



Convention on the Rights of the Child

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Summary record of the 2037th meeting

Held at the Palais Wilson, Geneva, on Tuesday, 22 September 2015, at 10 a.m.

Chairperson: Mr. Mezmur

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The meeting was called to order at 10 a.m.

Consideration of reports of States parties (continued)

Combined second to fourth periodic reports of Brazil on the implementation of the Convention on the Rights of the Child (continued) (CRC/C/BRA/2-4; CRC/C/BRA/Q/2-4 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Brazil took places at the Committee table.*

2. **Mr. Torres** (Brazil) said that the Government had undertaken a number of initiatives aimed at raising the birth registration rate and improving access to civil registration services in Brazil, including municipal registration campaigns, awareness-raising campaigns and the setting up of registration task forces in remote areas. Those initiatives took into account the sociocultural traditions of the various ethnic groups and indigenous peoples making up the Brazilian population and had led to a significant increase in the number of birth and civil status registrations. Moreover, the Government consulted indigenous leaders on the specific needs of their community before deploying a registration task force. There was also a centre that issued birth certificates free of charge in each municipality. Registration task forces provided persons living in remote villages on the banks of the Amazon River with access to civil registration services. The national civil registration system had been created in 2014. Under that system, civil registrars in the different states of Brazil were required to transmit all civil registration data to the central civil registry. In Brazil, civil registration was not a prerequisite for enrolling children in public schools and unregistered children attending such schools could be registered free of charge.

3. The national strategy to promote and protect the rights of persons with disabilities, “Live without Limits”, had been adopted in 2011 and had an estimated budget of 7.6 billion reais. The overarching purpose of the strategy was to mainstream the disability perspective in all areas of public policy. A health-care network comprising rehabilitation centres, orthopaedic workshops and centres providing dental care had also been created for persons with disabilities. In addition, medical professionals had been issued with a series of guidelines on caring for those persons. While Brazilian law provided for the possibility of sterilizing girls with disabilities, the procedure could only be performed if the girl in question was declared legally incapable and if the requisite court order had been obtained. In Brazil, persons with disabilities had a recognized legal status and enjoyed full civil and sexual and reproductive rights. Any violation of their rights constituted a criminal offence. Teachers received specialized training on the educational needs of children with disabilities. The Government was in the process of introducing an inclusive education system in all schools and was pleased to report that the number of children with disabilities attending mainstream schools had already increased. Children with disabilities were not required to pay a fee to attend school.

4. There was a special procedure for recognizing the status of indigenous peoples and their lands in Brazil. After several decades of decline, the indigenous population was again showing signs of growth. The Ministry of Education ensured that schools took account of the needs and respected the specificities of indigenous children. Centres providing specialized health-care services to indigenous groups had been set up in certain villages. Despite the Government’s efforts to protect indigenous peoples, they were still the target of violence, particularly in land-related disputes. The Government was working with the national security forces to tackle that problem and had devised an action plan to assist indigenous children affected by violence. Special protection was also granted to defenders of indigenous rights.

5. **Ms. Egas** (Brazil) said that a law prohibiting the use of corporal punishment against children and adolescents had been adopted in 2015. The Government's efforts to disseminate the provisions of the new law had included a campaign to raise the awareness of that prohibition among the general public and professionals working with children, and to provide parents with guidance in that area.

6. A special hotline for reporting acts of violence against children and adolescents had been set up in 2011 and, to date, around 120,000 calls had been received. However, it was often difficult to identify cases involving the sexual exploitation of children and adolescents owing to the tendency of the general public to conflate sexual exploitation and sexual abuse. The Government was currently pursuing a strategy to tackle the sexual exploitation of children and adolescents in cooperation with the judicial authorities and law enforcement agencies. The preventive actions taken under that strategy included initiatives aimed at increasing vigilance against the sexual exploitation of children and adolescents, affording them greater protection at the national and municipal levels and improving the mechanisms for prosecuting and punishing perpetrators of that crime. Moreover, a programme to tackle trafficking in children for the purpose of sexual exploitation in border areas was being conducted in cooperation with the federal police, who had been able to intervene and rescue a number of victims. Instances of suspected sexual exploitation of children reported via the aforementioned hotline were recorded in a central database and transmitted to the investigative authorities. A special mobile application for reporting child abuse had been developed in partnership with the United Nations Children's Fund (UNICEF). The application provided information intended to assist children in reporting abuse and a list of nearby support services.

7. Newly adopted legislation required hotels and other establishments to display information on the dangers of the sexual exploitation of children, and prohibited unaccompanied minors from staying in such establishments. Further legislation had raised to 18 the age at which the statute of limitations for crimes of sexual violence committed against children and adolescents became applicable.

8. While Brazilian law set 18 as the minimum age of marriage, it was still possible for minors to marry at 16 years of age, provided that they obtained permission from their parents or a judge. Brazilian law allowed minors aged under 16 to marry in certain circumstances, for example, in the event of a teenage girl falling pregnant. However, teenage girls in that situation were never forced to marry the father of the child when the pregnancy was the result of rape. The courts dealt with those cases on an individual basis. The penalties imposed on the perpetrators of acts of sexual violence against children and adolescents had also been strengthened.

9. A law prohibiting human trafficking inside and outside the national territory and a national action plan to combat human trafficking had also been adopted. The Government was working to improve the services available to the victims of human trafficking and to raise public awareness of that phenomenon. A survey conducted by the Ministry of Justice had revealed that trafficking in children was most prevalent along borders where identity documents were not systematically checked. Children were trafficked across borders for the purposes of domestic servitude, illegal adoption and sexual exploitation. In 2015, the members of the Southern Common Market (MERCOSUR) had signed an agreement providing for greater police cooperation in the fight against human trafficking.

10. **Mr. Torres** (Brazil) said that, in line with its international obligations, the Government had set up a committee to monitor the implementation of the national policy to combat torture, and a national preventive mechanism to conduct visits to places of detention throughout the national territory. Acts of institutional violence, including those committed in police stations, had to be reported to the Department of

Prosecution. The Government planned to improve the training provided to security officers and to build the capacity of the bodies responsible for monitoring places of detention with a view to reducing the prevalence of institutional violence.

11. The Government was also devising a strategy to reduce the high number of violent deaths of children. The majority of the victims were males of African descent who lived in impoverished suburban areas of Brazil. The strategy involved adopting a range of preventive measures, including awareness-raising campaigns, in the most violent municipalities of the country. Action was also being taken to guarantee young people from disadvantaged backgrounds access to education, health-care and social services, and to leisure and cultural activities. Guidelines on how to combat violence would be issued to municipal authorities in the future.

12. A comprehensive programme providing protection to at-risk children and adolescents had been in place in Brazil for several years. The purpose of the programme was not only to preserve the life of those children but to guarantee the full enjoyment of their rights in all settings. At-risk children and adolescents could be removed from their home if necessary. Around 170 children were currently benefiting from protection under the programme. Moreover, an agreement had been signed with a view to expediting legal proceedings involving children and adolescents and reducing the number of cases of sexual violence.

13. The Government was also devising a number of strategies to facilitate the reintegration into society and the labour market of minors who had been in conflict with the law. Generally speaking, the Federal Government was responsible for minors held in closed prisons while municipal authorities were responsible for minors held in open and semi-open prisons. There were also plans to build new juvenile detention centres to replace those which did not meet the required standard. Consultations were being held with civil society on the content of the education to be offered to adolescents held in such centres. Guidelines on the management and design of the new detention centres would also be issued. Moreover, a new training academy for professionals working with children and adolescents in conflict with the law had been opened. A national health policy catering to the needs of adolescents in the juvenile justice system had been adopted. The Government would continue to invest in the juvenile justice system in the future.

14. Violent offences committed by young people were often the consequence of the extreme violence they were regularly exposed to; it was Government's responsibility to break that cycle of violence.

15. **Mr. Cardona Llorens** said that the delegation should specify the legal criteria for authorizing the sterilization of girls with disabilities. He asked whether the system for the early diagnosis of disabilities was accessible in rural and remote areas. According to data provided by the State party, 97 per cent of children with disabilities were enrolled in inclusive education, which did not correspond to information obtained from other sources, and he asked for clarification in that regard. Concerning children not in inclusive education, he asked whether they were excluded because of the nature of their disabilities or because of a lack of access to inclusive education.

16. While the age of consent was 14, marriage before that age was permitted for pregnant girls. Did that mean that when a girl became pregnant before the age of 14, the father of the child could marry her rather than being charged with rape?

17. **Ms. Ayoubi Idrissi** (Country Task Force), noting that a number of complaints relating to sexual violence against children had been lodged in Brazil, asked how many of those cases had gone to trial and what kind of penalties had been handed down. She asked how the State party was working to prevent sexual violence against children, especially with regard to raising awareness in the family and at school in

order to help children to protect themselves. Such measures should be aimed in particular at vulnerable groups such as homeless children, children living in institutions, the children of displaced families and children with disabilities.

18. With regard to the generalized non-sexual violence committed against children by law enforcement officials, particularly in the context of peacekeeping activities in the *favelas* and preparations for the 2014 World Cup and the 2016 Olympic Games, she asked what measures had been taken to investigate and prosecute the perpetrators of such offences and whether any of them had been removed from active service. The Committee was very concerned at information regarding the extrajudicial executions of children and she requested specific information on investigations into those cases.

19. **Mr. Rodríguez Reyes** asked whether the State party intended to ratify the International Labour Organization (ILO) Maternity Protection Convention, 2000 (No. 183), which could improve the working conditions of breastfeeding mothers in Brazil. Noting that, according to some sources, the number of hospitals implementing an effective breastfeeding programme was rather low, he asked what percentage of hospitals were applying the UNICEF programme “Ten Steps to Successful Breastfeeding”.

20. **Ms. Oviedo Fierro** said that she would appreciate clarification on the link between agrarian conflict and the placement of indigenous children in institutions. Were they placed in homes because they had lost both parents in such conflict? With regard to the process to change juvenile justice legislation, she asked for more information on the various proposals submitted by the executive and legislative branches.

21. **Mr. Gastaud**, referring to the conflicts that had arisen between landowners and indigenous communities, asked whether indigenous territories were defined by the Constitution or by legislation, as that would affect how easily the relevant provisions could be modified. Following police intervention, had those responsible for the conflicts been prosecuted? Lastly he asked about the precise content of the national plan on cohabitation.

22. **Mr. Kotrane** said that, contrary to the recommendations contained in the Committee’s general comment No. 10, it appeared that children in Brazil were subject to very long periods of pretrial detention with no legal assistance and that detention conditions were often very poor. Was there a mechanism in place to enable children to lodge complaints in that regard?

23. He also asked the State party to provide assurances that children would not be subject to human rights violations in the context of preparations for the forthcoming Olympic Games.

24. **Ms. Pimenta** (Brazil) said that there were 40,000 basic health-care centres in Brazil that provided free services to the population. The country had been experiencing a severe shortage of medical professionals but 18,000 doctors had recently been recruited to work in primary health-care establishments across the country under the “Mais Médicos” (More Doctors) programme and the needs of the population were currently being met. Brazil had long been implementing a national immunization programme, under which a human papilloma virus vaccination had recently been introduced for pre-adolescent and adolescent girls. While around 95 per cent of children and adolescents were covered by the programme, that figure did not include indigenous children. Likewise, although overall levels of malnutrition had decreased significantly in recent years, rates of malnutrition and infant mortality remained very high among the indigenous population. The Special Secretariat for Indigenous Health was taking various measures to address that problem, such as the assignment of some 200 doctors from the More Doctors programme to health-care

establishments serving indigenous communities. Children in those communities were currently receiving vitamin and iron supplements and vaccinations, and primary health-care units had been set up in their local areas.

25. Studies had shown that levels of child obesity had increased significantly over the previous 30 years, which was a matter of great concern. National policies had been introduced to encourage breastfeeding and healthy eating among pregnant women and children under 5. Under a new programme to promote healthy eating and sport, awareness-raising weeks were conducted in schools, with a focus on preventing child and adolescent obesity. The national dietary guidelines had been updated in 2014 to advocate healthy eating based on traditional Brazilian food culture, and the Government was currently preparing a law to regulate the commercial advertising of processed food directed at children. That law represented a huge success for children's health and was expected to be approved on 12 October, which was national Children's Day.

26. Currently, 75 per cent of the population were covered by private health insurance, which was regulated by the National Regulatory Agency for Private Health Insurance and Plans. The Brazilian health-care system comprised both private and public establishments and, owing to the shortage of trained medical professionals, many doctors worked in both sectors. A recent survey by the Federal Council of Medicine had indicated that most doctors worked in three or four different establishments. In order to address the gaps in specialist and outpatient care, doctors were being recruited from overseas and investments had been made in private and public medical schools. It was forecast that, by 2026, there would be a sufficient number of specialist doctors working in both the public and the private sector to serve the entire population. The Government was also working in partnership with a number of private and public universities to establish distance learning programmes for medical students. A network of technical schools had been established and the Ministry of Education invested in residencies for doctors.

27. Neonatal screening had been introduced to ensure the early diagnosis of six types of congenital disorder and tests for syphilis and HIV had been introduced for all pregnant women. Measures to improve maternal health included investments in natural birthing centres, an increase in the number of beds in intensive neonatal care units and a reduction in the number of Caesarean sections carried out.

28. With regard to mental health, she said that community systems were in place to prevent the institutionalization of mental health patients.

29. While leprosy remained a problem in the country, leprosy patients were treated in free outpatient units and all leper colonies had been eradicated. The Government awarded compensation in the form of monthly payments to all those who had been isolated in such colonies under the previous system. The eradication of leprosy was a slow process but a number of control measures were in place. A programme was also in place to reduce the rate of tuberculosis, which was high in low-income and homeless populations.

30. **Mr. Dodsworth Magnavita de Carvalho** (Brazil) said that the National Education Plan was implemented at the federal, state and municipal levels; the Federal Government was responsible for meeting each of the 20 targets established under the plan. The Government was committed to increasing access to education in rural areas and among the indigenous population. Efforts were being made to ensure that indigenous teachers taught in their own communities and literacy training was conducted on a bilingual basis in order to ensure respect for indigenous languages. With regard to the monitoring of private schools, he said that any regulatory irregularity occurring in a private school must be reported to the municipal secretary

of education. If the problem was not resolved, the case would then be referred to the public prosecutor. The quality of education was currently higher in private schools than in public schools and there were plans to resolve that situation by investing in teacher training and increasing the salaries of public-sector teachers under the National Education Plan.

31. Noting that most public medical universities were located in large cities, he said that many students were being forced to leave their home towns in order to train as doctors, which led to a brain drain in certain areas. Under a funding plan for higher education students, low-interest loans were granted to such students to enable them to attend private universities in their local areas. Rather than meeting the needs of the population by recruiting doctors from abroad, it was important to train medical professionals within Brazil.

32. **Mr. Torres** (Brazil) said that 25 per cent of Brazilian citizens used private health-care services, while 75 per cent received public health care. With regard to education, 81 per cent of education was provided by public schools.

33. **Mr. Suplicy** (Brazil) said that, in 2013, the city of Sao Paulo had established a secretariat for human rights and citizenship. A range of public policies had been implemented to combat violence and prevent human rights violations. Efforts in that regard had included measures to protect the rights of the lesbian, gay, bisexual and transgender community, the homeless, children, young people and other vulnerable sections of society, with the aim of creating a more tolerant society. Policies to provide assistance to drug users included the “De Braços Abertos” (Open Arms) drug rehabilitation programme, which covered 505 drug users, providing them with housing, benefits, and food. Programme participants dedicated a set number of hours per week to community work, and to educational activities.

34. Brazil had approved a law to provide a minimum basic income for all citizens. It was hoped that the law would be implemented, step by step, in the coming years.

The meeting was suspended at 11.30 a.m. and resumed at 11.45 a.m.

35. **Ms. Aho Assouma** asked whether the decree passed in October covered the sale of breast-milk substitutes. She requested information on training provided to health-care staff to ensure that such substitutes were not offered in health centres. She also raised the issue of infected women who were not able to breastfeed.

36. Noting that the suicide rate was high among the indigenous population, she asked what measures were being taken to tackle the problem. Had any studies been carried out or support programmes implemented?

37. She asked for further information on the distribution of pharmaceuticals.

38. **Mr. Nelson** welcomed the State party’s achievements in reducing the child labour rate. However, he requested clarification and more specific data with regard to child labour in the 5-9 age group, which the State party had described as “almost non-existent”. He noted that the problem of child labour persisted in the 10-15 age group, and asked whether the Government had implemented any programmes to address the problem. The documents provided suggested that, under Brazilian law, judges had the power to authorize the employment of children under 16. How was that provision reconciled with the provisions of the Constitution, which prohibited the employment of minors under the age of 14, and restricted the work performed by children between the ages of 14 and 16 to apprenticeship contracts?

39. Noting that the State party had introduced new legislation to tackle the recruitment of children into youth gangs, he asked whether any other measures had been taken in that area. He asked whether any of the national or local commissions on

the rights of children and adolescents established by the Government were involved in inspecting detention facilities.

40. **The Chairperson** (Country Task Force) said that information should be provided on the impact of budget cuts on education and the measures the Government was taking to mitigate that impact. He requested further information on the increase in the number of public schools managed by the military police. What was the thinking behind those developments? Was military discipline applied in those establishments?

41. On the issue of indigenous children, he requested further information on how and why land demarcation efforts had failed to make the expected level of progress, and asked the State party to explain the bill before Parliament which could potentially deprive indigenous communities of certain rights.

42. **Ms. Vieira dos Santos** (Brazil) noted the Government's campaigns to tackle the sexual exploitation of children and adolescents, which focused on companies and large-scale events such as the World Cup. Efforts included the mobilization of protection networks and service teams during major events, prevention and awareness-raising activities, supervisory activities and efforts to ensure the convergence of agendas for action by the Government, the private sector and civil society. Such measures had opened up a debate on the role of private companies in efforts to protect children's rights, and had led to the development of a protocol on the human rights of children and adolescents, and a set of guidelines for the construction sector, in an effort to establish a culture of responsibility and prevent human rights violations.

43. **Mr. Brito** (Brazil) said that more than 30,000 children and adolescents were cared for in alternative care settings. Follow-up and professional support were provided for foster families. Alternative care services were also provided in institutional settings, which included homes based on family models, and special homes for adolescents over 18 years of age. Reform of the alternative care sector had sought to provide improved, personalized care which met the relevant quality standards. The budget for alternative care per child had also been increased. There were plans to extend the care network, with funding from the Federal Government. Family follow-up was carried out by multidisciplinary teams, and children were followed up on a 6-monthly basis.

44. **Mr. Torres** (Brazil) said that 34,000 applicants were waiting to adopt one of approximately 6,000 children on the adoption register. The national plan on adoption included measures to train prospective parents with a view to improving compatibility and preventing failed adoptions. Measures had also been implemented to raise awareness and encourage families to adopt children with disabilities, children from different ethnic backgrounds, or older children, for example.

45. **Ms. Egas** (Brazil) said that Brazil complied with the provisions of the Convention, and procedures were in place to ensure post-adoption follow-up. Foreign adoption agencies working in Brazil were subject to rigorous checks and were monitored by a central body, part of the Human Rights Secretariat. Approximately 100 international adoptions took place per year — far fewer than the number of national adoptions — with 75 per cent of the children concerned going to Italy, France or the United States of America.

46. In cases of international child abduction, the authorities attempted to mediate in the best interests of the child.

47. A range of measures had been implemented to protect the rights of the children of mothers in detention. Steps had been taken to ensure access to medical services and prenatal care; babies remained with their mothers for 6 months to facilitate breastfeeding. Financial assistance was also provided to children with a parent in

prison. In 2012, legislation in that field had been amended to ensure that children could regularly visit their parents in prison, in order to guarantee the right to family life. The Government supported a range of prison projects and funded care centres for mothers and children in 23 states. A policy had also been introduced to provide integrated care to women in detention, including maternity services. A number of those measures had been implemented in coordination with the child protection network.

48. Child-friendly interview rooms had been introduced, and professional training was provided on how to interview children, particularly victims of violence. The existing interview protocol was to be extended to cover other aspects of child protection, including education, so that children passing through the system would not be forced to relive their traumatic experiences. Regulations on child victims of violence had also been introduced, and specialist teams were available to provide support to victims.

49. Approximately 2.5 million 16- and 17-year-olds, for whom voting was optional rather than compulsory, had registered to vote in the country's most recent elections. A plan that had been developed to combat sexual violence included measures on the safe use of the Internet, the use of digital technologies as human rights tools and the strengthening of investigative bodies. In 2008, penalties for sex crimes against children, including crimes involving the Internet, had been stiffened. All aspects of child pornography were currently penalized.

50. Under the Statute of the Child and Adolescent, judicial authorization was required for minors to enter such venues as stadiums, nightclubs or recording studios or to take part in beauty contests or other public performances. In 2015, the Ministry of Labour and Employment had developed guidelines on the granting of such authorizations.

51. **Mr. Torres** (Brazil) said that a comprehensive immigration bill was currently before the National Congress. In 2015, the National Council on Immigration had set up a working group to focus specifically on issues relating to child migrants and refugees. Guidelines were being developed with a view to ensuring that child immigrants were treated consistently by the country's courts and providers of social services. Regardless of their legal status, such children were entitled to free health care and education. The Government had established reception centres for migrant families in border areas where illegal entry was common. Currently, Brazil had 8,400 refugees, and efforts were being made to accelerate the process of examining applications for asylum.

52. **Ms. Pimenta** (Brazil) said that the implementing decree on the law regulating the advertising of infant formula and other baby foods was nearly complete and should be issued in the coming days. Breastfeeding had been emphasized in Brazil in recent years, and 35 per cent of deliveries took place in clinics that had implemented UNICEF's "Ten Steps to Successful Breastfeeding". Women with HIV/AIDS were discouraged from breastfeeding. The Government gave them grants to enable them to buy infant formula.

53. Many indigenous communities were located several days' journey by river from the nearest roads, so they were not always properly supplied with necessary medicines, despite the Government's considerable efforts, which included the establishment of the Special Secretariat on Indigenous Health. Suicide-prevention methods used in urban areas were not well suited to areas inhabited by indigenous populations. The Ministry of Health had therefore set up a pilot project whereby members of tribes with high suicide rates took part in cultural exchanges with members of tribes that had strong cultural identities and were less susceptible to

suicide. The hope was that the exchanges would help make it possible to reduce suicides among a population very different from the country's highly urbanized majority.

54. **Mr. Dodsworth Magnavita de Carvalho** (Brazil) said that the Ministry of Education was very concerned about the development of militarized public schools in a number of Brazilian cities. Although the violence that had provided the pretext for the replacement of civilian principals by members of the military police had become less common, it had given way to other coercive practices — such as charging tuition fees or reserving places for the children of members of the military police — that were thoroughly at odds with the country's policies on public education.

55. The Ministry gave priority to basic education. Although budget cuts were a reality, they were made to initiatives considered less crucial. For instance, Science without Borders, a scholarship programme that enabled Brazilian students to study in institutions of higher learning abroad, had been suspended.

56. The deaf community in Brazil was well organized, and most of its members did not consider themselves persons with disabilities. They were deaf persons, with a language and identity of their own, and most deaf children rejected inclusive education, preferring instead to attend schools exclusively for deaf students. The first public middle school for deaf children had been opened in the State of Ceará. That context had to be kept in mind when looking at the percentages of children with disabilities who attended mainstream schools.

57. **Mr. Torres** (Brazil) said that Brazilian sign language was one of the country's official languages.

58. **Mr. Brito** (Brazil) said that the Third Global Conference on Child Labour had been hosted by the Brazilian Government in 2013. At around the same time, the authorities had begun a programme to evaluate and eradicate child labour. The situation had improved in recent years, and what remained was the hard core of the problem. Dealing with it would require intersectoral efforts. Home health workers, for example, could report cases of child labour, as it was often performed in the home. Children in the most remote areas could be reached by personnel travelling by motorboat. There were about 1.3 million children working in the country, most of them over the age of 13.

59. **Mr. Perondi** (Brazil) said that minors could be held in pretrial detention for up to 6 months and that the country's juvenile justice system was considered one of the best in the world. Children could be tried in the juvenile system starting at the age of 12, and at 18 they could be tried as adults. Most juvenile detention centres in the State of São Paulo were in good condition, but those in other states were generally not.

60. One of the flaws of the system was that minors who committed horrific crimes were released after no more than 3 years. Efforts were therefore being made to stiffen penalties, and it was in that context that, despite considerable opposition from the judiciary, the executive and parts of the legislature, the regrettable bill on lowering the age of criminal responsibility from 18 to 16 had been approved by the Chamber of Deputies. The Senate would attempt to reject the proposed change, however.

61. A national school had been created to train the judicial and social services personnel who worked with minors in conflict with the law; currently, when such minors entered the juvenile justice system they received support, and the system was constantly improving. A clear statement from the Committee on the inadvisability of lowering the age of criminal responsibility would therefore be most welcome.

62. **Mr. Suplicy** (Brazil) said that the most effective means of reducing the number of armed robberies and murders was not to introduce the death penalty or lower the

age of criminal responsibility, both of which were prohibited by the Constitution, but to ensure that all children, starting in their earliest youth, had access to the most comprehensive education possible. Providing all persons with a basic income, which would enable them to live with dignity, would also help lower crime rates.

63. **Ms. Winter** asked how deprivation of liberty for a minor differed from prison for an adult.

64. **Mr. Kotrane** said that he would appreciate a reply to his question about any measures being taken to ensure that children, especially street children, were not arbitrarily detained in a misguided attempt to ensure the safety of visitors travelling to Brazil for the World Cup and the Summer Olympic Games.

Initial report of Brazil on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/BRA/1; CRC/C/OPAC/BRA/Q/1 and Add.1)

65. **Ms. Ayoubi Idrissi** said that she wished to know whether Brazilian civil society had participated in the elaboration of the State party's report and whether it had been discussed at both federal and local level. She asked what measures had been taken to include a specific definition of the involvement of children in armed conflict in domestic law and to establish a body to coordinate all activities related to the implementation of the Optional Protocol. She requested specific information on the contents of courses touching on matters covered by the Optional Protocol and asked whether the independent human rights monitoring mechanism was authorized to receive complaints from children in military schools. Had the personnel of that mechanism carried out any on-site inspections with a view to ensuring that Brazil was fulfilling its obligations under the Optional Protocol?

66. **Ms. Oviedo Fierro** asked whether there was a body that exercised oversight of the disciplinary system in the country's military schools and whether those schools had any plans to admit female cadets. She wondered whether minors participated in firearms drills and, if so, whether any particular protocols were followed. She also asked what measures were being taken to address arms exports to countries where children were involved in armed conflict.

67. **Ms. Aho Assouma** asked what municipalities were doing to implement the Optional Protocol. She also wondered how many military personnel had been prosecuted for unlawful deprivation of liberty and whether minors served in the Armed Forces.

68. **The Chairperson** asked how Senate bill No. 219/2013 would strengthen efforts to combat the recruitment of children by armed gangs and whether Brazil intended to ratify the Arms Trade Treaty. He also asked whether double criminality was a requirement in Brazilian extradition procedures.

The meeting rose at 1 p.m.