that, at national level, households have an average of almost 3.3 rooms to sleep in, with the Bafatá region having the highest number (4.5) followed by Oio (4.4), Gabú (3.9), Cacheu (3.8) and Quinara and Tombali both with 3.9 rooms. SAB, meanwhile, has the lowest number (2.4).

262. The 2009 data also reports on the types of materials used to build housing in Guinea-Bissau.

263. Most of the walls in the country’s dwellings are built with adobe or taípe (76.3%) and reinforced adobe (14.5%), making a total of 90.8%, as these materials are cheaper, sometimes obtained at no cost, and easy to handle. The proportion of other types of materials is almost

negligible, excluding cement blocks (5.4%). Brick-built dwellings account for just 2.7%. Stone accounts for a total of 0.9%.

264. As for the precariously built dwellings, most are built of adobe/taipe (85.6%) followed by reinforced adobe (9.4%), with mud-reinforced kirintin walls accounting for 2.4%.

265. As for the breakdown of dwellings by region according to the materials used for the walls, the situation varies from one region to another. Thus, it can be seen that although adobe or taipe walls are more common in SAB (27.3%), they also appear in almost equal proportions in Cacheu (15.2%), Oio (12.4%), Gabú (11.4%) and Bafatá (10.5%). Reinforced adobe is also found in large proportions in the walls of houses in these regions, except in Cacheu where its percentage is not high (7.2%). Cement block and brick are two construction materials for the walls of dwellings that are found more frequently in SAB than in the other regions, i.e. 68.3% and 66.1% respectively. The regions of Gabú (44.4%), Bafatá (13.4%) and Tombali (15.8%) concentrate most constructions with mud-reinforced kirintin walls of dwellings, which together amounts to 72.6%.

266. As for roofing, the data shows that most houses are covered in zinc. Zinc (57.6%) and straw (36.9%), which together account for 94.5%, are the main construction materials used to cover houses. The vast majority of permanently built dwellings are covered in zinc (86.3%), with the remaining 13.6% made up of tiles and fibre cement. Straw (41.4%) and zinc (54.1%) predominate in precariously built houses.

267. Zinc, although traditionally considered an imported material, is still extremely important in covering 57.6% of dwellings nationwide, 84.3% of which are in urban areas. This is followed nationally by straw-roofed dwellings, which account for 36.9% of predominantly precarious dwellings. The common use of the latter is generally due to its abundance, low cost and ease of obtaining, particularly in rural areas where it predominates with 60.3%, leaving zinc with 35.7%.

268. At regional level, it can be seen that in SAB, with the exception of straw, the use of modern roofing materials predominates compared to other regions. There, 46.3% of dwellings have zinc roofs, followed by Cacheu (13.6%), Gabu (10.6%) and Bafatá (9.4%). Tile and fibre cement roofs are also mostly found in SAB, 61.3% and 63.7% respectively. In terms of straw-roofed dwellings, the Oio region ranks first with 20.4%, followed by Gabu with 15.4%, Cacheu with 13.8%, Tombali with 12.9% and Bafatá with 12.3%.

269. In Guinea-Bissau, 59.6% of the dwellings have earthen floors, 36.0% cement, 2.5% mosaic and 1.9% other materials. Of the 10.9% permanent dwellings surveyed, 17% have tiled floors and 83% cement, totalling 100%. While 89.1% of the precarious dwellings in existence are almost exclusively floored with rammed earth (66.9%) and cement (30.3%).

270. Guinean society is strongly based on intergenerational and family social solidarity, and families are always taken in by ascendants, descendants or collateral relatives.

271. Public policies on access to affordable housing are scarce, perhaps because the country has faced cyclical institutional instability.

XIX. Protecting Tenants' Rights

272. The matter that regulates the tenancy relationship is the tenancy law, Decree no. 13-A/89 of 9 June 1989. This law is exhaustive in stating that eviction can only be carried out through legal proceedings.

273. In an eviction action, various claims can be combined, such as those for rent, compensation for losses and damages, as well as the indemnities or compensation granted to the tenant by law.

274. With regard to commercial leasing, the situation is regulated by the Uniform Act on Commercial Law.

275. The tenant and the landlord must comply with the clauses and conditions of the lease that concern them, under penalty of cancellation. The initiation of termination proceedings must be preceded by a summons to comply with the clause(s) or condition(s) in breach. The

summons shall be served by means of a separate legal notice or by any other means that makes it possible to verify actual receipt by the addressee. The summons must indicate, under penalty of nullity, the clause or clauses or conditions that have not been complied with and inform the addressee that, if the non-compliance persists for a period of one month from the summons, an action will be brought before the competent court, ruling by means of summary proceedings, for the purposes of cancellation and eviction, where appropriate, of the tenant and all occupants who depend on him.

XX. Right to health

276. The current Constitution of Guinea-Bissau emphasises in Article 15 that “public health aims to promote the physical and mental well-being of the population and their balanced integration into the socio-ecological environment in which they live.” It also states that public health “shall be oriented towards prevention and aim at the progressive socialisation of medicine and the medical and medicinal sectors.”

277. The reference to public health has a double meaning: (i) a public policy and (ii) the set of institutions that implement it. In this dual sense, public health aims to achieve the physical and mental wellbeing of the population; this dual aspect of wellbeing emphasises that the Constitution is not only guided by the physical curative dimension of state health policy, but must also be guided by the verification of psychotherapeutic support.

1. The implementation of the National Health Policy

278. The first National Health Development Plan (PNDS I) emerged in the context of a 1993 National Health Policy (PNS) guided by the principles of consolidating primary health care (PHC), improving access to health services, equitable distribution of resources, quality of care provision, decentralisation of the health system, definition and development of a strategy for human resources (HR) and better intersectoral collaboration allowed for the adoption of a sectoral table in 1997.

279. The second National Health Development Plan for 2008 to 2017 (PNDS II)⁴⁹ was conceived as a socio-economic development project to ensure the achievement of “Health Gains”. What little progress has been made has been with the support of partners, guided by a PNDS II operationalisation plan prepared by MINSAP with these partners, for interventions in the area of maternal and child health. The efforts of the National School of Health (ENS) and the Faculty of Medicine should also be emphasised, which made it possible to exceed the targets for nurses and doctors per 10,000 inhabitants. The threat of Ebola in neighbouring countries has reinforced investment in surveillance, warning and rapid response systems.

280. The PNDS II 2008-2017 was drawn up with the expectation that the health sector would respond to the objectives set by DENARP. According to this document, the elimination of poverty requires a comprehensive approach that takes into account economic, social, institutional, cultural and environmental aspects.

281. The main objectives of PNDS II were to “contribute to improving the population’s state of health, specifically reducing infant, child and maternal mortality, as well as reducing the burden of diseases such as HIV/AIDS, tuberculosis and malaria as factors of poverty”. According to the document, the most important determinants of health in Guinea-Bissau are water and sanitation, urbanisation and rural exodus, food and nutritional security, lifestyle, social inequalities and gender issues within the population. The communicable diseases that are the main causes of morbidity and mortality in the country are malaria, tuberculosis, HIV/AIDS infection, diarrhoeal diseases and acute respiratory infections. The most common non-communicable disease is malnutrition, which contributes to the maternal and child mortality rate. Malaria, an endemic disease with stable transmission and high prevalence, is the biggest public health problem. It is the leading cause of morbidity and mortality and

⁴⁹ Report on the Right to Health in Guinea-Bissau, UNIOGBIS, April 2017, p. 11.

represents more than 50% of the reasons for seeking health services, and consequently the biggest enemy of the productive forces in Guinea-Bissau.⁵⁰

282. The PNDS III (2008-2022) is a guiding document strongly influenced by the SDGs, the Terra Ranka Strategic Operational Plan 2015-2025, but it also results from the diagnosis of the health situation and the health system, taking into account the National Health Plan 2017, which reaffirms that “action for health is an integral part of socio-economic development and aims to improve quality of life”, guided by values such as “social justice, equity, accessibility and care, clearly identifying the rights and duties of both professionals and users, referring to codes of ethics and charters of duties and rights, in a culture of transparency and rigour”.

283. The strategic pillars of PNDS III are: leadership training, updating the legal framework, reforming the health map, knowledge management to support decision-making, financing the sector, securing medicines and other therapeutic products, developing the workforce, installing and maintaining equipment and partnerships.

284. The priority programmes are: reproductive health, child survival, food and nutrition, vaccination, malaria, tuberculosis, STIs, HIV/AIDS and viral hepatitis, neglected tropical diseases, responses to public health emergencies and non-communicable diseases.

2. The National Health System

285. The Ministry of Public Health (MINSAP) encompasses the Secretariat of State for Hospital Administration, and is the government department in charge of formulating, proposing, coordinating and executing government policy on health and the fight against epidemics. MINSAP includes the secretary-general, the general inspectorate of public health, the National Institute of Public Health (INASA), the Centre for the Purchase of Essential Medicines (CECOME), 11 regional directorates of public health, general directorates for prevention and health promotion, the administration of the health system and the administration of health institutions. The administration of the health system is decentralised, with MINSAP taking responsibility for formulating and planning the central health policy as well as coordinating the placement and remuneration of health personnel throughout the country. Each regional health system formulates its activity plan in consultation with MINSAP. The regional team conducts a range of activities including financial management, procurement coordination, dissemination and sensitisation, and facilities maintenance. However, the regional health offices are considerably underfunded. Their activities are financed through a five per cent levy charged to the region’s health posts (fifteen per cent levies are also charged to hospitals). MINSAP’s only funding for regional activities is earmarked for specific programmes, such as vaccination campaigns.

286. Health continues to be a secondary priority for public spending. According to the Investment and Development Expenditure Programme, the GSB-2022 has a total sum of 10,503.66 billion, corresponding to 5.12% of global investment, well below the commitment made by the government in Abuja in 2001, when the countries of the African Union pledged to adopt a budget allocation of at least 15% to improve the health sector. Government spending on health as a percentage of GDP is around 1%.⁵¹ Furthermore, less than 1% of the general state budget is currently allocated to the health of women and children,⁵² despite the chronic vulnerability of these population groups. It should be noted that due to the political impasse affecting the country since August 2015, budgetary spending on health has stagnated, as the various governments appointed since then have not seen their respective government programmes and budgets approved by parliament.

⁵⁰ Study on vocational training, job creation and integration into the labour market, Guinea-Bissau, 2014, p. 26-27.

⁵¹ WHO, “Global Health Expenditure Atlas”, Geneva, September 2014, p. 33; see also Human Development Report 2016 (see footnote 7 above), p. 229.

⁵² Committee on Children’s Rights, “Concluding observations on the combined second to fourth periodic reports of Guinea-Bissau, adopted by the Committee at its sixty-third session (27 May-14 June 2013)”, CRC/C/GNB/CO/2-4, 8 July 2013, § 16.

287. Most of MINSAP's funds⁵³ are allocated to paying the salaries of doctors, nurses and other health technicians. The remaining expenses are financed by donors and through direct payments made by patients. Patients generally pay a consultation fee at healthcare institutions⁵⁴ and also pay for goods such as medicines and services, including specific medical procedures. Most of these direct payments are used by administrators to maintain healthcare facilities and pay for healthcare goods.

288. There is a need to improve the systems for collecting and keeping records of financial and administrative data, since even with regard to the use of the health system's central funds, there is no record of all expenditure, particularly of funds that are not used to pay staff salaries.⁵⁵ The appointment of health professionals to administrative posts within the health system, both in government positions and in other posts such as hospital administration, is not systematically recorded or publicised. Staff turnover is frequent, and sometimes government authorities replace health administrators several times in the same year.

289. As a whole, the country's health system remains heavily dependent on donors. While efforts have been made to avoid duplication in service provision and promote coordination, MINSAP is planning to establish management functions within the Ministry to pool all donor funds and better coordinate their activities. However, questions arise as to how this will work in practice. To address this lack of coordination, at the end of 2016, the donors funding the health sector created a health sector coordination group currently made up of the World Bank, Global Fund, European Union, GAVI, WHO, UNICEF, UNDP and MINSAP.

3. Health services in the area of prevention

290. The country has a General Directorate for Prevention and Health Promotion (DGPPS) responsible for public health prevention. This Directorate-General is the main programme management institution, through the Support Office for Priority Programmes and its National Directorates, which coordinate the different programmes. The Priority Programmes Support Office is responsible for facilitating better communication and coordination between the programmes and with the health system, from national to local level. It has wide-ranging operational duties, from coordinating and integrating IEC activities, advising on the operational management of activities and resources, including the monitoring of activities, general monitoring of action plans and coordination of the actions of different partners and the validation of funding requests. This office has a coordinator and is supported by consultants from the various programmes that are part of it.

4. Health services in the area of treatment and rehabilitation

291. Guinea-Bissau lacks adequate legislation protecting the rights of people with disabilities, psychosocial and mental health care provision. Even when these services are available, the quality is often poor, partly due to the lack of prioritisation of mental health concerns within the overall health system. Many issues regarding the provision of mental health services in Guinea-Bissau are cause for concern. The main issues that lead to deficiencies in the treatment of people with mental illness include grossly inadequate physical and human resources for service provision, a lack of facilities that provide training for aspiring psychiatrists, high levels of stigma for both mental health workers and patients, and a lack of a comprehensive legislative framework regarding mental health care.

292. Three mental health centres are in operation in Guinea-Bissau. The Mental Health Centre of Enterramento in Bissau (public), and the private Mental Health Centres in Bôr and Quinhamel.

⁵³ Ibidem, Report on the Right to Health in Guinea-Bissau, UNIOGBIS, April 2017, page 12.

⁵⁴ Patients who do not have to pay a consultation fee include children under the age of five, pregnant women, women giving birth and patients aged 60 and over.

293. In the Quelele neighbourhood, there is a Motricity Rehabilitation Centre that receives stroke patients, produces prostheses and carries out physiotherapy.

294. A centre for the prevention and treatment of tuberculosis (Raoul Follerau Hospital) is up and running in Bissau, with more suitable conditions.

5. Cost of Access to Health

295. Affordability is perhaps the most pressing problem within the national health system. The vast majority of patients and their families do not have the financial means to pay for healthcare goods, services and facilities. In both public and private facilities, direct payments are extremely high. In 2012, it was estimated that private household expenditure made up 43% of health spending in Guinea-Bissau.⁵⁶

296. The payment of high fees for the provision of health services inevitably leads families into a difficult financial situation, depleting their savings or valuable assets and potentially leading to large debts or even bankruptcy. According to a World Bank Health Sector Review in 2016, Guinea-Bissau has the highest rate of direct payments in West Africa.⁵⁷

297. The main cause of this high incidence of direct payments is the lack of government funding for healthcare goods, facilities and services. Given the lack of sufficient funds in the remaining health budget to pay for health care goods and facilities after salaries have been paid, patients are forced to make direct payments to finance the running of the health system. The state budget allocation for health is also insufficient to employ all the country's health professionals, and so a proportion of these professionals work in the private sector. Patients do not receive any co-payment or reimbursement for paying for these services. The average fee for a consultation in Guinea-Bissau is 750 FCFA (approximately 1.10 USD).

298. Medicines purchased through CECOME are sold in public services with a modest profit margin. For example, generic amoxicillin costs around 700 FCFA when bought through a hospital. If complex care is required, the costs increase. At the Simão Mendes Hospital, diagnostic blood tests currently cost between 1,000 and 3,000 FCFA each. A blood transfusion can cost between 25,000 and 35,000 FCFA, even though blood donations are ostensibly free. Oxygen usually costs 25,000 FCFA. When patients or their families can't afford these fees, they either forgo healthcare or, in some cases, receive financial support from non-governmental organisations.

299. Measures are being taken to remedy the burden of direct payments on the population. For example, as part of efforts to reduce maternal and infant mortality rates, which are extremely high, the government has partnered with the United Nations and the European Union to provide free services to pregnant women and children under the age of five. So far, the reactions to this policy have been positive, but some difficulties remain and prevent access.

300. The 2014 government instituted free medical services and medicines for children, pregnant women and the elderly. At the request of donor institutions and the United Nations, on 25 May 2015, MINSAP instituted free malaria diagnosis and treatment for all.

301. Affordability has been improved by the government's policy of providing free services to pregnant women. However, problems remain. Many diagnostic tests, medical interventions and medicines are not funded through the programme, which creates uncertainty and potential vulnerability for women attending health services. For example, a pregnant woman will generally not be charged a consultation fee, or a fee to undergo a rapid diagnostic test for HIV or malaria, but they may have to pay for other medicines, or for intravenous fluids, which may discourage them from seeking health care in the future. Some women also end up paying for services to which they are technically entitled, either because they are unaware of government policy or for other reasons.

⁵⁶ WHO, Atlas of Global Health Expenditure (see footnote 38 above), p. 33.

⁵⁷ World Bank Development Indices, April 2016.

6. The Quality of Medicines and Clinical Equipment

302. The most difficult issue facing Guinea-Bissau in terms of the quality of medicines and clinical equipment has to do with the lack of quality control of medicines sold on the market, the poor conservation of medicines and vaccines, the low availability of medicines in some areas, including occasional shortages of antiretrovirals, the high cost of medicines, limiting access for vulnerable populations and the heavy reliance on “healers” and traditional medicines.⁵⁸ Despite the existence in the country of the Guide to good practice in the distribution and importation of pharmaceutical products for human use⁵⁹ and the legal regime for pharmaceutical activity,⁶⁰ its practice is not strictly observed.

303. CECOME, a centralised government system for purchasing health goods, buys medicines and distributes them to its regional branches, from which they are subsequently dispensed to the Health Centres.

304. Due to the weaknesses of CECOME, many hospitals purchase and import medicines from abroad, as do international partners who make purchases through their own systems. This is the case for programmes financed by the Global Fund which are procured through UNDP, the European Union, which procures MCH and essential medicines via IMVF and EMI, and UNICEF, UNFPA and WHO, which have their own procurement mechanisms. CECOME is mainly used for storage.

305. As a result, people buy medicines informally, unaware that unauthorised medicines or medicines without quality control, expired or without proper storage conditions or adequate transport controls, can be dangerous and even fatal. The current scale and impact of the sale of falsified medicines, counterfeit labelling, medicine smuggling, the lack of control over expired medicines or the sale of medicines without a prescription has not yet been measured in the country.

306. However, the availability of various medicines, especially vaccines, has increased with the concerted efforts of donors to improve the cold chain throughout Guinea-Bissau, which means that medicines and vaccines are now less likely to expire or become ineffective due to inadequate storage. UNFPA provides free essentials for reproductive health (such as oxytocin), and a wide range of contraceptives and female and male condoms. The availability of medicines for the treatment of HIV, tuberculosis and malaria is also generally good, thanks to the support of the Global Fund through UNDP.

307. The country has no production of medicines, equipment and basic laboratory supplies such as reagents, so the country is entirely dependent on imports.⁶¹

7. The training of health professionals

308. Human resources training for specific health professions is carried out at the following training institutions.⁶²

- The National School of Health (ENS) trains middle-level technicians (nurses, laboratory technicians, pharmacy technicians and radiology technicians) for MINSAP, and is also responsible for specialisations for these professionals, promotion courses and continuous professional development courses;
- Raul Diaz Arguellez Medical School (since 1986), which trains doctors with the support of Cuban co-operation. The diploma awarded is that of the mother school in Cuba;
- Amílcar Cabral University (UAC) with a degree in nursing since 2004;

⁵⁸ Voluntary National Examination, p. 63.

⁵⁹ Decision No. 09/2010/CM/UEMOA.

⁶⁰ Decree no. 11/2010 of 26 August.

⁶¹ UNIOGBIS, Report on the right to health in Guinea-Bissau, 2017, pp. 34-35.

⁶² National Health Development Plan 2018-2022 PNDS III, pages 43-44.

- SOS Herman Polytechnic, which offers training in public health and environmental sanitation.

309. Another four institutions also offer courses that are not recognised by the Ministry of Education:

- Universidade Lusófona da Guiné (ULG), which licences nurses and laboratory technicians;
- Jean Piaget University of Bissau (UNUPIAGET), which licences doctors and nurses;
- Higher Polytechnic Institute “Benhoblo” (ISPB) which licences nurses;
- Bà Biague School, which was closed by the state in 2015 for not being able to train nurses, but reopened illegally at the end of 2016.

310. These training institutions have been audited by ECOWAS/CAMES as part of the harmonisation of education in the region. These audits consider the quality of teaching to be below what is desirable and a process of curriculum harmonisation and quality standardisation is on the ECOWAS roadmap.⁶³ Finally, it should be noted that regional integration requires a legislative package, which is in the process of being adopted, to allow the free movement of health professionals in the West African region.⁶⁴

311. Ad hoc training is usually conducted on site when new equipment or products are delivered to healthcare institutions. However, there is no systematic supervision of continuing medical education for health professionals and no programme or policy on continuing clinical education. Stakeholders reported that when ad hoc training sessions are held, health professionals often do not attend without payment of an allowance, which was described as a common problem throughout the public service.⁶⁵

8. Measures Taken to Improve Maternal and Child Health and Sexual and Reproductive Health

312. Although Guinea-Bissau law establishes that all individuals are equal with regard to their right to reproductive health and cannot be deprived of their right or discriminated against on the grounds of sex or marital status,⁶⁶ progress in achieving good maternal health is limited by restrictions on women’s agency. In some parts of the country, women are prevented from making choices about their own reproductive health; almost every Health Centre in the interior of the country has registered cases of women brought in by their husbands for the removal of contraceptive implants or intrauterine devices because they had been placed without their husband’s consent.

313. Similar phenomena are observed in relation to birth spacing, access to abortion and sexual interaction, including within marriage. There is a clear need for ongoing sensitisation of men, women and health professionals in this regard. UNFPA has created five “men’s clubs” to try to engage men in discussions about rights related to reproductive health, including family planning, and the eradication of gender-based violence, including female genital mutilation; but to date, these efforts have not been evaluated or implemented at scale.

⁶³ Organisation Ouest Africaine de la Santé (2016). Mission report in Guinea-Bissau for the identification of needs in Human Resources and Health Equipment Bissau, 14 to 17 Mars 2016.

⁶⁴ Draft government decrees transposing: Directive 06/2008/CM/UEMOA on the freedom of movement, right of establishment and freedom to provide services in Guinea-Bissau for pharmacists from UEMOA member states; the regulation transposing Directive 06/2005/CM/UEMOA of 16 December on freedom of movement, right of establishment and freedom to provide services in Guinea-Bissau for doctors from WAEMU member states; Directive 06/2008/CM/UEMOA on freedom of movement, right of establishment and freedom to provide services in Guinea-Bissau for dental surgeons from WAEMU member states.

⁶⁵ Ibidem, p. 21.

⁶⁶ Law no. 11/2010 on Reproductive Health and Family Planning, published in Official Gazette no. 39 of 29 September 2010, art. 3.

314. It is important to note that the government of Guinea-Bissau decided, in collaboration with its partners, to combine the basic questionnaire drawn up for this cycle of the MICS survey with a questionnaire on reproductive health, aimed exclusively at women aged between 15 and 49. This represents the first survey of its kind carried out in Guinea-Bissau. This joint survey created the basic conditions for an overall assessment of the many investments made to date in the field of reproductive health, family planning, women's health, gender roles and domestic violence. It also highlights the progress made on the major challenges facing the state and Guinean society in terms of women's and children's health.

315. In short, the joint MICS4 & IDSR survey has provided essential data for redefining strategies in terms of information, education, communication and the provision of reproductive health services.

316. These data show that 93% of women aged 15-49 who had a live-born child during the two years preceding the survey received antenatal care at least once from a qualified health worker and 70% received antenatal care at least four times from any worker. As for births, 44% were attended by qualified health workers such as a doctor, nurse or midwife and 42% were carried out in health institutions.

9. Prevention of water-related diseases and access to sanitation⁶⁷

317. The availability of safe drinking water and adequate sanitation facilities has gradually improved in Guinea-Bissau, but some challenges remain. Although three quarters of the population had access to improved water sources in 2014, there was a big contrast between urban and rural areas, with 92% of urban dwellers using improved water sources, while only 61% of rural dwellers used such sources. A recent inventory of water points by UNICEF shows that more than 50% of all hand pumps installed are either not working or working poorly, leading the population to resort to unsafe water sources. Limited access to drinking water and sanitation facilities is the main cause of diarrhoeal diseases, including cholera.

318. Community-Led Total Sanitation (CLTS) initiatives have been carried out by various non-governmental and multilateral organisations in collaboration with communities to eliminate open defecation and reduce faecal-oral disease transmission. This initiative's interventions include training activities on latrine construction and on critical hygiene moments.

319. Communities involved in CLTS initiatives are required to have an operational sanitation committee. This is a good practice for involving the population in resolving existing risks to their health, especially when it comes to groups that are vulnerable due to their rural location. To date, a total of 1,170 villages have been declared open defecation free since 2010, mainly with funding from UNICEF (1,118 villages).

10. Vaccination Programmes and other Strategies to Control Infectious Diseases

320. Despite ongoing political instability, widespread vaccination campaigns have proved effective in the fight against child mortality over the last decade. Cooperation between MINSAP and the main donors and/or programmes, including the United Nations Children's Fund (UNICEF), GAVI and the World Health Organisation (WHO), along with key non-governmental organisations and other actors, has contributed to raising vaccination coverage rates to over 80%. Rotavirus and pneumococcal vaccinations have recently been introduced into the routine vaccination schedule; a welcome development, given the burden of respiratory and diarrhoeal diseases in the country among children.

321. In the first quarter of 2017, MINSAP, with the support of UNICEF, carried out an equity study on vaccination, to identify obstacles to the programme and parts of the population that were not covered. According to UNICEF, although vaccination campaigns have often achieved high coverage rates, routine vaccination has been declining over the last

⁶⁷ Report on the Right to Health in Guinea-Bissau, 2017, Page 8.

three years: in 2016, no more than 49.3% of children had received all their vaccinations before their first birthday. More resources will be needed to reverse this trend. One of the most pressing challenges for the future is the need to reverse the current paradigm of vaccination programmes, so that they are no longer dependent on external aid but are managed by the government, which should gradually take over vaccination expenses and systematically include them in the public budget.⁶⁸

11. Measures to Prevent Alcohol and Tobacco Abuse and the Use of Illicit Drugs, particularly by Children and Adolescents

322. The government has not adopted any measures to prevent the abuse of alcohol and tobacco; as for the use of illicit drugs and other harmful substances, there are no preventive measures either, but rather repression through the competent police forces. As far as providing treatment and rehabilitation for drug users and support for their families is concerned, there is also no commitment on the part of the government, and the treatment and rehabilitation centres that are currently operating, albeit in a precarious situation, are private.

12. Measures for the Prevention and Spread of HIV/AIDS and other STDs

323. The national legal framework on the right to health includes Law No. 5/2007 on HIV/AIDS, which prohibits discrimination against people with the disease and preserves confidentiality.

324. According to the National Secretariat for the Fight against AIDS, Guinea-Bissau is one of the few countries with an incidence of both types of human immunodeficiency virus, HIV1 and HIV2, with prevalence rates tending to be higher in HIV1 positive cases. HIV prevalence among people aged 15-49 is 3.7%. Young women are almost twice as likely to be HIV positive as young men, with sex workers and pregnant women registering prevalence rates of 8.9% and 5% respectively.

325. The high rate of HIV among pregnant women, in particular, may reflect a “silent epidemic” of HIV. As pregnant women are entitled to free healthcare, they are significantly more likely to have been tested for HIV than the rest of the population and therefore infection rates among this group may more accurately reflect the real prevalence of the disease. Positively, however, 83% of women are recorded as having received antiretrovirals to prevent the transmission of HIV from mother to baby.

326. The government, through the Ministry of Public Health and its partners in the health field, has always provided measures to prevent the spread of HIV/AIDS and other sexually transmitted diseases through awareness-raising campaigns and radio debates.

327. The 2019-2023 National Strategic Plan of the Republic of Guinea-Bissau for the response to HIV/AIDS is part of the global perspective of ending the HIV/AIDS pandemic by 2030, based on the UNAIDS strategy to accelerate the 90-90-90 response by 2020 (i.e. by 2020, 90% of people living with HIV are tested for HIV and know their serological status); by 2020, 90% of people living with HIV who know their serological status are on antiretroviral treatment and 90% of people living with HIV and on antiretroviral treatment have an undetectable/suppressed viral load) and the WHO guidelines on “Test and Treat” treatment to place any HIV-positive person without a condition.

328. The National Strategic Plan 2019-2023 of the Republic of Guinea-Bissau for the response to HIV/AIDS is in harmony with the HIV/AIDS Strategic Plan of the Economic Community of West African States (ECOWAS) for synergy and collaboration of interventions in the sub-region.

329. The Global AIDS Monitoring Indicator (GAM): percentage of young people with a complete and correct understanding of HIV/AIDS prevention and transmission is defined as:

⁶⁸ Report on the Right to Health in Guinea-Bissau, 2017, p. 25.

- Knowing that the constant use of a condom during sexual intercourse and having a single faithful uninfected partner can reduce the risk of contracting HIV;
- Knowing that a healthy-looking person may be infected with HIV/AIDS;
- Rejecting both false ideas of common knowledge about HIV transmission/prevention.

13. Affordable Access to Essential Medicines as Defined by the WHO

330. In order to ensure the realisation of the right to health, the state has a responsibility to ensure that medicines are available, accessible, culturally acceptable and of good quality. An adequate supply of essential medicines, as identified in the WHO List of Essential Medicines, must also be available. Furthermore, in accordance with its primary obligation to protect the right to health, the state is obliged to prevent third parties from interfering with the realisation of this right. Thus, the state must adopt legislation or other measures to ensure that private actors respect human rights standards when providing health or other services (such as regulating the composition of food products), control the marketing of medical equipment and medicines by private actors, and ensure that privatisation does not pose a threat to the availability, accessibility, acceptability and quality of health goods, services and institutions.⁶⁹

331. Medicines and other therapeutic products play an important role in the protection, maintenance and restoration of health and in the credibility of the healthcare institutions in the eyes of the population. Access to medicines and other therapeutic products is a fundamental aspect of any health strategy. Because of their benefits, universal access to essential medicines must be guaranteed when needed. Because of its costs, the market must be regulated by the state. The risks of counterfeiting and adverse effects require quality control and drug surveillance mechanisms. Due to its complexity, it requires suitably qualified professionals to be placed in the public and private healthcare institutions where they are needed.

332. SDG 3.8 refers to access to essential, safe, effective, quality and affordable medicines and vaccines for all.

333. The PNS 2017 calls for the rational use of medicines and citizens' access to essential medicines, and for the development of a medicines and health products industry. It also identifies the need to establish a Medicines and Health Products Regulatory Agency.

334. The National Pharmaceutical Policy (NPP) (in its 2009 draft version) set out to improve the population's access to medicines and other essential health products, seeking to ensure the best possible care at the lowest possible cost for the system and users.

335. In turn, the National Strategic Plan for Medicines and other Essential Health Products, 2018-2022 lists some strategies for achieving these goals:

- Identifying strategies to reduce the cost of purchasing medicines, equipment and healthcare products for the benefit of the patient;
- Ensuring a good geographical distribution of pharmaceutical establishments (structures that can dispense medicines);
- Adopting legislation to guarantee the commercialisation of safe and quality medicines and other health products;
- Promoting standardised therapeutic protocols;
- Disseminating formularies and the list of essential medicines among health professionals;
- Operationalising the drug surveillance service;

⁶⁹ Right to Health Report, p.

- Framing these interventions within a legal and regulatory framework to discipline the pharmaceutical sector, setting up a Medicines and Health Products Regulatory Agency;
- Ensuring the quality control of medicines and other health products;
- Creating a system to combat the commercialisation of counterfeit medicines.⁷⁰

336. In the same vein, the Strategic Operational Plan, 2015-2025 - Terra Ranka, is intended to be a continuation of the current plan and will be based on the implementation of an effective control system for the health system through evaluation and a plan to improve results. In addition to the governance of the health system, short-term actions will be aimed at developing quality health infrastructure, making quality medicines available to the population and implementing special health programmes.

XXI. Right to Education

337. According to Article 16 of the Constitution, education is aimed at human development. It must remain closely linked to productive work, provide the acquisition of skills, knowledge and values that enable citizens to fit into the community and contribute to its constant progress. The state considers the elimination of illiteracy to be a fundamental task.

338. With regard to the right to education, the State of Guinea-Bissau establishes in the CRGB, in Article 49(1), (2), (3) and (4), that every citizen has the right and duty to education; the State gradually promotes free and equal access for all citizens to the various levels of education; the right to establish private and co-operative schools is guaranteed. Public education shall be non-confessional.

339. According to the Basic Law of the Education System⁷¹ in its article 12, primary education is universal, free and compulsory. Free basic education means exemption from tuition, fees and emoluments relating to enrolment, attendance and certification, as well as free use of textbooks and teaching materials.

340. Basic education takes place over nine years and is organised into three cycles:

- First cycle comprises 1st to 4th grade;
- The second cycle, which forms the third stage of basic education, includes 5th and 6th grades;
- The third cycle, which comprises the 7th, 8th and 9th years of schooling, is the fourth and final stage of basic education.

341. Children who reach the age of 6 by 1st October are admitted to primary school. Children who reach the age of 6 between 2nd October and 31st December can enter primary school if their parents or guardians so request.

342. In terms of statistics, UNICEF's statistical yearbook,⁷² for 2014 and 2015, shows enrolment rates by year of schooling and gender:

- In 1st grade, the total number of male pupils is 45,836, while the total number of female pupils is 43,313 out of a total of 88,949 pupils;
- The total number of pupils in the second year of basic education is 58,946, broken down into 30,151 males and 28,795 females;
- As far as the 3rd year of schooling is concerned, the total number is 47,105, with 20,245 male students and 22,900 female students;

⁷⁰ National Health Development Plan, pp. 90-91.

⁷¹ Law no. 4/2011 of 29 March.

⁷² UNICEF, Statistical Yearbook 2014-2015, Published in 2018.

- For pupils in the 4th year of primary school, the total number is 41,090, 21,462 of which males and 19,628 females.

343. In the first two cycles of basic education, students' level of attainment is poor. In fact, in the 2nd year, in both Portuguese and maths, students haven't mastered half of what they should know. The situation is more serious in 5th grade, where only a third of the school programme is mastered by the students. As a result, in the 2nd year, around 20% of pupils face major difficulties, because their results correspond to those of a pupil who'd answer randomly. In 5th grade, when there is practically no possibility of remedying the situation, the percentage of students with difficulties is even higher: 25% in Portuguese and 34% in maths.

344. The data we have indicates that Guinea-Bissau's education system faces specific difficulties in transmitting knowledge to students. In fact, from the point of view of international comparison, the performance of 2nd grade students places Guinea-Bissau in 3rd place out of 14 countries where the same tests were carried out. But in 5th grade, pupils' performance places Guinea-Bissau in the bottom ranks, a sign that other countries are catching up, while Guinea-Bissau's pupils continue to accumulate gaps over the years.

345. One of the main causes of students' failure to acquire knowledge is the level of the teachers. In both Portuguese and maths, teachers themselves have trouble answering the questions they've been asked correctly. While 32% of teachers are unable to correctly answer the Portuguese test given to 2nd year students, the percentage is higher in maths, accounting for more than half of teachers (54%). In 5th grade, the problem is even more common: 95% of teachers don't know what they're teaching their pupils in Portuguese and 98% of teachers don't know the maths they're teaching their pupils.⁷³

346. According to the Education Sector Plan, data shows that although access to secondary education has increased (from 29% in 2010 to 39% in 2013), dropouts remain high: 38% of young people leave school before completing this cycle. In addition to the poor performance of secondary education, this sub-sector faces a more serious problem: the lack of a standardised curriculum, which should serve as a reference and basis for monitoring all actions to develop this cycle.

347. In fact, the absence of a standardised curriculum means that each secondary school operates according to its own syllabus and has its own textbooks. It is therefore impossible to organise training for secondary school teachers, since there are no clear guidelines on what they should teach once they are in post; and the lack of training means that not all secondary school teachers are trained to practise their profession. In this context, assessing the level of students' achievements is difficult: the lack of a harmonised programme means that each school is responsible for assessing and certifying its students. This difficulty in assessing the quality of secondary education is compounded by the lack of a national exam at the end of secondary education. Consequently, in the absence of a functioning national public university, secondary school leavers find it difficult to have their qualifications recognised at universities in neighbouring countries. Finally, there is a shortage of teachers (both in quantity and quality), particularly in the core subjects of Portuguese and science.

348. The country's National Institute for Technical and Professional Training (INAFOR) is responsible for engineering decision aid and promoting technical and professional training. The vocational and technical training sector takes two forms in Guinea-Bissau:

- The work placement traineeship is open (by competition) to students who have completed basic education 2 (i.e. who have finished 6th grade). It lasts from six months to a year and is designed to facilitate students' rapid integration into the world of work. It is taught at SENAI-Brasil,⁷⁴ at CEFC, which is a community training centre linked to agriculture and livestock, at the Ponte de Vida Vocational Training Centre and at the vocational centre set up by the Danish NGO ADPP.

⁷³ Education Sector Plan 2017-2025, 2017, Page 11-12.

⁷⁴ Brazil's National Industrial Apprenticeship Service, in partnership with the government of Guinea-Bissau, has set up a vocational training centre.

- Technical-vocational education for young people who have completed at least basic education 3 (i.e. at least 9th grade). It lasts three years and confers an academic qualification. It is taught in establishments such as CENFI (industrial training centre), CIFAP (industrial training and professional apprenticeship centre) and CENFA (administrative training centre), which became ENA in 2010/2011).

349. The number of students⁷⁵ currently enrolled in technical education and vocational training falls short of the country's needs. There are two reasons for the need to increase access to technical education and vocational training.

350. Higher education faces problems in terms of organisation and adapting to the needs of economic and social development. Despite the creation of the Amílcar Cabral University, whose purpose is to reorganise the functioning of public institutions offering higher education, the actions are not always effective and the institutions continue to function in an unorganised way.

351. The profile of teachers is not adapted to the standards required for quality higher education. In fact, many teachers have a bachelor's or master's degree, and those with at least a doctorate are scarce. Although there is no evaluation to assess the quality of the dispersed training programmes, education stakeholders are unanimous in saying that these programmes are not suited to the demands of the country's economic development. On the other hand, the infrastructure is not adapted to higher education (lack of laboratories, internet connection and a regularly updated documentation centre).

352. As far as literacy and non-formal education are concerned, until 2015 there were no measures in favour of children aged 9-14 who are out of the school system. With the Education Sector Plan, the government aims to implement a genuine national Literacy and Non-Formal Education (AENF) policy, based on a comprehensive situation assessment aimed at out-of-school children aged 9-14, as well as illiterate young people and adults aged 15 and over.

353. Only a few literacy sessions are organised for adults. Literacy is part of non-formal education and concerns adults. Their training consists of 3 levels of education, each lasting 4 months. Adult literacy courses are taught in centres run by communities or NGOs; there are no state-run literacy centres. The state does not provide any aid or subsidies, but is responsible for training facilitators, developing materials and monitoring this sub-sector through the staff of the General Directorate for Literacy, which is part of the Ministry of Education.⁷⁶

354. Here too, a specific study is needed to ascertain what is actually being done. The coverage rate in relation to the number of target adults, the cost and the effectiveness of the training activities provided need to be known. It is on the basis of the results of this study that a ten-year strategy for this sub-sector can be devised. It should be noted that, in the absence of an effective literacy policy, the literacy rate remains low: only 57% of the population is literate.⁷⁷

355. It will be necessary to actively pursue the development of a school network at all levels of education, implement an adequate system of scholarships and continuously improve the material conditions of the teaching staff.

356. The government of Guinea-Bissau is facing shortcomings and is not meeting its budget allocation for education, which, according to WAEMU standards, should be 16% of the country's GDP.

357. Over the years, and especially since the armed conflict in 1998, the right to education has suffered setbacks at all levels, including the material conditions of the teaching staff and the lack of scholarships, among others.

⁷⁵ Education Sector Plan, page 30.

⁷⁶ Ibidem, p. 22.

⁷⁷ Data published by UNESCO's statistics office.

358. Article 49.3 of the CRGB guarantees the right to set up private and co-operative schools. Private and co-operative education, as an expression of the freedom to teach, has an important place in the architecture of the education system.

359. In 1991, the state officially recognised its inability to meet the country's educational needs, thus ending its monopoly on education by creating the Private Schools Statute through Decree 6/91 of 20 May. Private and co-operative education is provided by institutions set up by natural or legal persons of a private or co-operative nature and does not benefit from any subsidy from the state.

360. Private and co-operative educational establishments that are compatible with the general principles, structures and objectives of the education system form part of the school network. Private and cooperative educational establishments may adopt curricular plans and syllabuses from public education or adopt their own plans and programmes, provided they meet the requirements of the previous paragraph and are approved by the Ministry responsible for education.

361. In general, there are huge disparities in the allocation of infrastructure and human, material and financial resources to schools throughout the education system. All this shows that either there are no management rules that allow for an equitable allocation of resources, or that these rules encounter serious difficulties in their implementation, i.e. the state's capacity is weak, both in terms of planning and resource management. As a result, there are situations where public spending per pupil varies from less than 5,000 FCFA to more than 30,000 FCFA between schools.

362. Similarly, in schools of roughly the same size (e.g. 250 to 300 pupils), some receive 1 million CFA francs a year from the government, while others absorb up to 9 million CFA francs.

363. One of the main reasons for the poor monitoring of the education system is the lack of complete data on the sector. The data that is available only relates to general education levels. They are not available for all school years, do not contain all the useful variables and are generally not exhaustive. As a result, it is not possible to carry out some analyses that could provide a better understanding of the sector's difficulties.

364. In some cases, a whole sub-sector is missing information (higher education, EFTP, literacy).

365. The education sector has been underfunded for several years, which is a limiting factor in its development. 97% of the sector's public resources go towards covering staff salary costs, which leaves no room for manoeuvre when it comes to spending on quality or strengthening the capacity of administrative structures, let alone school establishments.

366. Like other developing countries, Guinea-Bissau has committed itself to ensuring quality education for all children. This commitment was taken up in the basic law of the education system and made education a right. It is hoped that education will catalyse the emergence of the country, ensure equal access and success for all, contribute to the development of every citizen, and support efforts towards democracy and social progress. With a view to correcting the dysfunctions identified, the government has decided to implement a ten-year development programme for the education sector (2016-2025). This is in line with the country's stated desire to achieve universal basic schooling by 2025, and thus enrol the country in a process of poverty reduction and sustainable economic and social development.

367. The state is gradually promoting free and equal access for all citizens to the various levels of education. In this regard, the state is proposing equity in basic education, a central axis of the new policy. The long-term goal is for Guinea-Bissau's children to have nine years of schooling. This ambitious goal cannot be achieved by 2025, which is why it has been decided that 100% of children in an age group should enter the 1st cycle of basic education, continue their schooling in the 2nd cycle of basic education and complete it by 2025, and that the foundations should be laid to allow an increasing number to continue their studies in a reformed 3rd cycle of basic education.

368. However, there are many obstacles to developing inclusive practices in schools. Education remains one of the most promising and problematic areas in Guinea-Bissau. Despite the efforts made by different governments, the international community and civil society, the country's education system is still far from being able to assert itself as a right for the entire population. In 2021, 48.9% of the population was illiterate, many children (especially girls) don't go to school or drop out early and there is a significant rate of non-completion of compulsory education.⁷⁸

369. In fact, it appears that more than 96% of the children enrolled in Year 2 are older than the required age (7). In fact, the average age of children at this level is 11. With these late entries and the high frequency of failures, it can be seen that in 5th grade, almost all pupils (98%) are older than the required age (10). The average age at this level is 15. Thus, in the second cycle of basic education, there is a double problem: on the one hand, students of advanced age live with students who are still very young, a situation that can be difficult for teachers to manage. On the other hand, these pupils reach an age when opportunity costs are very important (work for boys and marriage for girls), leading them to leave school without having had time to acquire the basic skills they need throughout their lives.⁷⁹

XXII. Participation in Cultural Life

370. Article 17(1), (2) and (3) of the CRGB guarantees as a fundamental right of the state the creation and promotion of favourable conditions for the preservation of cultural identity, as a support for national awareness and dignity and a factor that stimulates the harmonious development of society. It also emphasises that the state preserves and defends the cultural heritage of the people, the enhancement of which must serve progress and safeguard human dignity. Therefore, conditions will be created so that all citizens have access to culture and are encouraged to actively participate in its creation and dissemination. It considers it the state's duty to encourage the practice and dissemination of sport and physical culture. The government is responsible for⁸⁰ organising and directing the execution of political, economic, cultural, scientific, social, defence and security activities, in accordance with its Programme.

371. In order to coordinate public action, the government created a department responsible for culture, known as the Secretariat of State for Culture. The department is committed to developing national cultural policy in order to better structure its intervention and strengthen the economic and social impact and effectiveness of the sector.

372. The studies carried out on the cultural and creative sectors, in particular the mapping of the Guinean Cultural Sector carried out by the European Union in 2019 and the 2016 study entitled "Creative Tracks: the economy and creativity in Cape Verde, Guinea-Bissau and São Tomé and Príncipe" did not make it possible to assess the contribution of culture to the creation of wealth and employment. However, they highlighted the existence of players involved in all sectors of cultural activities, from cultural heritage to design, performing arts and festivities, plastic arts and crafts, cinema and audiovisual, books and the press. Efforts are being made to better understand this reality in the context of the production of cultural statistics promoted by UEMOA.

1. National Legal Framework

373. Guinea-Bissau became a member of UNESCO on 1 November 1974, of WIPO in 1991 and, since then, has ratified the following four international conventions on culture:

- Berne Convention for the Protection of Literary and Artistic Works of 1886, as amended in 1979, ratified by Guinea-Bissau on 22 July 1991;
- 1972 Convention Concerning the Protection of the World Cultural and Natural Heritage, ratified by Guinea-Bissau on 21 April 2005;

⁷⁸ National Strategic Plan for Inclusive Education in Guinea-Bissau 2022 - 2028, page 14.

⁷⁹ Education Sector Plan, page 10.

⁸⁰ Art. 100(1)(b) CRGB.

- 2001 Convention for the Protection of the Underwater Cultural Heritage, ratified by Guinea-Bissau on 21 April 2005;
- Convention for the Safeguarding of the Intangible Cultural Heritage of 2003, ratified by Guinea-Bissau on 21 April 2005;
- The revised Bangui Agreement⁸¹ was signed by Guinea-Bissau in 2015 with the aim of establishing a uniform regime for the protection of literary and artistic property and industrial property among the 17 member states.

374. On the legislative and regulatory front, Guinea-Bissau adopted Decree 28/87 on the obligation to legally deposit in the INEP library, and Decree 17 of 1989 on the conservation of national archives. In 2021, the Council of Ministers adopted the Cultural Events Law, the object of which is the cultural spectacle defined as “the artistic activity organised in a defined space, covered or not, open to the public, where the representation or public performance of artistic or literary works is carried out”. Covers: Dance, music, theatre, cinema.

375. Although there is a new draft law on copyright, the Copyright Code⁸² from the colonial era is still in force. It serves to protect copyright activities and a fee schedule for the Copyright Office was created by Order No. 39/2017 of 19 March 2018. Finally, the Patronage Law was adopted in 2012.

376. Carnival is the most popular of the festivals, some popular fairs of gastronomy, dance, and exhibitions of products and artistic works are frequent, and art and culture festivals are often organised. Other cultural events take place at ethnic level, such as the Kunsundé festivals (of the Balanta ethnic group), the Kunderé dance festivals (of the Bijagós ethnic group), the Manjaco ethnic festivals (organised by Guinean descendants living in different diasporas), traditional wrestling festivals⁸³ and everywhere the tribes hold celebrations to mark the beginning of adulthood, known as Circumcision or manhood initiation festivals.

2. Material and Intangible Cultural Heritage

377. In Guinea-Bissau, the majority of movable cultural heritage is conserved by the population and a small number of hundreds of objects and artefacts are held by museums. The main museums that hold the objects and artefacts collected are:

- The National Ethnographic Museum of Bissau, created on 31 May 1988 with a collection of hundreds of objects;
- The Military Museum of the Liberation Struggle in Amura;
- The Mausoleum of Amílcar Cabral, located in the Amura Fortress in Bissau, created on 12 September 1976;
- The slave memorial in Cacheu, inaugurated in 2016;
- In addition to these main museums, there are six (06) smaller museums: the Varela Museum; the Gueledje Museum; the Iemberem Museum; the Casa do Ambiente Museum in Bubaque, the Nhoma Museum and the Amilcar Cabral House Museum in Bafatá.

378. Guinea-Bissau’s intangible cultural heritage is based first and foremost on its ethnic and linguistic diversity. According to RGPH data, there are more than a dozen ethnic groups that speak different languages.⁸⁴ Cultural diversity is also embodied in the practices, representations and knowledge of the communities that make up the country. Non-systematic inventories of traditional crafts (sculpture, ceramics, wickerwork, weaving, forging, goldsmithing, musical instrument making) have already been carried out.

⁸¹ Agreement establishing the OAPI (African Intellectual Property Organisation) of March 2, 1977.

⁸² Decree-Law no. 46.980/66, of 27 April, published in the 2nd supplement of Official Bulletin no. 12.

⁸³ Traditional Greco-Roman wrestling is very much encouraged culturally, to the point where it is the cultural flagship of Guinea-Bissau, as it is the only one that manages to win medals at the African Games and qualify for the Olympic Games.

⁸⁴ Socio-cultural characteristics, RGPH, INE, 2009, p. 24.

379. The general inventory of cultural heritage was carried out in 1989 and then in 2000 and 2009, but there is no consolidated document. This reflects a low level of protection of cultural heritage, especially as the law on cultural heritage remains in the draft stage as a result of political instability and the lack of prioritisation of the issue for the enhancement of people's human and cultural capital.

380. Initiatives such as musical concerts at the 24 de Setembro stadium, the Lino Correia sports complex, the Jomav space and others, supported by the state and youth organisations, are also part of the type of measures aimed at making culture accessible to citizens.

381. There has been great development in book publishing, with a considerable increase in the supply of books that reflect Guinean culture, as well as the regular holding of book fairs by the different universities and cultural centres, such as Portuguese and French, at reduced prices. The growth of websites, portals and electronic works in the field of culture is also an aspect that favours information and the dissemination of cultural goods and initiatives.

382. TGB, the only public television channel in the country, also has sign language translations for many news programmes to give disabled people better access.

383. The Copyright Office was created in 1988 and attached to the Secretary of State for Culture for the Legal Protection of Authors. In 1996, the Society of Authors of Guinea (SGA) was created, made up of 400 members, mainly musicians. However, this collective management mechanism has no longer been consulted since 2015, closing the door on one of the main sources of remuneration for creators and thus increasing the precariousness of artists. Thus, the coexistence of two structures with similar tasks has not strengthened the protection of literary and artistic property, but has led to its paralysis.

384. The government of Guinea-Bissau has been strengthening cultural cooperation agreements with counterparts in the sub-region and around the world, and promoting cultural events within the framework of these agreements. In this regard, special mention should be made of the development of cultural cooperation programmes in the context of the Community of Portuguese Speaking Countries (CPLP), including various cultural sectors and initiatives.
