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

SUMMARY RECORD OF THE 9th MEETING

Held at Headquarters, New York,
on Friday, 18 April 1986, at 3 p.m.

Chairman: Mr. RUIZ-CABAÑAS (Mexico)

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Consideration of reports submitted in accordance with Council resolution 1988 (LX)
by States parties to the Covenant concerning rights covered by articles 10 to 12
(continued)

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The meeting was called to order at 3.15 p.m.

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

Second periodic report of Finland (continued) (E/1986/4/Add.4)

1. At the invitation of the Chairman, Mr. Rusi (Finland) took a place at the table.

2. Mr. MRACHKOV (Bulgaria) requested additional information on the child guidance and family counselling centres (para. 5 of the report). In particular, he wished to know what kind of counselling and guidance was provided, and to what extent the general population made use of those services. He had read that corporal punishment was a penal offence (para. 7). Did such punishment include the corporal punishment of children by their parents? Further information on changes in child-rearing practices in Finland would be useful.

3. Although the report contained a section on "maternity and child health centre activity" (paras. 19-23), additional information on those centres would help to provide a better idea of how they functioned. Did pregnant women who remained in the work force enjoy extra protection because of their condition? He asked whether the provision of medical and health care free of charge in Finland only applied when such care was provided by the public sector.

4. The second periodic report contained no information on environmental protection. He wondered whether there had been any new developments since Finland had submitted its first report.

5. Referring to paragraph 97 of the report, he asked whether the Finnish Government intended to introduce a system of completely free medical care.

6. Mr. TEXIER (France) asked whether the Child Custody and Right of Access Act (para. 3 of the report) indicated who determined or granted joint custody. Was joint custody agreed upon between the parents, or was it decided by an outside authority, such as a court?

7. He would welcome information regarding population trends in Finland. The populations of a number of European countries were becoming older as birth rates dropped, which resulted in a negative population growth. Was that the case in Finland as well?

8. Referring to paragraphs 12 to 15 of the report, he asked whether there was a system of progressive taxation based on income, or whether taxation of families was based on the number and status of family members.

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(Mr. Texier, France)

9. Paragraph 29 of the report seemed to refer to three kinds of assistance, namely, the maternity, paternity, and parental allowance. Were there three separate allowances, or was there just one allowance applied in different ways?
10. Referring to the Act on the Recognition and Enforcement of Foreign Decisions relating to Payment of Maintenance (annex II to the report), he wished to know whether Finland had concluded many international treaties with other countries with regard to pensions in cases where a court ruling had been made in another country.
11. It would be interesting to learn whether the Act on Foodstuffs (para. 51) made it compulsory to indicate the product's ingredients on the label, including the percentage of chemical additives.
12. Referring to paragraph 96, he inquired whether there was a significant difference in the cost of services provided by physicians in the public and private sectors respectively. Did the Finnish social-security system reimburse patients for both medical visits and hospitalization?
13. He wished to know whether it was difficult for a woman who was separated or divorced to obtain custody of a child whose father had taken it to another country in defiance of a court ruling in favour of the mother. Had Finland signed - or was it negotiating - any agreements on that subject with other countries?
14. Mrs. JIMENEZ BUTRAGUEÑO (Spain) inquired whether Finland envisaged any legislation regarding retirement age as a result of the progressive aging of the population and the high survival rate.
15. It would be useful to learn whether all Finnish citizens, regardless of whether they had worked or not, were entitled to a minimum basic pension. Did a non-working married woman whose husband received a pension also have a right to a pension when she reached a certain age?
16. She would appreciate additional information on the tax situation of working spouses. Were couples highly taxed, and did they file a joint declaration? Was any pressure put on couples who did not get married because of the tax situation?
17. The reporting State should clarify whether the social security of single parents, the Child Maintenance Act, the Child Maintenance Security Act and the tax allowances for single parents, all mentioned in paragraph 32, represented four different concepts.
18. Referring to paragraph 36, she inquired whether many children were taken into care outside their own family, and whether that was a result of divorces or family problems. She wished to know the number of divorces in relation to the number of marriages in Finland, as well as the characteristics of children taken into foster care.
19. It would be useful if the reporting State also provided some information on the housing situation in Finland.

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20. Mr. YAKOVLEV (Union of Soviet Socialist Republics) inquired how the average per capita income in Finland was spent, including the percentage that went on housing, food, family health care and taxes.

21. With regard to income-security benefits, he observed that the provisions cited in paragraphs 46 to 48 bore witness to Finnish social justice. It would also be useful to know whether the benefits were available to all unemployed persons, how they were dispersed, what the duration of coverage was, and what assistance was available when they ended.

22. Mrs. KIMATA (Japan) questioned the justice of child labour to increase family income. Additional details would be welcome regarding the role of child labour, the percentage of working youth in each age group, and the Government's position concerning the effect of child labour on future Finnish society.

23. Mr. BENDIX (Denmark) said that co-operation among Nordic countries guaranteed to their citizens reciprocal benefits under the Nordic welfare system. Further information would be useful concerning housing. It would also be interesting to learn whether the provisions in paragraph 8 (c) took effect upon termination of maternity leave. With regard to paragraph 11, it was unclear what the precise criteria and limits of mental illness and severe mental deficiency were. It would be useful to know whether there had been tax reforms to eliminate the "poverty trap" mentioned in paragraph 15. The reporting State should also highlight revisions of the Act on Juvenile Delinquents mentioned in paragraph 43. With regard to paragraph 94 on occupational health care, more information should be provided concerning the number of employees required for the provision of such health services, and the extent to which businesses were obliged to comply.

24. Mr. POERSCHKE (German Democratic Republic) said that further details would be welcome on how Finns were informed of their rights under articles 10 to 12 of the Covenant, what differences in legal status there were between Finnish nationals and foreigners, and whether both groups enjoyed equal protection of those rights.

25. The reporting State should indicate what government measures had been taken to eliminate unemployment. More information should also be provided concerning measures at both the national and bilateral levels to protect the environment.

26. The CHAIRMAN, speaking as a member of the Working Group, said it would be useful to know whether Finland would be able to finance its social-welfare system in the future, in view of demographic changes. He also noted that the problem of overnutrition in Finland stood in striking contrast to the developing countries' nutritional deficiencies. The reporting State should highlight provisions embodied in the Finnish Constitution to guarantee economic, social and cultural rights. With regard to unemployment, diverse national situations made it difficult to compare unemployment rates in different countries. What was considered unemployment in one country might be viewed as underemployment in another.

27. Mr. Rusi (Finland) withdrew.

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

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

29. Mr. ALBAN-HOLGUIN (Colombia), responding to questions raised by members, said that, given Colombia's vast area and diverse topography, it was difficult to extend medical care to areas of armed conflict. Nevertheless, agreements had been reached with some rebel groups for the purpose of carrying out vaccination campaigns.

30. With regard to public order, an amnesty had been declared under which 90 per cent of all former rebels were currently enjoying full political rights. Fifteen former rebels had been elected to Congress, and one was a presidential candidate. In that respect, the amnesty had so far been a resounding success. However, it was still being rejected by the so-called "anarchists". Former guerrilla-dominated areas were currently receiving substantial financial support to set up basic services.

31. One of the principal aims of the health programme was to provide adequate health services throughout the country. Seventy-seven per cent of Colombians currently enjoyed a complete range of public health services. While services were also available to the remainder, the remoteness of the areas in which they lived often made access to such services difficult. The Government hoped to make full health services easily available to all Colombians by the year 2000.

32. Meanwhile, communities were being encouraged to participate in their own health care. Health promoters were being trained to assess the health care needs of their communities. There were currently 6,000 health promoters in communities throughout Colombia, and by the end of 1986 that number was expected to increase to 7,000. In addition, there were 30,000 elected community-action groups (juntas de acción comunal) trained by the health authorities, using audio-visual and other techniques, to translate technical information into language more easily understood by the people of their communities. Those groups identified persons within their communities who had not been vaccinated, and also assisted in preventing pollution. While the process of community participation in health care was a slow one, the results achieved to date had been encouraging.

33. The 77 per cent of Colombians who enjoyed full health services, could be further divided into the 52 per cent who received such services through the public sector, 15 per cent through social-security institutions and 10 per cent through private institutions. The remaining 23 per cent of Colombians received health services only through the public sector. Almost all new investment in health services went to the public sector. The best hospitals in Colombia were in the public sector; there was a nominal charge for their services, while indigent persons received such services free of charge. Private-sector institutions received no public funds, relying on medical fees for their revenue. The health services provided by social-security institutions were also of a very high standard.

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(Mr. Albán-Holguín, Colombia)

34. In 1985, the sum of 52 billion pesos had been allocated to public health out of the national budget. Despite further contributions from the municipalities and departments, a deficit of 12 billion pesos was anticipated in 1986 and the Government was seeking a solution to that problem.

35. On the question of the rapid turnover of medical personnel, particularly in rural areas, he explained that medical students in Colombia were obliged to perform one year of social service in rural areas areas before graduation. At the end of each year, therefore, students were required to vacate their positions in order to make way for incoming students. It was clear, however, that some reform of that system was required since many students wished to remain in the rural areas.

36. A massive anti-yellow-fever vaccination campaign had been launched two years previously, the results of which would soon be available. A team of scientists at the San Juan de Dios hospital in Bogotá was currently engaged in research to produce a vaccine against certain types of malaria. The results were expected to be ready within a few months. Sixty-five per cent of Colombians lived in areas affected by malaria, the incidence of which was 30 per thousand. That excessive incidence was due to the mobility of people living in forested areas and to the difficulty of undertaking anti-malaria campaigns in areas in which the public order was disturbed. The disease was prevalent in frontier areas, and the health authorities co-ordinated their efforts with those of neighbouring countries. Dengue fever, on the other hand, had now been eradicated in Colombia. Adequate funds had been allocated to both the anti-malaria and anti-dengue campaigns.

37. On the question of the "brain drain", Colombians had complete freedom to leave and re-enter their country. The Government was currently seeking to ascertain how many Colombian professionals had left the country to settle abroad. In 1983 a major campaign had been launched to encourage Colombian professionals abroad to return, and 3,500 persons had registered to do so. The question was particularly sensitive with regard to medical doctors, who were enticed abroad by higher salaries. Colombian diplomats abroad were under instructions to maintain close contact with professionals and to keep them informed of job opportunities in Colombia.

38. On the question of birth control and family planning, the birth rate had been reduced from 3.5 to 1.5 per thousand over a 15-year period. That effort had been based on a national consensus involving the political, religious and scientific communities. The campaign had been carried out with the greatest respect for the inherent dignity and freedom of couples, and had focused on educating parents about the advantages of smaller families in terms of equipping children to take their places in society. Two children had now become the norm in most Colombian families.

39. The Government had sought the understanding and co-operation of the Catholic Church in that campaign. It had stressed its responsibility to organize a social system in which all members of society could realize their full potential. There had been no confrontation with the Church in that matter. Indeed, the papal encyclicals on birth control were based on the freedom of couples to decide their

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(Mr. Albán-Holguín, Colombia)

destinies. Both Government and Church were united in their opposition to unnatural means of birth control involving mutilation or abortion, and that aspect was closely supervised by the State to ensure the dignity and freedom of women.

40. With regard to drug addiction, the Government had no statistics for Colombia. It was a relatively new problem and efforts were being made to compile initial statistics. Drug addiction was not widespread among Colombian youth, notwithstanding statistics in United States publications purporting to show the extent of drug addiction in various Latin American countries, including Colombia. The Government of Colombia and the public-health authorities were aware that the leaves of the coca plant had been chewed for centuries by the indigenous Indians in the Andean region. That cultural practice was largely explained by the need to relieve the strenuous existence led by those peoples. Modern-day drug traffickers had encouraged the indigenous farmers to extend their cultivation of the coca plant.

41. Colombia was now waging a merciless struggle against drug traffickers. During the previous two years alone, millions of kilograms of coca had been destroyed; laboratories, electric generators, aircraft, vehicles, radios and quantities of petrol and ether had also been destroyed or confiscated. That campaign, which had accomplished much more than the efforts of the United States drug-enforcement agencies had achieved, had elicited a violent reaction from the drug traffickers: 31 Colombian judges had been murdered during the campaign. Thousands of people continued, nevertheless to participate in the struggle. A major drug-related problem was the fact that drug traffickers set up laboratories in areas so remote that they could only be detected by satellite.

42. The aim of the campaign was not only to punish the guilty but also to find solutions. Assistance had been received from the United Nations Fund for Drug Abuse Control to promote crop substitution, establish information centres and rehabilitate drug addicts. The results would begin to be felt in 1986. In the second half of 1986, a survey would be carried out on drug use as part of the National Health Survey, the results of which would be included in the next report to the Working Group.

43. On the question of homicides as a leading cause of mortality among Colombians aged between 14 and 40 years, he said that that situation was largely due to the war against drug traffickers. Although the anti-guerrilla campaign received greater press coverage, it accounted for very few civilian casualties. That situation illustrated the extent to which drug trafficking had penetrated Colombian society. The campaign against it, although painful, was necessary. The eradication of certain tropical diseases in Colombia, which had caused homicides to appear higher up on the list of the principal causes of mortality was a contributing factor. Mention should also be made of the recent economic recession, which had caused severe unemployment and widespread social problems, including increased criminality. There had been a downward trend in homicides during 1985, however, and the authorities hoped that it would continue.

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(Mr. Albán-Holguín, Colombia)

44. With regard to accidents as a cause of death, the conditions for obtaining a driver's licence had not been made more difficult. However, after being fined three times, a driver had his licence withdrawn and was required to take a driving course, which, with the help of audio-visual aids, brought home the fact that a car could be a lethal weapon. The campaign so far had been very successful.

45. With regard to environmental protection, the national Institute for Natural Resources (INDERENA) had legal power to safeguard the environment by evaluating the environmental impact studies which foreign or national industries were required to submit to it before undertaking any new project, by controlling lumbering activities or by ensuring that drainage and irrigation projects were in conformity with regulations. Currently, the only disincentive available to INDERENA was the imposition of fines of up to 500,000 pesos; and some industries preferred to pay the fines rather than correct the environmental abuses. There was, however, a bill before Congress to make the sanctions more severe. INDERENA had as yet no forestry policy, but had launched a "Green Campaign" in which over 600 "green councils" had been established in communities throughout the country, composed of municipal authorities, ecologists and concerned citizens. The people had co-operated in an extraordinary manner with the green councils which, through public pressure, had begun to determine the policies to be followed by industry and to be adopted by INDERENA.

46. The CHAIRMAN observed that the representative of Colombia had contributed significantly to the Working Group's understanding of two matters which were of concern also in his own country: the drug traffic, which was being fought at high economic and social cost in the producer countries and could be fought decisively only by the main consumer country; and the welcome news of the imminent breakthrough by a distinguished Colombian scientist in developing a vaccine that would make it possible to eradicate malaria before the end of the century.

47. He said that the Working Group had concluded the consideration of the initial report of Colombia concerning rights covered by article 12 of the Covenant.

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

Initial and second periodic reports of Hungary (continued) (E/1980/6/Add.37 and (E/1986/4/Add.1)

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

50. Mr. ENDREFFY (Hungary), replying to questions put by the Working Group on the initial and second periodic reports of Hungary concerning rights under articles 10 to 12 of the Covenant, said, with regard to the protection of the family, that a working mother or father with three or more children under the age of 14 was entitled to nine days' special leave per year. Furthermore, annual paid leave consisted of from 15 to 24 working days, depending on the length of service, with additional paid-leave days for special circumstances like the number of children or jobs involving special hardship.

(Mr. Endreffy, Hungary)

51. Minors could be sent by the courts or the guardianship authorities to reformatories (para. 73 of the initial report), which were special State schools where freedom of movement was restricted.
52. Several questions had been asked about the demographic structure and trends in Hungary and the specific goals in that context of the newly-introduced child and family benefits. Pointing out that the figures given for infant mortality rates in paragraph 152 of the initial report and paragraph 51 of the second periodic report should have been per thousand rather than per hundred, he gave the following demographic statistics: Hungary's population was 10,645,000, with an urban population of 56 per cent; approximately 48 per cent were male with a life expectancy of 66 years and 52 per cent female with a life expectancy of 74 years.
53. The approximate age distribution was 22 per cent under 15 years of age, 21 per cent from 15 to 29 years, 27 per cent from 30 to 49 years, 12 per cent from 50 to 59 years, and 18 per cent 60 years and over. The birth rate was approximately 12 per thousand; the death rate, 14 per thousand; the natural population increase rate, -2 per thousand; the marriage rate, 7 per thousand; and the divorce rate, 3 per thousand. The major causes of death were circulatory diseases, accounting for approximately 744 per thousand, and cancer, approximately 270 per thousand. He noted that the negative rate of population increase was due to the lower proportion of the population - especially women - currently reaching child-bearing age. The revised family allowances had been introduced to encourage a higher birth rate, and their success could only be evaluated in time.
54. The divorce rate which, as in most European countries, had increased, was a matter of concern, as was the stable rate of premature births (para. 52 of the second periodic report), the causes for which were currently being studied.
55. As part of State care for minors, there were State care institutions for children under 18 who were orphaned or living in families where they were exposed to unfavourable conditions. Their placement could be initiated by the guardianship authorities or by the parents themselves.
56. Further details regarding the Ministry of Finance decree on social and cultural benefits (para. 5 of the second periodic report) would be provided in the next periodic report.
57. Widows with children had the same rights and benefits as other parents, except as indicated in paragraph 25 (c) of the second periodic report. Maternity leave was 24 weeks, and child-care allowances continued even during any unpaid leave.
58. His Government did not believe that the measures prohibiting the employment of women in hazardous work (paras. 29 and 89 of the initial report) were discriminatory since their purpose was to protect women.
59. Among the causes of environmental pollution in Hungary were the non-compliance by chemical plants with State regulations, for which fines had recently been drastically raised, the nitrogen pollution of water by farms and air pollution by outmoded heating systems in cities.

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(Mr. Endreffy, Hungary)

60. Some of Hungary's priorities in the social sphere were to raise low pensions, particularly for those who had stopped working a relatively long time earlier, to raise benefits for families with more than three children, to make benefits proportionate to financial need, and to improve the quality of medical services. His Government was doing its best to deal with occupational diseases (para. 91 of the second periodic report) and had had good results in cases like black-lung disease. An increase in the number of clinics and on-site physicians in the factories had brought remarkable gains.

61. The problem of unemployment was non-existent in Hungary. The right to work was not only guaranteed in its Constitution but inherent in its socialist society.

62. As to the difference between the legal impediments to and the legal requirements for marriage, the former were pre-existing conditions that rendered a marriage void, and the latter were requirements such as marriageable age, a 30-day waiting period before marriage and participation in pre-marital counselling. Hungary's experience with mandatory pre-marital counselling had thus far been encouraging.

63. The rights of children born either in or out of wedlock were exactly the same. Parental authority, moreover, was indivisible, since both parents had an equal obligation to care for their children. In the Hungarian legal system, there was no such institution as a children's court. Courts were organized along geographical lines: thus, there were city, district and county courts. The courts could, however, designate particularly experienced judges to deal with cases of family law, including the protection of children. The guardianship authority was an administrative institution within the county, district, city or village councils responsible for safeguarding the moral education and the interests of minors. Judicial proceedings could be initiated on behalf of children by parents, guardianship authorities or public prosecutors.

64. Hungary was committed to providing social benefits to families. Families received an allowance beginning with the first child but the greater the number of children in the family, the higher the allowances. The average monthly pay of workers was approximately 6,000 forints, and the additional family allowances for two children could be the equivalent of as much as 25 per cent of the monthly pay.

65. As to the difference between the child-care allowance and the child-care benefit, the former was provided to working mothers who left work to care for a child at home until the age of three and its duration was counted as a period of employment. The child-care benefit was a more favourable measure introduced in 1985, providing benefits proportional to income and sick pay to either parent until the child was one year old.

66. In Hungary, schooling was compulsory for eight grades, until the age of 16. Hungary had recently raised the minimum working age from 14 years of age, as under the relevant ILO convention, to 15.

(Mr. Endreffy, Hungary)

67. Regarding the rights of non-nationals, they enjoyed essentially the same protection under labour, family and criminal legislation, although there were some differences in social security, health care and housing, specifically with regard to pensions, free health care and the renting of State-subsidized apartments. Hungary had concluded agreements with a number of States whereby health-care facilities were made mutually available to their respective citizens. Since there were very few aliens residing in Hungary, difficulties in that regard had not arisen.

68. Workers' hospital bills were fully covered by social security, which provided free medical care to all Hungarian citizens, and hospital treatment was considered sick leave.

69. Regarding the housing situation in Hungary, the second 15-year housing programme (1975-1990) aimed to increase the number of State-owned rental apartments and give priority to the construction of self-help housing through long-term loans and extended eligibility for social benefits. It was the Government's policy to give preference for State-financed housing to young couples, low-income families or families with three or more children. Plans for the next five years called for the construction of an additional 380,000 dwellings and the renovation of another 100,000 State-owned dwellings. Rents were regulated by law, which provided a wide range of protection for tenants, and very few rent disputes ever came before the courts.

70. The CHAIRMAN observed that the simultaneous consideration of two reports had made it possible to assess advances made in a relatively short period of time. The Working Group had now concluded its consideration of the initial and second periodic reports of Hungary.

The meeting rose at 6.20 p.m.