



# Convention on the Rights of the Child

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## Committee on the Rights of the Child Ninety-sixth session

### Summary record of the 2801st meeting

Held at the Palais Wilson, Geneva, on Wednesday, 15 May 2024, at 10 a.m.

*Chair:* Ms. Skelton

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*Combined sixth and seventh periodic reports of Bhutan (continued)*

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*The meeting was called to order at 10.05 a.m.*

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

*Combined sixth and seventh periodic reports of Bhutan (CRC/C/BTN/6-7; CRC/C/BTN/QPR/6-7) (continued)*

1. *At the invitation of the Chair, the delegation of Bhutan joined the meeting.*
2. **A representative of Bhutan** said that, following a recent reorganization, the secretariat of the National Commission for Women and Children had been moved to the Ministry of Education and Skills Development, but the National Commission itself, as a body with regulatory functions, retained full autonomy. Furthermore, the services provided by the National Commission had been transferred to the secretariat of the PEMA mental health agency in a phased manner but continued to be monitored by the National Commission. Despite the transfer, the budget allocated to the National Commission had been increased under the thirteenth Five-Year Plan. The reorganization was under constant review, and appropriate measures would be considered if the new arrangements were found to compromise the National Commission's mandate or functions.
3. **A representative of Bhutan**, updating the delegation's reply at the previous meeting, said that, in response to recommendations made by the National Law Review Task Force in 2018, section 154 of the Penal Code on trafficking in persons had now been amended to align with the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and sections 203 and 204 on child molestation had been amended to provide for compensatory damages.
4. **A representative of Bhutan**, expanding on the information given at the previous meeting on birth registration, said that birth certificates for children and adults could be obtained from hospitals. In the case of births at a health facility, doctors issued the notification of birth, which was required to complete the birth registration process; in the case of births outside such facilities, which represented fewer than 0.5 per cent of births, the notification was issued by local officials for submission to a hospital. Single mothers could register the birth of their children with the endorsement of a competent local government official.
5. **A representative of Bhutan** said that the central monastic body received substantial financial support from the Government – approximately US\$ 12 million under the Five-Year Plan, in addition to recurring budget support. Every monk received a monthly stipend of the equivalent of about US\$ 21, while officials of the central monastic body received a monthly salary from the Government. Thanks to that budget support and with help from development partners, significant improvements to sanitation and hygiene, as well as leisure, infrastructure had been made in monastic institutions and schools, including the supply of clean drinking water and the installation of indoor toilets and heat pumps.
6. **A representative of Bhutan** said that, pursuant to the Child Care and Protection Act, all children had the right to prompt access to legal and other appropriate assistance and the right to challenge the legality of any action taken against them under the Act. Furthermore, the Legal Aid Guideline for Vulnerable Women and Children required service providers to provide legal advice and assistance to all vulnerable women and children on the basis of a range of eligibility criteria. To qualify for legal representation, applicants must meet certain income and merit requirements. All child victims of criminal offences received legal representation from the Office of the Attorney General and free services from the Legal Aid Centre. Where a case was brought against a parent for actions committed against a child, the Legal Aid Centre was proactive in providing services to the child. Thus far, the Legal Aid Centre had provided services to one child victim and one child perpetrator.
7. **A representative of Bhutan** said that most non-criminal misconduct by children in school was dealt with through internal restorative approaches, including counselling, mentorship and resilience-building programmes. Only acts of a criminal nature were reported to the police, who had the authority to advise children in conflict with the law in minor cases. Protection officers and the police conducted joint assessments to determine whether a child was eligible for a diversion programme without going before a court. Children identified as

being in difficult circumstances could be placed in a shelter, in addition to receiving legal aid.

8. **A representative of Bhutan** said that the Constitution established that all persons had the right to consult and be represented by a Bhutanese legal representative of their choice and that, since no one should be denied access to justice on account of income or disability, the State should provide legal aid services. Children in conflict with the law were entitled to meet with counsel in private at all times. Furthermore, the Child Care and Protection Act provided for children's right to instruct a legal representative in the language of their choosing with the assistance of an interpreter. The Act also addressed diversion programmes, alternatives to formal prosecution and rehabilitation measures. The Penal Code defined the offences and corresponding penalties that were applicable to juveniles, with a focus on rehabilitation. The Government was assessing the need to review the Child Care and Protection Act and the Domestic Violence Prevention Act.

9. **A representative of Bhutan** said that the reservations to certain articles of the Convention on the Rights of Persons with Disabilities were not intended to deprive anyone of their rights but to establish how Bhutan understood the provisions in relation to its national laws. For example, the reservation to article 23 (1) (b) and (c), on respect for home and the family, had been made to ensure that appropriate health interventions would remain available in cases of serious, high-risk genetic disorders. A reservation had been made to article 29 (a) (ii) because, although all citizens had the right to vote and stand for office, a person found by the courts to be of unsound mind was banned from registering to vote, joining a political party or being nominated as a candidate. Lastly, the reservation to article 27 (1) (c) was due to the fact that there were no trade unions in Bhutan.

10. **A representative of Bhutan** said that the measures to ensure the full and equal enjoyment of human rights by persons with disabilities, promote respect for their inherent dignity and foster equal opportunities included changes to the guidelines on school design to incorporate inclusive features. For instance, the ground floor of all school buildings was now required to be made accessible for children with disabilities, which had led to many schools being retrofitted with ramps and accessible toilets and to lifts being installed in new schools. Furthermore, the number of inclusive schools was increasing rapidly – from 26 in 2022 to 44 currently, with a goal of 120 by the end of the Five-Year Plan for 2024–2029, which provided for nearly US\$ 12 million for enhancing education for persons with disabilities.

11. Accommodations, such as longer exam times, were put in place for students with mild to moderate disabilities, while those with severe disabilities were taught skills to promote their autonomy. Vocational courses based on the ability and preference of children with disabilities were provided in inclusive schools, while technical training institutes were designing tailor-made certificate courses for students with disabilities. A budget had also been approved to cover the cost of specialized transportation to school.

12. Although he acknowledged that the country's data on children with disabilities were incomplete, he wished to note that the Cabinet secretariat had now been designated to oversee and coordinate plans and programmes for persons with disabilities. To eliminate stigmatization, the division for special education needs of the Ministry of Education and Skills Development had conducted advocacy and awareness-raising activities on the importance of inclusion in schools, as well as awareness campaigns on inclusion and opportunities for adapted learning among communities, parents and local leaders. Advocacy efforts, in which civil society was involved, also included the commemoration of the International Day of Persons with Disabilities and international days dedicated to specific disabilities. Lastly, guidelines had been developed regarding the National Plan for Inclusive Disaster Management.

13. **A representative of Bhutan** said that certain teachers were trained in identifying children who might have a disability and could refer them to hospitals for further assessment. Children with disabilities, including in rural areas, where services were provided periodically by mobile medical units, received the treatment they needed and were provided with assistive devices to be able to carry out daily tasks and attend school. All the country's hospitals provided services for persons with disabilities, and specialized service providers, such as

speech or occupational therapists and psychiatrists, worked closely with children and their families.

14. **A representative of Bhutan** said that, traditionally, children with disabilities of any type were not admitted to monastic institutions. However, in keeping with the modern concepts of non-discrimination and equal opportunities, children with disabilities were henceforth accepted in those institutions, where they received all requisite care, attention and protection. As monks or students of spiritual pursuits, they enjoyed higher standing in Bhutanese society and, therefore, a monastic education should not be construed as being inferior to a modern education. Nevertheless, Buddhist parents did not necessarily prefer to send their children with disabilities to monastic schools. More than a thousand students with various forms of disabilities were enrolled in mainstream schools, whereas there were reportedly only 300 monks with disabilities. Some inclusive schools provided at-home education and support services for children who had severe disabilities or who lived too far from the school. At-home health-care and education services were expected to be broadened under the stewardship of the Cabinet secretariat.

15. **A representative of Bhutan** said that action by the Ministry of Health aimed at reducing neonatal and maternal mortality included: the adoption of the “Every Newborn” action plan; the introduction of skin-to-skin contact shortly after birth, to help with breastfeeding; the improvement of care for mothers and newborns through the training of doctors and nurses in preventing and managing post-partum haemorrhaging and birth asphyxia; the introduction of a tracking system for mothers from pregnancy to the postnatal period, and for children for their first five years of life; and the provision of pre-conception guidance and free antenatal and postnatal care at primary, secondary and tertiary hospitals. Furthermore, the Comprehensive Mother and Child Health Programme, launched in October 2023, encompassed a wide array of services, including fertility and pre-conception services, medical and mental health screening, micronutrient supplements, screening for intimate partner violence, lactation management, screening and management of developmental delays and conditional cash incentives for eligible women.

16. A 150-bed mother and child hospital in Thimphu was fully functional, while a 65-bed facility was under construction in Monga for the provision of services in the eastern part of the country. In June 2021, the Ministry of Health, in partnership with the United Nations Development Programme and the Japan International Cooperation Agency, had launched mobile cardiography services that enabled remote monitoring of fetal heart rates and uterine contraction in pregnant women to detect high-risk pregnancies for timely referral and care.

17. An electronic patient information system had been under development since 2016 to transition from paper to digital records. It had been piloted in Paro in 2017 and had been fully launched in April 2023. The system contained a range of patient data, including demographics, diagnoses, treatments, medication allergies and laboratory results, and doctors were able to access laboratory reports and X-rays, schedule appointments and treatment plans, and update prescriptions directly through their laptop computers. The Ministry of Health had initially run the system but it was currently overseen by the Government Technology Agency, which had more experience in handling technological services. The system had been expanded to hospitals in the south and west of the country and would be rolled out nationwide in 2024.

18. Mobile medical camps had been established in 2016 to provide services, including screening for non-communicable diseases, mental and reproductive health care and emergency services, in rural areas and at pilgrimage sites, public events and the sites of natural disasters. During the coronavirus disease (COVID-19) pandemic, the units had administered basic and specialized care across all districts. By the end of the Five-Year Plan in 2029, there were expected to be 140 units catering to all parts of the country. No impact study had yet been carried out but the results were already visible.

19. Schools provided teaching on the impact of climate change on water quality and the protection of water sources. Water filtration systems in schools provided access to safe drinking water. Toilets in schools had been upgraded to systems that reduced water usage and adolescent girls from low-income families were supplied with feminine hygiene products.

20. In order to improve child nutrition, programmes had been introduced to promote breastfeeding, provide information on nutrition to parents of infants and young children, and monitor the growth of children up to 5 years of age. The Ministry of Health, with the support of the United Nations Children's Fund (UNICEF), had developed a micronutrient powder to address anaemia and stunting among children aged between 6 and 24 months. It contained a blend of 15 vitamins and minerals that could be easily mixed with food at home and was available in all the country's 20 districts. Vitamin A supplements were distributed for children, and iron and folic acid supplements were provided to mothers. A conditional cash allowance would soon be available for vulnerable pregnant and breastfeeding women under the Comprehensive Mother and Child Health Programme. As part of measures to encourage breastfeeding, mothers were entitled to six months of maternity leave and to flexible working hours for a further six months. A campaign to promote healthy eating habits among children and adolescents had been piloted in Chhukha and Thimphu and was being expanded to other districts.

21. During an initial study carried out in two districts, 44 per cent of children had been found to have high levels of lead in their blood, which was thought to result from the direct ingestion of lead. Further studies were needed to design and develop policies to combat lead poisoning.

22. **A representative of Bhutan** said that, while no specific legislation made primary education compulsory, the State was required to provide free education to children under article 9 (16) of the Constitution and other provisions of national law. The Constitution also required technical, professional and higher education to be generally accessible to all on the basis of merit. The Government allocated the highest proportion of the State budget to education, and schools had been built even in the most remote corners of the country. Children in Bhutan were never more than one hour's walking distance from the nearest school, and enrolment rates at primary level were high as a result. Under the Five-Year Plan, the Government had set an ambitious goal of granting access to early childhood care and development services for all children between 3 and 5 years of age, and city-based, mobile and home-based services would be expanded to that end. The threshold for the establishment of early childhood centres would be reduced from 15 children to 8. All public centres provided their services free of charge, and over US\$ 8.4 million in funding from the Government, the Global Partnership for Education and the World Bank had been allocated to early childhood care and development programmes.

23. More than 400 non-formal education centres offered literacy, numeracy and vocational training and raised awareness of health and sanitation issues. Various initiatives were available to provide skills development and capacity-building courses to empower adolescents who were not in education, employment or training.

24. **A representative of Bhutan** said that a national action plan for suicide prevention had been launched for the period 2018 to 2023. Its total budget had been about US\$ 180,000 in the period up to 2022, when responsibility had been transferred from the Department of Public Health to the secretariat of the PEMA mental health agency. Under initiatives developed by the PEMA, the Ministry of Education and Skills Development and the Ministry of Health, children were being educated on how to handle life challenges, and counsellors and well-being focal points in schools were being trained in how to identify children in distress and refer them to the appropriate professionals. A mental health screening system would be fully implemented in all schools in May 2024 and a unit of the PEMA offered postvention services to the family and friends of suicide victims. The budget allocation for the promotion of mental health had been increased under the two most recent five-year plans and currently stood at almost US\$ 10 million.

25. The PEMA was divided into specialized divisions that provided preventive care, response, treatment, rehabilitation and community reintegration services for mental health patients. The agency ran a rehabilitation centre with 100 beds that catered to the needs of young people, and a further two such centres were run by other agencies. A dedicated reintegration programme was being developed for people with drug dependence, persons in conflict with the law and other people in difficult situations.

26. Adolescent-friendly health services provided assistance with issues related to sexual and reproductive health, HIV, nutrition, mental health and tobacco use. All the country's 54 hospitals provided comprehensive adolescent-friendly services to both males and females. According to the 2023 Annual Health Bulletin, more than 800 abortions had been carried out in hospitals across Bhutan. Since sexual intercourse with any girl under 18 years of age was considered rape, all girls below that age who fell pregnant were eligible to undergo abortions under section 146 of the Penal Code.

27. **A representative of Bhutan** said that regional boarding schools, known as central schools, offered meals that were often more nutritious than the food that families from low-income families could afford, which helped alleviate families' financial burdens related to education, food and other everyday expenses. Under the Five-Year Plan, the Ministry of Education and Skills Development had identified 63 central schools to be upgraded. Smart classrooms, modern laboratories, libraries, heating and air conditioning, inclusive toilets and world-class recreational facilities would be installed to bring facilities into line with international standards.

28. In order to lower the school dropout rate, the Ministry of Education and Skills Development had taken steps to improve the quality and availability of washing and toilet facilities in schools, and over 90,000 school students benefited from the free school meals programme, under which students were given one, two or three meals per day depending on the type of school.

29. To boost students' modern transferable skills, the Ministry of Education and Skills Development had piloted a skills and employability project. Students could repeat school grades and were supported if they wished to transfer to another school. Capacity-building for teachers had been identified as a key means of addressing high repetition rates and teachers were required to spend 80 hours each year following professional development programmes. Emphasis was placed on blended learning, which required teachers to develop their skills in information and communications technology. Online materials were provided for many subjects, and students learned through projects, inquiry-based learning and group work. Assessment practices had been changed to focus on competencies. Mentoring, by teachers and peers, had been introduced to help students in academic and non-academic areas.

30. **A representative of Bhutan** said that, in 2018 and 2019, the Narcotics Control Agency had conducted an awareness-raising campaign in schools and educational institutions on the harmful effects of drugs, while between 2016 and 2023, a civil society organization, the Chithuen Phendhey Association, had reached over 100,000 students with its awareness-raising activities. Following the transfer of work to reduce demand for tobacco, alcohol and narcotic substances from the Narcotics Control Agency to the PEMA in 2023, the PEMA had established a division to work with schools and key agencies and provide education and training programmes for school counsellors and teachers. Community outreach services based at primary health-care centres performed a similar function in the community. Screening identified substance users for referral to counselling, substance use interventions and rehabilitation, as appropriate; hospital-based services ensured that no one fell through the gaps, and children were placed in treatment centres, rather than referred to law enforcement agencies.

31. **A representative of Bhutan** said that the monastic education system predated the modern education system by hundreds of years and had its own practices, curriculum and assessment procedures. Efforts had been made by the central monastic body to protect and promote the rights of young monks and nuns in monastic institutions and to align its education system with contemporary needs. With the support of the Ministry of Education and Skills Development, subjects such as English and basic information and communications technology had been integrated in the curriculum and professional development had been provided for teachers. Young monks and nuns increasingly attended mainstream schools while residing in monastic hostels; some had progressed to secondary education and planned to study at the tertiary level. The central monastic body collaborated with the Ministry of Education and Skills Development and the Ministry of Health and development partners to continuously improve the monastic education system.

32. The reduction in the education budget reflected the cancellation or discontinuation of programmes that could not be carried out due to the COVID-19 pandemic and did not reflect a deliberate decision to reduce the budget. The total budget allocated to education under the Five-Year Plan would be close to 30 per cent of the Plan's total budget. Inclusive education was an integral part of the education system: there were 44 inclusive schools; 14 were equipped with accessible infrastructure, including accessible toilets; 18 had hostel facilities; 13 had therapy rooms; and all had been equipped with resource centres, and tablets and smartphones for students. Each inclusive school had at least two special education teachers and provided specific and mainstream support, according to learners' abilities.

33. **Ms. Ayoubi Idrissi** said that she wished to know whether the State party had conducted a study into the main causes of suicide in children and, if so, what the results had shown. Information would also be appreciated on the measures taken to address the spike in mental health issues in children since the COVID-19 pandemic.

34. **Ms. Kiladze** (Coordinator, Country Task Force) said that alternative information provided to the Committee indicated that children in monastic institutions complained of an overwhelming workload, and asked how schooling and leisure were balanced in monastic institutions.

35. **Ms. Aho** said that she remained concerned that families did not always collect birth certificates and asked whether there were plans to incentivize their collection. The age of children's entry into monastic institutions remained a cause of concern, and she wished to know how children in monasteries were able to report abuse.

36. **The Chair** said that she wished to understand whether the law on statutory rape contained separate legal provisions for cases in which the perpetrator and the victim were close in age, for example a perpetrator who was 19 years old and a victim who was 17 years old.

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

37. **A representative of Bhutan** said that a holistic approach to development had led to poverty reduction through enhanced access to basic services, with an emphasis on last-mile services for the poorest and most vulnerable in society and on efforts to reduce child poverty. Sanitation facilities and safe drinking water were available in schools; inclusive toilets were being built and existing toilets upgraded. Under the Water Flagship programme, the Government had initiated 42 water projects, 40 of which had been successfully completed.

38. **A representative of Bhutan** said that the National Commission for Women and Children had been instrumental in ensuring that children's perspectives were taken into account in climate policy. Focus group discussions and other consultations had been organized to ensure that children were engaged with the topic and able to give their views on it. Climate policy did not make many specific references to children because it was aligned with the wording of the relevant international agreements, such as the United Nations Framework Convention on Climate Change, which placed an emphasis on vulnerable groups, which included children.

39. **A representative of Bhutan** said that the school curriculum had evolved to introduce the topic of climate change from the fourth year of education across a broad range of subjects, including geography, social studies and sciences. Teachers had been trained on how to integrate the topic of climate change into their subjects and guidance had been developed and shared with schools. Teacher training colleges included modules on climate change in their courses.

40. **A representative of Bhutan**, replying to a question from Mr. Jaffé, said that not all the families who had sought refuge in neighbouring Nepal were Bhutanese, and nor were they in a typical refugee situation. Her Government considered resettlement in a third country to be the most viable solution to the problem.

41. **A representative of Bhutan** said that, although a survey on child labour had been conducted in 2013, the lack of disaggregated data remained an issue. The National Commission for Women and Children was considering options to incorporate child labour in the labour force survey or other surveys. No companies had been convicted of employing

children. To raise awareness of child protection and well-being issues, including harmful social and cultural practices, a campaign had been initiated in 2019 to end violence against children.

42. **A representative of Bhutan** said that more than 100 children in conflict with the law had completed diversion programmes – which were provided at the pretrial stage – and only a handful had gone on to become repeat offenders. The guidelines on diversion helped justice officials make their decision on whether to include a child in such a programme; the guidelines called for due consideration to be given to waiving prosecution, discontinuing proceedings or diverting criminal cases from the formal justice system. The diversion programme helped to alleviate court workloads and avoid the stigmatization and imprisonment of children.

43. Under the Child Care and Protection Act, children's best interests were a primary consideration during their arrest and detention; children were entitled to prompt access to legal and other assistance and had the right to challenge the legality of their arrest and detention and to make a statement. Children in custody were provided with care and basic assistance, including social, educational, psychological, medical or physical assistance as required in view of their age, sex and personality, and they were held in safe conditions during the investigation and adjudication period. The revised standard operating procedure for children in conflict with the law required that children who were apprehended should be immediately handed over to the designated woman and child protection unit at the nearest police station. A medical examination, where required, should be carried out at a hospital as soon as possible and preferably within 24 hours. Children could be released on bail to the care of their parents or guardians if that was considered in their best interest.

44. The Prison Act of 2009 provided that a pregnant prisoner could either keep her child with her until the child reached 9 years of age, or hand the child over to her spouse or relatives. Under the amended Marriage Act of 1980, the courts were responsible for determining the custody of a child in certain cases and the mother was entitled to custody of children until the age of 9 years, unless the court found a compelling reason to decide otherwise in the best interests of the child. Children living in prison with their mothers received special food and clothing. There were currently 12 children living in the open-air prison for women that had been established in 2013. The children attended early child development centres and school: a child-friendly area had been established with toys and books, and there were classrooms where they could learn skills such as weaving and tailoring.

45. **A representative of Bhutan** said that the Cabinet secretariat had been tasked with coordinating efforts by government agencies, local governments and private-sector stakeholders to support vulnerable groups. The Government maintained a strong partnership with civil society organizations, which played a significant role in those efforts. Such organizations used their expertise to help the Government tailor its action to community needs and worked to promote the participation of vulnerable groups, fill gaps in government services and build the capacity of relevant actors. One of the objectives of the Five-Year Plan was to ensure that all Bhutanese citizens had access to comprehensive social protection mechanisms by establishing a strong legal framework for social security, strengthening key social protection programmes and introducing new systems to support families and the unemployed. The plan also sought to enhance the quality of social services, guarantee access to decent and affordable housing and promote a healthy work-life balance and family life.

46. **A representative of Bhutan** said that the Government's partnership with civil society organizations had been instrumental in fostering an inclusive society. Such organizations had played a crucial role in the implementation of the Convention and worked with the Government on initiatives to end violence against children, promote social and behavioural change, draw up standardized guidelines for managing child protection issues and cases of gender-based violence, and organize training sessions on a wide range of matters affecting children.

47. **A representative of Bhutan** said that the Bhutanese Government had not endorsed the Safe Schools Declaration because the country was not experiencing armed conflict and had not, therefore, had to contend with the use of educational facilities by the military. The Government's current priority was socioeconomic development; the endorsement of the



Declaration would be considered only in the event that it became necessary to meet a pressing national need.

48. **A representative of Bhutan** said that all 18-year-olds were required by law to register for the Gyalsung, or national service, training programme. Individuals who were above the age of 16 years and 6 months but had not yet turned 18 were also able to register with the consent of a parent or guardian.

49. **A representative of Bhutan** said that a national study conducted in 2014 had found that the main causes of suicide among children were depression, alcohol abuse and relationship issues. While the Government had suicide prevention and response plans in place, its focus was on building children's resilience and life skills and helping them develop strong relationships with their peers. To that end, a peer-helper programme had been set up in schools. Measures taken to address the spike in mental health conditions following the COVID-19 pandemic included the establishment of a helpline to deal with mental health emergencies and the creation of online counselling services to ensure that more individuals had access to certified counsellors. Steps had been taken to address suicide contagion, and systems were being implemented to identify children at risk of self-harm or suicide and refer them to the nearest hospital for immediate treatment.

50. Efforts to improve mental health were spearheaded by the PEMA. The agency was in the process of developing a national mental health strategy and was working with partners in India to train all personnel in primary health-care centres and ensure that they were able to deliver the necessary mental health services. In 2023, it had set up the first child psychiatric clinic and trained the first psychiatrist specialized in working with children and adolescents. Action was being taken by the PEMA community outreach unit to improve community-based mental health programmes and services. A total of 149 schools had been assigned counsellors, who were trained in suicide prevention. Well-being teams in schools ran prevention and educational programmes, developed children's basic life skills and ensured early intervention in cases of children at risk of suicide.

51. **A representative of Bhutan** said that the English and information and communications technology curricula in monastic schools were geared towards ensuring that students had functional skills in those areas. Many monastic schools now offered sports and leisure facilities, enabling students to participate in the same physical activities as their peers in mainstream schools. Those students were entitled to summer and winter breaks and occasionally participated in excursions to local sites, in particular those with religious significance. While monastic schools accepted children under 6 years of age, most children tended to be admitted after turning 7 or 8.

52. **A representative of Bhutan** said that birth certificates could be obtained from hospitals as and when they were required. The Ministry of Health was currently studying the possibility of providing digital birth certificates through patient portals.

53. **A representative of Bhutan** said that 19-year-olds who were found guilty of the rape of a girl who was close to them in age but still a minor would be treated in the same way as any other adult. Juvenile justice measures were applied in cases involving perpetrators under the age of 18 years.

54. **A representative of Bhutan** said that the Government had launched a number of programmes and initiatives to prevent the abuse of children at home, in schools and within communities. Children were able to submit complaints through a dedicated helpline, the staff of which followed data protection protocols and were guided by the principles of "do no harm", confidentiality, privacy and informed consent. The Government was aware that steps needed to be taken to engage communities in efforts to tackle child abuse, to train front-line workers in identifying and referring children who were being abused, to guarantee a holistic approach to the handling of child protection issues, to educate parents on non-violent discipline and to give children the opportunity to report any abuse. As part of the peer-helper programme, teams of children had been trained in identifying cases of abuse and reporting them to school counsellors or teachers responsible for pastoral care. School mentor programmes had also been established to ensure that children had an individual with whom they could share details of any abuse they had suffered at the hands of family members. Mentors were then required to report the abuse to the competent authorities.

55. **Ms. Al Barwani** (Country Task Force) said that, while the State party's HIV prevalence rate was one of the lowest in the world, the Committee had heard that only a very small percentage of individuals with HIV were receiving treatment. Accordingly, she would like to know whether steps were being taken to treat more HIV patients.

56. **The Chair** said that it would be helpful for the delegation to clarify its interpretation of the term "diversion" and explain whether diversion programmes were available at the pretrial stage, in line with the Committee's recommendations in general comment No. 24 (2019) on children's rights in the child justice system.

57. **A representative of Bhutan** said that diversion programmes were implemented at the pretrial stage. They enabled probation officers to monitor children who had been released from custody and prevented such children from receiving a criminal record.

58. **A representative of Bhutan** said that there were 935 individuals in the country who were known to be living with HIV. The Ministry of Health continued to take steps to increase the detection of HIV cases, with a view to achieving the target set as part of the Sustainable Development Goals of ending the AIDS epidemic by 2030. Measures taken to that end included the scaling-up and strengthening of existing HIV testing and counselling services, the implementation of targeted testing programmes and the enhancement of routine monitoring services in hospitals in order to eliminate mother-to-child transmission of HIV, syphilis and hepatitis B by 2025. The Ministry had decentralized the provision of antiretroviral drugs so that individuals with HIV could obtain such drugs at primary health-care and community testing centres. It had authorized eight district hospitals to begin offering viral load testing services, and CD4 cell count testing had also been scaled up. Individuals living with HIV faced no discrimination in the workplace. In terms of fulfilment of the 90-90-90 target of the Joint United Nations Programme on HIV/AIDS, an estimated 82 per cent of HIV-positive individuals were aware of their status, 98 per cent of patients who had been diagnosed were receiving treatment, and 84 per cent of those patients had achieved viral suppression.

59. **Ms. Kiladze** said that she wished to commend the State party for the progress it had achieved and to thank the delegation for its clear answers to Committee members' questions. There was, however, much room for improvement and much work still to be done. She hoped that the Committee's recommendations would help the State party in its efforts to increase the Gross National Happiness of Bhutanese children.

60. **A representative of Bhutan** said that she was grateful to Committee members for sharing their guidance and expertise with the delegation. She hoped that the momentum generated by the interactive dialogue would be carried forward and used to address the challenges that lay ahead. Her Government remained committed to upholding its obligations under the Convention on the Rights of the Child and its optional protocols and would be guided by those instruments in its efforts to forge a brighter and more equitable future for the children of Bhutan.

*The meeting rose at 12.35 p.m.*