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增进和保护所有人权——公民权利、政治权利、
经济、社会和文化权利、包括发展权

赤贫与人权问题特别报告员玛格达莱娜·赛普尔韦达·卡尔
莫纳的报告

增编

对几内亚比绍的访问(2014年2月23日至3月1日)*

内容提要

2014年2月23日至3月1日，赤贫与人权问题特别报告员对几内亚比绍进行了正式访问。特别报告员在本报告中概要介绍了几内亚比绍在落实消除贫困措施及保障生活贫困者权利过程中面临的困难。

几内亚比绍属于世界最贫困国家之一，诸如卫生保健和教育之类的基本社会服务投资始终不断地下降。特别报告员尤为关切的是，某些群体、特别是妇女的处境格外脆弱，减贫工作面临诸如政局不稳、贪腐和有罪不罚等障碍。

这位特别报告员提出若干建议，确保有关的各项政策和方案得到贯彻落实，使生活极度贫困者能与其他人平等享有其人权。

* 本报告的内容提要以所有正式语文分发。载于内容提要附件中的报告本身只以提交本语文分发。



Annex*[English only]*

**Report of the Special Rapporteur on extreme poverty and
human rights, Magdalena Sepúlveda Carmona, on her
mission to Guinea-Bissau (23 February–1 March 2014)**

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I. Introduction

1. At the invitation of the Government, the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona, visited Guinea-Bissau from 23 February to 1 March 2014. During the visit, the Special Rapporteur collected first-hand information on the human rights situation of people in that country living in poverty.

2. The Special Rapporteur met with the Transitional President, Serifo Nhamadjo; the Transitional Prime Minister, Rui Duarte de Barros; the Minister of Justice, Mamadú Saido Baldé; the Minister of Economy and Regional Integration, Soares Sambú; the Minister of Agriculture, Nicolau dos Santos; the Minister for Women, Family and Social Solidarity, Gabriela Alfredo Fernandes; the Minister of Education, Youth, Culture and Sports, Alfredo Gomes Júnior; the Secretary of State for Food Security, Bilony Nhama Nantamba Nhasse; and representatives of the Commission for Strategic Planning. She met with the Special Representative of the Secretary-General of the United Nations and Head of the United Nations Integrated Peacebuilding Office in Guinea-Bissau (UNIOGBIS), José Ramos-Horta, and also with the Deputy Special Representative and Resident Coordinator, Gana Fofang, as well as with representatives of United Nations agencies, the donor community, international financial institutions and a range of civil-society organizations.

3. The Special Rapporteur also held meetings with communities living in poverty in villages surrounding Quinhamel, Mansoa, Bissorã, Mansaba and Nhacra, as well as on the Bijagos islands of Bubaque, Canhabaque and Soga. She visited health-care facilities such as Mansoa Hospital in the Oio region and the Bandim Health Project in the Biombo region (Bucumul village).

4. The Special Rapporteur wishes to thank the Special Representative of the Secretary-General, the Deputy Special Representative and Resident Coordinator, the United Nations Development Programme (UNDP) in Guinea-Bissau and, in particular, the Human Rights Section of UNIOGBIS for their excellent collaboration and assistance with the mission. She would like to offer her sincere gratitude to all those who took the time to meet with her, as their contributions were invaluable to the success of her visit. She was particularly struck by the vibrant and active engagement of civil-society organizations working on human rights and poverty issues. She is especially grateful to all those who shared their personal, and sometimes very troubling, experiences of struggling with extreme poverty and social exclusion.

II. General context

5. Since the end of its decade-long armed struggle for independence in 1973, Guinea-Bissau has experienced near-constant political instability, characterized by recurrent high-level political assassinations, coups d'état, political persecution and forced resignation from office by officials, with the latest presidential elections interrupted by a military coup in April 2012. Guinea-Bissau was ranked 176th out of 186 countries on the UNDP Human Development Index in 2012 and has a life expectancy of 48.6 years.¹

¹ United Nations Development Programme (UNDP), *Human Development Report 2013, The Rise of the South: Human Progress in a Diverse World*, p. 160.

6. According to official figures, the proportion of the population living on less than US\$ 2 per day increased from 64.7 per cent in 2002 to 69.3 per cent in 2010.² The increase in people living on less than US\$ 1 per day was even greater, from 21 per cent to 33 per cent.³ Moreover, the Special Rapporteur was informed by the authorities that these indicators have quite likely deteriorated since the April 2012 coup d'état.⁴ The instability following the coup disrupted the investment plans of traditional donors, such as the European Union, the African Development Bank and the World Bank. They all suspended their programmes, although the European Union continued its humanitarian assistance, directly supporting the population. Additionally, both the European Union and the United Nations imposed travel bans on individuals they identified as responsible for the coup.

7. These developments have had an impact on the human rights situation of the country. Although there were some improvements in social indicators from 2000 to 2006, information gathered in 2013 showed a general decline in these indicators following the April 2012 coup and the suspension of many official development assistance programmes. As a result, Guinea-Bissau will be unable to meet any of the Millennium Development Goals by 2015.

8. The large disparity between the capital, Bissau, and the rest of the country also widened between 2002 and 2010, with the population living on less than US\$ 1 per day increasing from 25 to 40 per cent in the regions, compared with an increase of from 9 to 13 per cent in Bissau. Between one third and half of the population live on less than US\$ 1 a day in regions other than the Bissau autonomous sector, and absolute poverty is pervasive throughout the countryside.⁵ Even in the best-performing region, Bolama/Bijagós, almost half the population lives on less than US\$ 2 a day, and in Gabú absolute poverty is close to universal, affecting 84 per cent of the population.⁶ Widespread poverty underscores the vulnerability of the population: maternal mortality rates are some of the highest in the world; few people have food security and potable water; and most communities lack access to health care and education.

III. Legal and institutional framework

9. Guinea-Bissau has been led by a Transitional Government since the 12 April 2012 coup. Following the coup, the Transitional Government passed a number of transitional accords and pacts aimed at restoring constitutional governance. Following several postponements, the first round of democratic elections took place on 13 April 2014, with a massive and unprecedented voter participation rate of around 60 to 70 per cent, according to the President of the National Electoral Commission. Planning for the post-election period has begun and the National Commission of Planning and Strategic Coordination has been established to develop an emergency plan addressing urgent needs in the areas of food security, health and education, with support from the United Nations and in coordination with government ministries. Funded equally by the Government and international partners, including the World Bank and the African Development Bank, the plan foresees a budget of approximately US\$ 33 million to combat cholera, ensure social and political stability by

² Ministry of Economy, Planning, and Regional Integration, *Second National Poverty Reduction Strategy Paper*, DENARP II (2011–2015), p. 31.

³ Ibid.

⁴ Information provided at the meeting with representatives of the Ministry of Economy and Regional Integration.

⁵ Ibid., p. 32.

⁶ Ibid., pp. 33 and 34.

paying delayed wages of education and health personnel, and carry out food security activities.

10. Guinea-Bissau has actively engaged with human rights monitoring bodies by participating in the universal periodic review (UPR) process in May 2010, engaging with reviews by the United Nations human rights treaty bodies, and extending a standing invitation to all special procedures of the Human Rights Council. The Special Rapporteur welcomes Guinea-Bissau's recent ratification of key human rights instruments, including the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment, and the Second Optional Protocol to the International Covenant on Civil and Political Rights aiming at the abolition of the death penalty; its signing of the Optional Protocol to the Convention on the Rights of the Child on a communications procedure, the Convention on the Rights of Persons with Disabilities and its optional protocol, the Optional Protocol to the Convention against Torture, and the Convention for the Protection of All Persons from Enforced Disappearance; and its acceptance of the individual complaints procedure under the Convention against Torture and the inquiry procedure under the Convention against Torture, all in 2013, as well as the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights in 2009.

11. In 2010, the Government developed the Second National Poverty Reduction Strategy Paper (Segundo Documento de Estratégia Nacional de Redução da Pobreza da Guiné-Bissau) (DENARP II). The national priorities and strategic options in this poverty reduction strategy were guided by the vision *Djitu Ten*,⁷ which defines the priorities of the country until 2025, and by the lessons learned from the implementation of DENARP I (Documento de Estratégia Nacional de Redução da Pobreza da Guiné-Bissau (2006-2010)). The main objective of the second strategy paper is "to significantly reduce poverty in its many dimensions by creating more opportunities for income, employment and improving access to basic public services of good quality within a strengthened rule of law". This document recognizes that the systemic nature of weak governance in Guinea-Bissau is the joint product of a severe and pervasive lack of administrative capacity, coupled with a history of abuse in the exercise of political power. To address this situation, the Government has articulated its commitment to strengthening the rule of law and national institutions, ensuring a stable and conducive macroeconomic environment, promoting sustainable economic development and raising the level of human capital development.

12. Despite the ratification of international human rights treaties and these robust policy strategy documents, few steps have been taken to transform them into national policies and action. Even in areas where there has been progress in establishing a legislative framework, legislation does not translate into enforceable rights for many people in Guinea-Bissau. There are severe implementation gaps in the application of poverty reduction strategies and laws, including the new laws against female genital mutilation, human trafficking and domestic violence.

13. While the Special Rapporteur takes note of the efforts by Guinea-Bissau to establish a national human rights institution that is truly independent and has the requisite financial and human resources, it is necessary to ensure that the new national human rights commission is established by law and its statute is fully in accordance with the Principles relating to the Status of National Institutions (the Paris Principles). The establishment of the national human rights institution should be done following a participatory process that includes human rights non-governmental organizations, academics and community leaders. Significant investment of human and financial resources is also needed, particularly in

⁷ DENARP II (2011–2015), p. 12.

efforts to make the work of the National Human Rights Commission accessible to communities.

IV. General challenges

A. Impunity

14. Impunity constitutes one of the main threats to peace, stability, development and national reconciliation in Guinea-Bissau, and has become a structural component of democratic institutions such as the judiciary, particularly since the adoption of the Amnesty Law in 2008, which covered crimes committed from 1973 to 2004. A subsequent amnesty law was proposed in 2013, exempting from prosecution the military command and all members of the military and paramilitary forces who in any way participated in the preparation and carrying out of the 12 April 2012 coup and all related subsequent acts.⁸ The Special Rapporteur welcomes the fact that the second amnesty law was rejected by the National Assembly on 10 September 2013, in line with what had been requested by civil-society organizations and international partners.

15. Combating impunity is a precondition for the sustainable development of the country. Guinea-Bissau should avoid actions that reduce justice in favour of stabilizing institutions, and renounce strategies that indefinitely postpone justice under the excuse of first achieving economic growth.⁹ In order to ensure truth, justice, reparation and guarantees of non-recurrence, the Special Rapporteur recommends that Guinea-Bissau seriously consider the establishment of an international commission of inquiry supported by the United Nations, as proposed in the concluding document of the first National Conference on Impunity, Justice and Human Rights (July 2013). Social cohesion, peace and stability depend on the extent to which there is rule of law, independence of the judiciary and a modernized military operating under civilian oversight.

B. Corruption

16. Corruption is perceived to be rampant in Guinea-Bissau, as reflected in the 2013 Transparency International Corruption Perception Index ranking of the country in 163th place out of 175 countries.¹⁰ The DENARP II strategy paper rightly acknowledges corruption as being a main obstacle to reducing poverty. The prevailing climate of impunity has fostered a culture of unfettered corruption and participation in illegal activities by some senior State officials. According to information received by the Special Rapporteur, some State officials and civil servants alike engage in nepotism, cronyism and bribery, and are highly susceptible to political interference.

17. The Special Rapporteur wishes to emphasize that corruption seriously undermines the State's capacity to fulfil its human rights obligations, and has a disproportionate impact on people living in poverty. Corruption also compromises the sustainability of the country's natural resources and, therefore, the livelihoods of present and future generations. Although Guinea-Bissau ratified the United Nations Convention against Corruption in 2007, very

⁸ "Bissau parliament blocks amnesty bill for coup leaders", available from www.reuters.com/article/2013/09/10/us-bissau-amnesty-idUSBRE9891FW20130910.

⁹ See A/68/345, at para. 70.

¹⁰ <http://cpi.transparency.org/cpi2013/results>.

little effort has been made to implement it. There has not been any serious attempt to hold high-level authorities accountable for recent corruption scandals.

18. The Special Rapporteur recalls that in June 2013, at the sixth annual Joint Consultative Meeting between the Peace and Security Council of the African Union and the Political and Security Committee of the European Union, the parties stressed the need for Guinea-Bissau to take stronger measures to combat impunity and fight against organized crime, drug trafficking and illegal fishing.¹¹ In addition, they highlighted the importance of the preservation and sustainable management of the natural resources of Guinea-Bissau, including the sustainable exploitation of marine and land resources.

19. According to United Nations reports, Guinea-Bissau has become a transit country for illicit drugs moving from Latin America to Europe, with top-level officials implicated in drug trafficking.¹² For example, in April 2013, Rear Admiral Bubo Na Tchuto, formerly the head of the Guinea-Bissau navy, was arrested by United States anti-narcotics agents in international waters near Cabo Verde and charged with conspiracy related to receiving, storing and transporting large amounts of cocaine.¹³ The Chief of General Staff of the Armed Forces, General Antonio Indjai, was formally charged with four counts of conspiracy related to drug trafficking and terrorism.¹⁴

20. The country has an opportunity to progress. However, that depends on agreeing on a common vision, a vision that moves the country's politics away from short-term power struggles and opportunistic alliances, towards working for the well-being of all members of society, in particular the majority of the population, who live in abject poverty. In corruption cases, the Government must take all measures to ensure that no one is above the law. The Special Rapporteur notes the effectiveness of zero-tolerance policies in ensuring transparency and accountability at all levels; such steps may be necessary to ensure that public funds and the benefits of natural resources are not diverted by illegal means.

C. Neglect of public investments

21. While the Special Rapporteur recognizes Guinea-Bissau's limited resources, a compounding problem has been that the consistent decline of investment in critical social services such as health care and education dramatically impairs the chances of further development and drags the country backward.

22. As a result of the limited budget for overall government expenditure (22 per cent of gross domestic product (GDP), according to estimates), the share allocated to basic social services is among the lowest in the Economic Community of West African States (ECOWAS).¹⁵ The financial resources allocated to education in the national budget have

¹¹ www.peaceau.org/uploads/joint-press-statement-aupsc-eu-psc-11-june-2013.pdf.

¹² United Nations Office on Drugs and Crime Guinea-Bissau, "A new hub for cocaine trafficking", *Perspectives*, issue 5, May 2008, available from www.unodc.org/documents/about-unodc/Magazines/perspectives_5_WEB.pdf.

¹³ *U.S. v. Na Tchuto et al.* Indictment, United States Department of Justice, available from www.justice.gov/usao/nys/pressreleases/April13/GuineaBissauArrestsPR/U.S.%20v.%20Na%20Tchuto%20et%20al%20Indictment.pdf.

¹⁴ *U.S. v. Antonio Indjai*, United States Department of Justice, www.justice.gov/usao/nys/pressreleases/April13/IndjaiAntoniIndictmentPR/U.S.%20v.%20Antonio%20Indjai%20S6%20Indictment.pdf.

¹⁵ Ministry of Economy, Planning, and Regional Integration, Second National Poverty Reduction Strategy Paper, DENARP/PRSP II (2011–2015), p. 19.

declined sharply since 1987.¹⁶ In 2006, for example, less than 4 per cent of government spending was allocated to education (US\$ 10 per capita) as opposed to 6.7 per cent (US\$ 14) in Niger.¹⁷ In 2007, per capita expenditure on health was estimated at US\$ 4 in Guinea-Bissau, compared with an average of US\$ 11 for low-income countries and US\$ 34 for Africa.¹⁸ In 2011, the budget allocated to education and health was a mere 20.7 per cent of the total, as opposed to the international recommendation of 40 per cent.¹⁹

23. The lack of investment in critical social services raises serious concerns about the enjoyment of the rights to education and health in the country. There are insufficient schools and health infrastructure, the personnel are not adequately trained and the distribution of the existing resources is unequal. For example, at a national level, 56.3 per cent of students take more than one hour to access the nearest secondary school and 50.8 per cent of the population take more than an hour to reach the nearest health centre. For Bissau, these figures are only 24.9 per cent and 24 per cent respectively.²⁰ Moreover, as reported in 2007, only 40.5 per cent of primary teachers have diplomas.²¹

24. Under the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, States parties are legally obliged to take measures to ensure the progressive enjoyment of economic, social and cultural rights. Guinea-Bissau must spend the “maximum available resources” on the realization of economic and social rights, such as health and education. Ultimately, the country cannot develop without ensuring that funds stay out of the hands of corrupt officials and are invested in the country’s most vital asset: its population. During the visit, the Special Rapporteur met doctors, nurses and teachers who work tirelessly for their people, despite not receiving a salary for months at a time. While commending their efforts, she calls on the State to ensure that public workers, including those working in critical sectors such as health and education, receive their salaries regularly and as a matter of priority.

D. Depletion of natural resources

25. Most of the population of Guinea-Bissau live in rural areas and their livelihoods depend on the sustainable use of natural resources. The conservation of the environment is critical to poverty reduction and the enjoyment of human rights. Farming and fishing activities represent about 46 per cent of GDP. Guinea-Bissau is a country rich in natural resources, including mineral deposits, rich bio-diversity and extensive fishing and forest areas (72 per cent of the land area)²² that constitute an enormous potential for sustainable development.

26. Corruption, impunity and lack of compliance with existing legislation is leading to the unsustainable depletion of natural resources, which will have a major impact on the livelihoods of the majority of the population and negatively affect the potential to diversify sources of income. On the mainland, the nation’s forest resources are under threat due to illegal logging activities. The Special Rapporteur visited the Bolama-Bijagos region, and witnessed the impact of illegal fishing and logging of mangroves in protected marine areas.

¹⁶ International Monetary Fund, *Guinea-Bissau poverty reduction strategy paper*, 2007, p. 17.

¹⁷ DENARP II (2011–2015), pp. 64–65.

¹⁸ World Health Organization, *World Health Statistics 2010*, pp. 132, 133, 138 and 139.

¹⁹ DENARP II (2011–2015), p. 19.

²⁰ Ministério da Economia, do Plano e Integração Regional, *Inquérito Ligeiro para Avaliação da Pobreza*, ILAP II, 2010, pp. 53 and 78.

²¹ International Monetary Fund, *Guinea-Bissau Poverty Reduction Strategy Paper*, 2007, p. 18.

²² UNDP, *Human Development Report 2013*, p. 193.

Moreover, communities potentially affected by the exploitation of natural resources are not able to effectively and meaningfully participate in decision-making processes concerning natural resource exploitation.

E. Gender inequality

27. The widespread gender inequality in the country is a major obstacle to sustainable economic and social development. Gender inequality and discrimination are among the main drivers of poverty and vulnerability, particularly in rural areas. The low human development indicators in Guinea-Bissau impact women in particular. The gender inequality gap continues to be very wide, placing the country 176th out of 186 countries on the Gender Inequality Index (2012). Guinea-Bissau is an extremely patriarchal society which has historically been indifferent to women's rights and needs. In visiting rural communities, the Special Rapporteur was struck by the extent to which the well-being and the economy of the community and the households rely entirely on women.

28. The country cannot progress in crucial areas such as poverty reduction, sustainable development or human rights enjoyment without significant measures to ensure the equal status of women in society. This is not only a matter of basic justice and human rights, but also a prerequisite for improving the lives of all in Guinea-Bissau. Evidence shows that empowerment of women is a key factor in economic growth and development. This effort must begin now without delay.

V. Situation of groups particularly vulnerable to poverty

29. The Special Rapporteur identified the following groups as being particularly vulnerable to poverty and requiring specific initiatives to overcome the impacts of economic deprivation and social exclusion.

A. Women and girls

30. Women and girls are often denied the full enjoyment of their human rights. Disparities and lack of opportunities for women can be seen in all areas and sectors. Girls are deprived from an early age of the possibility of achieving their full potential and of acquiring the tools to lift themselves out of poverty. It is striking that the literacy rate of the male population is 68.2 per cent, compared with 40.6 per cent for the female population.²³ Women and girls are often solely responsible for unpaid care work and for providing for their families in situations of extreme scarcity and their reward for a life of indefatigable effort is the complete denial of their rights, such as the rights to education, health and physical integrity. Compared with men, women have worse access to health services, a higher incidence of HIV/AIDS, lower levels of school enrolment and literacy, reduced incomes, higher rates of unemployment and greater difficulties in overcoming poverty.

31. Compounding their situation is the widespread prevalence of sexual and gender-based violence and a high level of impunity. All around the country, women are victims of those abuses, without having access to protection, justice or remedies. Physical, psychological and sexual violence against women is widespread, but remains underreported. Domestic violence is rarely brought to the attention of the legal authorities. For example,

²³ United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics, *Adult and Youth Literacy, 1990-2015 Analysis of data for 41 selected countries, 2012*, pp. 14 and 15.

from 2006 to 2010, a total of 23,193 cases of violence against women, including homicide, physical violence, sexual violence, psychological violence and excision were reported to the police across the country.²⁴ Thirty-seven per cent of these cases were reported in the capital, Bissau, where the presence of law enforcement and judicial officials is stronger than in the regions, and transportation is more accessible.²⁵ Cultural norms and taboos, lack of law enforcement officials and lack of economic resources often deny women any possibility of seeking redress and seeking justice for those responsible.

32. Female genital mutilation, which is an assault on women and girls' physical integrity and violates their right to health, often has an impact on education and is widespread in certain communities. In Guinea-Bissau the prevalence of this practice is linked to poverty, because performing excisions may be the sole source of income for some women. The prevalence and the increase in the number of reported cases may reflect an unacceptable retrogression in women's rights. As measured in 2011, 50 per cent of women in Guinea-Bissau between 15 and 49 years of age have been genitally mutilated, while 39 per cent of women aged between 15 and 49 years of age have at least one mutilated daughter.²⁶

33. The practice of forced marriage is common in Guinea-Bissau, especially in the Gabú and Bafatá regions.²⁷ On average, between 7 and 10 per cent of girls are forced into marriage before they reach the age of 15 years²⁸ and 29 per cent are married before reaching 18 years of age.²⁹ It is also evident that there are some differences according to economic status, with 37 per cent of women from very poor households married before the age of 18.³⁰ In many instances, the marriage is a direct result of poverty, with the male head of household "selling" the girl in return for money, land or cattle. The Special Rapporteur is concerned that, in many cases, early marriages are the result of trafficking, in other words, girls being sold or traded for the purpose of marriage, usually via the threat or use of force, fraud or coercion.³¹

34. Anecdotal reports paint a tragic picture: in 2011 alone, members of a church in the Tombali region were beaten for sheltering 20 girls aged 14 to 16 who had run away to avoid forced marriages to older men, a 15-year-old girl was beaten to death for refusing to marry a much older man, and a girl and two of her female relatives were beaten for objecting to her wedding on the grounds that the girl was under age. No legal or law enforcement actions were taken in any of these cases.³² Although marriage under the age of 14 years for girls and forced marriage are forbidden by law in Guinea-Bissau, this law is broken among all ethnic groups in the country.³³

²⁴ Ministry of the Interior, UN-Women, United Nations Population Fund, UNDP, UNIOGBIS, *Um Retrato da Violência contra Mulheres na Guiné-Bissau* (Study on violence against women in Guinea-Bissau), 2011, p. 13.

²⁵ Ibid.

²⁶ United Nations Children's Fund (UNICEF), *State of the World's Children, 2013: Children with Disabilities*, p. 133.

²⁷ Ministry of the Interior, UN-Women, UNFPA, UNDP, UNIOGBIS, *Um retrato da violência contra mulheres na Guiné-Bissau*, (Study on violence against women in Guinea-Bissau), 2011, p. 19.

²⁸ Republic of Guinea-Bissau, UNICEF, *Guiné-Bissau, Enquête par grappes à indicateurs multiples* (Multiple indicator cluster survey), 2006, p. 167.

²⁹ 4º Inquérito por amostragem aos Indicadores Múltiplos (MICS) & 1º Inquérito Demográfico de Saúde Reprodutiva (IDSR), Resultados Preliminares, 2010, p. 18.

³⁰ Ibid.

³¹ UNICEF, *Child Trafficking in Guinea-Bissau: An Explorative Study*, 2010, p. vii.

³² Amnesty International, *The State of the World's Human Rights, 2011*, p. 159.

³³ Ibid.

35. Other factors affecting the right to health and education of women are the prevalence of early pregnancy and early marriage. In 2011, 31 per cent of women between 20 and 24 years of age had given birth before reaching the age of 18, with the adolescent birth rate measured at 137 births per 1,000 adolescent girls from 15 to 19 years of age.³⁴ The early pregnancy rate is slightly higher than the rate of early marriage. Much more needs to be done to sensitize some ethnic groups on the negative impact of these traditional practices on women's well-being. State authorities, health-care personnel and law enforcement officials must demonstrate the strongest commitment to end all forms of harmful traditional practices. The neglect of sexual and reproductive health in the country has an enormous impact on the health and social well-being of women. For example, women reportedly face high rates of obstetric fistula as early as at the age of 15 due to lack of access to emergency obstetric care and may be discriminated against and socially excluded for the rest of their lives as a result of their condition.³⁵ The lack of attention to, data on and resources dedicated to sexual and reproductive health perpetuate the lack of understanding by authorities and health personnel of the tremendous negative impact on women.

36. The Special Rapporteur recognizes that there has been some progress in establishing legislative and policy frameworks to address gender inequality and combat violence against women. In accordance with the recommendations of the Human Rights Council's universal periodic review, the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Woman, and with technical and financial support from United Nations partners, Guinea-Bissau adopted the Law to Prevent, Fight and Suppress Female Genital Mutilation (Law No. 14/2011), and the Law to Prevent and Combat the Traffic of Persons, Particularly Women and Children (Law 12/2011). The Government has also finalized the National Policy on Gender Equality and Equity, a framework for promoting, coordinating and following up on equity in all sectors. Collaboration with the specialized Parliamentary Committee on Women and Children resulted in the Law against Domestic Violence being adopted by the National Assembly in July 2013; it was promulgated by the President in January 2014. Recently, the Transitional Government approved the National Plan to End Gender-based Violence (2014-2016) following a wide-ranging dialogue with women's organizations, human rights defenders, civil society organizations and United Nations partners. Other important steps include the 2012 declaration by the National Islamic Conference for the abandonment of female genital mutilation, and the symbolic signing, in February 2013, of a fatwa condemning female genital mutilation, by the Speaker of the Parliament, the President of the National Committee for the Abandonment of Harmful Practices and representatives of 130 religious leaders throughout the country. There are no recent data to indicate whether rates of violence against women and the incidence of harmful traditional practices have dropped.

37. Despite being the pillar of society in Guinea-Bissau, women continue to be under-represented in decision-making positions, placing the country among the weakest-performing States in this respect in the ECOWAS region.³⁶ In the April 2014 general elections, women won 14 out of 102 legislative seats, or 13.7 per cent of the seats. Ministers have not yet been appointed to the new Government. The current Transitional Government includes just two women (compared with 28 men), accounting for 7.4 per cent of the total membership in a country where women make up 51.5 per cent of the population.³⁷ This severe under-representation is reflected at the local, community and

³⁴ UNICEF, *State of the World's Children, 2013*, p. 141.

³⁵ DENARP II (2011–2015), p. 21.

³⁶ UNDP, *Human Development Report 2013*, p. 158.

³⁷ *Ibid.*

household levels, where women are largely unable to participate meaningfully in decision-making processes.

38. Women's access to land and economic resources is also very limited. Although they are the main users of the land as farmers and producers, and domestic law confirms the equality of the sexes, in practice, women do not have secure land tenure. Rather, they are restricted to secondary land rights, whereby their rights to use the land are gained only through their husbands or other male family members.

39. Despite being the primary workers of the land, producing food and resources from it, single, widowed or abandoned women have less access to land and economic opportunities. Without secure rights and access to land and productive resources, rural women can easily fall into even deeper poverty, and they face huge challenges to working their way back to even subsistence levels for their families.

40. Women's political participation at all levels must be improved and supported without delay. Although women's equal presence in decision-making bodies is only a first step towards gender equality, it is a necessary one, to ensure women's voices are able to be heard in all matters that affect them. Critical measures must be taken by the newly elected authorities as a matter of priority or women's disempowerment will be perpetuated.

41. There are numerous examples of other developing countries, including post-conflict countries, which have managed to increase the political participation of women exponentially within a short time. The Special Rapporteur suggests that Guinea-Bissau learn from such efforts in addressing its own challenges, although of course its own measures must be carefully chosen and informed by the country's social, political and cultural context.

42. The new Government must make it a priority to ensure equality of women in all spheres of life and consolidate a legal framework in which their role at all levels of decision-making bodies, from the electoral commissions to the local governments, is increased, facilitated and supported.

B. Children and youth

43. Guinea-Bissau has an extremely young population, with 47 per cent of the total population under 18 years of age.³⁸ Approximately 65 per cent are under 25 years of age and 73 per cent are under 30 years of age.³⁹ Females constitute a slightly higher percentage of the population (51.8 per cent, compared with 48.2 per cent for males).⁴⁰ Despite Guinea-Bissau being an extremely young country, the rights of children and youth have been consistently neglected. Progress in their enjoyment of rights has not only been slow, but in some cases, there have been retrogressions.

44. For example, the percentage of children whose births are registered declined from 39 per cent in 2006 to 24 per cent in 2010, limiting their access to basic services. Child poverty also deepened their vulnerability to violence, exploitation and abuse, in particular trafficking, child labour, child marriage and commercial sexual exploitation.

45. Mortality rates for children under 5 in Guinea-Bissau are the seventh highest in the world, with 161 child deaths per 1,000 live births in 2011.⁴¹ Tragically, one in 10 children

³⁸ UNICEF, *State of the World's Children, 2013*, p. 121.

³⁹ National census, **Error! Hyperlink reference not valid.**

⁴⁰ Ibid.

⁴¹ UNICEF, *State of the World's Children, 2013*, pp. 99-101.

dies before his or her first birthday and one in 6 before reaching the age of 5.⁴² The main causes of child mortality are neonatal complications, malaria, acute respiratory infections and diarrhoea—all highly preventable.

46. Malnutrition, which has always been a major public health problem in Guinea-Bissau, continues to be one of the main underlying causes of infant mortality and morbidity: 32 per cent of children suffer from moderate to severe stunting as a result of chronic malnutrition, while 5 per cent are severely underweight.⁴³ According to a 2012 SMART⁴⁴ nutrition survey, the prevalence of acute malnutrition is 6.5 per cent nationally, reaching as high as 9.8 per cent in some areas.⁴⁵ In 2013, the situation further deteriorated, in part because of food insecurity, affecting mostly children under the age of 5. Despite a significant improvement in breastfeeding prevalence (from 38 per cent to 67 per cent between 2010 and 2012), infant feeding practices are one of the causes of this situation.⁴⁶

47. The worst forms of child labour are prevalent in the country. In 2010, 57 per cent of children between 5 and 14 years of age were engaged in child labour.⁴⁷ Although the labour law set the minimum employment age at 14 and prohibits heavy or dangerous labour for children under 18, the law is not enforced. A comprehensive policy to combat the worst forms of child labour is lacking and the Government has not established a list of hazardous occupations that are prohibited for children.⁴⁸

48. The number of reported cases of child trafficking seems to have increased in 2013 compared with previous years owing to greater poverty and the inability of families to feed and take care of their children. Some child-trafficking victims are reportedly being forced to work on the streets during the day begging for their masters at Koranic schools, and study at night, while others are reported to be working in cotton fields in Ziguinchor (Senegal) and surrounding areas.⁴⁹

49. Significant work must be done to guarantee children's right to education, particularly in relation to secondary education. Only 20 per cent of girls and 27 per cent of boys attend secondary school.⁵⁰ Girls are also more likely to experience educational deprivation than boys—for various reasons, including early marriage and teenage pregnancy.⁵¹ The number of schools is inadequate and children are required to walk or travel long distances in order to continue attending school past the primary level. The low quality of education, especially in rural areas, is of particular concern, with poor, rural children less likely to complete primary education.

⁴² Ibid.

⁴³ UNICEF, *State of the World's Children, 2013*, p. 104.

⁴⁴ Standardized monitoring and assessment of relief and transitions.

⁴⁵ www.wfp.org/countries/guinea-bissau/overview

⁴⁶ International Baby Food Action Network (IBFAN), Report on the situation of infant and young child feeding in Guinea-Bissau, 2013, p. 3.

⁴⁷ UNDP, *Human Development Report 2013*, p. 177.

⁴⁸ United States Department of Labor, Bureau of International Labor Affairs, *2012 Findings on the Worst Forms of Child Labor*, www.dol.gov/ilab/reports/child-labor/guinea-bissau.htm.

⁴⁹ UNICEF, *Child trafficking in Guinea-Bissau; an explorative study, 2010*, p. 13.

⁵⁰ UNICEF, *State of the World's Children, 2013*, p. 117.

⁵¹ Ibid., p.129.

VI. Challenges to the enjoyment of specific rights by those living in poverty

50. While people living in poverty face challenges in relation to a wide range of rights, this section addresses those rights that the Special Rapporteur perceived as particular challenges during the visit.

A. Right to health

51. The Constitution of Guinea-Bissau provides for the promotion of the physical well-being and mental health of the population, including through prevention, progressive access to medical treatment and improvement of the medical sector. Nonetheless, the health system is not functioning. The Government prepared a National Health Development Plan II for 2008-2017, which was not implemented owing to political instability. The health sector lacks a basic law on health, with the most recent efforts to establish one abandoned shortly after the coup d'état of 2012. Public health expenditure has been decreasing over the past 15 years. In 2010, an estimated 1 per cent of the country's GDP was spent on health,⁵² the second-lowest expenditure among ECOWAS member States.

52. There is a lack of investment in public health centres: 44 per cent of the population must walk for more than an hour to reach the closest primary health centre.⁵³ Moreover, health centres and State hospitals lack basic equipment. The Simão Mendes National Hospital, the referral hospital for the country, faces severe constraints, such as power cuts, shortages of medicines and food, and intermittent strikes by health workers over poor working conditions and non-payment of salaries and subsidies. Simão Mendes has insufficient funding to maintain its generator and buy fuel from private sources, and the frequent power shortages mean that operating theatres cannot run and the ability to maintain sanitary conditions is severely compromised. Health posts in the regions are merely symbolic, with most of them empty. Those which are "functioning" lack medical personnel, basic equipment and medicines and they are not accessible due to distance and the costs of travel and treatment.

53. The extremely high level of maternal mortality in the country presents a dire situation. Maternal mortality rates rank eighth highest in the world, with an estimated 790 maternal deaths per 100,000 live births.⁵⁴ It is deplorable that, in 2014, two women die per day while giving birth. Nationally, 6 out of 10 women have no access to a skilled attendant while giving birth—one of the most important factors in helping women survive complications during and after delivery.⁵⁵ Unsanitary and run-down facilities, a critical shortage of health personnel, an inadequate supply system for medicines, geographic barriers and the unaffordable cost represent major obstacles for women's access to care.

54. According to the Human Development Report 2013, in Guinea-Bissau life expectancy at birth is 48 years.⁵⁶ Guinea-Bissau ranks second lowest among the ECOWAS

⁵² UNDP, *Human Development Report 2013*, explanatory note on the 2013 HDR composite indices, p. 164.

⁵³ Inquérito Ligeiro para Avaliação da Pobreza Guinea-Bissau, ILAP II-2010, Instituto Nacional de Estatística, p. 5.

⁵⁴ UNDP, *Human Development Report 2013*, explanatory note on 2013 HDR composite indices, p. 158.

⁵⁵ Ministério da Economia, do Plano e Integração Regional, Instituto Nacional de Estatística, 4º Inquérito por amostragem aos Indicadores Múltiplos (MICS), 2010, p. 14.

⁵⁶ UNDP, *Human Development Report 2013*, explanatory note on 2013 HDR composite indices, p. 3.

countries (Sierra Leone being the lowest). However, life expectancy due to inequality drops by 22 per cent, placing Guinea-Bissau in the last position in ECOWAS.⁵⁷

55. HIV remains a significant problem. The national prevalence rate among adults is 5.3 per cent, with women disproportionately affected when compared to men: 6.9 per cent versus 2.4 per cent.⁵⁸ These rates are higher than the HIV prevalence in the West and Central African region (estimated by UNAIDS at 2 per cent or under in 12 countries in 2009).⁵⁹ The lack of anti-retroviral treatment, as a result of the suspension of support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, is of particular concern. The suspension of the Global Fund programme had a major impact in 2013 as the country suffered a lack of test kits for almost six months and a reduction of treatment preventing mother to child transmission.⁶⁰ During that period, only 17.4 per cent of affected women and 11.7 per cent of affected children benefited from treatment. The latest prevalence rates for pregnant adolescents/women age 15 to 24 vary between 3 and more than 10 per cent depending on the region.⁶¹

B. Right to education

56. The educational system in Guinea-Bissau is very weak. More than 45 per cent of school-age children do not have access to school, owing to lack of infrastructure and of qualified and motivated teachers.⁶² Only 67 per cent of children aged between 7 and 12 years, and 24 per cent of secondary school children, are enrolled in school.⁶³ Owing to the high repetition rate, some 37 per cent of children attending primary school are aged between 13 and 17.⁶⁴ Thirty-seven per cent of teachers have no formal teaching skills and only 14 per cent of schools offer a complete primary cycle of six years.⁶⁵ The inadequate curriculum, school manuals and school infrastructure, and frequent and lengthy strikes by teachers contribute to high dropout and repetition rates, especially for girls.

57. The Special Rapporteur welcomes the fact that the number of children in primary schools more than doubled between 2000 and 2010, with gross enrolment increasing from 70 to 117 per cent.⁶⁶ However, educational outcomes remain extremely poor, as demonstrated by the 2011 national examination results (76 per cent of children failed ninth grade) and the low rate of 40 per cent literacy among women aged 15 to 24.⁶⁷ Overall, 45.8 per cent of the population of Guinea-Bissau is illiterate.⁶⁸

⁵⁷ Ibid., p. 4.

⁵⁸ UNICEF West and Central Africa Regional Office, Annual report 2012 for Guinea-Bissau, p. 2.

⁵⁹ UNAIDS, Regional fact sheet: Sub-Saharan Africa, 2010, www.unaids.org/documents/20101123_FS_SSA_em_en.pdf.

⁶⁰ Ibid., p. 21.

⁶¹ Secrétariat National de Lutte contre le SIDA, *Rapport d'activité sur la riposte Guinée-Bissau 2012*, p. 9.

⁶² UNICEF West and Central Africa Regional Office, Annual report 2012 for Guinea-Bissau, p. 2.

⁶³ República da Guiné-Bissau, Ministério da Economia, do Plano e Integração Regional, Instituto Nacional de Estatística, 4.º Inquérito por amostragem aos Indicadores Múltiplos (MICS), 2010, p. 16.

⁶⁴ UNICEF Guinea-Bissau, Situation of women and children in Guinea-Bissau, www.unicef.org/wcaro/wcaro_bissau_CPPres08-12.pdf.

⁶⁵ Ibid.

⁶⁶ UNICEF, *A Review of Equity and Child Rights in Guinea-Bissau, 2012*, p. 11.

⁶⁷ Ministério da Economia, do Plano e Integração Regional, Instituto Nacional de Estatística, 4.º Inquérito por amostragem aos Indicadores Múltiplos (MICS), 2010, p. 16.

⁶⁸ UNDP, *Human Development Report 2013*, p. 173.

58. If prevailing patterns of age-specific enrolment rates persist throughout the child's life, a child of school entrance age can expect to receive between 9 and 10 years of schooling. Few students transition from primary to secondary education. Only 12 per cent of girls complete the primary cycle (18 per cent of boys) as a result of girls' work in household chores, agriculture and small businesses.⁶⁹ Even fewer students transition from secondary to tertiary education. Data collected between 2005 and 2012 indicate that, on average, people aged 25 and older have received 2.3 years of education.⁷⁰

59. The Constitution describes the elimination of illiteracy as a fundamental task,⁷¹ guarantees every citizen the right to an education⁷² and provides that the State will gradually promote free education at every level.⁷³ Yet, in reality, students face financial barriers, including (a) requests by teachers to contribute to their survival because the State does not pay teachers' salaries on a regular basis; (b) purchase of educational materials; (c) transportation to school. Additionally, in the past three years, at least one third of each academic year was lost as a result of repeated teachers' strikes. On 30 September 2013, the first day of the academic year, State school teachers started a 60-day strike to demand full payment of eight months of salary arrears and better working conditions. The strike was lifted on 16 December 2013 following an agreement between the two teachers' unions and the Transitional Government for the payment of four months of salary arrears.

60. Other factors hampering access to education are the prevalence of child labour, early pregnancy and early marriage. Child labour affects both boys and girls, while early pregnancy and marriage affects girls predominantly. In 2010, 57 per cent of children between the ages of 5 and 14 were engaged in child labour.⁷⁴

C. Right to adequate food

61. Food security is another critical concern. An in-depth analysis of food security and vulnerability was conducted in 2010 throughout the country and provided mapping of rural households in food insecurity.⁷⁵ In the most severely affected regions of Quinara, Tombali, Oio, Biombo and Bijagos, the levels of food insecurity were as high as 40 per cent in 2012, representing around 50,000 households.⁷⁶ Food access and availability became increasingly difficult for the most vulnerable members of the population. The southern region had the highest prevalence of food insecurity, followed by the north and east.⁷⁷ Lowland rice fields in the Gabú and Oio regions were flooded; and 2,375 hectares of rice were destroyed.⁷⁸ Rice production in mangrove areas decreased as a result of the flooding of 3,350 hectares in

⁶⁹ UNICEF Guinea-Bissau, Situation of women and children in Guinea-Bissau, www.unicef.org/wcaro/wcaro_bissau_CPPres08-12.pdf.

⁷⁰ UNDP, *Human Development Report 2013, The Rise of the South: Human Progress in a Diverse World*, p. 146.

⁷¹ Art. 16 of the Constitution.

⁷² Art. 41 of the Constitution.

⁷³ Ibid.

⁷⁴ Percentage of children ages 5–11 who, during the reference week, did at least one hour of economic activity or at least 28 hours of household chores, or children ages 12–14 who, during the reference week, did at least 14 hours of economic activity or at least 28 hours of household chores. (UNDP, *Human Development Report 2013, The Rise of the South: Human Progress in a Diverse World*).

⁷⁵ World Food Programme, Boletim, Guiné-Bissau, Sistema de seguimento da segurança alimentar—Inquérito FSM, November 2011, No. 1, p. 1-3.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

the Tombali region. The drought caused by the influence of the Sahel drought affected the production of cereals in the Gabú and Bafata regions, and resulted in the loss of 15 per cent of the yields of agricultural fields. Pest attacks in mangrove (Tombali region) and lowland rice fields (Bafata region) devastated about 1,254 hectares, causing a 25 per cent loss in production. Populations faced a significant decrease in their purchasing power.⁷⁹

62. A National Nutrition Policy was validated in February 2014. It constitutes an important prerequisite for Guinea-Bissau to adhere to the global Scaling Up Nutrition initiative, which enables States to mobilize support and access resources for nutrition improvement in their respective countries. The Policy has yet to be endorsed by the Council of Ministers.

63. Guinea-Bissau has extremely low agricultural productivity and is dependent on one crop (the cashew nut), which creates a major risk of food insecurity, and even famine, if the crop fails or market prices drop. Despite the size of the agricultural sector, local food production is insufficient to meet national requirements for various reasons, including poor transport infrastructure, underdeveloped marketing systems, lack of access to credit and a lack of agricultural inputs and irrigation facilities.

64. In 2013, the cashew nut sector faced an extraordinary crisis, with the Terms of Trade going from one kilo of rice in exchange for one kilo of cashew nuts in 2011, to one kilo of rice in exchange for three kilos of cashew nuts in 2013. This resulted in decreased household food stocks in some regions.

65. The agricultural sector could be a motor of sustained economic growth, but this cannot happen without an improved agricultural and rural infrastructure, which would also have the benefit of increasing productive capacity, boosting livelihoods and increasing food security.

66. While the development of infrastructure is essential, environmentally sustainable development must be the goal. In Guinea-Bissau, forests and fisheries are at risk of depletion. Greater measures must be taken to ensure the preservation of natural resources for future generations and to address the degradation of the environment. The country's natural resources rightfully belong to all the people of Guinea-Bissau, and must provide food and livelihoods for them for many generations to come.

D. Rights to water and sanitation

67. Having access to safe drinking water and sanitation is central to living a life of dignity and upholding human rights. As recognized by the General Assembly and the Human Rights Council, the right to water and sanitation derives from the right to an adequate standard of living, enshrined in articles 25 of the Universal Declaration of Human Rights and 11 of the International Covenant on Economic, Social and Cultural Rights.

68. In Guinea-Bissau, one third of the population and half of the rural population do not have access to safe water. More than 80 per cent of the people lack access to sanitation, including more than two thirds in urban areas. The situation in rural areas is critical, with just 53 per cent of the people having access to improved drinking water sources and only 9 per cent to improved sanitation facilities.⁸⁰

69. The lack of capacity to provide accessible, affordable and safe water has severe consequences. The country faces recurrent outbreaks of cholera (e.g. in 2005, 2008, 2012

⁷⁹ Ibid., pp. 5 and 6.

⁸⁰ UNICEF, *State of the World's Children, 2013*, p. 109.

and 2013), which coincide with the rainy seasons between May and October. In 2013, the epidemic affected only the Tombali region, where there were over 470 cases and 31 deaths between March and early December 2013.⁸¹ Whereas a national sanitation and hygiene policy was drafted in 2011, it has not yet been approved.

VII. International assistance and cooperation

70. Guinea-Bissau remains heavily dependent on official development assistance, which represents up to 15 per cent of its GDP. In 2010, official development assistance amounted to approximately 57 per cent of total revenue and funded over 50 per cent of the country's total expenditure. Given the grave situation of poverty in Guinea-Bissau, all States that are in a position to assist should endeavour to do so, through financial and technical assistance and capacity-building. The political situation of the past two years has understandably jeopardized international assistance efforts, but the international community should recognize the 2014 elections as a turning point and ensure that the people of Guinea-Bissau, who are so much in need, are not further penalized for the actions of the political and military elites.

71. Strong efforts should be made to ensure that in parallel with the support provided to build the capacity of State institutions, civil society organizations continue to receive the assistance that they need. Supporting and enabling vibrant civil society organizations in the country is a way to ensure citizens' oversight and effective channelling of resources to the poorest segments of the population. Despite all the obstacles, many civil-society organizations are very effective in assisting in building up the livelihoods and capacities of those they are able to reach, often with innovative projects. Additional resources are needed to allow them to increase their impact, coverage and support, and transition from small micro projects to broader ones.

VIII. Conclusions and recommendations

72. **The Special Rapporteur commends the steps already taken by the State to address poverty and inequality, to consider recommendations made by international human rights bodies and to improve the effectiveness of poverty-reduction measures. However, as evidenced in the present report, considerable challenges remain, particularly with regard to widespread gender inequality, lack of implementation of legislation and poverty-reduction policies, the ongoing risk of corruption and the culture of impunity. These issues are major obstacles not only to the country's development and economic growth but also to the enjoyment of human rights of the vast majority of the population. In order to ensure a future in which the population of Guinea-Bissau has a higher level of enjoyment of rights, immediate action must be taken to strengthen the rule of law and the judiciary, modernize the defence and security forces, and ensure good governance and zero tolerance of corruption.**

73. **While the report includes recommendations in each of its sections, the Special Rapporteur would like to especially urge Guinea-Bissau to take the following steps to improve the enjoyment of rights by the poorest sectors of society:**

⁸¹ National Institute of Public Health (INASA)/World Health Organization report 2013.

Legal and institutional framework

(a) Complete the return to constitutional order through reforms in the defence and justice sectors, promotion of the rule of law, improvement in the protection of human rights, and combating impunity and drug trafficking;

(b) Establish an independent national human rights institution in compliance with the Paris Principles and provide it with the human and financial resources necessary to make it effective. Ensure that the procedure for appointing members of the institution complies with the requirements of independence, pluralism, transparency and competence;

(c) Complete the ratification process for the instruments that have been signed and promote ratification/accession of other core instruments not yet ratified by Guinea-Bissau;

(d) Undertake a comprehensive legislative review to ensure the compliance of all legislation, in particular the Civil Code, with the principles and provisions of the international legal instruments to which Guinea-Bissau is a party, and seek the necessary technical and financial support from international and regional organizations;

(e) Develop platforms for public participation which are relevant, coordinated and accessible, in order for the public to access information and participate in governance and development in a meaningful manner. This will improve accountability and transparency in development, enabling rights holders and duty bearers to engage in constructive dialogue;

General challenges

Impunity

(f) Seriously consider the establishment of an international commission of inquiry, supported by the United Nations, in order to fight impunity and ensure effective measures of justice, remedy and reconciliation;

Corruption

(g) Develop a national anti-corruption strategy and consider strengthening the anti-corruption legislation through the adoption of a law on access to information and of legislation to protect whistle-blowers;

(h) Take immediate and meaningful steps to combat illicit drug trafficking and transnational organized crime;

Neglect of public investment

(i) The proportion of the State budget that is allocated to social services, in particular health care and education and to basic infrastructure must be increased considerably for the country to have any chance of meaningful development progress; this can be achieved by diverting funding from lower-priority sectors such as for military expenditure, which are not as essential to the enjoyment of rights;

(j) Take immediate steps to improve the provision and quality of social services provided in the country;

Depletion of natural resources

(k) Put in place a regulatory framework for the implementation of the forestry law (decree-law 5/2011) and ensure that the Forestry Fund is properly managed and that the potentially affected communities can participate in the management of the forestry;

(l) Ensure that environmental audits are carried out and that all those involved in illegal activities regarding the exploitation of natural resources are brought to justice;

(m) Engage in discussions with international partners whose nationals are engaged in illegal logging and illegal fishing in order to seek their support to end those practices;

(n) Improve public participation in all aspects of natural resource management and apply bottom-up approaches to natural resource management in order to ensure that local development and economic priorities are aligned with community priorities and concerns;

Situation of groups particularly vulnerable to poverty

Women

(o) Ensure the effective implementation of gender equality laws and policies protecting women's rights, including the National Policy on Gender Equality and Equity; the Law to Prevent, Fight and Suppress Female Genital Mutilation (Law No. 14/2011); the Law on Prevention and Fight against Trafficking in Persons, Particularly Women and Children (Law 12/2011); the Law against Domestic Violence; and the National Plan to End Gender-Based Violence (2014-2016);

(p) Amend or repeal any discriminatory laws on inheritance, land tenure and ownership in order to ensure women's equal rights to land and productive resources, which is a prerequisite for their economic empowerment and escape from poverty;

(q) Engage in sensitive outreach and education to change discriminatory and harmful traditional norms, stereotypes and practices, including those concerning early and forced marriage, in line with the Convention on the Elimination of All Forms of Discrimination against Women and the United Nations Declaration on the Elimination of Violence against Women;

(r) Undertake sensitive outreach and educational activities to ensure full dissemination of the laws, sensitize the public to the existence of laws and enable them to invoke the law when the need arises;

(s) Put in place training, investigation and prosecution mechanisms in order to prevent, investigate and punish all acts of gender-based violence;

(t) Increase the proportion of women listed as candidates and elected to office by implementing a quota system as a means of fast-tracking women's access to decision-making positions. Take immediate action to provide education, leadership and skills training and implement other strategies to empower women and to facilitate their participation as voters and candidates in all future elections;

(u) Engage women and girls in conflict prevention and resolution in line with Security Council resolution 1325;

(v) Provide the necessary support, financial and otherwise, to women's networks and civil-society organizations to ensure that efforts are made from the grass roots upwards; legalize and operationalize the Women's Political Platform and the Regional Network on Women, Peace and Security;

(w) Recognize, support and better distribute women's unpaid domestic work, including through the introduction of free school food programmes and extended school day programmes. If women are to be able to participate in decision-making forums, from community groups to the national parliament, their workload must be shared and alleviated;

(x) Ensure access to sexual and reproductive health services and antenatal and postnatal health care for all women, including physical and financial access, for example by eliminating user fees and providing health-care services closer to communities, especially in rural areas;

Children and youth

(y) Ensure that all children are registered immediately after birth by taking immediate steps to identify and remove barriers such as fees that impede access to birth registration; ensure that the registration system is accessible, free, simple and expeditious and operates without discrimination of any kind;

(z) Address the issue of forced marriage in trafficking laws, providing an expansive definition encompassing both international and domestic trafficking that reflects the realities of forced marriage and child trafficking in Guinea-Bissau;

(aa) Progressively implement a social protection system. While all persons should be progressively covered by social protection, priority should be given to the most disadvantaged and marginalized groups;

(bb) Take immediate steps to reduce newborn and under-5 mortality, including building the capacity of health workers to provide good quality maternal and newborn health care, providing health facilities with the necessary medicines and equipment, improving community transportation to health facilities, particularly in rural and remote areas, and improving referral systems and community-based services;

Challenges to the enjoyment of specific rights by those living in poverty

Right to health

(cc) Proactively ensure that good-quality health facilities, goods and services are accessible and affordable for everyone, especially the most vulnerable or marginalized sections of the population, without discrimination;

(dd) Ensure that women are provided with appropriate antenatal and postnatal services, including by ensuring both physical and financial access, eliminating user fees when necessary, providing health-care services closer to communities and ensuring access to skilled delivery and emergency obstetric care;

(ee) Provide equal access to HIV-related information, education, means of prevention and health services. Put in place laws and policies that challenge gender inequality and social norms that contribute to HIV/AIDS expansion;

(ff) Ensure that those working in the critical sector of health care receive their salaries as a matter of priority;

(gg) Strengthen programmes to ensure health-care provision in remote areas; ensure that health-care centres in rural areas are well resourced, including by establishing a mechanism of incentives to ensure the provision of good quality medical staff in rural areas;

(hh) Ensure women's enjoyment of sexual and reproductive rights and address the root causes of teenage pregnancy by allocating resources commensurate with the scale of the problem. Take the necessary measures to protect women against all forms of sexual violence;

(ii) Ensure universal and equal access to quality maternal health care, including postnatal and emergency obstetric services; improve postnatal and nutrition services; ensure the availability of skilled birth attendance, particularly in rural and remote areas;

(jj) Ensure the equitable distribution of trained staff between urban and rural areas and between the private and the public sectors;

(kk) Expand and strengthen community-based health-care services and strengthen the delivery of low-cost interventions;

(ll) Improve the quality of health services by improving and better equipping health facilities and training health-care professionals, in particular with regard to non-discrimination, the right to informed consent and patient confidentiality;

(mm) Ensure equal access for all to the underlying determinants of health, such as safe and nutritious food, sanitation and clean water;

Right to education

(nn) As a matter of priority, the State must ensure that all children in all regions of the country are able to enjoy their right to free and compulsory primary education, through the provision of high-quality education in schools that are safely accessible, and without indirect costs;

(oo) Prioritize the improvement of education by providing adequate school infrastructure, including gender-sensitive sanitation facilities, by training teachers and by providing schooling materials;

(pp) Take measures to eradicate illiteracy, in particular among women;

(qq) Ensure that those working in the critical sector of education receive their salaries as a matter of priority;

Right to food

(rr) The State must increase investment in agriculture and the rural economy: for example, in transport infrastructure, marketing systems, access to credit and irrigation facilities to increase productivity;

(ss) To overcome the high levels of food insecurity and vulnerability in the country, and the accompanying scourge of malnutrition, it is critical to address these challenges and overcome the reliance on cashew nut crops;

(tt) Act urgently to avoid the systematic depletion of forests and fisheries by preventing, prosecuting and punishing all related acts of corruption, and holding accountable those who illegally and unsustainably deplete those common goods for their own profit;

(uu) Develop agricultural and rural infrastructure to increase productive capacity, boost livelihoods and increase food security;

Rights to water and sanitation

(vv) Approve the national sanitation and hygiene policy without delay, ensuring that it is in line with human rights standards;

(ww) Increase access to safe water to reduce mortality by constructing water supply and sanitation facilities in communities, schools and health centres;

(xx) Train communities in the management of water sources and in monitoring environmental hygiene;

International assistance and cooperation

(yy) Increase efforts to effectively and transparently provide services currently supported by the donor community and international agencies.

74. The Special Rapporteur also recommends that donors and the international community should:

(a) Align financial and technical assistance and capacity-building with the priorities identified in DENARP II;

(b) Ensure that, in parallel with the support provided to build the capacity of State institutions, civil-society organizations continue to receive the assistance that they need in order to ensure citizens' government oversight and the effective channelling of resources to the poorest segments of the population.
