



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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**Committee on the Elimination of Discrimination
against Women**

**Combined seventh to tenth periodic reports submitted
by Guinea-Bissau under article 18 of the Convention,
due in 2022***

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* The present document is being issued without formal editing.



Introduction

1. This is the combined report of Guinea-Bissau's seventh to tenth reports covering the period 2010 to 2024. This report shows the evolution of the measures taken by the State of Guinea-Bissau in relation to the implementation of the CEDAW and the challenges faced in advancing the rights of girls and women in Guinea-Bissau.

2. Political crises, instability and the constant change of government representatives have meant that the state has been unable to present this report in a timely manner. However, the delays are minor, given the state's efforts to be up to date with its reporting obligations. In addition, Guinea-Bissau has worked to improve its capacity to interact with the treaty bodies and, for this report, the state has demonstrated its commitment to follow the Committee's guidelines for preparing reports.

3. The state is aware of the importance of involving parliament in the measures taken and the implementation of the Committee's recommendations. However, the last four years have seen the closure of the National People's Assembly twice. The country has gone for long periods without a functioning parliament, which prevents the active involvement of members of parliament in state policies. Similarly, it has sometimes not been possible to pass some of the laws that are critical to advancing women's rights.

Age and gender structure of the population

4. According to the latest demographic projection 2014–2063 (INE, 2022), Guinea-Bissau's population in 2024 will be 1,816,449 thousand. In fact, 62.7 per cent of the population is under 25 years old. Adults aged 65 and over account for 2.61 per cent of the total population. The analysis focusing on sex shows that more than half of the population (52.8 per cent) is female. The femininity ratio, defined as the percentage of women present for a population of 100 men, is 103.1. Analysing the female ratio by age group gives results that are more characteristic of the population. Thus, the proportion of women under the age of 15 is 96.5 girls per 100 boys. This trend is reversed for the 15 to 54 age group, with an average female ratio of 102.0 women per 100 men. Compared to the last general population and housing census (RGPH) 2009, the trend hasn't changed much. The structure by sex and age is marked by a predominance of young people and a slight superiority of women. Women account for 52.8 per cent of the total population, compared to 47.2 per cent of men. This gives a sex ratio of 89.29 men per 100 women. The 0–14 age group increased slightly in 2024, thanks to the considerable efforts made in the context of immunisation and early childhood protection campaigns, which have made it possible to reduce child and adolescent mortality by more than half, to reach 51 per cent in Guinea-Bissau, according to MICS 6 (*Multiple Indicator Survey* 6, 2018/19).

Non-discrimination and equality

5. Guinea-Bissau is working on a constitutional reform that will broaden the concept of equality. The new article 13 of the preliminary draft of a new constitution clarifies the functions of the state and determines that the state must "Promote the well-being and quality of life of the Guinean people and, in particular, of the most deprived sections and the progressive resolution of the problems, of an economic, social, cultural or political nature, which prevent not only the realisation of real equality of opportunity among national citizens, especially the factors of discrimination against women in the family and in society, but also the full exercise

of their economic, social and cultural rights”. In addition, Article 20 of the draft Constitution makes it clear that women must not be discriminated against in access to decision-making bodies. In addition, the new Article 67(5) recognises women’s right to protection during pregnancy and the postpartum period. And Article 87(4) recognises the protection of women during pregnancy and after childbirth, including the right to time off work with pay and benefits in accordance with the law.

6. The draft constitution will be discussed when there is a new parliament.

7. The state has also worked to incorporate the CEDAW norms into the national legal order.

Discriminatory laws

8. Since 2010, Guinea-Bissau has adopted several laws to promote equality between men and women and eliminate discriminatory laws from its legal system. These new pieces of legislation aim to promote gender equality and women’s rights. As such, the state has adopted the Parity Law (Law No. 4/2018), the Domestic Violence Law (Law No. 6/2014), the Law on Preventing and Combating Trafficking in Persons, in particular Women and Children (Law No. 12/2011) and Law No. 14/2011 that Prevents, Combats and Represses Female Genital Excision.

9. According to the ERI-ESI 2017/2018,¹ the per centage of women in management positions is 35 per cent. This shows an improvement in the representation of women.

10. The state has worked with the support of the international community, especially the United Nations, to create the necessary capacities to fulfil the obligations of the Convention.

Access to justice, visibility of the Convention

11. In 2011, Guinea-Bissau created the Centre for Access to Justice (CAJ), Decree No. 11/2011 of 3 February. The CAJ’s mission is to promote the publication of legislation, the creation of mechanisms and the approval of actions necessary to guarantee an effective and quality system of access to law and justice, and these actions must be carried out in cooperation with the Bar Association. In this dynamic, the CAJ pays special attention to women. It is important to note that the CAJ supports the most economically disadvantaged citizens, which includes women, by creating institutional conditions for the exercise of the right through general information mechanisms on access to justice, human rights and women’s rights.

12. The CAJ is present in all regions of Guinea-Bissau and has carried out legal consultations, lectures on legal issues, *Djumbai* in the communities, and provided services to the population at Sectoral Service Posts (PAS). The CAJ has also taken part in the so-called “*Candongia di Justiça*”, which is a mobile services activity that clarifies access to justice and the law to rural populations and works to register children in the most remote regions of the country.

13. The Legal Information and Consultation Office, which supervises the CAJ, holds permanent and regular meetings with beneficiaries, including women and girls, and with any other citizen, with the aim of ensuring that synergies are perfectly coordinated in order to provide an adequate and timely response to the needs of the

¹ Study on the informal sector, INE 2017/2018, Integrated Regional Survey on Employment and the Informal Sector (ERI-ESI).

Centre for Access to Justice, thus leading to an improvement in the national system of access to the law and the courts.

14. Guinea-Bissau, recognising the need for more women in the justice system, has worked to increase the number of women in the CAJs. Of the 33 CAJ employees, 9 are currently women, including 4 Administrative and Financial Assistants (AAF) and 5 Legal Aid Technicians (TAJ).

15. The Institute for Women and Children (IMC), like the CAJs, also raises awareness about women's rights in the regions and always says that the state party has ratified the CEDAW and is obliged to comply with it.

16. In 2010, Guinea-Bissau adopted an Action Plan on Gender Equality and Equity. Axis 2 of the Plan aims to improve the country's legal framework with a view to realising Gender Equality and Equity and women's human rights. As one of the priorities of Axis 2, the State is working to raise awareness of the CEDAW and its Optional Protocol, as well as the General Recommendations and Concluding Observations of the CEDAW Committee, particularly among strategic audiences. Further, the state is working to raise awareness of implications of the CEDAW both in legal terms and in terms of the realisation of *de facto* equality between women and men.

17. It is important to highlight the general limitations of the system in terms of the **availability of statistical data, documents on organisation and operation, as well as administrative and technical instruments, planning and programmes at the level of the different institutions**. The institutional practice of producing and disseminating data and information is still very deficient, the documentation of processes and technical working tools is insufficient, institutional memory is fragile, and information are seen almost as the personal property of individual officials rather than institutions, resulting in inadequate circulation of information. As a result, it is sometimes difficult for state report writers to bring numerical data into the report.

18. Another institution of great importance within Guinea-Bissau's judicial system is the Judicial Training Centre (CENFOJ), created by Decree-Law 4/2011, which plays an essential role in the initial and ongoing training and qualification of the legal professionals who make up the country's judicial mosaic. CENFOJ, which carries out activities in the field of training, research, and the dissemination of technical-scientific knowledge in the social, legal and judicial fields directly related or connected to the administration of justice, is responsible for training magistrates from both the judicial and public magistracies, lawyers, judicial officers and assistants, access to justice technicians and other agents linked to the functioning of the judicial system.² Through specialised training programmes, CENFOJ ensures that these justice system professionals acquire the technical and practical skills they need to carry out their duties efficiently and in line with the demands of modern justice. CENFOJ's training programmes are regulated by Decree 10/2011.

19. Lawyers are indispensable to the administration of justice, as stipulated in Article 64 of the Organic Law of the Courts. They have the fundamental role of representing the parties in the defence of the individual rights and guarantees enshrined in the Constitution of the Republic of Guinea-Bissau (CRGB) before the judiciary and respecting the duty of collaboration and cooperation within the administration of justice. The Guinea-Bissau Bar Association (OAGB), although not formally part of the state judicial system, plays a *sui generis* role in the administration of justice, representing the legal profession and ensuring that men and women who use the judicial system are properly assisted by trained professionals. This role is recognised by law, above all emphasising the need for cooperation with other judicial

² Decree-Law no. 4/2011, articles 2 and 3.

institutions. A clear example of this is Decree-Law 11/2010 on citizens' access to law and justice, which provides for institutional cooperation with the Bar Association on legal aid. In this context, the importance of unofficial legal representation stands out, as it enables free legal representation for citizens in vulnerable situations, thus ensuring that the right to justice is effectively accessible to all, regardless of their socio-economic status.

20. It is through its **Office of Legal Aid (GAO)**, created in 2023, that the OAGB facilitates access to justice for the most underprivileged segments of society, offering free legal representation to those who cannot afford the services of a lawyer. This service is particularly relevant for women who often face additional barriers to accessing justice, such as economic dependence, institutional discrimination and gender-based violence. By facilitating access to legal representation, regardless of socio-economic status, the GAO/OAGB contributes to promoting equity in the justice system.

21. Successive governments in the country have made some effort to mainstream gender equality in the sector's different strategic programming cycles and reform programmes. Examples include the **National Justice Policy (2010–2015)**, in which gender equality is expressly one of the values guiding justice and all four of the policy's strategies (infrastructure, legislative reform, professional training and access to justice) integrate gender priorities. Within the framework of the implementation and validity of the Policy, important progress has been made in terms of the adoption of laws that promote gender equality and women's rights, as well as the creation of Access to Justice Centres (CAJs), as services that bring justice closer to the population, especially the most vulnerable, including women and girls. Along the same lines, the **Justice Reform Programme (2015–2019)** focused on the profound transformation of the sector, and aimed above all to help achieve the goals of an independent and useful justice system for the population. Ensuring gender equality in the courts was one of the programme's specific objectives, clearly and visibly articulated in the results framework. Already at that time, the programme envisaged, among other measures, *'Implementing the national policy for the protection of women and children and creating a counselling, social assistance and follow-up centre for victims of violence.'* Some of the improvements seen in terms of a greater presence and representation of women as justice workers, the expansion of access to justice services to more regions and with a view to reaching more vulnerable populations, among other improvements, are due to the implementation of concerted efforts in the context of the programme's implementation.

22. It is in this context that the first and only gender strategic plan for an institution linked to the judicial system in Guinea-Bissau emerged, namely the **Gender Strategy for CAJs (2020–2024), considered a good practice**. The Strategy is part of the commitments to inclusive, quality justice for all and aims to achieve five results: (i) strengthened capacity for intervention based on gender and women's rights to implement the gender strategy, (ii) communication tools, information and methodologies that promote gender equality and women's access to justice developed and incorporated into CAJ interventions; (iii) more informed women who are aware of their rights and the legal mechanisms for their fulfilment; (iv) better networking capacity and concerted actions in gender and women's rights interventions; and (v) financial resources are mobilised for actions to boost CAJs.

23. There are other policies and strategies in the country that articulate interests and priorities linked to gender equality and justice, which should be considered when it comes to a gender vision and strategy for justice. Examples include the (i) National Strategy for Human Rights and Citizenship (2022-2026), which integrates gender equality not only at the level of situation analysis but also establishes a relationship

and alignment with the recommendations of the Universal Periodic Review for GB,³ including recommendations on gender equality and women's rights. Two of the six strategic pillars of the Strategy cover fundamental aspects of gender equality and access to justice, namely Pillar 3 'Participation and Access to Justice' and Pillar 5 'Equality, Non-discrimination, Diversity and Inclusion' and (ii) the National Social Protection Policy (2024–2029), which considers the need to strengthen specialised social action services in the justice (and health) sector, capable of providing prevention and response services to the various types of risks (abuse, violence, exploitation, social exclusion, and others) that affect the most vulnerable groups such as children, adolescents, women, the elderly and people with disabilities.

National mechanism for the advancement of women

24. In September 2010, the Institute for Women and Children (IMC) was regulated by Decree No. 18/2010. The IMC increased its staff to improve care for women. Under the Decree, five service directorates were created to support the functioning of the IMC. Each of these directorates has a service director who is a civil servant.

25. The IMC was responsible for drafting the National Policy for Gender Equality and Equity PNIEG II (2017–2027) and its Action Plan. PNIEG II's vision is an egalitarian society where men and women have the same rights, opportunities and capacities to participate in all aspects of national life in an environment of peace, justice and well-being for all. The policy aims to **"achieve an egalitarian society"** and **"strengthen coordination mechanisms and support for the government to systematically integrate gender into all laws, policies and programmes"**.

26. The general objective of PNIEG II is to regularly, systematically and transversally integrate the gender equality dimension into all development policies, strategies, projects and programmes and bilateral and multilateral cooperation programmes developed in the country.

27. In addition, PNIEG II's Action Plan contains seven specific objectives:

- **Specific Objective 1:** Improve the country's legal framework with a view to realising Gender Equality and Equity and women's human rights;
- **Specific Objective 2:** Promote the adoption of a gender equality and equity agenda in the social sectors (health, education, justice, security, welfare, housing, water);
- **Specific Objective 3:** Strengthen national mechanisms for gender equality and equity and the empowerment of women in public administration;
- **Specific Objective 4:** Promote equal economic and productive opportunities for women and men as a strategy for empowering women and reducing poverty and inequality;
- **Specific Objective 5:** Prevent and combat all forms of violence and trafficking against women and girls;
- **Specific Objective 6:** Promote women's participation in public life, politics and decision-making;
- **Specific Objective 7:** To improve knowledge, the information system, monitoring and data production in the field of gender equality and the status of women in the country.

³ Universal Periodic Review, Guinea-Bissau (3rd Cycle), Human Rights Council, United Nations, 2019. Available at: <https://www.ohchr.org/en/hr-bodies/upr/gw-index>.

28. Each of the objectives has a clear goal, a strategy and actions to be implemented.
29. The PNIEG and the Plan are designed to organise the actions of both the state and civil society to achieve equality and equity between men and women in Guinea-Bissau.

Temporary Special Measures

30. The state adopted the Parity Law (4/2018) to increase equality between men and women in politics. The Law allocates a quota of 36 per cent of eligible seats in the National People's Assembly to women.
31. In 2019, Guinea-Bissau's National Elections Commission (CNE) asked the Ministry of Economy and Finance to penalise 13 political parties for not complying with the Parity Law. This shows the political will of the state to enforce the law.
32. The African Party for the Independence of Guinea and Cape Verde (PAIGC), the Social Renewal Party (PRS), the Movement for Democratic Alternation (MADEM-G15), the Assembly of the United People-Democratic Party of Guinea-Bissau (APU-PDGB), and the Patriotic Front for National Salvation are among the 13 parties accused of not observing the Parity Law.
33. Article 10 of the Parity Law states that parties that violate the "observation of greater equality of opportunity in the decision-making sphere, promoting parity between men and women, will lose all the tax exemptions they should benefit from". The Parity Law sets a minimum quota of 36 per cent for the participation of women on the lists of candidates for the National Parliament and local elections.
34. At the ECOWAS level, there is an Equality Policy that consists of giving scholarships to girls who have good grades and are unable to continue their studies. There was a move to involve boys as well – but most scholarships are for girls according to IMC data. It's 80 per cent for girls and 20 per cent for boys.

Stereotypes, cultural practices

35. Alongside the National Gender Equality and Equity Policy, as already mentioned, an Action Plan was adopted with eight pillars. Pillar 1 proposes mainstreaming the gender equality dimension and seeks to regularly, systematically, and transversally integrate the gender equality dimension into all policies, strategies, projects and multilateral cooperation programmes developed.
36. Pillar 6 of the Plan also makes explicit reference to carrying out awareness-raising actions as part of the campaign to eliminate violence against women at national level, which touches precisely on the need to change awareness about women's rights. Also in Pillar 6, the state calls for the participation of men and boys in promoting gender equality and combating gender-based violence.
37. Understanding the importance of working to end the practice of female genital mutilation (FGM), Guinea-Bissau adopted a law to combat the practice; Law No. 14/2011 of 6 July 2011.
38. Law No. 14/2011 of 6 July 2011 has prevention measures, punishes and criminalises the practice of female genital mutilation throughout the country. The offence in question is public, as it does not depend on a complaint, and aims to punish anyone who commits this act with a sentence of 2 to 6 years in prison and, in the case of minors aged 3 to 9, with the possibility of aggravation due to the physical sequelae and death of the victim, a sentence of 4 to 10 years.

39. The National Strategy for the Abandonment of Female Genital Mutilation, together with its Action Plan for the period 2018 to 2022, also represents a significant step forward in the state's efforts to combat female genital mutilation in Guinea-Bissau.

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

41. In all rural areas of the Republic of Guinea-Bissau, there are harmful cultural practices that affect both boys and girls. For girls, the practice of FGM is seen by some traditional and religious leaders as a normal practice that preserves women and makes them suitable for marriage. To date, more than 400,000 women and girls have undergone genital mutilation, as well as 52 per cent of women and girls aged between 15 and 49.

Violence Against Women

42. As already mentioned, the state has adopted the Parity Law (Law No. 4/2018), the Domestic Violence Law (Law No. 6/2014) and the Law on Preventing and Combating Trafficking in Persons, in particular Women and Children (Law No. 12/2011). All these laws are closely linked to combating violence against women.

43. Article 4 of Law 12/2011 defines trafficking in persons as the recruitment, supply, transport or harbouring of a person for the purposes of prostitution, forced labour, slavery, involuntary servitude or debt bondage. The law is aligned with the Palermo Protocol. The punishment is imprisonment for between 3 and 15 years and if the victim is sick or dies as a result, the perpetrator is punished with between 15 and 20 years.

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

45. Domestic violence is therefore considered to be psychological violence, physical violence, sexual violence, violation of property, as well as the unequal exercise of power that affects, jeopardises or limits the free development of the victim's personality for reasons of gender and age.

46. The most common cases of domestic violence brought to court are sexual violence, sexual abuse and rape.

Annual statistics by domestic violence offence⁴

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

⁴ Judicial Police source. Female victims.

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

48. **Decree-Law 14/2010**, the Organic Statute of the Judicial Police (PJ), gives the PJ powers in terms of prevention: ‘To promote and carry out actions aimed at **fostering general prevention and reducing the number of victims of crime**, motivating citizens to adopt precautionary policies and to reduce acts and situations that facilitate or precipitate the occurrence of criminal behaviour’ (art. 4(1)(a)) and in the chapter on rights and duties, Article 12(b) explicitly states that it is the special duty of PJ personnel to ‘**act without discrimination on the grounds of descent, sex, race, language, territory of origin, religion, political or ideological convictions, education, economic situation or social status**’.

49. In 2022, a project called “*No tene diritu a um vida sem violência*” – Strengthening protection mechanisms for victims of gender-based violence and promoting women’s rights in Guinea-Bissau (NDICI INTPA 2022/433-582) was created, funded by the European Union and implemented by Mani Tese, in partnership with the Faith and Cooperation Foundation (FEC), the Ente Nazionale Giuseppini del Murialdo (ENGIM) and the Association of Friends of Children (AMIC). The project has promoted the creation of a space for dialogue between Ministries, Civil Society Organisations, public and private actors involved in the sectors of reference, with a view to fostering political articulation aimed at building and presenting proposals for laws and engaging in dialogue and putting pressure on public authorities to generate sustainable changes in the fight against gender-based violence in favour of gender equality.

50. Despite being the majority of the RGB’s population, representing 51.5 per cent against 48.5 per cent of men, and having the highest life expectancy at birth, corresponding to 60.21 years against 56.31 years for men, women continue to be among the most vulnerable segments of society (INE, 2022).

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

52. The phenomenon of child marriage is a daily reality. In 2019, a proportion of 25.7 per cent of women aged 20 to 24 were married or in union before the age of 18, including 8.1 per cent before the age of 15. Genital mutilation or ablation was also observed during the same year. Among girls and women aged 15 to 49, 52.1 per cent had undergone genital mutilation or removal (MICS).

53. The state has been working to change the legislation on child marriage. The new Child Protection Code, which has already been approved by the Council of Ministers but still needs to be approved by the National People’s Assembly, raises the age for marriage from 16 to 18. This is an important step forward in protecting girls from early marriage and enabling them to complete their studies.

54. The Ministry of Women, Family and Social Solidarity, through the Institute for Women and Children and the National Committee for the Abandonment of Traditional Practices Harmful to the Health of Women and Children, in partnership with NGOs working in the field of gender, ran a nationwide awareness-raising campaign through

talks (*Djumbai*), radio debates and workshops on school dropout and early/forced marriage since 2020.

55. The state has been monitoring the increase in cases of femicide.

Human Trafficking

56. The Government of Guinea-Bissau has set up an alert mechanism, called the “National Committee for the Fight against Trafficking in Human Beings (CNLTP)”, under the auspices of the Ministry of Women, Family and Social Solidarity (Order No. 5/2008). It is coordinated by the Institute for Women and Children and is made up of a multisectoral institution, including the government institution, of which the Ministry of Justice and Human Rights is a part, as well as NGOs. In addition, the country has signed multilateral agreements with the Republic of Senegal, Guinea-Conakry and Mali in the context of the fight against child trafficking at ECOWAS level.

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

58. At cross-border level, the country has improved its capacity to liaise with regional structures, especially the Senegalese authorities, in the field of identifying and mapping Guinean children who are begging on the streets of Senegal. Through collaboration and synergy between the government, via the IMC and CSOs, particularly AMIC, the return of more than 2,000 *Talibé* children from Senegal has already been achieved. AMIC has rescued more than 200 children who had been sent to Senegal.

59. Guinea-Bissau faces problems related to trafficking in women and children based on cultural practices and taking advantage of the particularly vulnerable economic situation of these two groups. Preventing and combating trafficking requires, in addition to effective legislative measures, the adoption of awareness-raising and civic education programmes. The whole of society must be properly informed about the manifestations of trafficking and its consequences, especially for the victims. In addition, public institutions are obliged to adopt protection measures and support and social reintegration programmes for victims.

60. With this in mind, the law on preventing and combating human trafficking, particularly women and children, was passed on 6 June 2011.

61. This law aims first and foremost to prevent trafficking, especially of women and children, through integrated programmes involving all public and private institutions working to promote and protect human rights. It also aims to prohibit and criminalise the recruitment, transportation, harbouring and facilitation of trafficking in persons or related activities, in any form and under any circumstances, regardless of the motives, in accordance with the Palermo Protocol.

62. With the adoption of this law, Guinea-Bissau has taken a significant step forward in the defence of the fundamental rights of individuals, particularly with regard to the right to self-determination, and represents a strong signal in the assumption and implementation of its international human rights commitments.

63. In 2024, Guinea-Bissau adopted the third National Strategic Plan for Preventing and Combating Trafficking in Human Beings in Guinea-Bissau, 2024-2028, which is aligned with the recommendations and commitments made by Guinea-Bissau within the framework of international treaties and conventions and is also in line with the 2030 Agenda Sustainable Development Goals.
64. However, the Human Trafficking Report 2021 says that despite the lack of major efforts, the government “has taken some steps to tackle trafficking, including initiating more investigations and identifying child victims of forced begging”.
65. The government of Guinea-Bissau has identified and referred for assistance 75 child victims of forced begging and 24 child victims of forced marriage, including potential victims of trafficking, in 2024.
66. In the previous period, 158 victims of forced child labour and child beggars and 22 victims of forced marriage were identified, which shows the state’s commitment to working to improve the conditions of girls who are victims of trafficking.
67. “A non-governmental organisation reported assisting 65 vulnerable children, including potential victims of trafficking, but the government had no formal procedures for identifying victims of trafficking or referring them for care.” Problems like this have been tackled by the state with the support of international organisations. The state, through the IMC, now has a case management system that allows different actors involved in child protection to respond in a coordinated way to cases of violence against children. Most of the cases are related to girls.
68. In May 2024, following complaints from the Gabú authorities, the PJ sent a team of agents to the city to investigate the situation.
69. The arrests made in the police operation carried out in this region have been linked to a human trafficking network. The police participated in the arrest of “more than 50 people” suspected of involvement in this alleged human trafficking network and specified that 57 people were arrested, including seven women and a 14-year-old child, and five alleged solicitors who were brought before the Gabú Public Prosecutor’s Office.
70. According to the PJ, “this is more a case of human trafficking, of people lured from other countries, than anything linked to terrorism”.
71. The PJ source added that these were people from Mali, Guinea-Conakry and Mauritania who were grooming citizens, mostly young people, from those countries with the promise that they could get work in Guinea-Bissau. For example, “the person who was in Mali, Mauritania or Guinea-Conakry was lured by individuals from this network, by paying a sum of money in advance. On arrival in Guinea-Bissau, the person was forced to work for the collectors”, said the same source. In other words, the scheme was to take money from these people who were kept in a kind of private prison.
72. The authorities believe that the network may have other cells elsewhere in Guinea-Bissau, as is the case in almost all sub-Saharan African countries, the source said. The state is working to combat such practices.
73. In the latest 2024 United States report, Guinea-Bissau was upgraded to watch level 2 because of significant efforts, where the government took some steps to address trafficking, including investigating trafficking cases, identifying potential victims, launching a national referral mechanism, and continuing to convene its inter-ministerial anti-trafficking committee.

Participation in Political and Public Life

74. Equality is guaranteed in the Republic of Guinea-Bissau Constitution, in Article 25. In addition, there are specific laws, including the law on parity in elections, approved by the ANP, which aims to guarantee a more equitable representation in politics by requiring a minimum quota of 36 per cent of women on any electoral list.

75. The Canchungo Declaration was approved by women in the city of Canchungo on 18 February 2015. It contains important points such as the approval of the law on minimum quotas of 40 per cent, the revision of the CNE law, the electoral law and the framework law on political parties, as well as the creation of a reception centre and psychosocial and legal support for women, girls and children who are victims of gender-based violence, among others. The Declaration served as the basis for drawing up the strategy to adopt the Parity Law, which instituted quotas for the election of women deputies.

76. In 2018, Law no. 4/2018 of 4 December, the Parity Law for the Participation of Women in Politics and in Decision-Making, was adopted.

77. The Institute of Women and Children, in partnership with the Women's Political Platform, liaises directly with political parties to sensitise party leaders to placing women at the head of the list or in second position, as required by the Parity Law.

78. The government of Guinea-Bissau has established partnerships with international organisations such as UN Women, World Bank and the European Union to implement projects and programmes aimed at empowering women.

Education

79. The basic law of the education system, drawn up in the 1980s, is the mother document that governs the entire functioning of the country's education system. Since the 2000s, however, several important strategic documents have been produced for the national education system. These include:

- Updating the Basic Law of the Education System. 2010;
- Education Sector Plan drawn up with the support of UNICEF, which aims to facilitate the development of strategic options in the field of education to strengthen access to and the quality of learning. 2016–2025;
- Report on the National Education System. UNICEF. 2015;
- National Strategic Plan for Inclusive Education for 2022–2027, approved by the Council of Ministers on 23 March 2023;
- Decree-Law 2019 on the School Food Programme for Education (up to 6th grade), the aim of which is to strengthen girls' access to and retention in school. With the support of the WFP and Caritas America, this government measure has contributed to the access and retention of more than 300,000 girls in more than 1,000 schools in Guinea-Bissau;
- National standard for quality education in Guinea-Bissau (draft document);
- MICS periodic reports. UNICEF. MICS 2018/2019, which are drawn up in partnership with the State and are used by the State to improve its public policies and actions aimed at improving the education of children in general and girls in particular;
- Manuals on procedures and mechanisms for reporting violence in schools;

- National Quality Standard (PNQ), with 7 dimensions that aim, among other things, to increase the quality of learning and the promotion of teaching by women.

80. The School Food Programme for Education (up to 6th grade), adopted in 2019, on school canteens is designed to encourage girls to be in school. This policy is implemented by the World Food Programme (WFP) and the NGO Catholic Relief Service (CRS) and covers the entire national territory.

81. Because of the various teachers' strikes, which the state has worked to prevent by improving teachers' working conditions, among other measures, communities have found alternative solutions to pay teachers additionally and ensure that girls go to school.

82. In 2021, total expenditure by the Ministry of National Education and Higher Education reached 14.0 per cent of state expenditure. In 2022, in fulfilment of the Committee's recommendations, expenditure covered an amount of 29,667 million FCFA and represents 18.3 per cent of total current state expenditure. Compared to 2021, this is an increase of 25.7 per cent.⁵ This demonstrates the state's commitment to improving education.

83. In 2024, the Ministry of Education promoted the training and capacity building of primary school teachers, financed by the World Bank. In addition, between 2021 and 2024, the Ministry of Education also worked on harmonising the curriculum. Also in 2024, the Ministry of Education delivered teaching materials (teachers' manual, technological devices, buffer accumulator, among others) to schools in Guinea-Bissau.

84. An agreement was also signed to implement master's programmes at the School of Education. This initiative is supported by the Camões Institute.

85. During the reporting period, the state built regional centres for the School of Education (ESE) in Bafatá, Cacheu and Buba. The constructions were financed by the World Bank.

86. The state has worked to increase the number of literate women in the country with literacy programmes that include the regions. The per centage of literate women is 75.4 per cent, according to the Integrated Regional Survey on Employment and the Informal Sector (ERI-ESI 2017–2018).

87. The state is aware of the challenges linked to girls' education, especially in the regions, and is partnering with civil society actors to try to overcome these challenges. In 2014, the state paid subsidies for teachers to go to the most remote areas of the country and thus extend the education system to the most isolated population. These subsidies are still being paid.

Women's Employment and Economic Empowerment

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

⁵ Ministry of Finance, GSB Proposal 2022, 2021, p. 121.

89. The state has been working to improve and increase the number of young women who have access to employment and work. To this end, the National Youth Agency was created.

Unemployment

90. The unemployment rate is one of the indicators of labour market tension, which marks the imbalance between supply and demand for employment. In Guinea-Bissau, according to the Integrated Regional Survey on Employment and the Informal Sector in WAEMU Member States (ERI-ESI 2017–2018) and according to the ILO definition, the unemployment rate is 7.1 per cent, with little difference between men (7.3 per cent) and women (6.96 per cent). This rate is high among young people aged 15 to 24 (11.2 per cent) and 15 to 34 (10.3 per cent) and 25 to 34 (9.9 per cent), people with secondary education (12.4 per cent) or higher (15.3 per cent), in urban areas (9.2 per cent), including 13.0 per cent in Bissau. The combined rate of underemployment related to working time and unemployment and the combined rate of unemployment and potential labour force are 13.0 per cent and 18.53 per cent respectively. While men are affected (13.0 per cent against 12.5 per cent for women) by the first rate, women are more affected (21.7 per cent against 15.5 per cent for men) by the second. These different rates show that it is the younger generations (15–34 years old), those who are educated (with at least secondary education) and those who live in urban areas who are most concerned. Finally, the labour force is totally underutilised with a rate of 23.7 per cent. This underutilisation is higher among women (26.4 per cent) than men (15.5 per cent), the younger generations (31.6 per cent among 15 to 24-year-olds and 21.2 per cent among 15 to 34-year-olds), those with higher education (31.9 per cent) and in urban areas. It can be said that Guinea-Bissau, like the other WAEMU member states, has more problems with the underutilisation of available and potential labour, and this is more the case for women than for men.

91. In Guinea-Bissau, 88.9 per cent of informal jobs represent people's main occupation. This situation is most worrying in the private sector, with 99.3 per cent of jobs, and even in the public sector, informal employment appears at 12.9 per cent. As for jobs in households, all of them are informal (100 per cent). In the non-agricultural institutional sector, the majority of jobs are informal (85.9 per cent) and only 14.1 per cent of jobs are formal. The situation is worse in the agricultural institutional sector, with 99.5 per cent of jobs being informal.

Labour force

92. Economic activity is measured through the functions of production or consumption of goods and/or services. If the consumption function concerns the entire population, production is guaranteed only by employed individuals (employed or self-employed). In the country, 81.5 per cent of the working population is employed and compared to the national level, 6.3 per cent are unemployed according to the ILO (2018), 8.5 per cent are not looking for work but are willing to do so if the opportunity arises and only 3.7 per cent are not looking for work and are not available to work, but they want to work.

93. An analysis of the structure according to the gender of working people reveals that among the 15–34 age group, the largest proportion of working people are men (46.5 per cent) and women (47.9 per cent), the largest proportion unemployed (69.4 per cent for men and 75.6 per cent for women). But among those who are looking for work but are not available for work, the highest proportion is among adults aged 35–64 in men (59.7 per cent) and women (100 per cent), i.e. for women,

although they are looking for work, all of them answered that they are not available to work immediately if a job comes up. Among those who are not looking for work but are available for work, they are aged between 15 and 34 for men (56.9 per cent) and between 35 and 64 for women (42.1 per cent). But for those who are not looking for work and are available but want to work, the proportion is 59.4 per cent for men and 46.6 per cent for women aged between 15 and 34. But for those who are not looking for work and are available but want to work, the proportion is 59.4 per cent for men and 46.6 per cent for women aged between 15 and 34.

94. The structure of the labour force by age and activity status in relation to the sex of the labour force shows that:

- Employed workers are younger, aged between 15 and 34 (47.1 per cent) for women (47.9 per cent) and men (46.5 per cent);
- According to the ILO, unemployment affects more young people between the ages of 15 and 34 (72.2 per cent), especially women in this category (75.6 per cent) than men (69.4 per cent);
- Adults aged 35 to 64 who are looking for work but are not available for work (64.8 per cent), particularly fewer men (59.7 per cent) than women (100 per cent);
- Young people aged between 15 and 34 are the most numerous among those who are not looking for work but are available to do so if the opportunity arises (45.8 per cent), particularly women (39.4 per cent) compared to men (56.9 per cent);
- Furthermore, these young people are also the majority of people who are not looking for work, are not available to do so, but want to work, with 51.8 per cent of them men (59.4 per cent) and women (46.6 per cent).

Job opportunities and adequate income in the labour market

95. People in vulnerable employment situations, i.e. self-employed and family workers, account for 41.9 per cent of jobs. Women (51.9 per cent) are more vulnerable in employment than men (33.4 per cent) and this vulnerability in employment affects more people with no education (48.6 per cent), those aged 25–34 (44.4 per cent) and 35–64 (50.8 per cent), people in the regions of Tombali (51.2 per cent) and Bafatá (46.8 per cent).

96. The jobs available represent 45.7 per cent of working age people (15 years and over) and this proportion is higher for men (52.9 per cent), those who have not reached secondary level (52 per cent) or higher (64.7 per cent), people aged between 35 and 64 (60 per cent) and 65 and over (56.2 per cent), people living in other urban areas (61 per cent) and in the regions of Biombo (54.1 per cent) and Bafatá (51.3 per cent). The rate of precarious employment is 15.9 per cent and this precariousness of employment is marked for men (19.6 per cent), people with a primary (19.3 per cent) or secondary level (24.3 per cent). The pluriactivity rate, i.e. the proportion of the population that carries out at least two activities, is 3.1 per cent. Compared to the national level, women represent 3.6 per cent, those who have reached higher education (6.8 per cent) and in the city of Bissau (5.4 per cent). A significant proportion of young people aged between 15 and 24 are neither in education nor in employment (25.4 per cent), especially women (31.8 per cent), those with no level of education (64.5 per cent) and in the regions of Bafatá (37.6 per cent) and Gabú (45.6 per cent). Looking at the situation of young people aged between 15 and 35, 32.5 per cent are neither in education nor in employment, and women (40.8 per cent) are more concerned than men (23.2 per cent).

97. The salary expectation for jobseekers is 17.9 per cent. Compared to the national level, it is higher for men (25.5 per cent), those with at least secondary education (47 per cent for secondary and 81.3 per cent for higher education) and in the city of Bissau (38.5 per cent); the wage rate is 19.5 per cent in the non-agricultural sector (27.5 per cent for men and 9.7 per cent for women in this category). The level of wage-earning is 81.4 per cent among those who have reached higher education. Looking at the specific case of women's pay in the non-agricultural sector, their level of pay increases with the level of education. Those with no schooling have a pay rate of 2.9 per cent, those with primary education 10.1 per cent, and those with secondary and higher education 32.2 per cent and 84.0 per cent respectively. The best paid categories are those aged 25–34 (13.3 per cent) and those living in Bissau (22.8 per cent).

Structure and dynamics of jobs

98. Recent statistical studies show an increase in fixed-term contracts, temporary contracts and seasonal contracts. This growth in these temporary forms of employment, compared to permanent contracts, is increasing in some European countries. This trend has begun to emerge in Africa, where states are adopting new laws that tend to weaken employment. The duration situation in Guinea-Bissau, according to the data from INE's survey, shows that the majority of employed workers (46.4 per cent) have been working for less than 5 years, 17.7 per cent between 5–9 years and 12.5 per cent between 10 and 14 years and only less than a quarter of workers (23.3 per cent) have been in their job for at least 15 years. Men last longer in their jobs than women, because 44 per cent had less than five years and 27 per cent had at least 15 years, while almost half of women (49.3 per cent) had less than five years and only 19 per cent had more than 15 years in their jobs. The change of job among employed workers affects more men than women (11.4 per cent against 9.4 per cent). Among the 10.3 per cent of employed people who had a previous job, 59.9 per cent did so to change occupation and 59.9 per cent to change their main activity. Women were more likely to have changed occupation (60 per cent of women versus 59.4 per cent of men) or activity (60.1 per cent versus 59.7 per cent of men). The proportion of low-wage earners in Guinea-Bissau is 32.2 per cent and the wage rate below the SMIG is around 40 per cent. By gender, women have the highest low wage rate, at 39.55 per cent, and the lowest wage rate at the Guaranteed Minimum Interprofessional Wage (SMIG), 44.43 per cent.

99. The data also shows that, at national level, 39.58 per cent of the employed population works excessive hours (more than 48 hours a week). This is the case for 44.04 per cent of men and 34.36 per cent of women. This situation affects people aged 35 to 44 (42.84 per cent), followed by people aged 64 and over (40.30 per cent).

100. Regarding the characteristics of employment, it can be seen that the main actors providing employment in Guinea-Bissau are those in the private sector (85.8 per cent), with the greatest impact on workers in the private sector (61.9 per cent). The public sector accounts for just 12 per cent, of which 9.4 per cent come from the public administration sector. Household employers account for 2.2 per cent. The main employers, men and women, are private sector actors, accounting for 80.3 per cent and 92.3 per cent respectively. Public sector actors provide employment for men (17.2 per cent) three times more than women (5.9 per cent), especially in public administration. Of the 29,230 people employed in the public and quasi-public sector, 2.4 per cent are women and people aged 15–35 account for 31.5 per cent of this workforce. The first sector is education and accounts for 28 per cent of the workers employed, of which 17.9 per cent are women and 39.4 per cent young people aged between 15 and 35; this is followed by public administration, which employs 23 per

cent of the staff, with 11.9 per cent of women and 21.6 per cent of young people aged between 15 and 35; and finally office services, with 18 per cent of the workers employed, 35.6 per cent of women and 30.3 per cent of young people aged between 15 and 35.

101. The data also shows that 207,756 employed people were identified in the formal private sector, with 49.2 per cent women and 44.2 per cent young people aged between 15 and 35. The retail trade sector accounts for 31.8 per cent of the employed population, 68.7 per cent of whom are women and 43.7 per cent of young people aged between 15 and 35; agriculture, livestock, hunting and support activities account for 22 per cent of the employed population, 51.2 per cent of whom are women and 36.8 per cent of whom are young people aged between 15 and 35; and manufacturing employs 10.6 per cent of the employed, 45.6 per cent of whom are women and 43.3 per cent young people aged between 15 and 35.

102. The ERI ESI identified heads of informal production units (CUPI) totalling 145,594, of which 58.8 per cent of CUPI are women and 39.9 per cent are young people aged between 15 and 35. The retail trade sector created 42.1 per cent of informal production units, of which 70.8 per cent belong to female CUPIs and 42.4 per cent to young people aged between 15 and 35. The Agriculture, Livestock, Hunting and Support Activities sector created 23.9 per cent of informal production units, of which 54.4 per cent belong to CUPI women and 36.2 per cent to young people aged 15–35, and industrial activities with 11.7 per cent of UPI, of which 53.5 per cent belong to CUPI women and 37.3 per cent to young people aged 15–35.

Women and the labour market

103. Despite the rapid worldwide increase in women's education rates and participation in the labour market, the majority of women are still victims of professional segregation in their workplace and rarely break through the famous "glass ceiling" that prevents them from reaching senior management and specialist positions.

Equal opportunities in the labour market according to gender

Horizontal segregation index

104. It is generally in sectors that employ a large number of women, such as health and community services, the hotel industry and restaurants, that the situation for women improves somewhat. Gender inequality at the top of the organisational pyramid is simply the most notorious example of gender-based occupational segregation, found across the whole range of jobs available on the labour market. The data shows that women's jobs are relatively equally distributed for women on average across the country. Segregation is a characteristic of the way work is done in Guinea-Bissau, and the results show that there is still a lot of inequality in employment in all regions of the country. On average, 15.66 per cent of the country's jobs are segregated by region. The most affected regions are Gabú, Oio and Tombali with 10.8 per cent, 10.9 per cent and 12.8 per cent respectively. The best-placed region is Biombo with 22 per cent, followed by Cacheu with 20 per cent and SAB with 19 per cent.

105. Horizontal segregation pushes women into sectors of activity that are already highly feminised in Guinea-Bissau. These are industries that employ young, unskilled labour, such as retail trade and agriculture, livestock, hunting and family support activities: 39.7 per cent work in retail trade and 6.66 per cent in agriculture, animal husbandry and hunting. Retail trade is where there are the most jobs, mainly in the

regions of Gabú, SAB, Biombo, Cacheu and Oio respectively (68.5 per cent, 40.0 per cent, 35.0 per cent, 32.8 per cent and 26.2 per cent). In the same vein, agriculture, hunting and fishing also employ a large proportion of women. In Guinea-Bissau, small street businesses, domestic services, small-scale catering and small-scale production activities in micro-enterprises or at home (embroidery, small confectionery, etc.) mobilise many women and girls in urban areas.

106. In all branches of activity, the participation of women varies and is important in the following sectors. Women dominate agriculture, livestock, hunting and support (51.1 per cent), particularly in the regions of Bissau (75 per cent), Bafatá (63 per cent), Biombo (69.1 per cent) and Oio (55.3 per cent), in forestry, timber and family support (55.8 per cent) and in the regions mentioned above, in retail trade (68.5 per cent), especially in all parts of Guinea-Bissau, and in the wholesale sector (54.1 per cent), with the exception of the regions of Oio (44.2 per cent), Bolama/Bijagós (18 per cent) and Cacheu (23.9 per cent). They also dominate in the accommodation and catering industry (81.7 per cent), which is the case in all the regions concerned.

Vertical segregation index by region and residence

107. “Vertical segregation” shows that, despite a recent positive trend, access to high positions in the professional hierarchy remains limited for women. On average in Guinea-Bissau, 16.22 per cent of women have access to management positions. By region, SAB ranks highest with 20.7 per cent of women in management positions. While this data suggests that there has been a change, it cannot be considered structural and representative of a new situation for Guinean women. However, there is a significant evolution in highly qualified jobs. This evolution will require careful attention to see if it is an indicator of deeper and broader future trends. In fact, although women’s access to work has expanded, it remains largely limited to the more modest jobs in the professional hierarchy and the more “computerised” sectors.

108. Horizontal segregation is associated with vertical segregation, with women becoming fewer and fewer as one moves up the career ladder and the hierarchy of socio-professional categories, while women account for 31.98 per cent of people in direct service to private individuals, 22.29 per cent in skilled industrial and craft occupations, 11.49 per cent in intellectual and scientific occupations, 9.29 per cent in intermediate occupations and 8.15 per cent in elementary occupations. For executives and managers, they only reach 0.56 per cent. The sector of direct services to private individuals, traders and vendors shows the greatest vertical segregation (32.0 per cent), which is most marked in the regions of Quinara (44.2 per cent), Gabú (42.9 per cent) and Cacheu (39 per cent).

109. The data also shows the contribution of women to economic activities in Guinea-Bissau. In general, women participate in all economic activities and are in the majority in agriculture, hunting and support activities (51.1 per cent), forestry, logging and support activities (55.8 per cent), wholesale trade (54.1 per cent), retail trade (68.5 per cent) and accommodation and food service (81.4 per cent). However, there are regions where they are not the majority, despite being dominant in the industry, and where they are dominant, despite being the majority in the sector in question. It should be noted that young women aged 15 to 24 account for 45.52 per cent of young people in this age group employed in retail trade and companies, 58.52 per cent in agriculture, livestock, hunting and support activities, and the same trend is observed in age groups for women aged 15 to 34 and 15 to 64. It should be noted that in the 15 to 24, 15 to 34 and 15 to 64 age groups, women active in accommodation and food services account for 93.13 per cent, 79.09 per cent and 81.39 per cent respectively.

Health

110. In Guinea-Bissau, there are relatively positive results in terms of gender equality in health. Gender parity is ensured in the survival rates of children under five.

111. In addition to the governance of the health system, short-term actions will be aimed at developing quality health infrastructure, making quality medicines available to the population and implementing special health programmes.

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

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

114. In 2010, Law No. 11/2010 on Reproductive Health and Family Planning was adopted.

115. A National Strategic Plan for Community Health⁶ was also adopted, which allowed for national coverage of Community Health Workers (CHWs) who work in community areas and areas that are difficult to access. CHWs are involved in providing various health services, mobilising families to seek treatment or women to attend antenatal appointments, raising awareness and providing information on healthy sexual and reproductive health behaviour. CHWs are key in raising awareness about hand washing, hygiene practices, vaccinations, healthy nutrition and malaria prevention. They test and treat malaria, treat simple forms of pneumonia, and refer patients to health centres.

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

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

118. Similar phenomena are observed in relation to birth spacing, access to abortion and sexual interaction, including within marriage. There is a clear need for ongoing sensitisation of men, women and health professionals in this regard. UNFPA, which

⁶ Law no. 11/2010 on Reproductive Health and Family Planning, published in Official Gazette no. 39 of 29 September 2010, art. 3.

supports the state, has set up five “men’s clubs” to try to engage men in discussions about rights related to reproductive health, including family planning, and the eradication of gender-based violence, including female genital mutilation; but to date, these efforts have not been evaluated or implemented at scale.

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

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

121. These data show that 97 per cent of women aged 15-49 who had a live-born child during the two years preceding the survey received antenatal care at least once from a qualified health worker and 80.7 per cent received antenatal care at least four times from any worker, a slight improvement on the data presented in the last report. As for births, 53.8 per cent were attended by qualified health workers such as a doctor, nurse or midwife and 50.4 per cent were carried out in health institutions, which shows a relative improvement in monitoring, access and health care, particularly during pregnancy and childbirth.

122. ECOWAS has developed a programme for the awareness, treatment and reintegration of women victims of obstetric fistula, which also includes Guinea-Bissau.

123. According to MICS 6, the per centage of women aged between 15 and 49 with a live birth in the last two years who received antenatal care from trained personnel at least once during the pregnancy of the most recent live birth is 45.4 per cent. This is also the per centage of women who were offered and accepted an HIV test during their antenatal appointment and received the results.

124. Consultation for pregnant women is free, 98 per cent of women living with HIV receive free antiretroviral treatment.

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

126. The reference to public health has a double meaning: (1) a public policy and (2) the set of institutions that implement it. In this dual sense, public health aims to achieve the physical and mental wellbeing of the population; this dual aspect of wellbeing emphasises that the Constitution is not only guided by the physical curative dimension of state health policy but must also be guided by the verification of psychotherapeutic support.

127. The first National Health Development Plan (PNDS I) emerged in the context of a 1993 National Health Policy (PNS) guided by the principles of consolidating primary health care (PHC), improving access to health services, equitable distribution of resources, quality of care, decentralisation of the health system, definition and

development of a strategy for human resources (HR) and better intersectoral collaboration, which led to the adoption of a sectoral table in 1997.

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

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

130. The main objectives of PNDS II were to “contribute to improving the population’s state of health, namely reducing infant, child and maternal mortality, as well as reducing the burden of diseases such as HIV/AIDS, tuberculosis and malaria as factors of poverty”. According to the document, the most important determinants of health in Guinea are water and sanitation, urbanisation and rural exodus, food and nutritional security, lifestyle, social inequalities and gender issues within the population. The communicable diseases that are the main causes of morbidity and mortality in the country are malaria, tuberculosis, HIV/AIDS infection, diarrhoeal diseases and acute respiratory infections. The most common non-communicable disease is malnutrition, which contributes to the maternal and child mortality rate. Malaria, an endemic disease with stable transmission and high prevalence, is the biggest public health problem. As the leading cause of morbidity and mortality, it accounts for more than 50 per cent of the reasons for seeking health services and is therefore the biggest enemy of productive forces in Guinea-Bissau. The state is working with its international partners, especially the UNDP and the Global Fund, to prevent malaria, especially among pregnant women and children under five.

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

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

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

134. The Ministry of Public Health (MINSAP), which includes the Secretariat of State for Hospital Administration, is the government department in charge of formulating, proposing, coordinating and executing government policy on health and the fight against epidemics. MINSAP includes the Secretary General, the General

Inspectorate of Public Health, the National Institute of Public Health (INASA), the Centre for the Purchase of Essential Medicines (CECOME), 11 regional public health directorates, the General Directorates for Prevention and Health Promotion, the Health System Administration and the Health Institutions Administration. The administration of the health system is decentralised, with MINSAP taking responsibility for formulating and planning central health policy as well as coordinating the placement and remuneration of health personnel throughout the country. Each regional health system formulates its activity plan in consultation with MINSAP. The regional team conducts a range of activities including financial management, procurement coordination, dissemination and sensitisation, and facilities maintenance. However, the regional health offices are considerably underfunded. Their activities are financed through a five per cent levy charged to health posts in the region (15 per cent levies are also charged to hospitals). MINSAP's only funding for regional activities is earmarked for specific programmes, such as vaccination campaigns.

135. According to the Development Investment and Expenditure Program, the 2022 State Budget has a total sum of 10,503,660 billion, corresponding to 5.12 per cent of global investment. Government spending on health as a per centage of GDP is around 1 per cent. Furthermore, given that less than 1 per cent of the General State Budget is currently allocated to women's and children's health, it is necessary to increase these allocations. It should be noted that the political impasse that has affected the country since August 2015, affects budget spending on health.

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

137. In Guinea-Bissau, due to structural weaknesses, the health system faced even more accentuated difficulties with the coronavirus pandemic that devastated and impacted the entire health structure of the world in 2020, making it impossible for fragile countries to invest in other responses to health problems.

138. In terms of basic health care, the country obtained in 2019 indices that indicated that access and quality of health data are poor, the score was 24.3 out of 100 points. In 2020, a Strategic Plan for the Operational Centre for Health Emergencies (COES) (2021–2023) was prepared, which allowed the country to face the Coronavirus and two disease outbreaks (polio and measles) both occurred in 2022. To respond to these two outbreaks, the country developed the National Polio Response Plan and the Measles Combat Plan, which allowed the increase in immunization of children from 0 to 5 years of age, reaching a coverage of 99.6%, through mass vaccination campaigns and other routine vaccination activities. Also, the country reached 90% vaccination coverage in the capital Bissau for the first time. Having received the new oral polio type 2 (nOPV2) vaccine across the country.

139. Guinea-Bissau is one of four countries that are part of the World Bank's Improving Regional Disease Surveillance Systems (REDISSE) Phase II (2018–2023) project, which aims to strengthen regional and cross-sectoral capacity for disease surveillance and epidemic preparedness. At the end of the project, some achievements were fundamental for the improvement of the health system, including for women, such as:

(a) Acquisition of some equipment and material for human health laboratories;

- (b) Acquisition of PEPs;
- (c) Construction of a water tower at the central animal health laboratory;
- (d) Partial support to INASA for the implementation of FETP training actions;
- (e) Seventeen health professionals were sent to Portugal to receive training on “One Health”.

140. Guinea-Bissau’s National Plan for the Development of Human Resources for Health (PNDRHS) 2023–2032 has been prepared. With this, 1,400 technicians were recently recruited, including doctors, nurses, midwives and laboratory technicians.

141. To strengthen intervention in communities, the government has prepared the National Strategic Plan for Community Health (PENSC) 2021–2025. This comprehensive document, prepared jointly by the Ministry of Public Health, Directorate-General for Prevention and Health Promotion, Department of Community Health Services and Promotion of Traditional Medicine, identified priority issues and defined objectives, strategic goals, and expected outcomes for community health. The plan also includes measures to raise awareness among the authorities on the mapping of areas at risk of epidemics and natural disasters and a plan for continuous support at community level to these areas in the event of an emergency.

142. The actions undertaken within the framework of the plan were the training of 3,481 CHWs (community health workers) in the 11 health regions, to be operational on the ground and support women in the regions.

143. The CHWs received a 17-day training on the implementation of 18 essential family practices (e.g., hygiene, antenatal consultation, postpartum consultation, exclusive breastfeeding, nutrition, and immunization) in their communities. Each CHW is allocated an average of 50 households.

144. Similarly, in terms of the production of documents that assist the administration of public health, the “National Strategic Plan of the Health Information System (PENSIS) 2023–2027” was prepared, which awaits its implementation. This document’s main scope is the country’s need to plan and monitor national priorities in terms of health and the strengthening of the health information system in the implementation of its activities. Reliable data on population health is essential to help governments prioritize health challenges, develop health policies, direct resources, and measure the success of their investments. Following the same lines, another plan was drawn up. In this case, the National Strategy for Reproductive, Maternal, Neonatal, Child and Adolescent Health (SRMNIA) 2019–2024.

145. The National Health Development Plan III is also in the process of being prepared, for the near future.

Health services in the field of prevention

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

coordinator and is supported by consultants from the various programmes that are part of it. The Office also works to coordinate actions linked to women's rights in health.

Health services in the field of treatment and rehabilitation

147. Guinea-Bissau still needs to develop adequate legislation that protects the rights of persons with disabilities, especially psychosocial disabilities. In addition, the provision of mental health care needs to be improved. The main issues that lead to deficiencies in the treatment of people with mental illness include physical and human resources that are still inadequate for the delivery of services and the lack of facilities that give training to aspiring psychiatrists.

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

149. In the Quelelé neighbourhood, there is a Motor Rehabilitation Centre that receives stroke patients, produces prostheses and carries out physiotherapy.

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

Cost of Access to Health

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

152. The payment of high fees for the provision of health services inevitably leads families into a difficult financial situation, depleting their savings or valuable assets and potentially leading to large debts or even bankruptcy.

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

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

155. Affordability has been improved by the government's policy of providing free services to pregnant women.

Quality of Medicines and Clinical Equipment

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

157. As CECOME still faces many challenges, several hospitals need to acquire and import medicines from abroad, international partners also make purchases through their own systems. This is the case for Global Fund-funded programs that are procured through UNDP, the European Union, which procures HCM and essential medicines via IMVF and EMI, and UNICEF, UNFPA and WHO, which have their own procurement mechanisms. CECOME is mainly used for storage.

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

Training of Health Professionals

159. Human resources training for specific health professions is carried out at the following training institutions:

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

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

- Universidade Lusófona da Guiné (ULG), which licences nurses and laboratory technicians;
- Jean Piaget University of Bissau (UNPIAGET), which licences doctors and nurses;
- Higher Polytechnic Institute “Benhoblo” (ISPB) which licences nurses.

161. These training institutions have been audited by ECOWAS/CAMES as part of the harmonisation of education in the region. These audits consider the quality of teaching to be below what is desirable and a process of curriculum harmonisation and quality standardisation is on the ECOWAS roadmap. Finally, it is important to point out that regional integration requires a legislative package, which is in the process of being adopted, to allow the free movement of health professionals in the West African region. The approval of these laws will have a positive effect on women, mainly because it will allow pregnant women to have more and better access to prenatal examinations.

162. *Ad hoc* training is usually conducted on site when new equipment or products are delivered to healthcare institutions.

Prevention of water-related diseases and access to sanitation

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

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

165. Communities involved in CLTS initiatives are required to have an operational sanitation committee. This is a good practice for involving the population, which always includes women, in solving existing risks to their health, especially when it comes to groups that are vulnerable due to their rural location.

Vaccination Programmes and other Strategies to Control Infectious Diseases

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

167. In the first quarter of 2017, MINSAP, with UNICEF's support, carried out an equity study on vaccination, to identify obstacles to the programme and parts of the population that were not covered. According to UNICEF, although vaccination campaigns have often achieved high coverage rates, routine vaccination has been declining over the last three years: in 2016, no more than 49.3 per cent of children had received all their vaccinations before their first birthday. More resources will be needed to reverse this trend. One of the most pressing challenges for the future is the need to reverse the current paradigm of vaccination programmes, so that they are no longer dependent on external aid but are managed by the government, which must gradually take over vaccination costs and systematically include them in the public budget.

Measures for the Prevention of Spread of HIV/AIDS and other STIs

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

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

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

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

172. The 2019–2023 National Strategic Plan of the Republic of Guinea-Bissau for the response to HIV/AIDS is part of the global perspective of ending the HIV/AIDS pandemic by 2030, based on the UNAIDS strategy to accelerate the 90-90-90 response by 2030 (i.e. by 2030, 90 per cent of people living with HIV are tested for HIV and know their serological status; by 2030, 90 per cent of people living with HIV who know their serological status are on antiretroviral treatment; and 90 per cent of people living with HIV and on antiretroviral treatment have an undetectable/suppressed viral load). It is also part of the WHO guidelines on “Test and Treat” treatment to avoid co-morbid conditions in HIV-positive persons.

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

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

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

175. The GAM is part of the state’s strategy on HIV/AIDS.

Affordable Access to Essential Medicines as Defined by the WHO

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

complexity, it requires suitably qualified professionals to be placed in the public and private health institutions where they are needed.

177. SDG 3.8 refers to access to essential, safe, effective, quality and affordable medicines and vaccines for all and it guides the work of the state in relation to health.

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

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

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

- (a) Identifying strategies to reduce the cost of purchasing medicines, equipment and healthcare products for the benefit of the patient;
- (b) Ensuring a good geographical distribution of pharmaceutical establishments (structures that can dispense medicines);
- (c) Adopting legislation to guarantee the commercialisation of safe and quality medicines and other health products;
- (d) Promoting standardised therapeutic protocols;
- (e) Disseminating formularies and the list of essential medicines among health professionals;
- (f) Operationalising the drug surveillance service;
- (g) Framing these interventions within a legal and regulatory framework to discipline the pharmaceutical sector, setting up a Medicines and Health Products Regulatory Agency;
- (h) Ensuring quality control of medicines and other health products;
- (i) Creating a system to combat the commercialisation of counterfeit medicines.

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

182. Despite the fragility of the national health system, which under normal conditions would imply robust investment in this vital sector for the country, the public resources made available by the state for health fall far short of the reality and existing needs.

183. The government has allocated 8 per cent (19.903 billion FCFA) of its budget to the Ministry of Health in 2021, 10 per cent (21.187 billion FCFA) in 2022 and a slight increase to 10.5 per cent (21.449 billion FCFA) in 2023.

184. The main international agencies and organisations that support the health sector, including civil society, include UNICEF, the World Bank, the European Union

(through the PIMI I, II, III project, implemented by the Marquês de Vale Flor Institute and *Ianda Guiné Saúde*), Portuguese Cooperation, the Camões Institute, WFP, AIDA, the Bandim Health Project, Effective Intervention, Caritas, diocese and churches.

185. From 2013 to date, several national policy and strategy documents have been produced that aim to contribute to the well-being of women and children. The following documents stand out: The strategic management of Guinea-Bissau's health sector was, until March 2017, guided by the National Health Policy (PNS) adopted and approved in 1993. Over time, it has framed various thematic policies and guided the drafting of three National Health Development Plans (PNDS) (Guerreiro et al., 2017). The PNDS is intended to be the document that defines the country's national health strategy (Cardoso & Dubbeldam, 2018). PNDS I (1998–2002, revised for 2003–2007) was followed by PNDS II (2008–2017) and in 2017 a new planning process was completed – PNDS III. The extension of the first PNDS was covered by DENARP I and the second PNDS by DENARP II. The drafting of the third PNDS was guided by the PNS adopted in March 2017, the Strategic and Operational Plan of the Government, *Terra Ranka* 2015–2025, and the recommendations that emerged from the 1st National Health Conference in October 2014 (Guerreiro et al., 2017).

186. A government order on free care for pregnant women, children under 5 and the elderly over 60 has been implemented in all health centres. This policy measure is accompanied by the European Union through the PIMI I, II and III projects, which has directly benefited more than 400,000 women, more than 320,000 children and involved around 1,200 health workers in 132 health centres across the country.

187. There was also a National Forum on Primary Health Care in February 2023, the National Strategic Plan to Combat HIV/AIDS for 2018–2027, the National Nutrition Plan (2014–2018); the National Nutrition Strategy (2015–2019); Awareness-raising to extend the breastfeeding period beyond 6 months; the National Protocol for the Comprehensive Management of Acute Malnutrition (2013–2019, updating process underway), the National Vaccination Policy drawn up for the period 2022–2027. A request has been made to the Council of Ministers for its approval, while the parliamentary elections have not yet taken place, which prevents its approval by the National Parliament.

Rural Women

188. As part of the protection of rural women, the state has been working to implement Law No. 5/98 of 23 April, the Land Law. To this end, Decree-Law No. 6/2018, Supplement 25/06/2019 was adopted, which increases women's access to land.

189. This decree deals in detail with the application of the Land Law, particularly regarding the customary use of land, rural and surface concessions, the delimitation of local community land, land commissions, land registration, grazing land and the institutions responsible for land management.

190. This regulation also details the competences of the organisations involved in land management. On the other hand, its drafting was guided by the concern to simplify the terms of the concession process, to ensure the best use of the land in harmony with its adaptability and to guarantee people the rights to use the land they occupy.

191. The conditions are classified into just two types: rural and urban. The aim is, on the one hand, to shorten the process of legalising land so that the deadline for granting titles is as short as possible and, on the other hand, to encourage the voluntary legalisation of land that has already been occupied.

192. For the purposes of economic exploitation, housing, social utility and other productive and social activities, the state may grant private land use rights to national or foreign entities, individuals or groups, considering the national interest as defined above in economic and social development plans and objectives.

193. Under the terms of the Land Law, all citizens are recognised as having the right to private use of the land, without discrimination as to gender, social origin or origin within the territory.

194. Within the ECOWAS framework, the state has been working on the “No Kumpu terra” project.

195. In addition, there is a state policy that establishes a microfinance project for women farmers.

196. The Ministry of Agriculture has a project to support the autonomy and financial inclusion of young women in the fruit and vegetable sector (PAIFJ) Project no: P-GW-100-007, financed by the World Bank. This project aims to improve women’s economic autonomy, promote the professionalisation of cooperatives, micro and small businesses processing agricultural products, develop women’s expertise and leadership and improve their access to credit.

197. The project, which covers Bissau and the regions of Oio, Biombo and Cacheu, has chosen the processing and marketing of cashew nuts, fruit and vegetables (mangoes, berries, tomatoes, tubers, etc.) and is justified both because of the dominant presence of women (80 per cent of the labour force in cashew nut harvesting) and because these are economic niches with enormous potential for rapid and sustainable growth. In fact, processing 10 per cent of national cashew production could generate a surplus of 60 per cent in export value for Guinea-Bissau.

198. After national independence in 1974, the new state adopted Law 4/75, which nationalised land, determining that all “soil” in the national territory (urban, rural or urbanised) is entirely part of the state’s public domain, i.e. it cannot be recognised as private property.

199. A new law was adopted in 1998 (Law No. 5/98 of 23 April 1998) which greatly modifies land appropriation, establishing three main objectives:

- (a) Securing land for local communities;
- (b) Incorporating the customary land regime into the law, as well as the institutions that represent it;
- (c) Encouraging land-related investment by creating a marketable value for the land.

200. Thus, this law enshrined the right to customary use of land with some innovations. A new regime called “Land Concession”, whether urban or rural, makes it possible to recognise a “perpetual” use (definitive or provisional). Another innovation of this new law is the creation of a tax mechanism that aims, among other things, to increase the efficiency of land use and discourage the creation or maintenance of large traditional properties on which the owner is unable to make an economic profit.

201. This law also provides for the creation of Land Commissions to guarantee its implementation and ensure coordination between the different levels of intervention in land use, which introduces the notion of land management.

Unlocking

202. Insufficient maritime and road infrastructure (particularly access roads to villages) is one of the main obstacles to the development of the agricultural sector, limiting access to production areas, increasing transport and marketing costs, and thus limiting the flow of agricultural products to the urban market (Bissau) and other urban areas in favour of imported products. To this must be added various obstacles to the free internal circulation of agricultural products (taxes and other payments, illegal barriers). The state has been working to improve infrastructure, knowing that positive results will be especially beneficial for women, who are the majority of the country's agricultural producers.

Women's Participation in Development

203. Women play a fundamental role in Guinean agriculture. Although they only account for 49 per cent of the working population in rural areas, it is estimated that they provide more than 55 per cent of agricultural labour. Their participation relates more particularly to horticulture, the cultivation of bas-fond rice (harrowing and harvesting rice), the harvesting of cashew nuts, the rearing of chickens, pigs and small ruminants, and the production of milk.

204. They also do the bulk of the processing (shelling cashew nuts, making cashew wine, threshing rice, extracting palm oil, salting and drying fish, etc.). For example, it has been estimated that a Guinean woman spends the equivalent of 70-90 working days a year husking rice. Finally, women are involved in subsistence fishing (collecting molluscs, catching small fish for family consumption). It should be noted that women's associations are also of paramount importance, particularly in terms of credit and horticulture.

205. Insufficient attention has been paid to the development of the agricultural sector, especially regarding the role of women in development and the excessively weak place reserved for them in programmes.

206. The Ministry of Social Affairs and the Advancement of Women (MASPF) has established a "Women and Development" Framework Plan which provides for the introduction of small-scale processing equipment, easier access to production factors (land, credit) and support for commercialisation. One of the main objectives of the Framework Plan is to lighten women's workloads, reduce working hours and increase incomes. Emphasis is placed on the fact that actions in favour of women preserve family and peasant balances.

207. This framework plan was taken over by the National Institute for Women and Children, with the aim of improving and defining a strategy and policy to ensure a better standard of living for women and children.

208. The economic development of the rural sector will not be able to achieve its objectives without a harmonious development of the population's standard of living, i.e. setting ambitious objectives for rural communities in terms of health, education, housing, rural hydraulics, sanitation and leisure. The state is working to improve rural areas, which will benefit women in particular.

Family relationships

209. Various legal and legislative frameworks have been created to bring the protection of human rights, especially those of women in their family relationships, into line with international standards. The Child Protection Code (which still needs

to be approved by the ANP) has been revised and the minimum age for marriage has been raised to 18. In addition, the Civil Registration and Notarial Code and the major reformed Codes (Civil and Civil Procedure Code and Criminal and Criminal Procedure Code) review the rules relating to family relations, including the relationship of law with customary law. The major Codes also need to be approved by the ANP.

Violence against Women in Politics

210. The very format of political participation in Guinea-Bissau prevents women from taking part. There are several cases of political parties holding their meetings at 3am, which often prevents women from taking part due to the inappropriate time of the meetings.

211. The low participation of women in decision-making, particularly in politics, is an issue that has been widely debated in recent years on the international stage and in Guinea-Bissau. This challenge is a priority for many countries, as evidenced by the commitment of the 193 member states of the United Nations when adopting the 2030 Agenda and the Sustainable Development Goals (Target 5.5 in particular). The parity law was passed in 2018, but its immediate implementation in the following elections did not bring positive results, as there was no quantitative change in the representation of women in parliament.

212. On the other hand, the latest census of the public administration shows that women make up around a fifth of the defence and security forces: (i) in the Armed Forces, 528 of the 5,000 personnel are women; (ii) out of a total of 1,163 police officers, there are 167 (14.3 per cent) and in the Judicial Police there are 21 out of a total of 201 officers (10.4 per cent).

Table 1

Distribution of seats in parliament according to gender in legislative elections 1994–2014

(Source: PNIEG 2017, adapted)

<i>Legislature by date</i>	<i>Elected Members (female)</i>	<i>Elected Members (male)</i>	<i>Total</i>
2008 – 2012	10	90	100
2014 – 2018	14	88	102
2018 – 2022	14	88	102