



Centro de Estudios Internacionales "Gilberto Bosques"

12ª Reunión de la Red de Parlamentarios de
Contacto para Detener la Violencia
Sexual contra los Niños / Reunión de la Comisión de
Asuntos Sociales, Salud y Desarrollo Sustentable

Asamblea Parlamentaria Del Consejo de Europa

Berlín, Alemania, 14-15 de marzo de 2013

Parliamentary Assembly
Assemblée parlementaire



COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Serie **Europa**

17



ASAMBLEA PARLAMENTARIA DEL CONSEJO DE EUROPA

12ª REUNIÓN DE LA RED DE PARLAMENTARIOS DE CONTACTO PARA DETENER LA VIOLENCIA SEXUAL CONTRA LOS NIÑOS

REUNIÓN DE LA COMISIÓN DE ASUNTOS SOCIALES, SALUD Y DESARROLLO SUSTENTABLE

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INFORMACIÓN GENERAL

EMBAJADA DE MÉXICO EN ALEMANIA

Emb. Francisco Nicolás González Díaz
Klingelhöferstrasse 3, 10785 Berlín, Alemania

Tel: (49 30) 26 93 23 0 /329/332/334 Conm.

Fax: (4930) 269-323 ext. 700

Correo: mail@mexale.de

Asuntos Consulares: consular@mexale.de

<http://embamex.gob.mx/alemania>

SEDE DE LA REUNIÓN

Parlamento alemán (Bundestag)

Reichstagsgebäude -

Entrada Sur (Scheidemannstraße)

Sala de reuniones del SPD (3 S 001)

Fraktionsebene/Piso de los Grupos Políticos (3er. Piso)

Dirección: Platz der Republik 1, 10117 Berlin

Tél : +49 30 227 - 33161

HOTEL

Ritz-Carlton Berlín

Dirección: Postdamer Platz 3, 10785 Berlin Germany

Tel: +49 30 33 7777

NOTA

Los participantes deberán llevar consigo su pasaporte para el ingreso al Parlamento alemán. Esto incluye a los Secretarios



Traducción libre elaborada por el Centro de Estudios Internacionales "Gilberto Bosques"

**Reunión de la Red de Parlamentarios de Contacto
Para Detener la Violencia Sexual contra los Niños
Berlín, 14 de marzo de 2013**

Información Práctica

Miércoles 13 de marzo de 2013

20:00 – 22:00 Registro de Participantes

Se solicita a los participantes que lleven un documento de identidad o su pasaporte

Recepción ofrecida por la Delegación Alemana ante la Asamblea Parlamentaria del Consejo de Europa a los miembros de la Red y de la Comisión

Hotel Marriott Berlín

Sala: Ballroom Berlin 3 (1^{er} Piso)

Dirección: Inge-Beisheim-Platz 1, 10785 Berlín

Tél: +49 (0) 30 22000-0

Jueves 14 de marzo de 2013

08:10 Salida en autobús desde el Hotel Scandic

08:20 Salida en autobús desde el Hotel Marriott Berlín

08:30 Arribo del autobús al edificio del Reichstag

(Parlamento)

Entrada Sur

08:30 **Registro de participantes**
Se solicita a los participantes que lleven un documento de identidad o su pasaporte.

Parlamento alemán (Bundestag)
- Reichstagsgebäude -
Entrada Sur (Scheidemannstraße)
Platz der Republik 1, 10117 Berlin
Tél : +49 30 227 - 33161

09:00 **Inicio de la Reunión**
Lugar: Reichstagsgebäude
Sala de reuniones del SPD (3 S 001)
Fraktionsebene/Piso de los Grupos Políticos (3er. Piso)

- Favor de respetar la prohibición general de no fumar en todo el edificio – se abrirá una terraza para los fumadores
- Un guardarropa sin personal se ubicará a un lado de la sala de reuniones
- Internet / W-LAN disponible;
- Acceso: SSID: PACE

Clave: PACE

12:30 Pausa para el almuerzo
El traslado al restaurante (que se encuentra en la azotea) será a pie

12:45 **Almuerzo (ofrecido por la delegación alemana en la Asamblea Parlamentaria del Consejo de Europa)**

Lugar: Reichstagsgebäude
- Restaurante en la azotea

Si usted lo desea:
Visita individual al domo del edificio del Reichstag

14:15 Regreso a pie a la sala de reuniones

14:30 **Continuación de la reunión**

18:00 **Fin de la reunión**
Salida del edificio por la entrada Sur

- 18:15** **Visita guiada por la ciudad en autobús**
Salida en autobús – Entrada Sur del Reichstag
La visita terminará en el Restaurante Brasserie
« Gendarmenmarkt”
Autobús 1: Visita guiada en inglés
Autobús 2: Visita guiada en francés
- 20:00** **Cena (ofrecida por la delegación alemana de la**
Asamblea Parlamentaria del Consejo de
Europa)
Restaurante Brasserie *Gendarmenmarkt*
Dirección: Taubenstraße 30, 10117 Berlin
- 22:00 aprox.** **Regreso en autobús hacia los hoteles Marriott**
Berlín y Scandic



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Difusión restringida
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11 de marzo de 2013
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TRADUCCIÓN LIBRE ELABORADA POR EL CENTRO DE ESTUDIOS "GILBERTO BOSQUES"

Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

«Parlamentos Unidos en el Combate a la Violencia Sexual contra los Niños»

Programa

**12ª Reunión
de la Red de Parlamentarios de Contacto para Detener la Violencia Sexual
contra los Niños¹**

**Tema:
«Estrategias nacionales para combatir la violencia sexual contra
los niños»**

**Jueves 14 de marzo de 2013
9:00 a 18:00**

Deutscher Bundestag / Parlamento alemán
Platz der Republik 1
11011 Berlín

Objetivos de la Reunión

- Intercambiar buenas prácticas con miras a estimular la acción legislativa y política para terminar con la violencia sexual contra los niños;
- Sensibilizar a los tomadores de decisiones alemanes sobre la importancia de ratificar la Convención de Lanzarote y de otras medidas que podrían ser instrumentadas a nivel nacional;
- Dar visibilidad a las buenas prácticas en Alemania y en otros países europeos;
- Promover las normas y actividades del Consejo de Europa;
- Hacer una contribución sustancial a los debates en los niveles internacional, europeo y nacional.

¹ La reunión está abierta a la participación de todos los miembros.
Habrá interpretación simultánea en inglés, francés, alemán, italiano y ruso.

Programa

8 :30 Arribo y registro de participantes

9 :00 Sesión de apertura

Discursos de Bienvenida

- Sr. Valeriu Ghiletschi, Primer Vicepresidente de la Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable.
- Sr. Markus Löning, delegado del gobierno federal alemán para Política de Derechos Humanos y Ayuda Humanitaria

Introducción al tema:

- Sra. Anica Djamić, Coordinadora temática sobre Niños del Comité de Ministros.
- Sra. Marlene Rupprecht, Parlamentaria de contacto por Alemania y Relatora General para el tema Niños de la Asamblea Parlamentaria
- Sr. Clemens Lammerskitten, Vice-Presidente del Congreso de Autoridades Locales y Regionales del Consejo de Europa

Preguntas

10 :30 Discurso de Inauguración

- Sr. Johannes-Wilhelm Rörig, Representante independiente sobre Cuestiones de Abuso Sexual contra los Niños (Alemania): La Estrategia Nacional para el Combate a la Violencia Sexual contra los Niños y la Campaña «No hay lugar para el abuso»

11 :00 *Pausa para café*

11 :30 Estrategias y mecanismos nacionales de protección para la infancia

- Sr. Norbert Lammert, Presidente del Parlamento alemán
- Sr. Hermann Kues, Secretario de Estado Parlamentario ante el Ministerio Federal alemán de la Familia, Personas Mayores, Mujeres y Jóvenes: Presentación de los planes de acción alemanes, campañas y otras medidas o instituciones nacionales.
- Sra. Marja Ruotanen, Directora, Dirección de Justicia y Dignidad Humana del Consejo de Europa: Actividades del Consejo de Europa para la protección de los niños contra la violencia sexual
- Sra. Lydie Err, Mediadora de Luxemburgo: Establecer los derechos de los niños en la Constitución

12 :30 *Pausa para almuerzo*

14 :30 La importancia de una estrecha cooperación entre las diferentes partes para combatir la violencia sexual contra los niños

- Sra. Leda Koursoumba, Comisaria para la Protección de los Derechos de los Niños de Chipre y Presidenta de la Red Europea de Mediadores para los Niños (ENOC)

- Sra. Erika Georg-Monney, Representante de las Asociaciones Alemanas de la Juventud de la Coalición Nacional para la Puesta en Marcha de la Convención de la ONU sobre los Derechos del Niño en Alemania
- Sr. Matthias Katsch, Iniciativa de Apoyo a las Víctimas *Eckiger Tisch*

16 :00 ***Pausa para café***

16 :30 **Medidas complementarias en el marco de las estrategias nacionales de protección a los niños**

- Presentación de la Red «Kein Täter werden» («No convertirse en agresor») Sr.Klaus Beier, Doctor en el Hospital Universitario de la Caridad en Berlín
- Justicia y servicios adaptados a los niños: El ejemplo de las «casas de niños» en Islandia Sr. Bragi Guðbrandsson, Director General de la Agencia Gubernamental para la Protección de los Niños (Islandia)

18 :00 **Fin de la reunión**

Contactos en el Secretariado de la Comisión / Asamblea Parlamentaria

Sra. Tanja KLEINSORGE

Jefe del Secretariado de la Comisión

☎: +33 (0)3 88 41 29 06

E-mail: tanja.kleinsorge@coe.int

Sra. Maren LAMBRECHT-FEIGL

Secretaria de la Comisión

☎: +33 (0)3 90 21 47 78

E-mail: maren.lambrecht@coe.int

Sra. Jannick DEVAUX

Manager de Proyecto / Dimensión parlamentaria de la Campaña UNO de cada CINCO

☎: +33 (0)3 90 21 49 03

E-mail: jannick.devaux @coe.int

Sra. Prisca BARTHEL

Asistente Principal

☎: +33 (0)3 90 21 51 18

E-mail: prisca.barthel@coe.int



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Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

Lista de los contactos parlamentarios para detener la violencia sexual contra los niños nombrados por los parlamentos nacionales

Implementación de la Recomendación 1934 (2010) sobre

Abuso infantil en instituciones:

Garantizar la plena protección de las víctimas

Actualizado: 5 de marzo de 2013

Documento Informativo

“Parlamentos unidos en el combate a la violencia sexual contra los niños”

Antecedentes

Al adoptar la Recomendación 1934 (2010) sobre el tema: “Abuso de niños en instituciones: garantizar la plena protección de las víctimas”, el 5 de octubre de 2010, la Asamblea Parlamentaria del Consejo de Europa (APCE) resuelve “desarrollar la dimensión parlamentaria de la campaña del Consejo de Europa para detener la violencia sexual contra los niños con miras a la asociación de parlamentos nacionales con la campaña y la promoción de la firma, ratificación e implementación de la Convención del Consejo de Europa sobre la Protección de los Niños contra la Explotación Sexual y Abuso Sexual” (CETS no. 201, “Convención de Lanzarote”). El Consejo de Europa en la Campaña UNO de cada CINCO para combatir la violencia sexual contra los niños se presentó oficialmente en una conferencia de alto nivel en Roma, los días 29 y 30 de noviembre del 2010.

Red de Contactos Parlamentarios

La Asamblea, por lo tanto, invitó a cada parlamento nacional para nombrar un legislador para actuar como punto de contacto entre los parlamentarios nacionales de cada Estado miembro y la Asamblea en el marco de la campaña del Consejo de Europa. Para promocionar la dimensión parlamentaria de la Campaña, la Asamblea creó una Red de contactos parlamentarios. La Red está abierta a los parlamentarios de los Estados miembros del Consejo de Europa, así como a otras organizaciones internacionales. Hasta la fecha, 52 contactos parlamentarios han sido nombrados y, por lo tanto, forman la Red de contacto parlamentario.

Los parlamentos nacionales que todavía no han nombrado sus contactos parlamentarios son, una vez más, invitados para hacerlo de nuevo, con el fin de permitirles participar activamente en la Campaña UNO de cada CINCO del Consejo de Europa y estar actualizados regularmente sobre las actividades Europeas y de los avances realizados en otros Estados miembros.

Objetivos de la Red

El principal objetivo de la participación parlamentaria en la campaña a través de esta red es:

- La vinculación de la acción nacional y europea para combatir la violencia sexual contra los niños;
- Promover una mayor conciencia de este problema en los Estados miembros;
- Compartir las mejores prácticas sobre la acción legislativa y política;
- La promoción de la Convención de Lanzarote como uno de los instrumentos que se implementen para garantizar una mayor protección de los niños.

Reuniones de la Red

La red se reunió hasta ahora en cada sesión parcial de la APCE, y en la ocasión de un evento externo en Florencia en 2011 y en Moscú en 2012:

- 1ª reunión el 26 de enero de 2011 para presentar la dimensión parlamentaria de la Campaña UNO en CINCO del Consejo de Europa y presentar el manual para parlamentarios sobre la Convención de Lanzarote;
- 2ª reunión el 13 de abril de 2011 sobre la cuestión del combate a la “pornografía infantil” en Internet;
- 3ª reunión el 22 de junio de 2011 sobre la cuestión la solicitud de niños a través de Internet para propósitos sexuales (“grooming”);
- 4ª reunión el 5 de octubre de 2011 sobre la cuestión del combate del “turismo sexual infantil”;
- 5ª reunión el 17 de noviembre de 2011 sobre la prevención de la violencia sexual contra los niños, en cooperación con el Centro de Investigación Innocenti de UNICEF, en Florencia;
- 6ª reunión el 24 de enero de 2012 sobre los medios para enmendar y eliminar la violencia sexual contra los niños;
- 7ª reunión el 24 de abril de 2012 sobre la obligación para reportar sospecha de violencia sexual contra los niños;
- 8ª reunión el 27 de junio de 2012 sobre los jóvenes delincuentes sexuales y niños con problemas de conducta sexual;
- 9ª reunión el 3 de octubre de 2012 sobre el empoderamiento de los niños – hacerlos más fuertes contra la violencia sexual;
- 10ª reunión el 20 de noviembre de 2012 en Moscú, en cooperación con la Duma Estatal de la Federación Rusa, sobre abusos sexuales de niños en el círculo de confianza;
- 11ª reunión el 22 de enero de 2013 sobre el abuso sexual de niños con discapacidades mentales.

La Red celebrará su 12ª reunión el 14 de marzo de 2013, en cooperación con el Bundestag, en Berlín, sobre las estrategias nacionales para combatir la violencia sexual contra niños.

	País	Cámara Representada	Nombre	Miembro de APCE
1	Albania	Parlamento	Arenca Trashani	✓
2	Andorra	Parlamento	Sílvia Eloïsa Bonet Perot	✓
3	Austria	Parlamento	Gisela Wurm	✓
4	Azerbaiyán	Parlamento	Sevinj Fataliyeva	✓

5	Bélgica	Senado	Cindy Franssen	✓
6	Bélgica	Cámara de Representantes	Dirk Van der Maelen	✓
7	Bosnia y Herzegovina	Parlamento	Milica Marković	✓
8	Bulgaria	Parlamento	Desislav Chukolov	✓
9	Canadá	Parlamento	David Tilson	
10	Croacia	Parlamento	Igor Kolman	✓
11	Chipre	Cámara de Representantes	Stella Kyriakides	✓
12	República Checa	Parlamento	Daniela Filipiová	✓
13	Dinamarca	Parlamento	Lone Loklindt	✓
14	Estonia	Parlamento	Margus Hanson	✓
15	Finlandia	Parlamento	Pirkko Mattila	✓
16	Francia	Asamblea Nacional	Denis Jacquat	✓
17	Francia	Senado	Maryvonne Blondin	✓
18	Georgia	Parlamento	Chiora Taktakishvili	✓
19	Alemania	Bundestag	Marlene Rupprecht	✓
20	Grecia	Parlamento	Eleni Rapti	✓
21	Hungría	Parlamento	Bernadett Szél	✓
22	Islandia	Parlamento	Þuríður Backman	✓
23	Irlanda	Parlamento	Deirdre Clune	✓
24	Italia	Cámara de Diputados	Fiamma Nirenstein	✓
25	Liechtenstein	Parlamento	Doris Frommelt	✓
26	Lituania	Seimas	Dangutė Mikutienė	✓
27	Luxemburgo	Cámara de Diputados	Marc Spautz	✓
28	Malta	Cámara de Representantes	Francis Agius	✓

29	México	Senado	Martha Leticia Sosa Govea	
30	México	Cámara de Diputados	Aleida Alaves Ruiz	
31	República de Moldova	Parlamento	Valeriu Ghiletschi	✓
32	Mónaco	Consejo Nacional	Bernard Marquet	✓
33	Montenegro	Parlamento	Zoran Vukčević	✓
34	Marruecos	Cámara de Consejeros	Khadija Zoumi	
35	Países Bajos	Camara de Representantes	Pieter Omtzigt	✓
36	Noruega	Parlamento	Karin S. Woldseth	✓
37	Polonia	Parlamento	Mirosława Nykiel	✓
38	Portugal	Parlamento	Maria de Belém Roseira	✓
39	Rumania	Cámara de Diputados	Cezar Florin Preda	✓
40	Rumania	Senado	Sorin-Constantin Lazăr	
41	Federación de Rusia	Duma Estatal	Olga Borzova	✓
42	Serbia	Parlamento	Elvira Kovács	✓
43	República Eslovaca	Parlamento	Darina Gabániová	✓
44	Eslovenia	Parlamento	Andreja Črnak Meglič	✓
45	España	Senado	Agustín Conde Bajén	✓
46	Suecia	Riksdag	Carina Ohlsson	✓
47	Suiza	Consejo Nacional	Doris Fiala	✓
48	“La Antigua República Yugoslava de Macedonia”	Parlamento	Igor Ivanovski	✓
49	Turquía	Gran Asamblea Nacional	Burhan Kayatürk	✓
50	Ucrania	Parlamento	Viktor Shemchuk	
51	Reino Unido	Parlamento	Jim Dobbin	✓
52	Asamblea Parlamentaria de Francofonía (APF)		Françoise Imbert	



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Comisión sobre Asuntos Sociales, Salud y Desarrollo Sustentable

Actividades de la APCE en el marco de la dimensión parlamentaria de la Campaña UNO de cada Cinco del Consejo de Europa para detener la violencia sexual contra los niños en 2011 – 2012 – 2013

Por medio de la Recomendación 1934 (2010), la Asamblea Parlamentaria resolvió desarrollar la dimensión parlamentaria de la Campaña UNO de cada CINCO del Consejo de Europa para detener la violencia sexual contra los niños con vista a asociar a los parlamentos nacionales a con la campaña y a la promoción de la firma, ratificación e implementación de la Convención del Consejo de Europa sobre la Protección de los Niños contra la Explotación Sexual y Abuso Sexual (Convención de Lanzarote). Una contribución voluntaria por Alemania co-financiando las actividades de la Asamblea en 2011.

Con el fin de continuar su participación en la campaña, la Comisión de Asuntos Sociales, Salud y Familia, apoyados por el Mesa Directiva de la Asamblea, formularon una solicitud a los parlamentos nacionales y los gobiernos para contribuciones voluntarias con el fin de co-financiar sus actividades durante el 2012 y 2013. Las diversas contribuciones voluntarias son co-financiación de la Asamblea en 2012 y hasta el 30 de abril de 2013.

1. Actividades realizadas

1.1 Red de Contactos Parlamentarios para detener la violencia sexual contra niños

- Numero de miembros: hasta la fecha 52, incluyendo un representante de la Asamblea Parlamentaria de la *Francofonía*, un Senador mexicano, un Miembro Parlamentario canadiense y un parlamentario Marroquí;
- Reuniones:
 - 1º reunión el 26 de enero de 2011 lanzar el manual para los parlamentarios de la Convención de Lanzarote;
 - 2º reunión el 13 de abril de 2011 sobre la cuestión del combate de la “pornografía infantil” en Internet;
 - 3º reunión el 22 de junio de 2011 sobre la cuestión de la solicitud de niños a través de Internet con propósitos sexuales (“grooming”);

-4° reunión el 5 de octubre de 2011 sobre la cuestión del “combate del turismo sexual infantil”;

-5° reunión el 17 de noviembre de 2011 sobre la prevención de la violencia sexual contra niños, en cooperación con el Centro de Investigación Innocenti de UNICEF, en Florencia;

-6° reunión el 24 de enero de 2012 sobre los medios para corregir y eliminar la violencia sexual contra los niños;

-7° reunión el 24 de abril de 2012 sobre la obligación de reportar sospechas de violencia sexual contra niños;

-8° reunión el 27 de junio de 2012 sobre los jóvenes abusadores sexuales y niños con problemas de conducta sexual;

- 9° reunión el 3 de octubre de 2012 sobre el empoderamiento de los niños – hacerlos más fuertes contra la violencia sexual;

-10° reunión el 20 de noviembre de 2012 en Moscú, en cooperación con la Duma Estatal de la Federación de Rusia en el tema de abuso sexual de niños en el círculo de confianza;

-11° reunión el 22 de enero de 2013 sobre la cuestión de abuso sexual de niños con discapacidades mentales.

1.2 Instrumentos de comunicación

-Manual para los parlamentarios sobre la Convención de Lanzarote (inglés², francés, alemán, ruso³, español⁴ y rumano⁵);

-Folleto para los parlamentarios y sus componentes para explicar la campaña y su dimensión parlamentaria (inglés, francés, alemán, italiano, ruso, croata);

-Boletín sobre las actividades llevadas en el marco de la dimensión parlamentaria de la campaña (inglés y francés), publicado en cada período parcial de sesiones. El octavo boletín se publicó en enero de 2013 y el noveno boletín será publicado ocasionalmente en el período parcial de sesiones en abril de 2013;

-En el compendio de buenas prácticas y acciones de la Asamblea Parlamentaria del Consejo de Europa y la Red Europea de los parlamentarios involucrados en la Campaña UNO de cada CINCO del Consejo de Europa para detener la violencia contra los niños, actualizado en noviembre de 2012 (2011- 2012) (inglés y francés);

- Un póster “top- expo” con el logo de la Campaña UNO de cada CINCO;

² La versión de inglés ha sido actualizada y reimpressa en diciembre de 2012.

³ Traducido por el Parlamento de la Federación de Rusia.

⁴ Traducido por el Parlamento Mexicano.

⁵ Traducido por el Parlamento Rumano.

- Un pin de “UNO de cada CINCO” (en co- operación con la División de los Derechos de los Niños del Consejo de Europa);

- Material de visibilidad creado en ocasión de la 5º reunión de la Red en Florencia el 17 de noviembre de 2011 (en parte en co- operación con la división de los derechos de los Niños del Consejo de Europa): memoria USB, post- its, plumas, fóliders con cuadernillos para notas, blocs de notas, bolsas, paraguas, etc. Este material fue adaptado y reeditado en parte para la 10º reunión de la Red, celebrado el 20 de noviembre 2012 en Moscú. Además el material fue específicamente creado para la 12º Red el 14 de marzo de 2013 en Berlín (bolsas, folders con cuadernillo para notas y marcadores).

1.3 Mesa de información durante todas las sesiones parciales de la Asamblea

- La distribución de los instrumentos de comunicación de la Asamblea y del Consejo de Europa para los parlamentarios y las ONG's.

- Explicación de los objetivos de la campaña.

1.4 Sitio de Web

- La creación de una sección dedicada a la dimensión parlamentaria de la campaña en la campaña del sitio web: www.assembly.coe.int/oneinfive ;

- Rediseñar y actualizar regularmente esta sección;

- La producción regular de nuevos temas para la página de inicio del sitio web de la campaña (www.coe.int/one/oneinfive);

- Grabación de entrevistas de los parlamentarios y expertos para el sitio web.

1.5 Sondeo a través del Centro Europeo para la Investigación y la Documentación Parlamentaria

- La Asamblea Parlamentaria realizó un sondeo el 19 de enero de 2012, a través del Centro Europeo para la Investigación y la Documentación Parlamentaria (ECPRD), sobre la obligación de informar la sospecha de la explotación sexual o el abuso sexual contra los niños (inglés, francés, alemán). Los resultados de este sondeo han sido publicados y presentados en la 7º reunión de la Red de contactos parlamentarios, el 24 de abril 2012 en Estrasburgo⁶.

- Un segundo sondeo fue hecho por la Asamblea Parlamentaria el 8 de febrero de 2013, a través del Centro Europeo para la Investigación y Documentación Parlamentaria (ECPRD), sobre mecanismos específicos de protección infantil a nivel

⁶ Documentos de información AS/Soc/Inf(2012) 7 y AS/Soc/Inf (2012) 9.

nacional, en particular sobre el desarrollo de estudios e indicadores dirigidos a la colección de datos sobre abusos sexuales en niños (inglés, francés, alemán)⁷.

1.6 Participación de la Sub-Comisión sobre Niños en eventos organizados por el sector intergubernamental del Consejo de Europa

- Participación en la Conferencia Internacional en Kiev los días 24 y 25 de mayo de 2011 sobre el “Combate a la violencia contra los niños: a partir de acciones aisladas de estrategias integradas”, organizada en el marco de la Presidencia Ucraniana de Consejo Nacional de Ministros del Consejo de Europa en la cooperación con el Servicio del Estado para el Deporte y la Juventud de Ucrania, el Representante Especial del Secretario General de las Naciones Unidas contra la Violencia en los Niños y UNICEF. El Sr. Popescu, Vicepresidente de la Asamblea, habló al inicio de la conferencia y los miembros de la Sub-Comisión que tomaron parte en varios talleres.

- La Sub-Comisión sobre Niños participó en la Conferencia de Alto Nivel sobre la Estrategia del Consejo de Europa para los Derechos de los Niños 2012-2015, los días 20 y 21 de noviembre de 2011, en Mónaco, durante la cual fue presentada la dimensión parlamentaria nacional de la Campaña UNO de cada CINCO por los parlamentos Monegascos.

1.7 Participación de la Asamblea Representativa en eventos organizados por otros sectores del Consejo de Europa

- El Sr. Gagik Bghdasaryan (Armenia, ALDE) representó a la Asamblea en la reunión plenaria de la Comisión de Asuntos Actuales del Congreso de las Autoridades Regionales y Locales, el 29 de junio de 2011, en Yerevan, Armenia. Presentó la Campaña UNO de cada CINCO del Consejo de Europa y su dimensión parlamentaria.

- La Sra. Marlene Rupprecht (Alemania, SOC) representó a la Asamblea en la primera reunión del Comité de las Partes para la Convención sobre la Protección de los Niños contra la Explotación y el Abuso Sexual (“Comité de Lanzarote”), los días 20 y 21 de septiembre de 2011, en Estrasburgo.

-La Sra. Carina Ohlsson (Suecia, SOC) representó a la Asamblea en la 21ª sesión del Congreso de Autoridades Regionales y Locales en Estrasburgo, el 18 de octubre de 2011.

- El Sr. Stefan Shennach (Austria, SOC) participó en el seminario regional en Zagreb (Croacia) los días 27 y el 28 de octubre de 2011.

- La Sra. Marlene Rupprecht (Alemania, SOC) representó a la Asamblea en el seminario del Congreso de las autoridades locales y regionales en el combate a la explotación sexual infantil en los niveles locales y regionales, en Estrasburgo, el 9 de febrero 2012.

⁷ Documentos de Información AS/Soc/Inf (2013) 04.

- La Sra. Marlene Rupprecht (Alemania, SOC) representó a la Asamblea en la segunda reunión del Comité de Lanzarote, los días 29 y 30 de marzo de 2012, en Estrasburgo.

- En su capacidad como Relatora General sobre los Niños, la Sra Rupprecht (Alemania, SOC) también representó a la Asamblea en un taller para la contribución de capacidades sobre la “Campaña exitosa para detener la violencia sexual contra los niños, en los Estados miembros del Consejo de Europa”, celebrado los días 5 y 6 de septiembre de 2012, en Estrasburgo.

- El Sr. Valeriu Ghilechi (República de Moldova, EPP/CD) representó a la Asamblea en la tercera reunión del Comité de Lanzarote, los días 15 y 16 de octubre de 2012, en Estrasburgo.

- El Sr. Gagik Baghdasaryan (Armenia, ALDE) representó a la Asamblea en el seminario regional sobre el tema “Haciendo de los Derechos de los Niños una Realidad para los Niños más vulnerables”, organizado por la Unión Interparlamentaria (IPU) y UNICEF, Yerevan, Armenia, los días 14 y 16 de junio de 2011.

1.9 Designación de un Relator General sobre los Niños

- La Sra. Marlene Rupprecht (Alemania, SOC) fue nombrada como Relatora General sobre Niños para el periodo de abril de 2012 a abril de 2013 y la Sra. Stella Kyriakides (Chipre, EPP/CD) para el periodo de abril de 2013 a abril de 2014.

2. Actividades futuras

2.1 Red de Contactos Parlamentarios

- La Red organizará su 12º reunión en Berlín el 14 de marzo de 2013, sobre las estrategias nacionales para combatir la violencia sexual contra los niños, en cooperación con el Parlamento Alemán.

2.2 Mesa de Información durante todas las sesiones parciales de la Asamblea

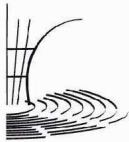
- Una mesa que se ubicará en cada sesión parcial de la Asamblea.

- Elaboración de un informe sobre los Parlamentos Unidos en el combate contra la violencia sexual contra los niños: revisión a mediano plazo de la campaña UNO de cada CINCO.

- La Comisión sobre Asuntos Sociales, Salud y Desarrollo Sustentable nombró al Sr. Bonet Perot (Andorra, SOC) como Relator y consideró un esquema de informe el 24 de enero de 2013. El informe debe ser discutido por la Asamblea durante su sesión parcial de abril de 2013.

3. Lista de las actividades nacionales con una dimensión parlamentaria en el marco de la campaña.

- La Asamblea publicó un compendio de buenas prácticas y acciones al término del 2011 y se actualizó en noviembre de 2012, y continuará manteniendo una lista actualizada de la de las actividades nacionales relacionadas con la dimensión parlamentaria de la campaña, de la que es consciente.



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5 de marzo de 2013

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Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

Proyecto de minuta

de la 11^a Reunión de la Red de Contactos Parlamentarios de la Asamblea Parlamentaria del Consejo de Europa (APCE) para detener la violencia sexual contra los niños celebrada en Estrasburgo el martes 22 de enero de 2013, de las 2:00 p.m. a las 3:30 p.m. sobre el tema: “Abuso sexual de los niños con discapacidad mental”.

Apertura de la Reunión por la Presidenta de la Comisión

La **Sra. Maury Pasquier, Presidenta de la Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable**, dio la bienvenida a los participantes y a los tres nuevos miembros de la Red: Sra. Lone Loklindt, Sra. Khadija Zoumi y Sr. David Tilson, los contactos parlamentarios de Dinamarca, Marruecos y Canadá, respectivamente.

Informó a los participantes de las buenas prácticas de la campaña:

- Actualmente hay 52 contactos parlamentarios.
- El 8º boletín de noticias acaba de ser publicado y la nota editorial fue escrita por la Sra. Borzova.
Incluye la “Declaración de Moscú”, adoptada el 20 de noviembre de 2012.

Recibió con beneplácito el creciente número de ratificaciones del Convenio de Lanzarote: 24 Estados miembros lo han ratificado, el último de los cuales fue Italia.

Dos expertos fueron invitados a participar:

- Sra. Hilary Brown, Profesora en la Universidad de la Iglesia Cristiana de Canterbury (Reino Unido), una experta reconocida del Consejo de Europa que ha hecho una gran cantidad de investigación sobre el abuso sexual de los niños. Es la autora de la sección de la publicación “Proteger a los niños de la violencia sexual” del Consejo de Europa que trata sobre “Abuso sexual de los niños con discapacidades”.
- Dr. Jean-Georges Rohmer, Psiquiatra especializado en el tratamiento de los autores de agresión sexual y sus víctimas.

Presentación de la Sra. Hilary Brown, Profesora en la Universidad de la Iglesia Cristiana de Canterbury (Reino Unido).⁸

La **Sra. Brown** subrayó que debe ser adoptado un enfoque equilibrado con respecto al tema debido a su carácter emocional. La comunicación entre las instituciones y las familias es muy importante. Las familias que no están en condiciones de proteger a sus hijos necesitan apoyo. Los trabajadores sociales de las instituciones también necesitan ser supervisados para evitar cualquier posible abuso de niños en las instituciones.

Los niños con discapacidad son mucho más propensos a ser víctimas de abuso sexual debido a que se encuentran menos protegidos y se les presta menor seriedad. También es menos probable que presenten una denuncia. El sistema judicial no siempre es eficaz. En ocasiones los niños con discapacidades son aislados, en particular, en las escuelas, las instituciones especializadas u hospitales y son objeto de abuso por parte de otros niños. Los niños disléxicos son especialmente vulnerables a este tipo de abuso.

Un estudio norteamericano mostró que la discapacidad es un factor que conlleva un mayor riesgo de abuso sexual: 30% de los niños con discapacidad en comparación con 9% de los niños que no tienen discapacidades han sufrido abuso sexual. Un estudio de 2008 mostró que el 80% de los niños con dificultades de aprendizaje habían sido acosados sexualmente. El abuso sexual de los niños con discapacidad fue determinado generalmente por sus circunstancias. Los niños con discapacidad mental que no pueden comunicarse son un objetivo de los depredadores sexuales. Con mayor frecuencia, los niños cuyos padres están separados y los niños con discapacidad son alejados de su familia y excluidos de las escuelas, lo que nos obliga a reconsiderar nuestro modelo social. Los niños con discapacidades leves se encuentran en un mayor riesgo debido a que no son capaces de evaluar los riesgos o están en contacto con distintos cuidadores en las instituciones y, por lo tanto, estadísticamente están más expuestos a los riesgos del abuso.

No hay una política específica en el Reino Unido dirigida a los niños con discapacidad, aunque la Ley de Cuidado Infantil de 2006 ha sido modificada. En Noruega, sólo el 6.4% de los niños con discapacidad fueron registrados.

La **Sra. Brown** recomienda dos tipos de medidas para hacer frente a este doble riesgo que enfrentan los niños con discapacidad, que corren más riesgos y no están suficientemente protegidos:

- Garantizar la capacidad de rastreo de los abusos.
- Formar al personal que trabaja en las instituciones.

Discusión

La **Sra. Kyriakides** señaló que los niños con discapacidad mental se encuentran en una situación peor que la de otros niños debido a que no siempre entienden lo que les está pasando y ella está a favor de hacer que los niños con discapacidad sean un objetivo

⁸Por teléfono. Presentación de Power Point disponible en Extranet y, por medio de solicitud, al Secretariado de la Comisión.

específico de la Campaña UNO de cada CINCO. ¿El poder judicial es consciente de este problema?

La **Sra. Brown** mencionó que era particularmente importante garantizar que los niños reciban educación sexual adecuada, ya que necesitan tener un lenguaje apropiado para expresarse por sí mismos. En el Reino Unido, las políticas para el personal a cargo de los niños con discapacidad fueron efectivas. Irlanda está considerando el tema después de los abusos cometidos por algunos miembros de la Iglesia. Destacó dos puntos importantes:

- La necesidad de establecer la obligatoriedad de reportar el abuso
- La necesidad de contar con una infraestructura de buena calidad.

Se han logrado avances en el sistema judicial y ahora es posible que un intermediario presente una denuncia y se han establecido criterios menos exigentes con respecto a la credibilidad de los hechos denunciados. La Sra. Brown también destacó el hecho de que ser internado en una institución es un factor de riesgo para los niños con discapacidad y que en el futuro se debe hacer más para hacer que estos niños vivan en la comunidad.

Presentación del Doctor Jean-Georges Rohmer, Psiquiatra en el Hospital de Estrasburgo y Director Regional del centro responsable del tratamiento de los autores de abusos sexuales (Francia).

El **Sr. Rohmer** confirmó que los niños con discapacidad mental son más vulnerables a la agresión sexual. ¿Cómo pueden los niños con discapacidad denunciar cuando “el secreto y el silencio son una parte de la violencia”? Para él, el punto esencial es considerar que la agresión sexual no ocurre por casualidad y este es el punto de partida para tratar tanto a las víctimas como a los agresores. El cuidado recibido debe ser individualizado, en particular, cuando la persona involucrada sufre una discapacidad.

Son necesarios tres tipos de prevención. La prevención primaria exige una estrategia de política de prevención que considere el hecho de que la vulnerabilidad de los niños se incrementa por su discapacidad. La sexualidad debe abordarse a través de métodos de enseñanza y de psicología adecuados. Con respecto a la prevención secundaria, hay que tener en cuenta que el 80% de todas las agresiones sexuales son cometidas por familiares o amigos. Todas las actividades de prevención deben planificarse teniendo esto en mente, sin culpar a las familias o instituciones, y asegurarse de que la opinión de aquellas personas ajenas a la familia o a la institución no sea vista como una invasión a su privacidad. La prevención terciaria, o prevención de la reincidencia, debe centrarse en dos aspectos:

- El tratamiento de los agresores con el fin de evitar que vuelvan a cometer un delito (la obligación de medios se convierte en una obligación de resultados).
- Prevenir que la víctima sea una víctima de nuevo (“He sido víctima de abuso sexual, pero fue la primera y la última vez”). El niño debe estar libre de la influencia de otra persona y debe liberarse del secreto compartido con el agresor, que le pidió a él/ella mantenerlo en secreto. Es más difícil cuando un niño con una discapacidad ha sido agredido por otro niño con quien ella o él se identificó. Puede tomar un largo tiempo establecer el clima de confianza necesario para que el niño sea capaz de colocar su experiencia en palabras y puede llegar a ser un problema con los niños con discapacidad, debido a que no se les debe obligar a hablar cuando no pueden hacerlo

o no tienen los medios para hacerlo.

La prevención terciaria incluye la prevención de los trastornos postraumáticos. Podría tomar algún tiempo para que las víctimas se den cuenta de que han sido objeto de abusos y esto es a menudo una experiencia traumática. Existen muchos tipos posibles de consecuencias psicológicas y pueden tardar algún tiempo en manifestarse.

El tratamiento psicológico, psicoterapéutico y psiquiátrico primero toma la forma de una reunión entre el niño con discapacidad que ha sido víctima de abuso y el autor del abuso. Ambos son atendidos por los profesionales en los ámbitos de la infancia, la discapacidad y la justicia.

Discusión

La **Sra. Rupprecht** dijo que problemas similares existen en Alemania. Los niños con discapacidad tienen un mayor riesgo de abuso sexual debido a que no son capaces de hablar sobre el problema. Se están empezando a encontrar formas apropiadas de tratar este aspecto. La revisión del código penal ha brindado la oportunidad de afrontar este tipo de delito, que previamente había sido considerado como un delito menor, de manera más seria. Sin embargo, dado que el traumatismo y las dificultades resultantes a veces no se vuelven evidentes hasta años después, sugirió que la limitación legal para procesar este tipo de delito debe extenderse cuando la víctima es una persona con discapacidad, con el fin de hacer justicia a las víctimas. Los autores de abuso sexual también deben ser atendidos. Las instituciones también tienen que abordar el problema al denunciar los abusos sexuales.

El **Sr. Boden** preguntó si la integración de los niños con discapacidad en las escuelas ordinarias no reduciría su vulnerabilidad.

La **Sra. Bonet Perot** señaló que los niños con discapacidades en Andorra son integrados en un plan de estudios clásico.

La **Sra. Filipiová** subrayó la importancia de conseguir que los niños que han sido víctimas de abuso sexual hablen y se identifique a los grupos que están en riesgo.

La **Presidenta** señaló que algunos niños con discapacidad podrían de hecho ser integrados en las escuelas ordinarias. Sin embargo, eso no se aplica a todos los niños con discapacidad y los otros terminan en instituciones y se hacen más vulnerables al abuso.

La **Sra. Andersen** sugirió que podría ser útil tener una visión general del nivel de formación de las personas que trabajan con niños. Preguntó si existe algún estudio internacional sobre este tema, o si había directrices. Ella pensó que también era importante garantizar que los padres estén debidamente "capacitados". En Noruega, existen los hogares para niños con personal especialmente capacitado.

El **Sr. Hankouri** preguntó si la esterilización temporal de los agresores era posible y factible si una niña con una discapacidad ha tenido repetidos embarazos como resultado de haber sido violada.

Respuestas del Sr. Rohmer.

El **Sr. Rohmer** explicó que bajo las leyes de la mayoría de los países, el abuso sexual de un niño con discapacidad se considera una circunstancia agravante. Consideró que es mucho más importante proporcionar cuidado a las víctimas y brindarles asistencia en el juicio del agresor. Señaló que hay problemas de derechos humanos concernientes a las esterilizaciones y castraciones coercitivas.

Con respecto a la escolarización de los niños con discapacidad, llamó la atención sobre la posibilidad de que otros niños puedan abusar de ellos, si los consideran débiles. El papel desempeñado por los padres es crucial debido a que de ellos depende detectar posibles abusos y proteger a sus hijos.

El **Sr. Rohmer** señaló que en Francia se está llevando a cabo un estudio sobre el nivel de la formación impartida a los posibles agresores, las familias y las víctimas.

Discurso de la Sra. Gabriella Battaini-Dragoni, Secretaria General Adjunta del Consejo de Europa.

La **Sra. Battaini-Dragoni** agradeció a la Comisión por haberla invitado a participar en la Reunión de la Red. Este era uno de los temas que valoraba cuando trabajó en el ámbito de los derechos de las personas con discapacidad por aproximadamente diez años. Todos los niños son vulnerables, pero los niños con discapacidad lo son aún más. Esta vulnerabilidad especial puede explicarse por diferentes factores, en particular, su aislamiento. El riesgo de abuso es cinco veces mayor para los niños con discapacidad que para otros niños. Llamó la atención sobre los instrumentos competentes del Consejo de Europa para la protección de los niños contra el abuso sexual, que incluyen el Convenio Europeo de Derechos Humanos, la Carta Social y el Convenio de Lanzarote. Señaló que los parlamentarios están bien situados para exigir medidas eficaces para proteger a los niños contra todo tipo de abuso. En Europa, el Convenio de Lanzarote es especialmente relevante en la protección de los niños frente a la violencia sexual.

La **Sra. Battaini-Dragoni** también expresó su confianza en la labor del Comité de las Partes del Convenio de Lanzarote que también beneficia a los niños con discapacidad. Alentó a la red a difundir el uso más amplio posible de las directrices de 2010 sobre la justicia favorable a los niños.

Se alegró de que Marruecos haya aprobado la ley para la ratificación del Convenio de Lanzarote. Las campañas nacionales se han realizado en 17 Estados miembros y en México y pronto iniciarán en 7 países.

La **Presidenta** brindó información sobre la próxima reunión del 14 de marzo en Berlín y, al mismo tiempo, agradeció a todos los participantes y clausuró la reunión.

Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

Lista de Asistencia

11^a Reunión de la Red de Contactos Parlamentarios de la Asamblea Parlamentaria para detener la violencia sexual contra los niños

Martes, 22 de enero de 2013

Estrasburgo

Presidente:

Sra. Liliane **MAURY PASQUIER**

Miembros			Suplentes
Sr. Arben AHMETAJ		Albania	ZZ ...
Sra. Sílvia Eloïsa BONET PEROT		Andorra	Sr. Gerard BARCIA DUEDRA
Sr. Vahe HOVHANNISYAN		Armenia	Sra. Naira KARAPETYAN
Sr. Karl DONABAUER		Austria	Sr. Fritz NEUGEBAUER
Sr. Stefan SCHENNACH		Austria	Sra. Karin HAKL
Sra. Sevinj FATALIYEVA		Azerbaiyán	Sr. Aydin ABBASOV
Sr. Rovshan RZAYEV		Azerbaiyán	Sr. Fazil MUSTAFA
Sr. Philippe BLANCHART		Bélgica	Sr. Stefaan VERCAMER
Sra. Cindy FRANSSSEN		Bélgica	Sr. Danny PIETERS
Sra. Milica MARKOVIĆ		Bosnia y Herzegovina	Sra. Borjana KRIŠTO
Sr. Desislav CHUKOLOV		Bulgaria	ZZ...
Sra. Dzhema GROZDANOVA		Bulgaria	Sra. Milena HRISTOVA
Sr. Igor KOLMAN		Croacia	Sr. Ivan RAČAN
Sra. Stella KYRIAKIDES		Chipre	Sra. Athina KYRIAKIDOU
Sra. Daniela FILIPIOVÁ		República Checa	Sr. Pavel LEBEDA
Sra. Kateřina KONEČNÁ		República Checa	Sr. Tomáš ÚLEHLA
Sra. Sophie LØHDE		Dinamarca	Sra. Mette REISSMANN
Sr. Margus HANSON		Estonia	Sra. Ester TUIKSOO
Sr. Jouko SKINNARI		Finlandia	Sra. Sirkka-Liisa ANTTILA
Sra. Maryvonne BLONDIN		Francia	Sr. Gérard BAPT
Sr. Jean-Claude FRÉCON		Francia	Sr. Christophe LÉONARD
Sr. Denis JACQUAT		Francia	Sr. Jean-Louis LORRAIN
Sra. Danielle AUROI		Francia	Sra. Estelle GRELIER
Sra. Guguli MAGHRADZE		Georgia	ZZ...
Sra. Doris BARNETT		Alemania	Sra. Marlene RUPPRECHT
Sr. Axel E. FISCHER		Alemania	Sr. Bernd SIEBERT
Sr. Erich Georg FRITZ		Alemania	Sr. Michael GLOS
Sr. Andrej HUNKO		Alemania	Sr. Thomas NORD
Sr. Miltiadis VARVITSIOTIS		Grecia	Sra. Eleni RAPTI
Sr. Dimitrios PAPANIMOU		Grecia	Sr. Ioannis DRAGASAKIS

Sr. Márton BRAUN		Hungría	Sr. Ferenc KALMÁR
Sr. Gábor HARANGOZÓ		Hungría	Sr. László KOSZORÚS
Sra. Þuríður BACKMAN		Islandia	Sra. Álfheiður INGADÓTTIR
Sr. Joseph O'REILLY		Irlanda	Sra. Deirdre CLUNE
Sr. Mario BARBI		Italia	Sr. Paolo GIARETTA
Sr. Roberto COMMERCIO		Italia	Sr. Giacomo STUCCHI
Sr. Oreste TOFANI		Italia	Sr. Giuseppe CIARRAPICO
Sr. Luca VOLONTÈ		Italia	Sr. Gianni FARINA
Sr. Andris BĒRZIŅŠ		Letonia	Sra. Lolita ČIGĀNE
Sra. Doris FROMMELT		Liechtenstein	Sr. Leander SCHÄDLER
Sra. Dangutė MIKUTIENĖ		Lituania	Sr. Arturas SKARDŽIUS
Sr. Marc SPAUTZ		Luxemburgo	Sr. Fernand BODEN
Sra. Giovanna DEBONO		Malta	Sr. Joseph FALZON
Sra. Liliana PALIHOVICI		Republica de Moldova	Sr. Valeriu GHILETCHI
Sr. Bernard MARQUET		Mónaco	Sra. Nicole MANZONE-SAUQUET
Sr. Predrag SEKULIĆ		Montenegro	Sr. Zoran VUKČEVIĆ
Sr. Joris BACKER		Países Bajos	Sra. Ankie BROEKERS-KNOL
Sr. Tuur ELZINGA		Países Bajos	Sra. Khadija ARIB
Sra. Karin ANDERSEN		Noruega	Sra. Magnhild Meltveit KLEPPA
Sr. Łukasz ZBONIKOWSKI		Polonia	Sr. Henryk CIOCH
Sr. Stanisław HUSKOWSKI		Polonia	Sr. Zbigniew GIRZYŃSKI
Sra. Mirosława NYKIEL		Polonia	Sr. Maciej ORZECZOWSKI
Sr. José MENDES BOTA		Portugal	ZZ...
Sra. Maria DE BELÉM ROSEIRA		Portugal	ZZ...
Sr. Relu FENECHIU		Rumania	Sr. Ionut-Marian STROE
Sr. Cezar Florin PREDA		Rumania	ZZ...
Sr. Mihai TUDOSE		Rumania	Sr. Florin IORDACHE
Sra. Olga BORZOVA		Federación de Rusia	Sr. Anton BELYAKOV
Sra. Svetlana GORYACHEVA		Federación de Rusia	Sr. Vyacheslav TIMCHENKO
Sr. Sergey KALASHNIKOV		Federación de Rusia	Sr. Yury SHAMKOV
Sr. Guennady GORBUNOV		Federación de Rusia	Sr. Valeriy SUDARENKOV
Sr. Paride ANDREOLI		San Marino	Sr. Gerardo GIOVAGNOLI
Sr. Radojko OBRADOVIĆ		Serbia	Sr. Vladimir ILIĆ
Sr. Djordje MILIĆEVIĆ		Serbia	Sra. Vesna MARJANOVIĆ
Sra. Darina GABÁNIOVA		República Eslovaca	Sr. Ľuboš BLAHA
Sr. Jakob PRESEČNIK		Eslovenia	Sra. Andreja ČRNAK MEGLIČ
Sr. Rubén MORENO PALANQUES		España	Sr. Ángel PINTADO
Sra. Eva PARERA		España	Sr. Gabino PUCHE
Sr. Ramón JAÚREGUI		España	Sr. Pedro AZPIAZU
Sra. Carina OHLSSON		Suecia	Sr. Lennart AXELSSON
Sr. Mikael OSCARSSON		Suecia	Sra. Marietta de POURBAIX-LUNDIN
Sr. André BUGNON		Suiza	Sr. Luc RECORDON
Sra. Liliane MAURY PASQUIER		Suiza	Sra. Urs SCHWALLER

Sr. Igor IVANOVSKI		« Ex República Yugoslava de Macedonia »	Sr. Imer ALIU
Sra. Pelin Gündeş BAKIR		Turquía	Sr. Mevlüt ÇAVUŞOĞLU
Sr. Burhan KAYATÜRK		Turquía	Sra. Tülin ERKAL KARA
Sr. Ertuğrul KÜRKCÜ		Turquía	Sra. Mülkiye BİRTANE
Sr. Volodymyr VECHERKO		Ucrania	Sr. Ivan POPESCU
Sr. Seryhiy SOBOLEV		Ucrania	Sra. Olena KONDRATIUK
Sr. Lev MYRYMSKYI		Ucrania	Sr. Serhiy LABAZIUK
Sr. Jim DOBBIN		Reino Unido	Sr. Robert NEILL
Sr. Jeffrey DONALDSON		Reino Unido	Sr. Edward LEIGH
EARL Alexander de DUNDEE		Reino Unido	Sr. Mike HANCOCK
Sir Alan MEALE		Reino Unido	Sr. John PRESCOTT

Contactos Parlamentarios

Nombre	País
Arenca Trashani	Albania
Sílvia Eloísa Bonet Perot	Andorra
Gisela Wurm	Austria
Sevinj Fataliyeva	Azerbaiyán
Cindy Franssen	Bélgica
Dirk Van der Maelen	Bélgica
Milica Marković	Bosnia y Herzegovina
Desislav Chukolov	Bulgaria
David Tilson	Canadá
Igor Kolman	Croacia
Stella Kyriakides	Chipre
Daniela Filipová	República Checa
Lone Lokindt	Dinamarca
Margus Hanson	Estonia
Pirkko Mattila	Finlandia
Denis Jacquat	Francia
Maryvonne Blondin	Francia
Chiora Taktakishvili	Georgia
Marlene Rupprecht	Alemania
Eleni Rapti	Grecia
Bernadett Szél	Hungría
Þuríður Backman	Islandia
Deidre Clune	Irlanda
Fiamma Nirenstein	Italia
Doris Frommelt	Liechtenstein
Birutė Vėsaitė	Lituania
Marc Spautz	Luxemburgo
Francis Agius	Malta
Martha Leticia Sosa Govea	México
Valeriu Ghileti	Republica de Moldova
Bernard Marquet	Mónaco
Valentina Radulović-Ščepanović	Montenegro

Khadija Zoumi	Marruecos
Pieter Omtzigt	Países Bajos
Karin S. Woldseth	Noruega
Mirosława Nykiel	Polonia
Maria de Belém Roseira	Portugal
Cezar Florin Preda	Rumania
Sorin-Constantin Lazăr	Rumania
Olga Borzova	Federación de Rusia
Nadia Ottaviani	San Marino
Elvira Kovács	Serbia
Darina Gabániová	República Eslovaca
Andreja Črnak Meglič	Eslovenia
Agustín Conde Bajén	España
Carina Ohlsson	Suecia
Doris Fiala	Suiza
Igor Ivanovski	« Ex República Yugoslava de Macedonia »
Burhan Kayatürk	Turquía
Viktor Shemchuk	Ucrania
Jim Dobbin	Reino Unido
Henriette Martinez	Asamblea Parlamentaria de la Francofonía (APF)

Invitados especiales

Sra. Gabriella BATTAINI-DRAGONI, Secretaria General Adjunta del Consejo de Europa
 Sra. Hilary BROWN, Profesora de la Universidad de la Iglesia Cristina de Canterbury (Reino Unido)
 Sr. Jean-Georges ROHMER, Psiquiatra (Francia)

Socios para la Democracia

Sr. Mekki EL HANKOURI, Parlamento de Marruecos

Observadores

Sra. Aleida ALAVES RUIZ, México

Representaciones Permanentes

Sr. Emin ASLANOV Azerbaiyán
 Embajadora Anica DJAMIĆ, Croacia
 Sra. Hannah FISCHER, Alemania
 Sra. Mihaela MARIN, Rumania
 Sr. Ivan MINTAS, Croacia
 Sr. Renco SLIM, Países Bajos

Secretarios de Delegación

Sra. Ghyslaine DERROUS, Marruecos
Sra. Sonia LANGENHAECK, Bélgica
Sra. Ana MILHEIRIÇO, Portugal
Sra. Aynur NURAHMADOVA, Azerbaiyán

Otros participantes

Sra. Marina DAVIDASHVILI, Foro Parlamentario Europeo (FPE)
Sra. Irene DONADIO, IPPF
Sra. Marguerite WEITH, FITRAM

Prensa

Sr. Anton SALESNY, Austria

Consejo de Europa

Sr. Thorsten AFFLERBACH, Dirección de Derechos Humanos y Antidiscriminación
Sra. Stéphanie BUREL, Dirección de Justicia y Dignidad Humana
Sra. Isabelle CHAUMONT, Oficina del Comisario para los Derechos Humanos
Sra. Mohrubakhanim GAFAR-ZADA, Dirección de Derechos Humanos y Antidiscriminación
Sr. Hallvard GORSETH, Oficina de la Secretaría General
Sra. Silvia GRUNDMANN, Oficina del Comisario para los Derechos Humanos
Sra. Joanne HUNTING, Congreso de Poderes Locales y Regionales
Sra. Irena KOWALCZYK, Dirección de Derechos Humanos y Antidiscriminación
Sra. Susie MORGAN, Dirección de Justicia y Dignidad Humana
Sr. Alexander PREOBRAZHENSKIY, Dirección de Derechos Humanos y Antidiscriminación
Sra. Marja RUOTANEN, Dirección de Justicia y Dignidad Humana
Sra. Gioia SCAPPUCCI, Dirección de Derechos Humanos

Secretariado de la Asamblea Parlamentaria

Sr. Rüdiger DOSSOW, Comisión de Cultura, Ciencia, Educación y Medios de Comunicación
Sr. Alessandro MANCINI, División de Cooperación Interparlamentaria

Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

Sra. Tanja KLEINSORGE, Jefa del Secretariado
Sra. Aiste RAMANAUSKAITE, Secretaria de la Comisión
Sra. Maren LAMBRECHT-FEIGL, Secretaria de la Comisión
Sra. Ayşegül ELVERIŞ, Co-secretaria de la Comisión
Sra. Jannick DEVAUX, Jefa de Proyecto
Sra. Prisca BARTHEL, Asistente Principal
Sra. Linda McINTOSH, Asistente

**REUNIÓN DE LA COMISIÓN DE ASUNTOS
SOCIALES, SALUD Y DESARROLLO
SUSTENTABLE**



AS/SOC (2013) OJ 02 rev
11 de marzo 2013
Asocoj02rev_2013

Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

PROYECTO DE AGENDA⁹

para la reunión de los días

Jueves, 14 de marzo de 2013, de 9:00 am a 6:00 pm*

Viernes, 15 de marzo de 2013, de 9:00 am a 5:00 pm

***12ª Reunión de la Red de Parlamentarios de Contacto para Detener la Violencia Sexual contra los niños**

Deutscher Bundestag / Parlamento alemán
Platz der Republik 1
11011 Berlín

Jueves 14 de marzo de 2013, de 9:00 am a 6:00 pm

1. 12ª Reunión de la Red de Parlamentarios de Contacto para Detener la Violencia Sexual contra los niños:

. Aprobación y desclasificación del proyecto de minutas de la reunión celebrada en Estrasburgo el 22 de enero de 2013

. Presentaciones generales sobre "Estrategias nacionales para combatir la violencia sexual contra los niños"

⁹Este proyecto de agenda, dirigida a los miembros de la Comisión y sus suplentes, es la convocatoria a la reunión

Copia para los secretarios de las delegaciones nacionales, de los observadores, de los socios para la democracia y de los Grupos Políticos

. Intercambio de puntos de vista con expertos, representantes de las autoridades alemanas (gobierno, parlamento, autoridades locales y regionales) y de ONG

. Recientes y próximas actividades relacionadas con la Campaña del Consejo de Europa UNO de cada CINCO para detener la violencia sexual contra los niños

Viernes 15 de marzo de 2013, de 9:00 am a 12.30 pm

2. Agenda

Adopción del proyecto de agenda

3. Minutos

Aprobación del proyecto de minutas de la reunión celebrada en Estrasburgo del 22 al 24 de enero de 2013

Proyecto de minutas de la Reunión Conjunta de los miembros de la Comisión de Cultura, Ciencia, Educación y Medios de Comunicación y los miembros de la Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable, celebrada en Estrasburgo el 21 de enero de 2013, para información.

4. Parlamentos unidos en el combate a la violencia sexual contra los niños: análisis de medio término de la Campaña UNO de cada CINCO

Relatora: Sra. Sílvia Eloïsa Bonet Perot, Andorra, SOC

Consideración de un proyecto de informe y adopción de un proyecto de recomendación

5. Combatiendo “el turismo sexual” con acciones jurídicas y políticas comprometidas

Relator: Sr Valeriu Ghiletschi, República de Moldova, Grupo del Partido Popular Europeo/Demócratas Cristianos (EPP/CD)

Consideración de un proyecto de informe y adopción de un proyecto de resolución

6. Terminar con las esterilizaciones y las castraciones coercitivas

Relatora: Sra. Liliane Maury Pasquier, Suiza, Grupo Socialista (SOC)

. Consideración de un memorándum introductorio

7. Derecho de los niños a la integridad psiquiátrica

Relatora: Sra. Marlene Rupprecht, Alemania, SOC

. Consideración de un memorándum introductorio

Intercambio de puntos de vista con la Sra. Irmingard Schewe-Gerigk, Presidenta de la Junta Ejecutiva de Terre des Femmes (ONG)

8. Programa de trabajo y prioridades de la Comisión

8.1. Consideración de proyectos de mociones para resolución/recomendación con miras a adopción por el Comité y presentación

✓ Proteger a los pacientes y la salud pública contra la influencia indebida de la industria farmacéutica

8.2. Designación de relatores

Para informe

✓ Asegurar cuidados apropiados para los niños con problema de atención

✓ El Mundo más Allá de 2015 – La contribución de Europa al marco posterior a los ODM

- ✓ Seguridad Alimentaria

8.3. Designación de representantes de la Comisión en eventos externos

- . Sesión del Congreso de Autoridades Locales y Regionales, Estrasburgo, 19-21 de marzo de 2013
- . 9ª Reunión Regional Europea de la OIT sobre "Empleos, crecimiento y justicia social", Oslo, 8-11 de abril de 2013
- . Comité Europeo de Democracia Local y Regional (CDLR, por sus siglas en inglés), Estrasburgo, 11-12 de abril de 2013

8.4. Informes de representantes de la Comisión en eventos externos

- Earl of Dundee (Reino Unido, EDG), quien llevó a cabo una visita a la OCDE en París, 1 de marzo de 2013
- Sra. Blondin (Francia, SOC), quien tomó parte en el Grupo de Trabajo Ad hoc del Comité de Ministros sobre el Futuro del Centro Europeo para la Interdependencia y la Solidaridad Globales (Centro Norte-Sur), Estrasburgo, 21 de febrero de 2013

8.5. Relatores generales

Intercambio de puntos de vista

8.6. Seguimiento de los textos adoptados por la Asamblea Parlamentaria

Intercambio de puntos de vista

8.7. Respuestas del Comité de Ministros a diversas recomendaciones de la Asamblea

- . Consideración de la respuesta del Comité de Ministros a las Recomendaciones sobre:
 - "La economía subterránea: una amenaza a la democracia y al desarrollo del estado de derecho"
 - "La joven generación sacrificada: implicaciones sociales, económicas y políticas de la crisis financiera"
 - "Pensiones decentes para todos"

9. Subcomisiones

Cambios en las Subcomisiones

10. Otros asuntos

- . Cuestiones a nivel nacional
- . Carta del Sr. Toshev, Vice-Presidente de la delegación búlgara
- . Carta de la Sra. Fataliyeva: Creación de una Subcomisión Ad hoc para una conferencia a celebrarse en Bakú (Azerbaiján) en el marco de la dimensión parlamentaria de la Campaña UNO de cada CINCO para Detener la violencia sexual contra los niños

Viernes 15 de marzo de 2013, from 2.30 pm to 5 pm

11. La diversificación de energía como una contribución fundamental al desarrollo sustentable

Relatora: Sra. Doris Barnett, Alemania, SOC

- . Consideración de un memorándum introductorio
- . Audiencia con la participación de:
 - ✓ Sr. Didier Houssin, Director para Política de Energía Sustentable y Tecnología de la Agencia Internacional de la Energía
 - ✓ Dr. Patrick Graichen, Subdirector de la Agencia Alemana de Energía (Deutsche Energie-Agentur GMBH (dena))

12. Fecha de las próximas reuniones

Plenaria (Comisión):

- Segunda Parte de la Sesión de 2013 de la Asamblea, 22-26 de abril de 2013, Estrasburgo;
- Lunes, 3 de junio de 2013, París (Oficina del Consejo de Europa);
- Tercera parte-de la Sesión de 2013 de la Asamblea Parlamentaria, 24-28 de junio de 2013, Estrasburgo;
- Lunes, 9 de septiembre de 2013, París (Oficina del Consejo de Europa);
- Cuarta Parte de la Sesión Ordinaria de 2013 de la Asamblea, 30 de septiembre – 4 de octubre de 2013, Estrasburgo;
- Lunes 2 de diciembre de 2013, París (Oficina del Consejo de Europa) (*por confirmar*).

Red de contactos parlamentarios para detener la violencia sexual contra los niños:

- Segunda Parte de la Sesión de 2013 de la Asamblea, 22-26 de abril de 2013, Estrasburgo; (*fecha por confirmar*);
- Tercera parte-de la Sesión de 2013 de la Asamblea Parlamentaria, 24-28 de junio de 2013, Estrasburgo (*fecha por confirmar*);
- Cuarta Parte de la Sesión Ordinaria de 2013 de la Asamblea, 30 de septiembre – 4 de octubre de 2013, Estrasburgo (*fecha por confirmar*).



CONFIDENTIAL

AS/Soc (2013) PV 01

8 March 2013

Asocpv01_2013

Committee on Social Affairs, Health and Sustainable Development

DRAFT MINUTES

of the meetings held in Strasbourg on
Monday, 21 January 2013 (2 to 3 pm)¹⁰

Tuesday, 22 January 2013 (8.30 to 9.45 am) (in Pharmacopeia¹¹)

Tuesday, 22 January 2013 (2 to 3.30 pm)¹²

Wednesday, 23 January 2013 (2 to 3.20 pm)

Thursday, 24 January 2013 (8.30 to 10 am)

Thursday, 24 January 2013 (2 to 3 pm)

Monday, 21 January 2013, at 2 pm

The joint meeting of the members of the Committee on Culture, Science, Education and Media and of the Committee on Social Affairs, Health and Sustainable Development, with **Mr Gvozden Srećko Flego** (Croatia, SOC) in the chair, considered the issue of Young people's access to fundamental rights and held an exchange of views with the participation of:

- Ms Maria Paschou, Chairperson of the Advisory Council on Youth (CCJ);
- Ms Laurence Hermand, Vice-Chairperson of the European Steering Committee for Youth (CDEJ);
- Mr Håkon Haugli (Norway, SOC), General Rapporteur on the rights of Lesbians, Gays, Bisexuals and Transgender Persons (LGBTs).

See the information document AS/SOC/Inf (2013) 05.

Tuesday, 22 January 2013, 8.30 to 9.45 am

1. Opening of the meeting by the oldest member present

¹⁰ Joint meeting with the Committee on Culture, Science, Education and Media – see AS/SOC/INF (2013) 05.

¹¹ European Directorate for the Quality of Medicines and Healthcare.

¹² 11th meeting of the PACE Network of Contact Parliamentarians to stop sexual violence against children

Mr Jim Dobbin, the senior member present, opened the meeting and welcomed the members. In application of the Assembly's rule 46.4 concerning a lack of quorum, he closed the meeting, then immediately opened a new one in order to allow for deliberations.

2. Election of the Bureau of the Committee

Mr Dobbin informed members that, according to the PACE political groups' agreement, the chairmanship of the Committee was allocated to the Socialist Group which had put forward the candidature of **Ms Liliane Maury Pasquier** (Switzerland). As no other candidate had been put forward, the Committee re-elected **Ms Liliane Maury Pasquier** as its Chairperson by acclamation, in accordance with Rule 45.3.

Ms Maury Pasquier took the chair and thanked the members for their support.

The Chairperson informed members that the political groups had nominated **Mr Valeriu Ghiletschi** (Republic of Moldova, EPP/CD), **Mr Dimitrios Papadimoulis** (Greece, UEL) and **Mr Bernard Marquet** (Monaco, ALDE) as Vice-Chairpersons. Since there were no other candidates, **the Chairperson** declared them re-elected by acclamation, respectively, as the Committee's first, second and third Vice-Chairpersons, in accordance with Rule 45.3.

The Chairperson welcomed the new members of the Committee and presented the members of the Secretariat.

3. Agenda

[AS/Soc (2013) OJ 01 rev]

The revised draft agenda was **adopted**.

4. Minutes

[AS/Pol-AS/Cult-AS/Soc (2012) PV 01, AS/Soc (2012) PV 08]

The draft minutes of the joint meeting held in Strasbourg on 1st October 2012 and of the meeting held in Moscow on 19 November 2012 were **approved**.

5. Towards a Council of Europe Convention to combat trafficking in organs, tissues and cells of human origin

[AS/Soc (2013) 05, Doc. 13082, CDPC (2012) 21]

Rapporteur: Mr Bernard Marquet, Monaco, ALDE

The Chairperson recalled that on 19 November 2012, the Committee **had examined** a draft report on this issue and unanimously adopted a draft recommendation. She informed members that the draft recommendation would be debated in the Assembly on Wednesday, 23 January, during the afternoon session (as the last point of the agenda).

The rapporteur, **Mr Marquet** briefly explained why an addendum to the report including proposals for amendments to the draft recommendation had been elaborated. In this context, he recalled that the draft recommendation which had been adopted by the Committee in November was based on the "preliminary draft" version of the Convention against trafficking in human organs. In the meantime, the European Committee on Crime Problems (CDPC) had examined this preliminary draft and finalised it with a few modifications. Consequently, there was a need to align the draft recommendation with the final draft convention text as approved by the CDPC.

With regard to the amendments proposed, **Mr Marquet** noted that concerning the issue of geographical scope of the future Convention and the definition of illicit removal of human organs, the CDPC had aligned the draft Convention with the proposals made by the Committee. **Mr Marquet** also stressed the importance of a stringent and effective implementation for the convention and proposed a rewording of the relevant

paragraph of the draft recommendation. The remaining amendments were simply linguistic adjustments and precisions.

The Committee **approved** the addendum to the report and **unanimously adopted** the amendments presented by Mr Marquet, in view of their tabling on behalf of the Committee.

6. European Directorate for the Quality of Medicines and Healthcare (Pharmacopeia)

The Chairperson thanked **Dr Susanne Keitel**, EDQM Director, as well as other EDQM representatives present for their warm reception. She recalled that the objective of the meeting was to inform the Committee about EDQM activities and where relevant, develop cooperation between the Committee and EDQM on issues of common interest.

The Committee **heard** presentations by **Dr Keitel**, **Dr Karl-Heinz Buchheit**, Deputy Head of Biological Standardisation, OMCL Network and Healthcare Department and **Dr François-Xavier Lery**, Head of Section for Pharmaceutical Care, Consumer Health Protection and Anti-Counterfeiting. **Dr Keitel** gave a general overview on EDQM activities and the certification procedure for medicinal products. **Dr Buchheit** focused on the issue of quality control of medicines and activities in the field of blood transfusion and organ transplantation. Finally, **Dr Lery** gave a presentation on anti-counterfeiting activities and the issues of pharmaceutical and consumer care.

The Power Point presentation of EDQM representatives can be found on the PACE extranet.

Mr Marquet thanked the EDQM representatives for their presentation and referring to issues within the remit of the Committee such as the Medicrime Convention and organ transplantation, he underlined the importance of interactions with them.

Mr Dobbin asked whether the EDQM had a role of regulation with regard to supervising prescription practices of doctors, as well as their collaboration with the pharmaceutical industry (e.g. for vaccines) against the background of about 1.5 million people with long-term and regular health problems in the United Kingdom only.

Mr Moreno Palanques, referring to the EDQM's role on the protection of public health, pleaded for more consumer-focused activities, especially in the field of cosmetics.

Ms Kyriakides noted that there was a certain lack of public trust when generic medicines were concerned. In this connection, she asked whether there was a specific safety-control mechanism for generic medicines and if so, what the consequences were when safety criteria were not met.

The Chairperson asked what the practice of EDQM was in terms of conflict of interests.

In reply to the questions, **Dr Keitel** said that EDQM had no regulatory power, including concerning prescription practices of doctors. She explained that GDP (Good Manufacturing Practice) surveys were identical for generic and non-generic medicines. In the case of non-compliance, the decision on the measure(s) to be taken was given on a case-by-case basis. Concerning the prevention of conflict of interests, **Dr Keitel** said that each EDQM staff member had to declare her/his previous work experience up until five years before their recruitment, as well as that of their family members. Moreover, external experts contracted by EDQM had to make a declaration on the absence of a conflict of interest.

Sir Alan Meale pleaded for a regulatory role for EDQM.

After the exchange of views, the Committee members visited the EDQM premises.

Tuesday, 22 January 2013, at 2 pm

7. 11th meeting of the PACE Network of Contact Parliamentarians to stop sexual violence against children

[AS/Soc (2013) 01, AS/Soc/Inf (2013) 01, AS/Soc/Inf (2013) 02, Moscow Declaration, AS/Soc (2012) PV07add, AS/Soc (2012) PV08add]

[For the draft minutes of this meeting, please refer to AS/Soc (2013) PV01add]

Wednesday, 23 January 2013, at 2 pm

8. Towards a Council of Europe Convention to combat trafficking in organs, tissues and cells of human origin

Rapporteur: Mr Bernard Marquet, Monaco, ALDE
[Doc. 13082, amendments]

The Chairperson informed members that 17 amendments had been tabled to the draft recommendation contained in the report "Towards a Council of Europe Convention to combat trafficking in organs, tissues and cells of human origin". However, 10 of these amendments had been proposed by **Mr Marquet** himself and had already been adopted unanimously by the Committee on 22 January (the previous day). Consequently, the Committee needed to take position solely on the remaining 7 amendments.

Amendments No 11 and 13 were withdrawn by **Mr Le Déaut**.

Amendments No 14, 15, 16 and 17 were withdrawn by **Mr Jáuregui**.

Mr Le Déaut moved amendment No 12. The rapporteur was in favour of this amendment.

The Committee **voted unanimously** in favour of this amendment.

9. Putting an end to coercive sterilisations and castrations

Rapporteur: Ms Liliane Maury Pasquier, Switzerland, SOC
[AS/Soc (2013) 02]

The first Vice-Chairperson of the Committee, **Mr Ghiletschi**, took the Chair.

Ms Maury Pasquier presented her introductory memorandum. She thanked her colleagues and the Secretariat of the Czech and Swedish delegations for the warm welcome she had received during her fact-finding visit in November 2012, during which she had been able to meet with everyone she had requested. She underlined that the report was not a report on coercive sterilisations and castrations in these two countries: it was a report on the whole of Europe, and the first of its kind to her knowledge – a report which dealt with the subject in a holistic way from a human rights perspective, whoever were the victims, and whenever and wherever the abuse had occurred.

Ms Filipiová underlined that the new law in the Czech Republic was very strict, and that a patient's full and free consent was needed for both sterilisations and castrations. No castrations had been carried out since the new law had come into effect. However, she believed that the therapy of castration should be accessible as the last resort for those who wished it, such as to the murderer/rapist the Rapporteur had spoken to at the hospital. More comments would be provided from the Czech delegation to the Rapporteur in writing after the meeting.

Ms Rupprecht thanked the Rapporteur for taking on this every emotional and difficult report. Germany had been guilty of severe human rights violations during the Nazi-era as regards forced sterilisations and castrations, and thus had a particular obligation to respect the rights of the individual. Everyone agreed on the horror of past eugenic sterilisation programmes; but now the time had come not just to deal with the

past, but also to confront the present. Castration was not a valid therapy, no more than the lobotomies and other brain surgery forced upon sexual offenders in the middle of the 20th century. Sexual violence was a misnomer of sorts: it was not sexual, but rather a question of abuse of power. What sexual offenders had to learn was empathy.

Ms Maury Pasquier underlined that she had already included a number of comments from the Czech delegation in the introductory memorandum. The new law (which had come about after two CPT visits to the country) was definitely a big step in the right direction, but essential questions still remained for her regarding both the efficacy of the intervention and the validity of the consent given by inmates of closed psychiatric hospitals. She also pointed out that castration was not an internationally recognised treatment option. For her, the respect of human rights had to take precedence.

10. Energy diversification as a fundamental contribution to sustainable development

Rapporteur: Ms Doris Barnett, Germany, SOC
[AS/Soc (2013) 06]

The Chairperson recalled that, further to the Committee's first exchange of views on this issue in Moscow last November, the rapporteur was proposing to hold a hearing in Berlin on 15 March 2013 (afternoon).

Ms Barnett underscored the importance of energy challenges for the current and future development of the Council of Europe Member States. A growing attention to sustainable development issues required countries to take stock of recent developments and to explore options for truly visionary policies for the future. In that respect, enhancing energy savings and fostering the use of renewable energy sources was essential, together with measures to ensure the rationalisation of heating systems, insulation of houses, job creation, or preservation, in the energy sector and interconnections between neighbouring countries.

Sir Alan Meale suggested that the rapporteur consider including basic data on various energy sources and resources available. Substantial oil and gas discoveries were underway in deep-sea areas of the Mediterranean and the Arctic, but the estimates of reserves to be retrieved in a clean manner and at affordable prices were uncertain. Europe should move towards a low-carbon energy era.

Ms Barnett thanked Sir Alan Meale for his comments which she would take into account in her work on the report.

11. Constitution of Sub-Committees

[List of the Sub-Committees]

The Committee **decided** to reconstitute the following Sub-Committees:

- the Sub-Committee on the Europe Prize,
- the Sub-Committee on Public Health, and
- the Sub-Committee on Environment and Energy (see the appendix).

It also **decided** to replace the *Sub-Committee on Social and Economic Rights* with the *Sub-Committee on the European Social Charter*.

12. Committee's work programme and priorities

[AS/Soc (2013) 03, AS/Soc (2013) 04, AS/Soc (2013) 07]

The Committee **approved** its work programme and priorities in 2013.

12.1. Appointment of rapporteurs

[Doc 13074, Doc. 13075]

The Committee **appointed** rapporteurs as follows:

- For report:
 - Parliaments united in combating sexual violence against children: mid-term review of the ONE in FIVE Campaign: **Ms Sílvia Eloïsa Bonet Perot** (Andorra, SOC);
 - Reporting suspected sexual violence against children: legislative and political measures required to protect victims and professionals: **Ms Marlene Rupprecht** (Germany, SOC);
- For opinion:
 - Young people's access to fundamental rights: **Mr Luca Volontè** (Italy, EPP/CD);

and **heard** from them a declaration on the absence of a conflict of interests.

12.2. Institutional representation of PACE in 2013 – nomination of committee representatives

The Committee **nominated** committee representatives for the Executive Committee of the European Centre for Global Interdependence and Solidarity – Council of Europe North-South Centre – as follows: **Ms Maryvonne Blondin** (France, SOC) as representative and **Mr Stefan Schennach** (Austria, SOC) as alternate representative.

Thursday, 24 January 2013, at 8.30 am

13. Children's right to physical integrity

[AS/Soc (2013) 08]

Rapporteur: Ms Marlene Rupprecht, Germany, SOC

The Chairperson opened the meeting and welcomed all participants and in particular the following experts:

- Mr Victor Schonfeld, Producer of documentary films, London (United Kingdom);
- Dr Matthias Schreiber, Child surgeon, Department of child surgery, Clinic of Esslingen (Germany)
- Dr İlhan İlkılıç, Associate professor at the Department of History of Medicine and Ethics, Istanbul University, Faculty of Medicine (Turkey);

She then first gave the floor to the rapporteur, **Ms Rupprecht**, for a brief introduction of the topic.

Ms Rupprecht thanked the Committee for having mandated her at the last meeting in Moscow to prepare this report. She underlined that, despite the recent and vivid debate on male circumcision of young boys in her own country Germany, she wished to follow a broad approach. For her, the question of “physical integrity” of children went far beyond this issue, also including female genital mutilation (FGM), aesthetic surgery, tattoos and others. The main questions were which interventions with the physical integrity of children were covered by parental rights and how it could be ensured that children were treated as subjects and not objects.

The Chairperson thanked the rapporteur and gave the floor to the experts in the order indicated in the programme by suggesting that specific questions to each expert could be asked after each presentation, but that a more general debate should be held after the three presentations.

Mr Schonfeld, introducing himself as a film producer for British television and a Jew, pointed out that he had been circumcised as a young boy, but that he had only started taking a critical view when his own son was expected to undergo this operation and when intense family pressure was exerted on him and his wife to have their newborn boy circumcised. His documentary film “It’s a Boy!” about male circumcision in the Jewish and Muslim communities in particular had been produced 17 years ago, but this could have been yesterday as nothing had changed since. He knew that many Jewish families were praying to have girls because they knew what would be inflicted upon their sons. The

expert said that although circumcisions do not cause complications every time, complications do occur very often.

Mr Schonfeld then presented several extracts from his film. An extensive sequence focussed on one infant's grimacing face and screams during the procedure. **Mr Schonfeld** provided the following additional information: The procedure was performed without any anaesthesia by a rabbi who is not a doctor, in non-antiseptic conditions including use of a sharpened fingernail and the rabbi's mouth. Yet many people had a belief that circumcision is beneficial to boys because genital hygiene would be facilitated and that there was no suffering for the child. According to the traditional Jewish ritual shown in this film, the mother was neither allowed to observe the procedure itself nor the immediate aftercare (cleaning, wound dressing) carried out by the circumciser afterwards, during which the baby was again clearly in great distress.

The film, and experts figuring in it, provided evidence for the fact that children do actually feel pain to a greater extent than adults would and that their physiognomy and lack of mental control mechanisms allowed pain signals to travel directly into their brains without inhibition. The film then showed that the little boy depicted in it (Joshua) suffered from severe consequences of his circumcision, notably an infection, which required intensive care in hospital, intravenous antibiotics and oxygen. It also showed that Joshua's father had not had a real chance of objecting to the circumcision procedure due to the enormous pressure that had been exerted on him to give his consent. The last extract of the film featured a mother of African origin expressing her grief in recalling the death of her newborn baby caused by circumcision.

Mr Schonfeld finally pointed out that the British public had been shocked at the film but that the Jewish community had not reacted as he had expected. Instead of discussing ending the custom, rabbis called Mr Schonfeld a "self-hating" Jew. But Mr Schonfeld said he believes that love is not expressed by violence or harm inflicted upon children especially when an un-questioned practice continues generation after generation.

Upon request for statistics by **Ms Rupprecht**, he specified that it was estimated that 1 in 50 circumcisions world-wide caused severe complications and that there were 2 to 3 deaths of children per day globally caused by the custom, though some deaths were attributed officially to other causes such as a heart attack.

NB: Interested members can obtain an electronic link (and password) for accessing and viewing the film in full; please send your request to the Committee Secretariat.

Dr Schreiber, who had jumped in at very short notice for another medical expert supposed to participate in the hearing but finally unable to come (Professor Stehr from Nuremberg) explained that he had become interested in and started to research circumcision when his own foster son was to be circumcised at the age of 3 upon the request of the biological father. He had then in fact been ready to carry out the operation (as in many cases before) but the youth welfare services had forbidden the intervention; even the biological father's complaint up to the second judicial instance had not led to authorisation. Today, his foster son is 14 and does not want to be circumcised anymore, whilst he himself in his function as a paediatric surgeon knew many families who had faced enormous complications after such operations.

Dr Schreiber explained that, from a medical point of view, the protective function of the male foreskin is not to be underestimated and that circumcision is a considerable intervention always involving cuts around the whole penis (as the name indicated) and general anaesthetics (when applied to older children or adults), often leading to negative consequences (illustrated by photographs during the presentation): unprofessional circumcisions could cause infections, penis curvatures, perforated urethra and finally additional operations, whilst wrongly applied bandages could cause too much pressure and necrotic tissue. Not all consequences are made public because neither medical staff nor patients like talking about complications. In the medical sector, circumcision was well-known for being the smallest operation with the most complications. Great pain for small children could be caused not only by the cut itself but also by being held down tightly (while preparing them for anaesthesia) or during the aftercare (application or

removal of bandages and plasters). There was clear evidence that the well-known analgesic cream, *EMLA* did not have the intended effect in circumcisions and was not recommended for children under the age of 12 anyway.

Dr İlkılıç, himself a medical doctor, philosopher and Islam scientist, and particularly interested in the question of universality of human values, wished to shed light on the issue of circumcision from another perspective, i.e. the one of Islam and a balanced consideration of religious freedom and physical integrity of children. He pointed out that the circumcision of young boys between 7 days and the age of sexual maturity, though not explicitly mentioned in the Koran, was considered as an indispensable elementary religious duty for Muslims who widely recognised it both as a sign of affiliation to the religious community and of the personal relationship with God. For Turkish Muslims who practiced circumcision of young boys around the age of 8 years, the practice also played an important role for a boy's religious life and identity, and as an event marking the passage from childhood to adolescence, which is why the boys should be old enough to participate in the celebrations around this event.

Resulting from this socio-religious context, **Dr İlkılıç** underlined that several arguments stood against a judicial prosecution of the circumcision of a young boy: Circumcision, if undertaken according to the highest medical standards, did not affect the function of the male organ or create any irreversible physical harm. Criminalising this practice would not keep Muslims from applying it to their young boys, but would cause a "circumcision tourism" in the context of which medical standards could certainly not always be ensured. Facing the relatively limited physical and health consequences of male circumcision (which was on the contrary considered as preventive against certain pathologies), religious freedom as a highly ethical and constitutional good needed to be given higher value. From his point of view, the best interest of the child needed to be evaluated on a case-by-case basis and against a specific situation and context, which meant that circumcision could be considered as being in a child's best interest to prevent the child being confronted with discrimination and marginalisation within the child's religious community.

Mr Moreno wished to comment on this matter as a medical doctor, pathologist and molecular biologist himself: there was no medical reason whatsoever to submit a boy to circumcision, which, on the other hand, could generate many complications. He wondered why there were such strict regulations about not inflicting harm on animals whilst children could be hurt in this way. Giving parents the power to inflict such interventions on their child would mean that abortions should be authorised in the same manner. Circumcision was a traditional practice that had to be questioned as it was not worthy of Europe anymore.

Ms Andersen called for a clear political decision concerning the fact that religious freedom must not rule over other human rights, otherwise one could also authorise even more harmful practices such as FGM. There should be an open dialogue with religious leaders to raise awareness of this matter. In Norway circumcision could only be done under anaesthetic, but why use medical resources for something that was not medically justified? The only reason for her was that otherwise it would be done anyhow but with even more harm inflicted on children.

Ms Kyriakides considered that respect was to be granted to religious practices, but that not everything had to be accepted (such as FGM). She drew attention to the dangers of "individualising" children's rights and separating them from universal human rights valid for all. On top of other human rights, children had a specific right to protection, which this debate was about (and not about religion or philosophy). She believed that the practice of circumcision should not be banned to avoid that it goes further underground, but was in favour of promoting awareness for it being "condemnable" from a child-protection point of view.

Mr Elhankouri from the Moroccan delegation (PACE partner of democracy), himself a doctor and Muslim, did not find it realistic to fight a practice that was carried out by all Muslims and Jews across the world, and recalled that circumcision could be justified by certain medical reasons which was why even certain adults decided to have it done. Contrary to the prevailing practice in certain countries, circumcision should be considered as a medical act to be carried out under appropriate medical conditions.

Ms Borzova, having practised as a doctor within a dominantly Muslim community, was clearly in favour of securing religious practices and having them performed in proper medical conditions.

Dr İlkılıç recalled some of the other practices which were harmful to children such as allowing them to watch certain television programmes extensively. In a world of pluralistic values, various goods needed to be valued appropriately based on a dialogue to be held with and within religious communities. He stated that all Jews and Moslems are committed to circumcising their children and their children will be ostracized if not circumcised.

Dr Schreiber vehemently contradicted the claim, made earlier, that circumcision did not functionally affect the male organ. It is often suggested that hundreds of millions of circumcised were in no way affected by the operation. Many don't know that also quadriplegic men, despite loss of function and feeling in their genitals, can lead fulfilling sex lives. This shows that there are great individual compensatory possibilities about sex. But foreskin amputation always decreases function and sensitivity even if no postoperative complication occurs. This is because after every circumcision there is necessarily an irreversible loss of highly sensitive skin and a strong decrease of the lubricity of the remaining skin on the shaft of the penis. That affects sexual functioning.

It was repeatedly stated that female genital mutilation is barbaric and is not comparable to the circumcision of boys. That was true, if performed with a rusty knife by an old woman in Africa on the dusty ground under a bush. For over 10 years, female genital mutilation among adult women was being performed in accordance with the rules of medical science - a very booming segment of plastic surgery. Each year more than 30,000 cosmetic procedures on the labia were performed in Germany. A female circumcision of type I, III and IV according to the WHO classification (without violation of the clitoris) could be carried out in accordance with the rules of medical science. If the operation was carried out in accordance with the rules of medical science, thus performed as surgery under anaesthesia, it was 100% pain-free, in contrast to Jewish male circumcision on infants. With females in the operating room, the total absence of germs contrasts to the home or synagogue for the male. The female operation was performed by specialists in the context of a medical infrastructure, which allows immediate response in the event of a complication. Conclusion: Male genital circumcision was more complication-prone than female genital cutting.

To put this debate into perspective, **Dr Schreiber** pointed out that many Jews and Muslims are atheists and practice male circumcision out of cultural tradition rather than religious conviction. In the same way, female genital cutting (FGC) was sometimes undertaken for esthetic, non-religious reasons and without complications.

In the current wording of the new German law, and on the basis of the principle of equality, female genital cutting of children arguably also had to be permitted if it was carried out in accordance with the rules of medical science.

Mr Schonfeld objected to Dr İlkılıç's claim that all Jews and Moslems are committed to circumcision and children from those communities would be ostracised if left intact. **Mr Schonfeld** insisted that by no means do all Jews and Muslims support circumcision and in fact in Israel now thousands of Jewish children were not circumcised, and they were not ostracised. The practice of circumcision only survives because parents were bullied into it and because children were not able to give or refuse their consent.

Ms Rupprecht thanked the experts and her colleagues for their contributions, as well as the latter for entrusting her with this work, and assured them that she was aware of the sensitivity of this issue which was so closely linked to religion. She believed that the Council of Europe should continue to promote universal human rights, not only through legislative measures, but also through awareness-raising allowing people to remain anchored in their religion.

Thursday, 24 January 2013, at 2 pm

14. Parliaments united in combating sexual violence against children: mid-term review of the ONE in FIVE Campaign

[AS/Soc (2013) 09]

Rapporteur: Ms Sílvia Eloïsa Bonet Perot, Andorra, SOC

As an introduction to her outline report, the Committee **heard** a statement by Ms Bonet Perot who recalled the three dimensions of the campaign (intergovernmental, parliamentary, local and regional) and its two main objectives: the promotion of the Lanzarote Convention and the raising of further awareness for the need to combat sexual violence against children. She also called upon national parliaments to use all their powers to stamp out this “scourge” in partnership with other stakeholders such as local and regional authorities.

The Chairperson thanked the rapporteur for her presentation and proposed that half a day of debate could be dedicated to children’s rights at the upcoming Second Assembly part-session in April. This proposal was approved by the Committee.

Mr Schennach raised a question relating to children’s rights more generally: Austria had for a while intended to establish a child’s rights committee in a format yet to be seen – apart from Italy which was well known for this, which other European countries already had such a child’s rights committee?

The Chairperson pointed out that this question could possibly be the object of a parliamentary research via the European Centre for Parliamentary Research and Documentation (ECPRD) mechanism that had been used on former occasions.

15. Committee’s work programme and priorities

[AS/Soc (2013) 03, AS/Soc (2013) 04, AS/Soc (2013) 07]

15.1. Appointment of rapporteurs:

The Committee **appointed** rapporteurs as follows:

For report:

- Towards a new European Social Model: which social vision for Europe of tomorrow?: **Mr Luca Volontè** (Italy, EPP/CD);
- The abuse by social services of member States of the Council of Europe of their authority to remove children from their parents’ custody: **Ms Olga Borzova** (Russian Federation, EDG);

and **heard** from them a declaration on the absence of a conflict of interests;

Ms Borzova’s appointment was preceded by a discussion due to the fact that Ms Kyriakides had also expressed an interest in this topic.

Ms Kyriakides first pleaded for a change in the title of this report which was misleading with regard to the fact that social services intended to protect children.

Ms Borzova declared that she would have no objection to a revision of the title.

Ms Andersen recalled that the situation could vary from one country to another according to national legislation, e.g. in Norway where corporal punishment was forbidden by law, social services might intervene much earlier than elsewhere.

Mr Volontè wondered if Ms Kyriakides and Ms Borzova could not find a way of sharing the reports on attention problems and social services between them.

Mr Pushkov, present at the meeting as the new head of the Russian delegation, found it only justified that this topic be covered by a Russian rapporteur given that this work was triggered by a case concerning Russian children in Finland.

Ms Fataliyeva was in favour of a Russian rapporteur due to the diversity and great experience in child's rights matters in this country.

Mr Hancock who preferred to support Ms Kyriakides candidature, wondered if both members could not be co-rapporteurs on this matter, but was reminded by the Chairperson that this function only existed in the Monitoring Committee.

Following this discussion, **Ms Kyriakides** withdrew her candidature but declared that she remained at the disposal of a rapporteur for any support to be given to this work by sharing her expertise, also in her upcoming capacity as General Rapporteur on Children.

- General rapporteur on children of the Parliamentary Assembly: **Ms Marlene Rupprecht** (Germany, SOC) until 25 April 2013 and **Ms Stella Kyriakides** (Cyprus, EPP/CD) from 26 April 2013 until 30 April 2014;
- General rapporteur on local and regional authorities of the Parliamentary Assembly: **Sir Alan Meale** (United Kingdom, SOC) until 22 March 2014.

The Chairperson informed the Committee that the reference for the report "Preventing natural disasters" had expired on 20 November 2012. Consequently, there would be no report on that issue although **Mr Preda** had been appointed Rapporteur. However, if members deemed it relevant, a new motion could be prepared on a similar issue.

15.2. Appointment of committee representatives to external events

The Committee **heard** a statement by the Earl of Dundee regarding his work on "Measuring the well-being of European citizens" and authorised him to carry out a fact-finding visit to the OECD in Paris in spring 2013.

15.3. Reports from committee representatives to external events:

The Committee **heard** statements as follows:

Ms Carina Ohlsson (Sweden, SOC) reported on the meeting of the European Committee for Social Cohesion (CDCS) in Istanbul on 10 October 2012 followed by the Council of Europe 2nd Conference of Ministers responsible for social cohesion and recalled that she formally represented the Committee and Parliamentary Assembly in both events. She informed members that, thanks to support from the Norwegian delegation of the CDCS, she had managed to place a substantial amendment to the draft declaration of the ministerial session and that consequently, the European Committee for Social Cohesion (CDCS) was now, amongst others, entrusted with the task of providing member states "with practical tools, including an implementation agenda, to achieve more social cohesion through immediate action". She informed members that the full "Istanbul declaration" had been made available by the Secretariat via the PACE Extranet and at the meeting itself. She finally proposed that the Committee should continue to follow the work of the CDCS, also to ensure that "concrete action" be taken on the basis of clear priorities and practical tools as now enshrined in the Istanbul declaration, and that this matter be examined at one of the next relevant Sub-Committee meetings.

Mr Valeriu Ghiletschi (Republic of Moldova, EPP/CD) reported back from the 3rd meeting of the Committee of the Parties ("Lanzarote Committee") to the Council of Europe Convention on the Protection of Children

against Sexual Exploitation and Sexual Abuse in Strasbourg on 15-16 October 2012 as well as the European conference: "Stepping up progress in combating violence against children" in Ankara (Turkey) on 27-28 November 2012. At the latter, he had in particular had the opportunity to remind participants of the work that the Committee continues to undertake for promoting children's rights, including in the context of the current Council of Europe ONE in FIVE campaign to stop sexual violence against children and his own report on "fighting child sex tourism" to be debated by the Assembly in April 2013, as well as having appreciated the opportunity to learn from other countries' best practices.

Sir Alan Meale (United Kingdom, SOC) gave a brief report both on the Conference "Building Europe through Human Rights: Acting Together against Extreme Poverty", held on the occasion of the International Day for the eradication of poverty in Strasbourg on 17 October 2012, and on the 23rd session of the Congress of Local and Regional Authorities in Strasbourg on 16-18 October 2012, two occasions where he had learned a lot about the specific situation of certain vulnerable groups both in a general context and at local and regional level, whilst re-insisting on the need for continuous cooperation between the Assembly and the Congress in this field.

The Earl of Dundee (United Kingdom, EDG) and **Mr Jim Dobbin** (United Kingdom, SOC) reported back from the International Workshop on citizens' consultation on the right to the protection of health in Strasbourg on 8-9 November 2012 where they had learned a lot about questions of health literacy which would certainly be of use for future work undertaken within the Committee.

Mr Stefan Schennach (Austria, SOC) gave a brief account of the *World Conference on Climate change in Doha* (Qatar) in which he had participated from 26 November to 7 December 2012, allowing him to build up new networks. He informed the Committee that the event was a somewhat frustrating experience due to the lack of consensus of delegations, and that only at the very last moment, thanks to an initiative taken by Germany and France, a new Protocol was suggested for 2015, representing a "gleam of hope" for all participants.

Ms Liliane Maury Pasquier, Chairperson of the Committee on Social Affairs, Health and Sustainable Development, **the Earl of Dundee**, Chairperson of the Sub-Committee on Public Health, and **Mr Jim Dobbin**, Vice-Chairperson of the Sub-Committee on Public Health, jointly reported back from their meeting with the representatives of the WHO in Geneva (Switzerland) on 27 November 2012 which they had all perceived as very fruitful. Subsequently, they suggested to invite Dr Chan, Director-General of WHO as high-level speaker to the Third part-session of the Assembly in June 2013. The Earl of Dundee then suggested to examine the possibility for a "joined-up writing" or any other form of reinforced co-operation with WHO. He finally suggested to the Chairperson to join the British members of parliament for an event to be held in the United Kingdom in March regarding which he would provide further information at a later stage.

The Committee **approved** the suggestion to invite Dr Chan to speak in the framework of the debate on "Equal access to health care" and tasked the Chairperson to take up the suggestion with the Bureau.

15.4. Transmission of motions for information

[Doc.13028, Doc. 13049]

The Committee **took note** that the motions on

- "The strengthening of national democracy through local European levels" and
- "The World Beyond 2015 - Europe's contribution to the post MDG Framework"

had been transmitted to it for information. Upon the suggestion of Mr Hancock, strongly supported by Sir Alan Meale, it then **decided** to request from the PACE Bureau that the motion on "The World Beyond 2015 - Europe's contribution to the post MDG Framework" be referred to it for report.

15.5. General rapporteurs

[AS/Soc/Inf (2012) 11, AS/Soc/Inf (2012) 12]

Due to lack of time, the report of General Rapporteurs to the Committee concerning activities undertaken in the first year of their mandate and suggestions for further action to be taken was postponed to the next meeting.

15.6. Follow-up of the texts adopted by the Parliamentary Assembly

[AS/Soc/Inf (2012) 13, Document of the European Committee of Social Rights, Letter, AS/Bur (2012) 82]

Due to lack of time, this item was postponed to the next meeting.

15.7. Reply of the Committee of Ministers:

[Doc. 13023, Recommendation 1988 (2011), Doc. 13073, Recommendation 2002 (2012), Doc. 13072, Recommendation 2000 (2012), AS/Soc (2013) 10]

The consideration of the replies by the Committee of Ministers to the PACE Recommendations on:

- "The underground economy: a threat to democracy, development and the rule of law",
- "The young generation sacrificed: social, economic and political implications of the financial crisis" and
- "Decent pensions for all"

was postponed to the next meeting.

16. Other business

The Chairperson recalled that at its meeting in November, the Committee had agreed to authorise a visit to Greece, requested by Mr Jean-Louis Lorrain in the framework of his report on "Equal access to health care". She informed members that due to health reasons, Mr Lorrain would not be able to take part in this visit. The Committee **agreed** that its Chairperson, **Ms Maury Pasquier** replace Mr Lorrain for the visit to Greece.

Amongst the items that had not been mentioned under the previous items of the agenda the following were discussed here:

- **The Chairperson** suggested to hold the last Committee meeting of 2013 as a joint meeting with various international organisations (to be specified) in Geneva (i.e. WHO, ILO etc.).
- She also suggested inviting Ms Marta Santos Pais, Special Representative of the Secretary-General on Violence against Children to the Network meeting linked to the ONE in FIVE Campaign to be held in Berlin on 14 March 2013.
- Subsequently, **Ms Rupprecht** suggested to invite Ms Marta Santos Pais, in that same function, as high-level speaker for the debate on "Children's right to physical integrity" whenever it would be scheduled (at one of the 2013 sessions of the Parliamentary Assembly).

All suggestions were agreed by the Committee.

17. Date and place of next meetings

The Committee **agreed** to hold its next meetings as follows:

Plenary committee:

- Thursday and Friday, 14-15 March 2013, Berlin (Germany);
- Second part-session 2013 of the Assembly (22-26 April 2013), Strasbourg;
- Monday, 3 June 2013, Paris (Office of the Council of Europe);
- Third part-session 2013 of the Assembly (24-28 June 2013), Strasbourg;
- Monday, 9 September 2013, Paris (Office of the Council of Europe);
- Fourth part-session 2013 of the Assembly (30 September - 4 October 2013), Strasbourg;

- Monday, 2 December 2013, Geneva (*to be confirmed*);
-

PACE network of contact parliamentarians to stop sexual violence against children:

- Thursday, 14 March 2013, Berlin (Germany);
- Second part-session 2013 of the Assembly, (22-26 April 2013), Strasbourg (*date to be confirmed*).

List of decisions

The Committee on Social Affairs, Health and Sustainable Development, meeting in Strasbourg:

- **on Monday, 21 January 2013 at 2 pm**, as regards:
 - Joint meeting of the members of the Committee on Culture, Science, Education and Media and of the members the Committee on Social Affairs, Health and Sustainable Development***, with Mr Gvozden Srećko Flego (Croatia, SOC) in the chair;
 - ***Young people's access to fundamental rights***: held an exchange of views with the participation of:
 - Ms Maria Paschou, Chairperson of the Advisory Council on Youth (CCJ);
 - Ms Laurence Hermand, Vice-Chairperson of the European Steering Committee for Youth (CDEJ);
 - Mr Håkon Haugli (Norway, SOC), General Rapporteur on the rights of Lesbians, Gays, Bisexuals and Transgender Persons (LGBTs);
- **on Tuesday, 22 January 2013 at 8.30 am**, with first Mr Jim Dobbin (United Kingdom, SOC), senior member present, and then Ms Liliane Maury Pasquier (Switzerland, SOC) in the Chair, as regards:
 - ***Composition of the Committee's Bureau***: reelected by acclamation:
 - Ms Liliane Maury Pasquier (Switzerland, SOC) Chairperson;
 - Mr Valeriu Ghiletschi (Republic of Moldova, EPP/CD) first Vice-Chairperson;
 - Mr Dimitrios Papadimoulis (Greece, UEL) second Vice-Chairperson;
 - Mr Bernard Marquet (Monaco, ALDE) third Vice-Chairperson;
 - ***Towards a Council of Europe Convention to combat trafficking in organs, tissues and cells of human origin*** (*Rapporteur: Mr Bernard Marquet, Monaco, ALDE*): approved the addendum to the report and unanimously adopted the amendments presented by the rapporteur with a view to tabling them on behalf of the Committee;
 - ***European Directorate for the Quality of Medicines and Healthcare (EDQM)***: held an exchange of views with the participation of:
 - Dr Susanne Keitel, EDQM Director;
 - Dr Karl-Heinz Buchheit, Deputy Head of Biological Standardisation, OMCL Network and HealthCare Department;
 - Dr François-Xavier Lery, Head of Section for Pharmaceutical Care, Consumer Health Protection and Anti-Counterfeiting;and visited the EDQM premises;
- **on Tuesday, 22 January 2013, at 2 pm**, as regards:
 - ***11th meeting of the PACE Network of Contact Parliamentarians to stop sexual violence against children***:
 - approved and declassified the minutes of the meetings held in Strasbourg on 3 October 2012 and in Moscow on 20 November 2012;
 - heard a statement by Ms Gabriella Battaini-Dragoni, Deputy Secretary General of the Council of Europe, concerning the Council of Europe ONE in FIVE Campaign;

- held an exchange of views on the theme “Sexual abuse of children with mental disabilities” with the participation of:
 - Ms Hilary Brown, Professor at Christ Church University of Canterbury (United Kingdom);
 - Mr Jean-Georges Rohmer, psychiatrist (France);
 - prepared the 12th network meeting, to be held on 14 March 2013 in Berlin, on “National strategies to fight sexual violence against children”;
 - **on Wednesday, 23 January 2013, at 2 pm**, as regards:
 - ***Towards a Council of Europe Convention to combat trafficking in organs, tissues and cells of human origin*** (*Rapporteur: Mr Bernard Marquet, Monaco, ALDE*): took position on the amendments tabled;
 - ***Putting an end to coercive sterilisations and castrations*** (*Rapporteur: Ms Liliane Maury Pasquier, Switzerland, SOC*):
 - heard a statement by the Rapporteur on the fact-finding visit to the Czech Republic and Sweden (6-9 November 2012);
 - considered an introductory memorandum;
 - ***Energy diversification as a fundamental contribution to sustainable development*** (*Rapporteur: Ms Doris Barnett, Germany, SOC*): prepared a hearing to be held in Berlin on 15 March 2013;
 - ***Constitution of its Sub-Committees:***
 - decided to reconstitute the following Sub-Committees as indicated in the appendix: Sub-Committee on the Europe Prize, Sub-Committee on Public Health, Sub-Committee on Environment and Energy;
 - decided to replace the Sub-Committee on Social and Economic Rights with a Sub-Committee on the European Social Charter;
 - ***Committee’s work programme and priorities:***
 - approved its work programme and priorities in 2013;
 - appointed rapporteurs as follows:
 - *For report:*
 - *Parliaments united in combating sexual violence against children: mid-term review of the ONE in FIVE Campaign:* Ms Sílvia Eloïsa Bonet Perot (Andorra, SOC);
 - *Reporting suspected sexual violence against children: legislative and political measures required to protect victims and professionals:* Ms Marlene Rupprecht (Germany, SOC);
 - *For opinion:*
 - *Young people’s access to fundamental rights:* Mr Luca Volontè (Italy, EPP/CD);
- and heard from them a declaration on the absence of a conflict of interests;
- ***Institutional representation of PACE in 2013:*** nominated committee representatives for the Executive Committee of the European Centre for Global Interdependence and Solidarity – Council of Europe

North-South Centre as follows: Ms Maryvonne Blondin (France, SOC) as representative and Mr Stefan Schennach (Austria, SOC) as alternate representative (*subject to Bureau agreement*);

- **on Thursday, 24 January 2013, at 8.30 am**, as regards:
 - ***Children's right to physical integrity*** (*Rapporteur: Ms Marlene Rupprecht, Germany, SOC*):
 - considered an outline report;
 - held a hearing with the participation of:
 - Mr Victor Schonfeld, Producer of documentary films, London (United Kingdom);
 - Dr Matthias Schreiber, Child surgeon, Department of child surgery, Clinic of Esslingen (Germany)
 - Dr İlhan İlkılıç, Associate professor at the Department of History of Medicine and Ethics, Istanbul University, Faculty of Medicine (Turkey);
 - **on Thursday, 24 January 2013, at 2 p.m.**, as regards:
 - ***Parliaments united in combating sexual violence against children: mid-term review of the ONE in FIVE Campaign*** (*Rapporteur: Ms Silvia Eloisa Bonet Perot, Andorra, SOC*): considered an outline report;
 - ***Constitution of the Sub-Committee on the European Social Charter***: decided to constitute the Sub-Committee on the European Social Charter as indicated in the appendix;
 - ***Committee's work programme and priorities***: appointed rapporteurs as follows:
 - *For report:*
 - *Towards a new European Social Model: which social vision for Europe of tomorrow?*: Mr Luca Volontè (Italy, EPP/CD);
 - *The abuse by social services of member States of the Council of Europe of their authority to remove children from their parents' custody*: Ms Olga Borzova (Russian Federation, EDG);
- and heard from them a declaration on the absence of a conflict of interests;
- General rapporteur on children of the Parliamentary Assembly: Ms Marlene Rupprecht (Germany, SOC) until 25 April 2013 and Ms Stella Kyriakides (Cyprus, EPP/CD) from 26 April 2013 until 30 April 2014;
 - General rapporteur on local and regional authorities of the Parliamentary Assembly: Sir Alan Meale (United Kingdom, SOC) until 22 March 2014;
- ***Committee's representation at external events***: heard statements as follows:
 - Ms Carina Ohlsson (Sweden, SOC) on the meeting of the European Committee for Social Cohesion (CDCS) in Istanbul on 10 October 2012 (followed by the Council of Europe 2nd Conference of Ministers responsible for social cohesion where she represented the Parliamentary Assembly);
 - Mr Valeriu Ghilechi (Republic of Moldova, EPP/CD) on the 3rd meeting of the Committee of the Parties ("Lanzarote Committee") to the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse in Strasbourg on 15-16 October 2012;
 - Sir Alan Meale (United Kingdom, SOC) on the Conference "Building Europe through Human Rights: Acting Together against Extreme Poverty", held on the occasion of the International Day for the

eradication of poverty in Strasbourg on 17 October 2012, and on the 23rd session of the Congress of Local and Regional Authorities in Strasbourg on 16-18 October 2012;

- Earl of Dundee (United Kingdom, EDG) and Mr Dobbin (United Kingdom, SOC) on the International Workshop on citizens' consultation on the right to the protection of health in Strasbourg on 8-9 November 2012;

- Mr Valeriu Ghiletschi (Republic of Moldova, EPP/CD) on the European conference: "Stepping up progress in combating violence against children" in Ankara (Turkey) on 27-28 November 2012;

- Mr Stefan Schennach (Austria, SOC) on the World Conference on Climate change in Doha (Qatar) from 26 November to 7 December 2012;

- Ms Liliane Maury Pasquier, Chairperson of the Committee on Social Affairs, Health and Sustainable Development, the Earl of Dundee, Chairperson of the Sub-Committee on Public Health and Mr Jim Dobbin, Vice-Chairperson of the Sub-Committee on Public Health on their meeting with the representatives of the WHO in Geneva (Switzerland) on 27 November 2012;

– **Fact-finding visits:**

- The Earl of Dundee regarding the preparation of his work on "Measuring the well-being of European citizens", the Committee authorised him to carry out a fact-finding visit to the OECD in Paris in Spring 2013;

- The Chairperson to replace Mr Lorrain (France, EPP/CD) on his fact-finding visit to Greece in the framework of the preparation of his report on "Equal access to health care";

– **Motions transmitted for information:**

- took note that motions on "*The strengthening of national democracy through local European levels*" and "*The World Beyond 2015 - Europe's contribution to the post MDG Framework*" were transmitted to the committee for information;

- decided to request that the motion on "*The World Beyond 2015 - Europe's contribution to the post MDG Framework*" be referred to the Committee for report;

- decided to request the Bureau's approval to invite Ms Marta Santos Pais, Special Representative of the UN Secretary General on violence against children, as a high level speaker during the debate on children's right to physical integrity (as soon as it has been decided in which part-session the report will be presented);

– **Date and place of next meetings:**

Plenary Committee:

- Thursday and Friday, 14-15 March 2013, Berlin (Germany);
- Second part-session 2013 of the Assembly (22-26 April 2013), Strasbourg;
- Monday, 3 June 2013, Paris (Office of the Council of Europe);
- Third part-session 2013 of the Assembly (24-28 June 2013), Strasbourg;
- Monday, 9 September 2013, Paris (Office of the Council of Europe);
- Fourth part-session 2013 of the Assembly (30 September- 4 October 2013), Strasbourg;
- Monday, 2 December 2013, Paris (*to be confirmed*), took note of the Chairperson's proposal to hold the meeting of 2013 in Geneva;

PACE network of contact parliamentarians to stop sexual violence against children:

- Thursday, 14 March 2013, Berlin (Germany);
- Second part-session 2013 of the Assembly (22-26 April 2013), Strasbourg (*date to be confirmed*).

The Sub-Committee on the Europe Prize, meeting in Strasbourg on 23 January 2013, with first Mr Jim Dobbin (United Kingdom, SOC), senior member present, and then Sir Alan Meale (United Kingdom, SOC), in the Chair:

- reelected Sir Alan Meale (United Kingdom, SOC), Chairperson by acclamation;
 - reelected Mr Axel E. Fischer (Germany, EPP/CD), Vice-Chairperson by acclamation;
- **Date and place of the next meeting:** Second part-session 2013 of the Assembly (22-26 April 2013) in Strasbourg;

The Sub-Committee on Public Health, meeting in Strasbourg on 24 January 2013, with first Mr Jim Dobbin (United Kingdom, SOC), senior member present, and then the Earl of Dundee, in the Chair:

- reelected the Earl of Dundee (United Kingdom, EDG), Chairperson by acclamation;
 - reelected Mr Jim Dobbin (United Kingdom, SOC) Vice-Chairperson by acclamation;
- **Date and place of the next meeting:** Second part-session 2013 of the Assembly (22-26 April 2013) in Strasbourg;

The Sub-Committee on the European Social Charter, meeting in Strasbourg on 24 January 2013, with Ms Carina Ohlsson (Sweden, SOC), senior member present, and then Mr Ioannis Dragasakis (Greece, UEL), in the Chair:

- elected Mr Ioannis Dragasakis (Greece, UEL), Chairperson by acclamation;
 - elected Ms Carina Ohlsson (Sweden, SOC), Vice-Chairperson by acclamation;
- **Date and place of the next meeting:** Second part-session 2013 of the Assembly (22-26 April 2013) in Strasbourg;

The Sub-Committee on Environment and Energy, meeting in Strasbourg on 24 January 2013, with first Mr Fernand Boden (Luxembourg, EPP/CD), senior member present, and then Mr Stefan Schennach (Austria, SOC), in the Chair:

- elected Mr Stefan Schennach (Austria, SOC), Chairperson by secret ballot;
- elected Ms Pelin Gündeş Bakır (Turkey, EDG) Vice-Chairperson by acclamation;

- **Date and place of the next meeting:** Second part-session 2013 of the Assembly (22-26 April 2013) in Strasbourg

Tanja Kleinsorge, Aiste Ramanauskaite, Maren Lambrecht, Ayşegül Elveriş, Jannick Devaux

cc: Secretary General of the Assembly
Director General, Directors and all staff of the Secretariat of the Assembly
Secretaries of National Delegations and of Political Groups of the Assembly
Secretaries of observer and partner for democracy delegations
Secretary General of the Congress
Secretary to the Committee of Ministers
Directors General
Director of the Private Office of the Secretary General of the Council of Europe
Director of the Office of the Commissioner for Human Rights
Director of Communication
Permanent Representations to the Council of Europe

Appendix

Composition of Sub-Committees *Composition des sous-commissions*

Sub-Committee on the Europe Prize *Sous-commission du Prix de l'Europe*

Members / Membres			Alternates / Remplaçant(e)s		
1.	Sir	Alan MEALE, Chair/ Président	United Kingdom / Royaume-Uni	Mr	John PRESCOTT
2.	Mr	Axel FISCHER, Vice-Chair / Vice-Président	Germany / Allemagne	Mr	Bernd SIEBERT
3.	Ms	Dzhema GROZDANOVA	Bulgaria / Bulgarie		ZZ...
4.	Ms	Stella KYRIAKIDES	Cyprus/Chypre		ZZ...
5.	M.	Jean-Claude FRECON	France		ZZ...
6.	Mr	Erich Georg FRITZ	Germany / Allemagne	Mr	Michael GLOS
7.	Mr	Andrej HUNKO	Germany / Allemagne		ZZ...
8.	Mr	Dimitrios PAPANIMOU	Greece / Grèce		ZZ...
9.	Mr	Ferenc KALMAR	Hungary / Hongrie		ZZ...
10.	Mr	Joe O'REILLY	Ireland/ Irlande		ZZ...
11.	Mr	Arturas SKARDZIUS	Lithuania/Lituanie		ZZ...
12.	Mr	Joseph FALZON	Malta / Malte		ZZ...
13.	Mr	Bernard MARQUET	Monaco		ZZ...
14.	Mr	Tuur ELZINGA	Netherlands/Pays-Bas		ZZ...
15.	Ms	Mirosława NYKIEL	Poland / Pologne		ZZ...
16.	Mr	José MENDES BOTA	Portugal		ZZ...
17.	Mr	Florin IORDACHE	Romania / Roumanie		ZZ...
18.	Mr	Cezar Florin PREDA	Romania / Roumanie		ZZ...
19.	Ms	Carina OHLSSON	Sweden / Suède		ZZ...
20.	Mr	Urs SCHWALLER	Switzerland / Suisse		ZZ...
21.	Mr	Jim DOBBIN	United Kingdom / Royaume-Uni	Mr	Jeffrey DONALDSON
22.	Mr	Robert NEILL	United Kingdom/ Royaume-Uni	Lord	DUNDEE

ex officio Ms Maury Pasquier (Chairperson, Switzerland / Présidente, Suisse)

Sub-Committee on Public Health
Sous-commission de la santé publique

List of members / Liste des membres
(28 seats / 28 sièges)

Chairperson / Président

- | | | | | |
|----|--------------------------|--|-----|------------|
| 1. | Earl Alexander of DUNDEE | United Kingdom /
<i>Royaume-Uni</i> | Sir | Alan MEALE |
|----|--------------------------|--|-----|------------|

Vice-Chairperson / Vice-Président

- | | | | | |
|----|---------------|--|----|--------------|
| 2. | Mr Jim DOBBIN | United Kingdom /
<i>Royaume-Uni</i> | Mr | Robert NEILL |
|----|---------------|--|----|--------------|

Members / Membres

Alternates / Remplaçant(e)s

- | | | | | |
|-----|------------------------------|---|-----|-----------------------------------|
| 3. | Ms Sílvia Eloïsa BONET PEROT | Andorra / <i>Andorre</i> | | ZZ... |
| 4. | Ms Cindy FRANSSEN | Belgium / <i>Belgique</i> | | ZZ... |
| 5. | Ms Milica MARKOVIĆ | Bosnia and Herzegovina
<i>/ Bosnie-Herzégovine</i> | | ZZ... |
| 6. | Ms Stella KYRIAKIDES | Cyprus / <i>Chypre</i> | Ms | Athina KYRIAKIDOU |
| 7. | Ms Sophie LØHDE | Denmark / <i>Danemark</i> | | ZZ... |
| 8. | Ms Sirkka-Liisa ANTTILA | Finland / <i>Finlande</i> | | ZZ... |
| 9. | Mr Jean-Louis LORRAIN | France | Mr | Gérard BAPT |
| 10. | Ms Marlene RUPPRECHT | Germany / <i>Allemagne</i> | | ZZ... |
| 11. | Mr Miltiadis VARVITSIOTIS | Greece / <i>Grèce</i> | Mrs | Eleni RAPTI |
| 12. | Ms Dangute MIKUTIENE | Lithuania / <i>Lituanie</i> | | ZZ... |
| 13. | Mr Marc SPAUTZ | Luxembourg | | ZZ.. |
| 14. | Ms Liliana PALIHOVICI | Republic of Moldova /
<i>République de Moldova</i> | | ZZ... |
| 15. | Mr Bernard MARQUET | Monaco | | ZZ... |
| 16. | Ms Khadija ARIB | Netherlands / <i>Pays-Bas</i> | Ms | Ankie BROEKERS-KNOL |
| 17. | Mr Maciej ORZECHOWSKI | Poland / <i>Pologne</i> | | |
| 18. | Ms Olga BORZOVA | Russian Federation /
<i>Fédération de Russie</i> | Mr | Sergey KALASHNIKOV
Marietta de |
| 19. | Mr Lennart AXELSSON | Sweden / <i>Suède</i> | Ms | POURBAIX-LUNDIN |
| 20. | Mr André BUGNON | Switzerland / <i>Suisse</i> | | ZZ... |
| 21. | Mr Ertuğrul KÚRKÇÚ | Turkey / <i>Turquie</i> | | ZZ... |
| 22. | Mr Jeffrey DONALDSON | United Kingdom /
<i>Royaume-Uni</i> | Mr | Mike HANCOCK |
| 23. | | | | |
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ex officio Ms Maury Pasquier (Chairperson, Switzerland / *Présidente, Suisse*)

Sub-Committee on the European Social Charter
Sous-commission sur la charte sociale européenne

List of members / Liste des membres
(28 seats / 28 sièges)

Chairperson / Présidente

1. Mr Ionnis DRAGASAKIS Greece / Grèce Mr Dimitrios PAPANIMOULIS

Vice-Chairperson / Vice-Président

2. Ms Carina OHLSSON Sweden / Suède Mr Mikael OSCARSSON

Members / Membres

Alternates / Remplaçant(e)s

3.	Ms	Sílvia Eloïsa BONET PEROT	Andorra / Andorre		ZZ...
4.	Ms	Sevinj FATALIYEVA	Azerbaijan / Azerbaïdjan		ZZ...
5.	Mr	Stefaan VERCAMER	Belgium / Belgique	Mr	Danny PIETERS
6.	Ms	Borjana KRIŠTO	Bosnia and Herzegovina / Bosnie-Herzégovine		ZZ...
7.	Mr	Margus HANSON	Estonia / Estonie		ZZ..
8.	Mr	Jouko SKINNARI	Finland / Finlande		ZZ...
9.	Ms	Maryvonne BLONDIN	France / France	Mr	Denis JACQUAT
10.	Mr	Andrej HUNKO	Germany / Allemagne		ZZ..
11.	Mr	Bernd SIEBERT	Germany / Allemagne	Ms	Marlene RUPPRECHT
12.	Ms	Deirdre CLUNE	Ireland / Irlande	Mr	Joe O'REILLY
13.	Mr	Fernand BODEN	Luxembourg		
14.	Mr	Valeriu GHILETCHI	Republic of Moldova / République de Moldova	Ms	Liliana PALIHOVICI
15.	Ms	Nicole MANZONE-SAQUET	Monaco		ZZ...
16.	Mr	Tuur ELZINGA	Netherlands / Pays Bas	Mr	Joris BACKER
17.	Ms	Karin ANDERSEN	Norway / Norvège		ZZ..
18.	Ms	Mirosława NYKIEL	Poland / Pologne		ZZ...
19.	Ms	Maria de BELÉM ROSEIRA	Portugal		
20.	Mr	Vladimir ILIC	Serbia / Serbie		
21.	Mrs	Andreja ČRNAK MEGLIČ	Slovenia / Slovénie		ZZ...
22.	Mr	Urs SCHWALLER	Switzerland / Suisse	Mr	Luc RECORDON
23.	Mr	Burhan KAYATÜRK	Turkey / Turquie		ZZ...
24.	Mr	Lev MYRYMSKIY	Ukraine		ZZ..
25.	Mr	Edward LEIGH	United Kingdom / Royaume-Uni		
26.					
27.					
28.					

ex officio Ms Maury Pasquier (Chairperson, Switzerland / Présidente, Suisse)

Sub-Committee on Environment and Energy
Sous-commission de l'environnement et de l'énergie

List of members / Liste des membres
(28 seats / 28 sièges)

Chairperson / Présidente

1. Mr Stefan SCHENNACH Austria / Autriche

Vice-Chairperson / Vice-Président

2. Ms Pelin GÜNDEŞ BAKIR Turkey / Turquie

Members / Membres

Alternates / Remplaçant(e)s

- | | | | | | |
|-----|----|----------------------|---|-----|------------------------|
| 3. | Ms | Sevinj FATALIYEVA | Azerbaijan / Azerbaïdjan | | ZZ.. |
| 4. | Mr | Philippe BLANCHART | Belgium / Belgique | Mr | Danny PIETERS |
| 5. | Mr | Margus HANSON | Estonia / Estonie | | ZZ... |
| 6. | Ms | Sirkka-Liisa ANTTILA | Finland / Finlande | Mr | Jouko SKINNARI |
| 7. | Ms | Estelle GRELIER | France | Ms | Danielle AUROI |
| 8. | Ms | Doris BARNETT | Germany / Allemagne | Mr | Erich Georg FRITZ |
| 9. | Mr | Dimitrios PAPANIMOU | Greece / Grèce | Mr | Miltiadis VARVITSIOTIS |
| 10. | Mr | Joe O'REILLY | Ireland / Irlande | Ms | Deirdre CLUNE |
| 11. | Mr | Arturas SKARDZIUS | Lithuania / Lituanie | | ZZ.. |
| 12. | Mr | Fernand BODEN | Luxembourg | | ZZ.. |
| 13. | Mr | Bernard MARQUET | Monaco | | ZZ.. |
| | | | Montenegro / | | |
| 14. | Mr | Predrag SEKULIĆ | Monténégro | | ZZ.. |
| 15. | Ms | Ankie BROEKERS-KNOL | Netherlands / Pays Bas | Mr | Joris BACKER |
| 16. | Mr | Łukasz ZBONIKOWSKI | Poland / Pologne | Ms | Mirosława NYKIEL |
| 17. | Mr | José MENDES BOTA | Portugal | | ZZ.. |
| | | | Russian Federation / | | |
| 18. | Mr | Vyacheslav TIMCHENKO | Fédération de Russie | | ZZ... |
| 19. | Mr | Jakob PRESEČNIK | Slovenia / Slovénie | | ZZ ... |
| 20. | Mr | Mikael OSCARSSON | Sweden / Suède | Ms | Carina OHLSSON |
| 21. | Mr | Luc RECORDON | Switzerland / Suisse | Mr | André BUGNON |
| | | | "The former Yugoslav
Republic of Macedonia"
"L'ex-République
yougoslave de | | |
| 22. | Mr | Igor IVANOVSKI | Macédoine | | ZZ.. |
| | | | United Kingdom- | | |
| 23. | Mr | Mike HANCOCK | Royaume-Uni | | ZZ.. |
| | | | United Kingdom- | | |
| 24. | Mr | John PRESCOTT | Royaume-Uni | Sir | Alan MEALE |
| 25. | | | | | |
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ex officio Ms Maury Pasquier (Chairperson, Switzerland / Présidente, Suisse)

Committee on Social, Health and Sustainable Development

Commission des questions sociales, de la santé et du développement durable

List of presence / Liste de présence

Chairperson / Présidente :

Mme Liliane **MAURY PASQUIER**

Vice-Chairpersons / Vice-Présidents :

Mr Valeriu **GHILETCHI**

Mr Dimitrios **PAPADIMOULIS**

Mr Bernard **MARQUET**

Members / Membres			Alternates / Remplaçants
Mr Arben AHMETAJ		Albania / <i>Albanie</i>	ZZ ...
Ms Sílvia Eloïsa BONET PEROT		Andorra / <i>Andorre</i>	M. Gerard BARCIA DUEDRA
Mr Vahe HOVHANNISYAN		Armenia / <i>Arménie</i>	Ms Naira KARAPETYAN
Mr Karl DONABAUER		Austria / <i>Autriche</i>	Mr Fritz NEUGEBAUER
Mr Stefan SCHENNACH		Austria / <i>Autriche</i>	Ms Karin HAKL
Ms Sevinj FATALIYEVA		Azerbaijan / <i>Azerbaïdjan</i>	Mr Aydin ABBASOV
Mr Rovshan RZAYEV		Azerbaijan / <i>Azerbaïdjan</i>	Mr Fazil MUSTAFA
M Philippe BLANCHART		Belgium / <i>Belgique</i>	M. Stefaan VERCAMER
Ms Cindy FRANSSEN		Belgium / <i>Belgique</i>	Mr Danny PIETERS
Mme Milica MARKOVIĆ		Bosnia and Herzegovina / <i>Bosnie-Herzégovine</i>	Ms Borjana KRIŠTO

Mr Desislav CHUKOLOV		Bulgaria / <i>Bulgarie</i>	ZZ...
Mrs Dzhema GROZDANOVA		Bulgaria / <i>Bulgarie</i>	Ms Milena HRISTOVA
Mr Igor KOLMAN		Croatia / <i>Croatie</i>	Mr Ivan RAČAN
Ms Stella KYRIAKIDES		Cyprus / <i>Chypre</i>	Ms Athina KYRIAKIDOU
Mme Daniela FILIPIOVÁ		Czech Republic / <i>République tchèque</i>	Mr Pavel LEBEDA
Ms Kateřina KONEČNÁ		Czech Republic / <i>République tchèque</i>	Mr Tomáš ÚLEHLA
Ms Sophie LØHDE		Denmark / <i>Danemark</i>	Ms Mette REISSMANN
Mr Margus HANSON		Estonia / <i>Estonie</i>	Ms Ester TUIKSOO
Mr Jouko SKINNARI		Finland / <i>Finlande</i>	Ms Sirkka-Liisa ANTTILA
Mme Maryvonne BLONDIN		France	M. Gérard BAPT
M. Jean-Claude FRÉCON		France	M. Christophe LÉONARD
M. Denis JACQUAT		France	M. Jean-Louis LORRAIN
Mme Danielle AUROI		France	Mme Estelle GRELIER
Mr Guguli MAGHRADZE		Georgia / <i>Géorgie</i>	ZZ...
Ms Doris BARNETT		Germany / <i>Allemagne</i>	Ms Marlene RUPPRECHT
Mr Axel E. FISCHER		Germany / <i>Allemagne</i>	Mr Bernd SIEBERT
Mr Erich Georg FRITZ		Germany / <i>Allemagne</i>	Mr Michael GLOS
Mr Andrej HUNKO		Germany / <i>Allemagne</i>	Mr Thomas NORD
Mr Miltiadis VARVITSIOTIS		Greece / <i>Grèce</i>	Ms Eleni RAPTI

Mr Dimitrios PAPADIMOULIS		Greece / <i>Grèce</i>	Mr Ioannis DRAGASAKIS
Mr Márton BRAUN		Hungary / <i>Hongrie</i>	Mr Ferenc KALMÁR
Mr Gábor HARANGOZÓ		Hungary / <i>Hongrie</i>	Mr László KOSZORÚS
Ms Þuríður BACKMAN		Iceland / <i>Islande</i>	Ms Álfheiður INGADÓTTIR
Mr Joseph O'REILLY		Ireland / <i>Irlande</i>	Ms Deirdre CLUNE
Mr Mario BARBI		Italy / <i>Italie</i>	Mr Paolo GIARETTA
Mr Roberto COMMERCIO		Italy / <i>Italie</i>	M. Giacomo STUCCHI
Mr Oreste TOFANI		Italy / <i>Italie</i>	Mr Giuseppe CIARRAPICO
Mr Luca VOLONTÈ		Italy / <i>Italie</i>	Mr Gianni FARINA
M. Andris BĒRZINŠ		Latvia / <i>Lettonie</i>	Ms Lolita ČIGĀNE
Ms Doris FROMMELT		Liechtenstein	Mr Leander SCHÄDLER
Ms Dangutė MIKUTIENĖ		Lithuania / <i>Lituanie</i>	Mr Arturas SKARDŽIUS
M. Marc SPAUTZ		Luxembourg	M. Fernand BODEN
Mrs Giovanna DEBONO		Malta / <i>Malte</i>	Mr Joseph FALZON
Ms Liliana PALHOVICI		Republic of Moldova / <i>République de Moldova</i>	Mr Valeriu GHILETCHI
Mr Bernard MARQUET		Monaco	Mme Nicole MANZONE-SAQUET
Mr Predrag SEKULIĆ		Montenegro / <i>Monténégro</i>	Mr Zoran VUKČEVIĆ
Mr Joris BACKER		Netherlands / <i>Pays-Bas</i>	Ms Ankie BROEKERS-KNOL

Mr Tuur ELZINGA		Netherlands / <i>Pays-Bas</i>	Mme Khadija ARIB
Ms Karin ANDERSEN		Norway / <i>Norvège</i>	Ms Magnhild Melveit KLEPPA
Mr Łukasz ZBONIKOWSKI		Poland / <i>Pologne</i>	Mr Henryk CIOCH
Mr Stanisław HUSKOWSKI		Poland / <i>Pologne</i>	Mr Zbigniew GIRZYŃSKI
Ms Mirosława NYKIEL		Poland / <i>Pologne</i>	Mr Maciej ORZECZOWSKI
Mr José MENDES BOTA		Portugal	ZZ...
Ms Maria DE BELÉM ROSEIRA		Portugal	ZZ...
Mr Relu FENECHIU		Romania / <i>Roumanie</i>	Mr Ionut-Marian STROE
M. Cezar Florin PREDA		Romania / <i>Roumanie</i>	ZZ...
Mr Mihai TUDOSE		Romania / <i>Roumanie</i>	Mr Florin IORDACHE
Ms Olga BORZOVA		Russian Federation / <i>Fédération de Russie</i>	Mr Anton BELYAKOV
Ms Svetlana GORYACHEVA		Russian Federation / <i>Fédération de Russie</i>	Mr Vyacheslav TIMCHENKO
Mr Sergey KALASHNIKOV		Russian Federation / <i>Fédération de Russie</i>	Mr Yury SHAMKOV
Mr Guennady GORBUNOV		Russian Federation / <i>Fédération de Russie</i>	Mr Valeriy SUDARENKOV
M. Paride ANDREOLI		San Marino / <i>Saint-Marin</i>	Mr Gerardo GIOVAGNOLI
Mr Radojko OBRADOVIĆ		Serbia / <i>Serbie</i>	Mr Vladimir ILIĆ
Mr Djordje MILIĆEVIĆ		Serbia / <i>Serbie</i>	Ms Vesna MARJANOVIĆ

Ms Darina GABÁNIOVÁ		Slovak Republic / <i>République slovaque</i>	Mr Ľuboš BLAHA
Mr Jakob PRESEČNIK		Slovenia / <i>Slovénie</i>	Ms Andreja ČRNAK MEGLIČ
Mr Rubén MORENO PALANQUES		Spain / <i>Espagne</i>	Mr Ángel PINTADO
Mme Eva PARERA		Spain / <i>Espagne</i>	M. Gabino PUCHE
M. Ramón JAÚREGUI		Spain / <i>Espagne</i>	Mr Pedro AZPIAZU
Ms Carina OHLSSON		Sweden / <i>Suède</i>	Mr Lennart AXELSSON
Mr Mikael OSCARSSON		Sweden / <i>Suède</i>	Ms Marietta de POURBAIX-LUNDIN
M. André BUGNON		Switzerland / <i>Suisse</i>	Mr Luc RECORDON
Mme Liliane MAURY PASQUIER		Switzerland / <i>Suisse</i>	Ms Urs SCHWALLER
Mr Igor IVANOVSKI		« The former Yugoslav Republic of Macedonia » / <i>“L'ex-République yougoslave de Macédoine”</i>	Mr Imer ALIU
Ms Pelin GÜNDEŞ BAKIR		Turkey / <i>Turquie</i>	Mr Mevlüt ÇAVUŞOĞLU
Mr Burhan KAYATÜRK		Turkey / <i>Turquie</i>	Mme Tülin ERKAL KARA
Mr Ertuğrul KÜRKÇÜ		Turkey / <i>Turquie</i>	Ms Mülkiye BİRTANE
Mr Volodymyr VECHERKO		Ukraine	M. Ivan POPESCU
Mr Serhiy SOBOLEV		Ukraine	Ms Olena KONDRATIUK
Mr Lev MYRYMSKYI		Ukraine	Mr Serhiy LABAZIUK
Mr Jim DOBBIN		United Kingdom / <i>Royaume-Uni</i>	Mr Robert NEILL
Mr Jeffrey DONALDSON		United Kingdom / <i>Royaume-Uni</i>	Mr Edward LEIGH

EARL of Alexander DUNDEE		United Kingdom / <i>Royaume-Uni</i>	Mr Mike HANCOCK
Sir Alan MEALE		United Kingdom / <i>Royaume-Uni</i>	Mr John PRESCOTT

Special Guests / Invités spéciaux

Dr / Dr Ilhan ILIKIC, Associate Professor at the Department of History of Medicine and Ethics, Istanbul University, Faculty of Medicine (Turkey) / *Professeur agrégé au Département de l'histoire de la médecine et d'éthique, Université d'Istanbul, faculté de médecine (Turquie)*

Dr / Dr Susanne KEITEL, Director of the European Directorate for the Quality of Medicines & Healthcare (EDQM) on the eTACT project / *Directrice de la Direction Européenne de la Qualité du Médicament & Soins de Santé (DEQM)*

Mr / M. Victor SCHONFELD, Producer of documentary films, United Kingdom / *Producteur de films documentaires, Royaume-Uni*

Dr / Dr Matthias SCHREIBER Child surgeon, Department of child surgery, Clinic of Esslingen, Germany / *Chirurgien pour enfant, Département de la chirurgie infantine, Clinique d'Esslingen, Allemagne*

Other members of PACE / Autres membres de l'APCE

Mr / M. Jean-Yves LE DÉAUT, France

Mr / M. Alexey PUSHKOV, Russian Federation / *Fédération de Russie*

Also present / Egalement présents

Ms / Mme Marina DAVIDASHVILI, European Parliamentary Forum (EPF) / *Forum parlementaire européen (FPE)*

Mr / M. Georg MÄSCHIG, NGO / ONG

Ms / Mme Cathie VIELLE, Head of European Pharmacopoeia Department / *Chef du Service de la Pharmacopée Européenne*

Observers / Observateurs

Ms / Mme Nycole TURMEL, Canada / *Canada*

Partners for Democracy / Partenaires pour la démocratie

Mr / M. Mekki ELHANKOURI, Moroccan Parliament / *Parlement du Maroc*

Permanent representatives / Représentants permanents

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Committee on Social Affairs, Health and Sustainable Development / Commission des questions sociales, de la santé et du développement durable

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Ms / Mme Ayşegül ELVERİŞ, Co-Secretary to the Committee / Co-Secrétaire de la commission

Ms / Mme Jannick DEVAUX, Project Manager / Chef de projet

Ms / Mme Marie-Anne MENGER, Administrative Assistant / Assistante administrative

Ms / Mme Prisca BARTHEL, Principal Assistant / Assistante principale

Ms / Mme Linda McINTOSH, Assistant / Assistante



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Committee on Social Affairs, Health and Sustainable Development

DRAFT MINUTES

of the joint meeting of members of the Committee on Culture, Science, Education and Media and of members of the Committee on Social Affairs, Health and Sustainable Development, held in Strasbourg on Monday, 21 January 2013

Mr Flego opened the meeting, welcomed participants and presented the panel of speakers.

Mr Connarty stressed that the current situation was difficult for youth. It seemed that current governments were leaving them “an empty cupboard”, after having “sold the family silver”. He had taken part, together with Mr Mignon and Mr Volontè, as part of the Assembly delegation, in the 9th Ministerial Conference in St. Petersburg, which sadly had failed to adopt a declaration, as the Russian minister had rejected the references to sexual orientation and this had prevented the agreement on a final text. He referred to the Youth Assembly which had produced pragmatic proposals based on the debates involving 170 participants in 9 thematic working groups. Thirty five youth representatives had afterwards attended the World Forum for Democracy and had participated in seminars bringing the youth dimension to the meetings.

He insisted on the need for a stronger focus on youth and for more consideration of youth proposals. He admitted the progress on children’s rights, but felt that young people differ from children in their connection to human rights. Young people should be more involved in building a culture of human rights, and the Council of Europe had to monitor progress in this area.

He called for members’ support for his report and draft recommendation, and in particular, for recommendation 4.4 on the preparation of a thorough study concerning young people’s access to rights. It was important to combine the energy of all Council of Europe’s bodies. The Committee of Ministers should be invited to take specific actions to improve young people’s access to fundamental rights.

Mr Volontè welcomed the report which showed a common concern of several Assembly committees with the plight of young people. The Social Affairs Committee would contribute to this report with an opinion, emphasizing the importance of social and economic rights of young people. As the St. Petersburg Conference had not gone as planned, Mr Connarty’s report was very timely and pertinent.

Ms Rupprecht suggested that the report should include a clear definition of the age group as regards young people in order to make a distinction between children and adults. She felt that some young people were forgotten. She raised the example of Germany, where youth groups start from the age of 14. Definition of age groups was important in terms of law. This also allowed for the clear stating of the rights of children. Young people should not be seen as a cheap labour force. It could be useful to draw on experts' advice on youth issues and explore the UN work on youth rights.

Mr Connarty argued that definitions may be divisive. Most studies referred to young people between 16 to 26 years of age. It was important to look at how young people saw themselves, without drawing artificial lines between the various age groups. It was to be regretted that young people saw themselves as excluded. The change from childhood to adulthood was very hard. There was no one voice for youth, and therefore, it was absolutely crucial to bring this in. As a former teacher, he believed that teachers had plenty to learn from their pupils.

Mr O'Reilly drew the participants' attention to an example from his country, Ireland, where President Higgins had invited young people to an assembly on a regional level for a free debate on rights and future action. Later on, a national youth assembly had been held. Those gatherings had produced some useful findings and proposals, and therefore he wished to commend this type of initiative also to other countries. The right to work was, sadly, being denied to young people right across Europe. The rate of youth unemployment was very high. This called for radical and creative solutions. Policy makers could consider solutions such as job-sharing. As people lived longer, early retirement required extra resources, but would enable more young people to work. Parliamentarians should challenge governments on the manner in which the society of the future was being built, which was "leaving too many young people by the roadside".

Mr Connarty agreed that national youth councils and centres could be reinforced. The UK had a tradition of organising youth parliaments. The latter highlighted that access to education was a key issue for young people. He also stressed the need for quality vocational training, as many employers could not find qualified employees. As an extreme solution, one private company in the UK had decided to re-hire workers over 70 years of age because of their valuable skills. This example showed there was a need for a new model of practical education.

Ms Paschou welcomed Mr Connarty's report on "Young people's access to fundamental rights", stressing that this issue was of extreme importance for the Advisory Council on Youth. She was happy that results and concrete proposals by young people from two important youth events in 2012¹³ were included in the draft report. She highlighted three important points:

- First, there was a need for a binding legal framework at European level. Although there were several international instruments and mechanisms which already provide young people with a set of rights, young people feel that only a legal framework entailing social, economic and political rights can ensure the full protection of young people's rights. The Committee of Ministers had commented on this point that priority should be given to effective implementation of existing instruments; but the question was: how can this be done?
- The second point was the proposal for drafting a recommendation on "improving young people's access to fundamental rights". The Joint Council on Youth was planning to discuss and briefly present innovative proposals on how to empower young people to access their rights through the work of the Youth sector of the Council of Europe.
- The third point was the evaluation of young people's access to rights. The Advisory Council on Youth considered that the proposals were going into the right direction: to prevent the violations of these rights and provide adequate follow-up and redress.

The question remained how to do it in practice. Reinforcement of a cross-sectoral and rights-based approach to youth policies was one step. It would also be good to make a study on this topic followed by

¹³ The Youth Event prior to the 9th Ministerial Conference of Ministers responsible for Youth in St. Petersburg (September 2012) and the Youth Assembly prior to the World Forum for Democracy in Strasbourg (October 2012).

the preparation of a handbook of instruments, programmes and policies on youth rights. The Advisory Council had advanced concrete requests; it had already asked that:

- the Commissioner of Human Rights introduce a special chapter on young people's rights in the country reports of the Council of Europe;
- a compilation of the most relevant cases concerning young people be prepared and sent to them by the European Court on Human Rights and the European Social Charter department;
- the Secretary General re-launch the Youth Rights Agenda with a high-level flagship event in 2013;
- special attention be paid to gender and sexual orientation issues.

She concluded that, in today's exceptional situation, young people should not be considered as victims, but as part of the solution.

Ms Hermand highlighted a series of initiatives undertaken by the youth department of the Council of Europe. The long-term project called "ENTER!", which had started in 2009, focused on the integration of young people from underprivileged background and on assisting young people to achieve access to social rights. The European Steering Committee for Youth had been involved in the preparation of the 9th Ministerial conference in St. Petersburg. She felt the conference conclusions were important. The Joint Council on Youth, consisting of both representatives of the Advisory Council on Youth and of the European Steering Committee for Youth, was keen to continue cooperation with the Assembly.

Mr Haugli started by drawing attention to the recent developments in some member States on the LGBT issue. He stressed that this was about civil and political rights, such as freedom of expression and freedom of assembly. The LGBT minority had, in the past, been the target of severe discrimination and hatred. He recalled the holocaust during the World War II. The past 30 years, however, had seen some progress, namely in the following four areas: the fact that it is no longer considered to be a crime to be gay (except in the Northern occupied territory, as explained by Mrs Kyriakides from Cyprus). Second, in some European countries, the LGBT had family rights on an equal basis with non-LGBT. Third, there was a greater visibility of this minority. And, finally, there was greater political representation of LGBT. He welcomed the creation of national action plans to combat discrimination of LGBT. The position of the Council of Europe is that the rights of LGBT are not new special rights but fundamental rights that all people must enjoy, without discrimination. There are many challenges. The suicide rate of LGBT young people was growing: it was 4 times higher among LGBT teenagers, compared to the rest of the population of same age. Bullying at school was growing as well, and this could also be considered a factor leading to suicide. Homelessness of LGBT young people was very high - many of them were estranged from their parents and found themselves on the streets. As with other minorities, the LGBT were a vulnerable group during the economic crisis. They were also being attacked by racists.

Most member States had moved forwards with the LGBT issue but some of them, unfortunately, had gone backwards. He referred to past PACE resolutions which had stressed the need for strong political will in order to succeed in combating discrimination of LGBT. He regretted that the Russian Duma was preparing a new law, according to which it would be a crime to say anything positive or neutral on the issue of being gay. Similar developments had taken place in Ukraine and Moldova. This should not be happening. One should be free to talk about one's private life – it was a matter of freedom of speech. Member States should look into the legality of these new laws, taking into account the international obligations under the European Convention on Human Rights. The other issue was freedom of assembly – the right to peaceful demonstration should be secured. Finally, the Council of Europe member States should curtail the systematic efforts of some countries to render the LGBT unwelcome, to make them invisible or to make them disappear.

Mr Leigh referred to paragraph 35 in Mr Connarty's report: too much public debt was being passed onto the shoulders of the future generations. Overconsumption had led to excessive debt. All new debt – basically the manner of borrowing one's way out of debt by incurring another debt – should be halted. More effort was needed to raise taxes and spend less so as to ensure there was something left for young people

and that they did not have to pay for mistakes made by the current adult generations. Young people were suffering already.

Mr Connarty thanked all members for their contributions to the debate. Work was on-going but still a lot remained to be done. He recalled the shock in England when the riots had taken place. There needed to be decent policies for young people. The ideas put forward by Mr Volontè and by Ms Komar (in her report on education for young people) should be combined in a series of recommendations. The Assembly should encourage the Committee of Ministers to develop a stronger framework to protect the rights of young people. He concluded by referring to paragraph 40 in his draft report stressing the importance of intergenerational dialogue. To promote genuine discussion, he suggested inviting young people to the Assembly committee meetings and to put their concerns on the agenda: “not for them but with them”.

Mr Flego summed up the discussion and reiterated politicians’ duty to keep the youth issue high on the political agenda both in member States and relevant international organisations. The on-going crisis should not obscure people’s quest for a more just and prosperous Europe, where all generations could live in dignity thanks to greater mutual understanding and solidarity.



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Committee on Social Affairs, Health and Sustainable Development

Parliaments united in combating sexual violence against children: mid-term review of the ONE in FIVE Campaign

Rapporteur: Ms Sílvia Eloïsa BONET PEROT, Andorra, SOC

Draft report

A. Preliminary draft recommendation

1. Sexual abuse and sexual exploitation of children is unfortunately not a new phenomenon, but the vast increase in the number of cases unveiled in Council of Europe member States at the beginning of the 21st century has resulted in rising awareness of the need to protect children from this grave human rights violation and worldwide scourge. Firm legislation, strong policies and action to eradicate sexual violence in children have been introduced in many countries. However, statistics show that there are still far too many incidences of child abuse occurring in various settings, including the wider family environment of children, child care or educational institutions, or using new information and communication technologies. One in five children is estimated to fall victim to sexual violence.

2. The Parliamentary Assembly has been fully committed to effectively fighting all kinds of violence against children, including sexual violence, for decades. It thus welcomed the opening for signature in 2007 of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention) and the decision to launch a campaign to promote this important Convention in 2010. The Assembly has been developing the parliamentary dimension of the Council of Europe ONE in FIVE Campaign to stop sexual violence against children since its launch in Rome in November 2010.

3. For this purpose, it has enlisted help from the national parliaments of the Council of Europe member States, the parliaments with observer status with the Assembly and those with partner for democracy status, as well as other regional and international parliamentary assemblies, setting up a network of contact parliamentarians, with 52 members to date.

4. Uniting the various organs and bodies of the Council of Europe, the ONE in FIVE Campaign is run at intergovernmental, parliamentary, local and regional levels. The biggest success of the campaign so far has arguably been the significant increase in the number of ratifications of the Lanzarote Convention, which has reached 25 in March 2013, i.e. more than half of all Council of Europe member States. But the effect of the awareness-raising activities in the 25 countries involved in the first two years of the campaign should also not be underestimated.

5. While the Council of Europe can rightly be proud of the achievements of the first two years of campaigning, the Assembly believes that it is possible to step up the campaign's outreach and effectiveness even further with a view to meeting the ultimate aim of the campaign: that all member States in Europe (and other States beyond where there is a high incidence of sexual abuse of children) are not only party to the Lanzarote Convention, but also implement its provisions, so that sexual violence against children is met with zero tolerance.

6. The Assembly thus recommends that the Committee of Ministers:

6.1. allocate adequate financing from the ordinary budget of the Council of Europe to the three dimensions of the campaign until its end in November 2014, and to the Committee of the Parties of the Lanzarote Convention and its Secretariat thereafter;

6.2. incorporate the theme of combating all forms of violence against children into the Council of Europe's assistance and co-operation programmes;

6.3. urge member States to:

6.3.1. finalise signature and ratification of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse by the end of November 2014, if they have not yet done so;

6.3.2. ensure that national legislation is in conformity with the Lanzarote Convention and that its provisions are implemented across the board, tackling all the subjects related to sexual abuse and sexual exploitation of children;

6.3.3. strengthen the multi-stakeholder approach in the fight against sexual violence against children at all levels, encouraging increased cooperation between the different tiers and levels of government at national level, as well as the full involvement of parliaments, NGOs, Ombudsperson/ Child Commissioner Institutions, academia and children, young people and parents themselves, with an emphasis on going beyond dialogue into concrete measures;

6.3.4. allocate adequate financing to all stakeholders in the fight against sexual violence against children, with special attention being paid to local and regional authorities, NGOs and youth organisations active in the field;

6.3.5. give special attention to redress (including at least symbolic financial compensation) for victims.

7. The Assembly invites national parliaments to continue to support the ONE in FIVE Campaign, and to carry out and supervise the implementation of legislative reform as well as organise awareness-raising activities in line with the campaign and the provisions of the Lanzarote Convention.

B. Explanatory memorandum by the Rapporteur, Ms Bonet Perot

1. Introduction

1. Sexual abuse and sexual exploitation of children is unfortunately not a new phenomenon. The vast increase in the number of cases unveiled in Council of Europe member States at the beginning of the 21st century is not due to the fact that children are less respected today, but rather to a rising awareness of their rights which enables victims to speak out.

2. The Parliamentary Assembly has welcomed this rising awareness of the need to protect children which has resulted in firm legislation and strong policies in many countries. However, statistics show that there are still far too many incidences of child abuse occurring in various settings, including the wider family environment of children, child care or educational institutions, or in the context of new information and communication technologies.

3. The Assembly has thus addressed a number of recommendations to the Committee of Ministers of the Council of Europe and to the member States on various aspects of the issue, such as on “child abuse in institutions: ensuring full protection of the victims” - Recommendation 1934 (2010) -, “reinforcing measures against sex offenders” - Resolution 1733 (2010) - and “combating “child abuse images” through committed, transversal and internationally co-ordinated action” - Resolution 1834 (2011). A report on fighting “child sex tourism” through committed legal and political action is due to be debated together with this report in the April 2013 part-session of the Assembly.

4. However, it is the 2007 Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention) which is going to be the key to ending this scourge. The Lanzarote Convention, opened for signature after five years of preparation (starting after Assembly Resolution 1307 (2002) on “the sexual exploitation of children: zero tolerance”), contains all the measures needed to prevent sexual violence, to protect children and to prosecute the abusers. The convention is open to the 47 member States of the Council of Europe as well as to non-member States and the European Union, and incorporates a solid monitoring mechanism in the form of its Committee of the Parties.

5. The Lanzarote Convention is the most advanced and comprehensive legally binding instrument at international level on the protection of children against sexual exploitation and sexual abuse: for the first time an international treaty defines and criminalises sexual abuse of children in such a comprehensive manner, including new forms of sexual abuse (“grooming” etc.) and based on clear definitions of terms such as “child”, “sexual exploitation”, “sexual

abuse” and “victim”. A landmark Council of Europe modern “5 P”-Convention, it contains provisions to:

- prevent and combat sexual exploitation and sexual abuse of children,
- protect the rights of child and provide assistance to victims of sexual exploitation and sexual abuse,
- prosecute the perpetrators,
- promote appropriate policies and national and international co-operation against this phenomenon,
- ensure child participation.

6. It is because the Council of Europe realised that its best opportunity to end sexual abuse and sexual exploitation of children was in the form of a campaign which would not only raise awareness of the phenomenon, but primarily promote the Lanzarote Convention, that the Council of Europe ONE in FIVE Campaign to stop sexual violence against children was launched in Rome on 29-30 November 2010. Uniting the various organs and bodies of the Council of Europe, the campaign is run at intergovernmental, parliamentary, local and regional levels. To date, around 25 countries are involved in campaigning, in close co-operation with all stakeholders, including parliaments, NGOs, institutions such as children’s commissioners and ombudspersons, and others.

7. The ONE in FIVE Campaign – a statistic which refers to the sad fact that about 1 in 5 children in Europe are victims of some form of sexual violence – is scheduled to run for a total of four years. The time is now right to conduct a mid-term review of the campaign, in order to celebrate its achievements and to learn from good practices and increase the campaign’s impact even further in the remaining two years. The aims of the campaign are twofold:

7.1. to achieve further signature, ratification and implementation of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse;

7.2. to equip children, their families/carers and societies at large with the knowledge and tools to prevent and report sexual violence against children, thereby raising awareness of its extent.

8. The working methods of the campaign are based on uniting the stakeholders at all levels to focus on these two common aims. This is achieved by having three dimensions at European level, respectively run by the Council of Europe Programme “Building a Europe for and with children” (responsible for the intergovernmental level and for the coordination of the overall campaign), by the Parliamentary Assembly, and by the Congress of Local and Regional Authorities. The campaign also builds on the support of the leadership of the Council of Europe’s various organs and bodies, such as the President of the Parliamentary Assembly, the Deputy Secretary General of the Council of Europe and the Thematic Co-ordinator on Children of the Committee of Ministers. Furthermore, the monitoring mechanism of the Lanzarote Convention – the Lanzarote Committee of Parties – is an important element contributing to the success of the campaign.

2. The three dimensions of the campaign – united we stand

9. The biggest success of the campaign is arguably the number of ratifications of the Lanzarote Convention, which has reached 25 in March 2013, i.e. more than half of all Council of Europe member States. But the (less easily measurable) effect of the awareness-raising activities in 25 countries in the first two years of the campaign should also not be underestimated.

2.1. Intergovernmental and national level: Building a Europe for and with children

10. At international level, the campaign is coordinated through the Council of Europe Programme “Building a Europe for and with Children”. Support for the development of the campaign at national level is provided by the co-ordination unit responsible for carrying through the strategic objectives of the programme and includes: guidance and support for Council of Europe national campaign partners, authorisation to use the campaign material, campaign logo, etc; assistance in the production of awareness-raising material in the national language(s) and support for legislative reform, harmonising national legislation with the Convention’s provisions. The Programme also runs the official campaign website (which features the campaign’s three dimensions, background information and the latest campaign news and resources at www.coe.int/oneinfive). It provides the Secretariat of the “Lanzarote Committee”, the Committee of the Parties of the Lanzarote Convention set up to monitor its implementation, which is one of the major strengths of the Convention.

11. In fact, the intergovernmental sector was at the origin of the campaign. The official launch was held on 29 and 30 November 2010 in Rome. The Italian Ministry of Equal Opportunities hosted the event, attended by European members of governments, international organisations, parliamentarians, local authorities, non-governmental organisations and civil society, complemented by committed experts from fields that are crucial to the campaign’s success. The launch received widespread media coverage. Strong political messages were conveyed from the attendees during this two-day event, including the voices of young people, who offered their own perspective on preventing and disclosing child sexual abuse.

12. At the launch event, the material and tools produced for the campaign were unveiled, in particular “The Underwear Rule” material which was developed to prevent sexual abuse by encouraging dialogue between parents and children. The material, centred around a book aimed at young children called “Kiko and the hand”, also includes a website (www.underwearrule.org), a TV spot, posters and postcards. All of this material is currently available for downloading in English, French, Dutch, Italian, Spanish, Czech, Russian and Serbian (it also exists in Romanian, Maltese and Catalan), and the TV spot has been translated into 36 languages¹⁴.

13. Other campaign materials include the ONE in FIVE Campaign poster and postcards (translated into 27 languages), a publication on many aspects of sexual violence: “Protecting children from sexual violence - A comprehensive approach” (2010), material prepared by the Parliamentary Assembly and the Congress to assist parliamentarians and local/regional

¹⁴ The “Underwear Rule” material has had a mixed reception in member States and amongst parliamentarians, although some of the material has won prizes.

politicians in campaigning (also available in a number of languages on the website). A song “Stop the silence” has also been dedicated to the campaign by the Serbian musician Aleksandra Kovac, which now exists in Serbian, English and Italian. On the occasion of Universal Children’s Day on 20 November 2012, the Council of Europe launched a television and web documentary “Keep me safe”. This documentary illustrates good practices taking place in different member States through prevention, education and protection of victims, and through promoting child-friendly justice¹⁵.

14. At the 10th meeting of the contact parliamentarians in Moscow on 20 November 2012, Ms Anica Djamić, the Committee of Ministers' thematic coordinator on Children, recounted that she regularly informed the Committee of Ministers of progress made since the launch of the campaign and also about implementation of the Strategy for the Rights of the Child. With regard to the key goal of the campaign – signature and ratification of the Lanzarote Convention – in two years there had been two signatures and thirteen additional ratifications of the Convention, while in eighteen states campaigning was under way for its signature, ratification or implementation. Some countries were running public awareness campaigns, and eight were planning to do so.

15. In fact, only one country has yet to sign the Lanzarote Convention: the Czech Republic. In the Czech Republic, where a national ONE in FIVE Campaign has already been launched, the competent Ministries appear divided. The Latvian Justice Minister Mr Janis Bordans signed the convention on 7 March 2013 after having secured the support of the Latvian Cabinet of Ministers, following a call from the parliament social and labor affairs committee and the Latvian parliament delegation to the Parliamentary Assembly to do so.

16. 21 signatory states still need to ratify the Lanzarote Convention. In many of these states, the parliamentary work to incorporate legislative amendments before ratification has begun. In other states, ratification bills are already making their way through the parliamentary process (which can take some time, in particular in federally-organised states).

17. The monitoring mechanism of the Lanzarote Convention (on which the Parliamentary Assembly has a seat without voting rights) held its first meeting in September 2011. It will hold its fourth meeting in on 21-22 March 2013 in Strasbourg, with a view to adopting a questionnaire which will be used by states to respond to how the Convention is being implemented in their country. The drafts discussed by the Lanzarote Committee at its third meeting provided both for a stock-taking questionnaire (which can also be used subsequently as a base-line to assess progress in implementation in member States) and for a first thematic monitoring round on “sexual abuse of children in the circle of trust”. The interpretation of the “circle of trust” by the competent expert, Robert R. Spano (Professor and Dean, Faculty of Law, University of Iceland) – who presented his interesting concept to the contact parliamentarians at their 10th meeting in Moscow in November 2012 – , being rather broad, the Lanzarote Committee will have to be vigilant to ensure the answers of the States Parties are comprehensive and go into the necessary depth.

18. For the countries which have ratified the Convention, implementation is now key. Usually, a country’s legislation will already have been brought into conformity with the provisions of the Lanzarote Convention during the ratification process (although there may be

¹⁵ 1000 videostreams for the webdocumentary have been recorded so far.

exceptions). In the spirit of Article 38 of the Lanzarote Convention on international co-operation, the Lanzarote Committee will also have the role of gathering examples of good practice. Since the Committee is only just finalising the questionnaire on which it will base this work, it is currently too early to give information on how State Parties are complying with the Convention.

19. However, it is already clear that multi-stakeholder involvement is key. As regards the campaign, some good practice examples have already been featured in various campaign material (for example, in the recent web- and TV documentary “Keep me safe from sexual violence” mentioned above, in the Handbook for parliamentarians, or in the parliamentary newsletters). Thus, NGOs and Ombudsperson/ Child Commissioner Institutions are involved in the campaign: For example, the Maltese Commissioner for children is the campaign partner at national level. At her initiative, all school entry-level children were provided with a Maltese adaptation of the Kiko book, and all primary schools received a copy for their libraries.

20. The current President of the Assembly, Mr Mignon, devoted 2012’s “children’s parliament” in his home town of Dammarie-les-Lys (where he is also Mayor) to the campaign. The Director of UNICEF CEE CIS Regional office and the Deputy Secretary General of the Council of Europe agreed to cooperate in promoting the ONE in FIVE Campaign in an exchange of letters of July 2012. In Cyprus and Iceland, there has been awareness-raising in schools, and national helplines have appeared on ONE in FIVE Campaign TV spots in Armenia and Georgia. The Oak Foundation supports campaigns run in eastern Europe and supported the University of Bedfordshire (UK) which conducted a desktop review “Challenging sexual violence in Europe: using participatory methods with children” (2012). Further work will continue in 2013 in training teachers under the Pestalozzi programme, as well as using the Handbook for teachers devised by a Spanish NGO, and work will continue in combating sexual violence against children in the domain of sport together with the Sports sector in the COE.

21. The role of international cooperation in tackling sexual violence against children is also important. An international conference took place on the second anniversary of the campaign launch in Rome on 29-30 November 2012 in order to identify and promote new approaches and strategies.

2.2. Parliamentary: Parliaments united in combating sexual violence against children

22. When adopting Recommendation 1934 (2010) on 5 October 2010 on “Child abuse in institutions: ensuring full protection of the victims”, the Parliamentary Assembly resolved to develop the parliamentary dimension of the campaign. In the last two years, the Assembly has set up a Network of contact parliamentarians (with 53 members currently)¹⁶ under the banner of “parliaments united in combating sexual violence against children” which has already held 11 meetings and has adopted two declarations. The Assembly has also inspired and supported numerous actions in and by national parliaments and by parliamentarians in this framework.

¹⁶ See document AS/Soc/Inf (2013) 01 rev: List of the contact parliamentarians to stop sexual violence against children appointed by national parliaments for the exact membership.

23. To support the key goal of promoting the signature, ratification and implementation of the Lanzarote Convention, the Assembly has published a handbook for parliamentarians on the Convention as a practical tool to help parliamentarians better understand and promote it. The handbook (currently available in English, French, German, Romanian, Russian and Spanish, and soon to be published in Azeri) highlights the sensitive issues which need to be tackled through national legislation. A short leaflet on the parliamentary dimension of the campaign has also been published, as well as a compendium of activities and good practices implemented in 2011 and 2012 by the Assembly and by the network of contact parliamentarians involved in the campaign¹⁷. A newsletter is published four times a year with updates on the parliamentary dimension of the campaign on the occasion of parliamentary part-sessions (8 newsletters have been published so far).

24. The Network of contact parliamentarians (ably chaired by the current Chairperson of the Committee on Social Affairs, Health and Sustainable Development, Ms Liliane Maury Pasquier) is the backbone of the parliamentary dimension, allowing its members to exchange good practice and hear expert presentations on key features of the Lanzarote Convention. During its 11 meetings so far, the network has tackled the following subjects, drawing on expertise from the other dimensions of the campaign and the Council of Europe Commissioner for Human Rights and outside experts and activists:

- sexual abuse of children with mental disabilities;
- child sexual abuse in the circle of trust;
- fighting against sexual violence: empowering children;
- the obligation to report suspected sexual violence against children,
- the means to redress and eliminate sexual violence against children,
- preventing sexual violence against children;
- combating "child sex tourism";
- combating "grooming" (solicitation of children through the Internet for sexual purposes);
- combating "child pornography" on the Internet¹⁸.

25. The national parliament has an important "watchdog" and monitoring role to play in overseeing the effective implementation of the Convention at national level. The creation of a parliamentary committee on children's rights can be very useful in this respect. The preliminary results of a parliamentary research study the Assembly has commissioned through the ECPRD (European Centre for Parliamentary Research and Documentation), indicate that of 28 replies by member states (plus 3 by observer states), 10 parliaments have a specific committee.

26. At the level of the parliamentary Assembly, the Sub-Committee on Children of the Social, Health and Family Affairs Committee (and its Chairperson, Carina Ohlsson from Sweden) made a significant contribution to European campaign events and coordination in 2011. This role was delegated to the newly created post of General Rapporteur on Children of the Parliamentary Assembly in 2012 (the first General Rapporteur, Ms Marlene Rupprecht from Germany, put a particular emphasis on participation in Lanzarote Committee meetings).

¹⁷ Available on the campaign website, <http://assembly.coe.int/oneinfive>

¹⁸ The programmes and minutes of these meetings are also posted on the campaign website.

2.3. Local and regional: An action plan and a pact of towns and regions

27. Local and regional authorities have a key responsibility, along with national governments, to protect and promote citizens' human rights, which includes safeguarding and promoting the safety and welfare of children and young people. The services that are needed to help victims of sexual violence and abuse are provided, in the main, at the local level. This is also the level where preventive, awareness-raising measures and assistance can be most effective. Local and regional authorities are therefore on the frontline of the fight to stop sexual violence against children and must develop and implement action plans and strategies to deal with current cases and prevent new ones.

28. With this in mind, the Congress of Local and Regional Authorities of the Council of Europe approved a Strategic Action Plan in 2011 which aims to raise awareness of the ONE in FIVE Campaign's aims among Congress members, local and regional authorities, as well as national associations of local and regional authorities. It also hopes to encourage local and regional authorities to launch their own campaigns and to adopt a multi-stakeholder approach, as proposed by the Lanzarote Convention.

29. The main tool the Congress is using to achieve these aims is its Pact of Towns and Regions to Stop Sexual Violence against Children, endorsed by the Congress Bureau in 2012. The Pact contains a list of initiatives, such as the ones detailed in the Lanzarote Convention, that local and regional authorities may take, organised according to the four-pronged approach of Prevention, Protection, Prosecution and Participation. As, in times of economic and financial crisis, many local authorities are seeing their resources cut, the list includes initiatives requiring very little if any public spending, as well as others which will necessitate substantial investment because of the need to define specific strategies and set up dedicated structures.

30. The Congress is urging as many towns and regions as possible to commit to the ONE in FIVE Campaign by signing up for the Pact. A specific programme of awareness-raising was launched in 2013 and a "Pact Platform" has been set up on the Congress ONE in FIVE website (www.coe.int/congress-pact) where towns and regions can sign up and provide information on what they are doing in the fight to stop sexual violence against children. This Platform will also serve as a database of good practices. It is due to be launched during the Congress' 24th session (19-21 March 2013).

31. Two other awareness-raising activities were organised by the Congress in 2012 for different audiences: information on the Pact was given to national associations of local and regional authorities, a major partner for the Congress in raising visibility of its activities; and examples of the types of initiatives and structures listed in the Pact were examined during a seminar organised for Congress members and other interested parties. The seminar allowed for an exchange of views among local and regional authorities and presentation of such initiatives as, for example, the Zagreb Centre for Child Protection (Croatia) and the Engage multi-agency team in Blackburn with Darwen (United Kingdom).

32. While many measures advocated by the Lanzarote Convention will have to be transposed into criminal and civil laws, some crucial issues in the field of child protection may come under the remit of regions, such as the regulation and organisation of welfare, social and health services and the adoption of specific measures and structures to prevent and

protect children from sexual exploitation and abuse. Congress Resolution 350(2012) and Recommendation 332(2012) on regional action and legislation to combat sexual exploitation and abuse of children, adopted in October 2012, make some relevant recommendations to regions, especially those with legislative powers, and member States.

3. Challenges

33. For all its success, the ONE in FIVE Campaign has faced several challenges – some of which still continue today. The first – and possibly most difficult and enduring one – is how to run a successful campaign on a shoestring budget. The Council of Europe has come under increasing budgetary pressure, coupled with targets to reduce a staff/activity ratio perceived as unbalanced by some member States. Since campaigning is by definition a staff-intensive activity, and it has proven practically impossible to finance staff reinforcement for the campaign from the ordinary budget, permanent staff members in the intergovernmental sector, the Assembly, and the Congress have had to devote considerable chunks of their working time to campaigning – amongst many competing priorities¹⁹.

34. It is only thanks to the generous voluntary contribution of the German government in 2011, and of the parliaments of Armenia, Austria, Azerbaijan, Finland, Hungary, Luxembourg, Poland, Portugal, the Russian Federation and Switzerland, and the governments of Andorra, Finland, Germany and Liechtenstein in 2012, that the campaign has managed to maintain its dynamic parliamentary dimension. The Parliamentary Assembly hopes to continue to raise enough funds to continue its campaign work until it comes to an end in November 2014, but other dimensions – in particular the local and regional one, which urgently needs strengthening – may not succeed in the same way. The Committee of Ministers should be encouraged to “put its money where its mouth is”, and allocate sufficient funds from the ordinary budget to all dimensions of the campaign until November 2014, including the necessary staff resources – and sufficient funds for the Lanzarote Committee thereafter, to ensure meaningful monitoring.

35. Another big challenge has been breaking the taboo on sexual violence against children in many countries. Due to different cultural sensitivities and traditions, not all campaign material and good practice is successful in all member States. Something which constitutes a good practice in one member State (such as confidential preventive treatment for persons fearing they may become sexual offenders in Germany) may not be easily transferable to another, especially as legal systems differ significantly and mentalities change only slowly.

36. The campaign has already covered a lot of ground in the past two years, but many challenging subjects remain to be treated: such as peer-to-peer sexual violence (in particular, amongst adolescents), sexual abuse in sports, effective treatment (both preventive and after-the-fact) of sexual offenders which is consistent with European human rights standards... this list is not exhaustive. I also believe that we urgently need to develop – and widely disseminate

¹⁹ Following the reform of the Assembly in January 2012, involving the merger of three parliamentary committees, the parliamentary dimension of the campaign is within the responsibility of the Committee on Social Affairs, Health and Sustainable Development, whose mandate covers issues as diverse as the implementation and developments of rights guaranteed by the (revised) European Social Charter, the promotion of sustainable development including forward-looking management of the environment, sectoral policies including energy, transport, tourism and trade, effective management of public health risks and opportunities, policies aimed at social cohesion, and good governance and democratic practices at local and regional level, to name but a few.

– campaign material for adolescents (perhaps a short video clip which can be shared via social media?). Indeed, I think it would also be useful for the campaign to have its own dedicated Facebook page, and possibly even a Twitter account.

37. The final challenge will come after the campaign has ended in November 2014: how can we keep up the momentum of the campaign to ensure that progress continues to be made regarding the ratification and implementation of the Lanzarote Convention without an official campaign? Of course, parliamentarians can keep up the pressure on their governments to sign and ratify (for example, through parliamentary questions), and can also ensure that adequate legislation is passed for its implementation, and influence the budgetary resources which are devoted to fighting sexual violence against children at national level. But will this be enough?

4. Conclusions and recommendations: stepping up the campaign's outreach and effectiveness

38. While the Council of Europe can rightly be proud of the achievements of the first two years of campaigning, I believe it is possible to step up the campaign's outreach and effectiveness even further. We must not rest on our laurels, but strive to meet the ultimate aim of the campaign: that all member States in Europe (and other States beyond) are not only party to the Lanzarote Convention, but also implement its provisions and develop an array of awareness-raising measures, be it in form of a campaign or other – so that the shameful number of ONE in FIVE becomes a much, much smaller one.

39. First, I believe that adequate financing from the ordinary budget of the Council of Europe (first for the three dimensions of the campaign until its end in November 2014, then for the Lanzarote Committee), including for related staff expenditure, is a precondition for success at European level. In this way, more time can be invested in carrying out the real objectives of the campaign, and ensure that the campaign does not become too “donor-driven”.

40. Second, I believe that the key to success in the fight against sexual violence against children is a multi-stakeholder approach at all levels. Thus, I would like to see increased cooperation between the different tiers of government at national level, but also full involvement of parliaments, NGOs, Ombudsperson/ Child Commissioner Institutions, academia and children and young people themselves. This co-operation should go beyond mere dialogue, and include concrete measures with an impact on the ground. The plight of victims, who are often cut off from legal avenues to seek redress because of statutes of limitations and/or lack of sufficient evidence which would stand up in criminal court, should be given particular attention. Financial compensation – at least in a symbolic form – should also be considered.

41. Third and last, I believe that we need to tackle all the subjects related to sexual abuse and sexual exploitation of children, however difficult, sensitive and even painful some of them are. We must not allow ourselves to become complacent only because our country has signed and/or ratified the Lanzarote Convention: do our laws really stand the test? Are they correctly implemented? Is there some good practice in another country which we can learn from, and which can help us progress that bit more towards preventing sexual violence

against children, protecting and helping the victims, and successfully prosecuting the perpetrators? That “bit more” could save



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Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

Luchar contra el “Turismo Sexual Infantil”²⁰

Relator: Sr. Valeriu GHILETCHI, Republica de Moldova, EPP/CD

Proyecto de Informe

A. Proyecto Preliminar de Resolución

1. La explotación sexual de niños en los viajes y el turismo, también conocido como “turismo sexual infantil” es una violación a sus derechos fundamentales y a su dignidad. A pesar de la creciente sensibilización sobre el fenómeno, el turismo sexual infantil se ha incrementado dramáticamente en los últimos años a causa del auge de la industria de los viajes y el turismo, así como de las nuevas tecnologías que se utilizan para promoverlo y facilitarlo. Europa está preocupada como una región que envía y recibe “delincuentes sexuales viajeros”.
2. Los Estados miembros del Consejo de Europa deben proteger a los niños contra todas las formas de explotación sexual, tanto al interior de sus fronteras y más allá, y no deben ignorar cuando sus nacionales cometen delitos y violan los derechos fundamentales de los niños, que se encuentran entre los más vulnerables de nuestras sociedades.
3. La Asamblea, por lo tanto, pide una acción legal y políticas comprometidas para luchar eficazmente contra el turismo sexual infantil. La acción adoptada debe centrarse en las medidas de la prevención, el procesamiento de los delincuentes, la protección de las víctimas y el desarrollo de políticas y de la cooperación internacional adecuadas, tanto en el país de origen de los delincuentes sexuales viajeros como en los países de destino (enfoque de las “4 P”). Se debe coordinar e involucrar a los socios públicos, privados y asociativos.
4. Se requieren más firmas y ratificaciones a las normas internacionales y regionales en el ámbito de la protección de los niños contra la explotación sexual, así como el fortalecimiento de la legislación nacional en la materia para garantizar el cumplimiento de dichas normas y su aplicación efectiva. Teniendo en consideración la naturaleza

²⁰ Nuevo título presentado a la Comisión para su aprobación. Título anterior: “Luchar contra el “turismo sexual infantil” a través de la acción jurídica y política comprometida”.

transfronteriza del turismo sexual infantil, las fuerzas de la policía y de la justicia deben cooperar estrechamente a nivel internacional.

5. En vista de la cooperación exitosa con el sector privado, se debe promover el compromiso de la industria turística para adherirse a las prácticas sustentables y éticas de turismo.

6. Por lo tanto, la Asamblea pide a los Estados miembros del Consejo de Europa:

6.1. con respecto a las acción legal que debe adoptarse:

6.1.1. firmar y ratificar las normas internacionales y regionales en el ámbito de la protección de los niños contra la explotación sexual y, en particular, el Convenio del Consejo de Europa sobre la Protección de los Niños contra la Explotación Sexual y el Abuso Sexual (Convenio de Lanzarote, CETS No. 201), si aún no lo han hecho;

6.1.2. garantizar que su legislación nacional cumpla con las normas internacionales y regionales en el ámbito de la protección de los niños contra la explotación sexual, en particular al:

6.1.2.1. proteger a los niños hasta la edad de 18 años de la explotación sexual, independientemente de la edad legal del consentimiento sexual;

6.1.2.2. reconocer la jurisdicción extraterritorial y la prohibición de la regla de doble incriminación para la explotación sexual de los niños;

6.1.3. desarrollar, aplicar y supervisar los mecanismos que eviten que los delincuentes sexuales de alto riesgo viajen al extranjero;

6.1.4. promover, tanto a nivel nacional e internacional, que las organizaciones de beneficencia, las escuelas, los orfanatos y otras instituciones en donde se necesita que el personal trabaje con niños, procedan sistemáticamente a la verificación previa de los antecedentes de empleo, incluso exigiendo a los solicitantes sus antecedentes penales nacionales;

6.2. con respecto a las políticas que deben aplicarse:

6.2.1. promover de manera activa el turismo sustentable y ético, respetuoso de los derechos de los niños y fomentar que la industria turística se adhiera a las prácticas sustentables y éticas del turismo, mediante la adopción de medidas de autorregulación, tales como el Código de Conducta para la Protección de los Niños frente a la Explotación Sexual en los Viajes y el Turismo y de informar de manera sistemática de la explotación sexual de los niños;

6.2.2. aumentar la sensibilización sobre el turismo sexual infantil, en estrecha cooperación con todos los actores interesados, específicamente con las autoridades públicas, la industria privada y las organizaciones no gubernamentales (ONGs), incluso mediante campañas de información a

través de las cuales el público pueda educarse acerca de las consecuencias jurídicas y sociales del turismo sexual infantil, alentando a denunciar a los delincuentes sexuales viajeros, así como para elegir a los profesionales del turismo comprometidos a luchar contra el turismo sexual infantil;

6.2.3. aumentar la cooperación internacional para el procesamiento del turismo sexual infantil, incluso mediante acuerdos bilaterales y multilaterales y el establecimiento de equipos conjuntos de investigación;

6.2.4. establecer un sistema de base de datos confiable y centralizado que permita el intercambio de registros nacionales de los delincuentes sexuales y la recopilación de datos sobre los casos de turismo sexual infantil;

6.2.5. tener un enfoque integral y luchar de manera paralela contra todas las formas de explotación sexual de los niños, incluso mediante la prevención de las imágenes de abuso infantil en Internet que fomenta especialmente el turismo sexual infantil;

6.2.6. aumentar el apoyo financiero, logístico y técnico a todos los actores involucrados en la lucha contra el turismo sexual en los países de destino, incluso brindándoles apoyo en el aumento de la sensibilización de los niños y de las comunidades locales sobre la cuestión de la explotación sexual infantil, así como al desarrollar:

6.2.6.1. la educación y las oportunidades alternativas de empleo para los niños vulnerables y los niños víctimas del turismo sexual;

6.2.6.2. los programas de capacitación para todos los profesionales que posiblemente tengan contacto o cuiden a niños víctimas del turismo sexual, con el fin de permitirles identificar el posible abuso y reaccionar ante éste de manera apropiada.

7. La Asamblea también invita a los Gobiernos y los Parlamentos nacionales y a cualquier otra organización pública o privada interesada a unirse, apoyar y contribuir en la Campaña UNO de cada CINCO del Consejo de Europa para Detener la Violencia Sexual contra los Niños.

B. Memorandum Explicativo del Sr. Ghilechi, Relator.

1. Introducción

1. Millones de niños en el mundo son forzados a prácticas sexuales comerciales cada año, según estimaciones del Fondo de las Naciones para la Infancia (UNICEF). El fenómeno del “turismo sexual infantil” que se refiere a la explotación de los niños por individuos que viajan de un lugar a otro y que tienen relaciones sexuales con niños menores de 18 años,²¹ constituye una violación grave de los derechos fundamentales y la dignidad de los

²¹ Definición dada por la Dra. Najat Maala M'jid, Relatora Especial de la ONU sobre la venta de niños, la prostitución infantil y la pornografía infantil en su presentación a la Red de Contactos Parlamentarios para

niños. El turismo sexual infantil fomenta otras formas de explotación sexual comercial, tales como la trata de niños con fines sexuales, la prostitución infantil y la pornografía infantil (mejor denominada "imágenes de abuso infantil").

2. A pesar de la creciente sensibilización sobre el problema, el turismo sexual infantil se ha incrementado dramáticamente en los últimos años debido al auge de la industria de los viajes y el turismo, favorecido por los viajes más baratos y libres de visa, así como por las nuevas tecnologías que se utilizan para promoverlo. Actualmente, como un fenómeno global y en rápido movimiento, el turismo sexual infantil no perdona a nadie; ningún país o destino turístico está a salvo de esta "epidemia" que "una vez que se fortalece la capacidad de aplicación de la ley y la legislación en una parte del mundo, o en un país en particular, se desplaza hacia otras áreas donde la protección es más débil".²² Europa está preocupada tanto como una región que envía y recibe "delincuentes sexuales viajeros", un término generalmente preferido por los organismos de protección de la infancia debido a que refleja mejor el carácter criminal del fenómeno.
3. Con este informe, intento llamar la atención de la Asamblea Parlamentaria a las medidas que pueden y deben ser adoptadas por los Estados miembros del Consejo de Europa para detener los delitos cometidos por los delincuentes sexuales viajeros. Los Gobiernos no deben ignorar cuando sus nacionales cometen delitos y violan los derechos fundamentales de los niños, que se encuentran entre los más vulnerables de nuestras sociedades, sino que deben hacerlos responsables incluso por los delitos cometidos en el extranjero.

2. El Turismo Sexual Infantil: Un Fenómeno Creciente en un Mundo Globalizado.²³

4. El turismo sexual infantil es la explotación sexual de los niños por personas que viajan de un lugar a otro y que ahí tienen relaciones sexuales con niños menores de 18 años. Esto incluye la explotación de los niños tanto por viajeros internacionales y nacionales, así como por individuos que van al extranjero a trabajar con niños, tales como los voluntarios, los maestros y los trabajadores sociales. El primer grupo con frecuencia utiliza los servicios relacionados con el turismo que facilitan el contacto con los niños y que les permiten permanecer anónimos para la población y el medio ambiente que los rodea, mientras que el último utilizaría su posición en una comunidad local para obtener acceso a los niños.
5. El turismo sexual infantil es un fenómeno global que ocurre en todo el mundo. Como un bloque regional, Europa del Este ha visto un gran aumento de la explotación sexual comercial de los menores de edad desde la disolución de la Unión Soviética, particularmente en la forma de la trata de niños con fines sexuales. Sin embargo, con el

detener la violencia sexual contra los niños de la Campaña de UNO de cada CINCO, en Estrasburgo, el 5 de octubre de 2011.

²² <http://prod-euronews.euronews.net/2011/07/07/child-sex-tourism-debated-in-the-network>.

²³ La información proporcionada en esta sección puede consultarse en los documentos siguientes (ECPAT Internacional es una red de organizaciones e individuos que trabajan juntos para la eliminación de la prostitución infantil, la pornografía infantil y la trata de niños con fines sexuales): "Preguntas y respuestas" sobre la Explotación Sexual Comercial de Niños, Bangkok, Tailandia, 2008; "Preguntas y respuestas" sobre la lucha contra el Turismo Sexual Infantil, Bangkok, Tailandia, 2008; Una contribución de ECPAT Internacional al III Congreso Mundial contra la explotación sexual de niños y adolescentes, Río de Janeiro, Brasil, 25-28 de noviembre de 2008;

rápido incremento del turismo, los países de la región también han estado expuestos al turismo sexual infantil. De acuerdo con el Centro de Explotación Infantil y Protección Online, la agencia del Ministerio del Interior responsable de investigar los delitos contra los niños en el extranjero, 20% de la actividad de los delincuentes sexuales viajeros británicos tuvieron lugar en los países europeos en 2008-2009.²⁴ Otras regiones donde actualmente ocurre el turismo sexual infantil son el Sureste de Asia, América Latina y África. Los delincuentes sexuales viajeros provienen en su mayoría de Europa Occidental, Rusia, América del Norte, Australia, Nueva Zelanda, Japón y Taiwán.

6. El turismo sexual infantil implica el intercambio de dinero en efectivo, ropa, comida o algún otro tipo de gratificación para el niño o para un tercero (proxeneta, dueño del burdel, miembro de la familia, propietario del alojamiento), por el contacto sexual. Se presenta en múltiples lugares, desde los burdeles en las zonas rojas hasta las playas u hoteles de cinco estrellas en territorios urbanos, rurales o costeros. Puede ocurrir durante un largo período, por ejemplo, donde existe un largo proceso de “grooming”, durante el cual un delincuente sexual infantil se hace amigo de un niño vulnerable y obtiene de él o ella su confianza antes de la explotación sexual del niño.
7. No existe un perfil único de los delincuentes sexuales viajeros: pueden ser casados o solteros, hombres o mujeres (aunque la mayoría son hombres), turistas ricos o con presupuesto y con antecedentes socio-económico altos o desfavorecidos. Frecuentemente, ellos tratan de justificar sus acciones diciendo que el sexo con un niño es culturalmente aceptable en el lugar que visitan o que el dinero o los bienes intercambiados benefician al niño y a su comunidad o que simplemente fueron tentados a cometer conductas abusivas debido al anonimato, la fácil disponibilidad de los niños o la ausencia de restricciones sociales que normalmente pueden disuadirlos.
8. La mayoría de los delincuentes sexuales viajeros son delincuentes “circunstanciales”, que normalmente prefieren las relaciones sexuales con adultos, pero que abusan de los niños por la oportunidad de estar en un país extranjero. Por otra parte, los turistas sexuales infantiles “preferenciales” muestran una preferencia sexual activa por los niños y, en general, buscarán niños púberes o adolescentes. En cuanto a los pedófilos, estos manifiestan una inclinación sexual exclusiva por los niños pre-púberes. Estas clasificaciones son importantes en la medida en que pueden ayudar a identificar estrategias de prevención adecuadas para combatir el fenómeno.
9. Los niños afectados son niños y niñas de hasta 18 años. Aunque las niñas parecen ser la mayoría, el número de niños que son víctimas del turismo sexual infantil está probablemente demasiado subestimado debido al hecho de que la homosexualidad sigue siendo un tabú (y está prohibida) en varios países. Un reciente estudio de la UNICEF encontró evidencia de un mercado lucrativo y creciente para el turismo sexual infantil en la región del Caribe, con base en varios ejemplos específicos, tales como la existencia de una red organizada de pedofilia en la que específicamente los niños fueron los objetivos.²⁵

²⁴“Fuera del Radar: Proteger a los niños de los delincuentes sexuales británicos que viajan”, ECPAT Reino Unido, febrero de 2011.

²⁵http://www.unicef.org/infobycountry/files/Child_Sexual_Abuse_in_the_Eastern_Caribbean_Final_9_Nov.pdf.

10. Por lo regular las víctimas tienen antecedentes socio-económicamente marginados: niños con bajo nivel educativo o sin educación, aquellos que están sin hogar, huérfanos, que trabajan en las calles, víctimas de la trata, los de las minorías étnicas, niños afectados por el abuso de drogas y alcohol, etc. Algunos recurren a la prostitución debido a una fuerte influencia del materialismo y el consumismo, a veces vinculado a la presión de los pares.²⁶
11. Independientemente de su origen, todos los niños que son víctimas del turismo sexual experimentan graves consecuencias emocionales, psicológicas y físicas como resultado de su explotación.²⁷ La violencia física involucrada en la explotación sexual de un niño provoca lesiones, dolor y miedo, mientras que la angustia psicológica de la explotación sexual tiene como resultado sentimientos de culpa, baja autoestima, depresión y, puede en algunos casos, conducir al suicidio. Los niños también son más vulnerables a las enfermedades de transmisión sexual, incluido el VIH/SIDA.
12. Las víctimas son a menudo estigmatizadas por su comunidad y tienen dificultades para obtener educación. Como resultado, no se desarrollan como miembros de la comunidad de la misma manera como lo hacen otros niños y es más difícil para ellos sostenerse económicamente o vivir independientemente como adultos en su vida posterior. A menudo están atrapados en un círculo vicioso en el que las dificultades económicas derivadas de la marginación no les deja otra opción que seguir prostituyéndose.

3. Marco Jurídico Europeo e Internacional relacionado con el Turismo Sexual Infantil.

13. A nivel internacional, existe un marco general de normas para la protección de los niños contra la explotación sexual. Como una forma específica de explotación sexual comercial de los niños, el turismo sexual infantil también es indirectamente abordado en este contexto.
14. La Convención de las Naciones Unidas sobre los Derechos del Niño de 1989 (en adelante CDN), que es el principal instrumento internacional en el ámbito de la protección de los derechos de los niños, promueve un sistema integral para la protección de la infancia frente la violencia, la explotación sexual y de otro tipo en sus múltiples formas. En particular, su Artículo 34 obliga a los Estados Partes a proteger a los niños contra “toda forma de explotación sexual y abuso sexual”, incluyendo la prostitución y la pornografía. Por otra parte, al reconocer que la explotación sexual de los niños puede implicar aspectos transfronterizos, la CDN exige que los Estados no sólo adopten medidas nacionales, sino también bilaterales y multilaterales para combatir el fenómeno.
15. El Protocolo Facultativo de la CDN sobre la Venta de Niños, la Prostitución Infantil y la Pornografía Infantil, que entró en vigor el 18 de enero de 2002, es el único tratado universal que específicamente aborda la cuestión de la explotación sexual de los niños. El Protocolo, en su preámbulo se refiere a la práctica difundida y continua del turismo

²⁶ Véase la nota 2.

²⁷ Aumentar la sensibilización contra el turismo sexual infantil, “Combatir el turismo sexual infantil mediante la participación del sector privado canadiense de los viajes y el turismo y el público canadiense, 2009-2012”.

sexual, en la que los niños son especialmente vulnerables, penaliza ciertos actos en relación a la venta de niños, la prostitución infantil y la pornografía infantil y alienta el fortalecimiento de la cooperación internacional y la asistencia, y la adopción de una legislación extraterritorial para combatir estos delitos.

16. El Convenio No. 182 sobre la Prohibición y la Acción Inmediata para la Eliminación de las Peores Formas de Trabajo Infantil, adoptado por la Organización Internacional del Trabajo (OIT), en su artículo 3 (b), prohíbe específicamente “la utilización, el reclutamiento o la oferta de niños para la prostitución, la producción de pornografía o actuaciones pornográficas”.
17. A nivel europeo, el Artículo 17 de la Carta Social Revisada (ETS No. 163) contiene el derecho de los niños y los jóvenes a una adecuada protección social, jurídica y económica. El apartado 1b del Artículo 17 dispone que los Gobiernos deben tomar todas las medidas apropiadas y necesarias destinadas a proteger a los niños y los jóvenes contra la negligencia, la violencia y la explotación. El Comité Europeo de Derechos Sociales ha interpretado las disposiciones de la Carta como el derecho de los niños a la protección contra todas las formas de explotación sexual, en particular, frente a la participación en la “industria del sexo”.
18. El Convenio del Consejo de Europa sobre la Protección de los Niños contra la Explotación Sexual y el Abuso Sexual (Convenio de Lanzarote, CETS No. 201) es el instrumento más completo y avanzado destinado a proteger a los niños contra el abuso sexual y la explotación en cualquiera de sus formas. Además de abordar el abuso sexual, la prostitución y la pornografía infantiles y la coacción sobre los niños para participar en espectáculos pornográficos, el Convenio contempla el grooming y el turismo sexual. Con el objetivo de combatir el turismo sexual infantil, el Convenio establece que los individuos pueden ser procesados aún cuando los actos sean cometidos en el extranjero y elimina también la usual regla de la doble incriminación, que exige que los actos deben ser delitos en el lugar donde se realizan. El Convenio de Lanzarote también exige a los Estados Parte a “alentar al sector privado, en particular, al sector de las tecnologías de la información y la comunicación, la industria del turismo y los viajes y los sectores bancario y financiero, así como a la sociedad civil, a participar en la elaboración y la aplicación de políticas para prevenir la explotación sexual y el abuso sexual de los niños y aplicar las normas internas a través de la autorregulación o corrección”.
19. Desde 2011, la Asamblea ha participado activamente en la lucha contra el abuso y la explotación sexual de los niños mediante el desarrollo de la dimensión parlamentaria de la Campaña UNO de cada CINCO del Consejo de Europa para detener la violencia sexual contra los niños destinada a promover el Convenio de Lanzarote. La acción gubernamental y parlamentaria en el marco de esta campaña ya ha dado lugar a una serie de nuevas ratificaciones de este texto, que ya ha sido ratificado por 24 de los 47 Estados miembros.²⁸

²⁸ Además, en su Resolución 1099 (1996), la Asamblea pide a los Estados miembros a trabajar en estrecha cooperación con los países cuyos niños y jóvenes sufren explotación sexual por parte de nacionales de los Estados miembros con el fin de luchar contra el turismo sexual en el extranjero.

20. Además, el Convenio del Consejo de Europa sobre Ayuda Mutua en Materia Penal prevé la asistencia mutua entre los países signatarios en el enjuiciamiento de los turistas sexuales. Esto es particularmente útil para reunir pruebas o escuchar a los testigos en el extranjero.
21. Por último, una Directiva del Parlamento Europeo y del Consejo de la Unión Europea (UE) del 13 de diciembre de 2011 sobre la lucha contra el abuso sexual y la explotación sexual de niños y la pornografía infantil intenta reducir las disparidades en la legislación entre los Estados miembros. También alienta a los Estados miembros a intensificar la cooperación judicial y policial con terceros países y Organizaciones Internacionales con vista a combatir el turismo sexual.²⁹

4. Políticas Eficaces para Combatir el Turismo Sexual Infantil.

22. Desde principios de los años 90, un número importante de iniciativas se han establecido para luchar contra el turismo sexual infantil, incluso por los Gobiernos en asociación con el sector privado, las Organizaciones Internacionales y numerosas ONGs que trabajan en el ámbito de la protección del niño. Estos esfuerzos sin duda aumentan la sensibilización sobre el problema, sin embargo, el turismo sexual infantil no ha sido erradicado y nuevos destinos siguen surgiendo. El turismo sexual infantil es un fenómeno que consiste en una serie de delitos y muchos jugadores y facilitadores diferentes. Por esta razón en un enfoque global del problema es importante establecer el mayor número posible de aquellos que participan con el fin de prevenir los delitos cometidos por los delincuentes sexuales viajeros. Es necesaria una acción coordinada que involucre a los socios públicos, privados y asociativos para proteger eficazmente a los niños contra estos delitos desde el principio o de manera posterior, una vez que éstos han sido cometidos, para procesar eficazmente a los delincuentes a través de las fronteras nacionales y para promover políticas positivas que ofrezcan condiciones de vida alternativas para los niños involucrados o amenazados por dichos delitos. A nivel mundial, es esencial seguir aumentando la sensibilización de los niños, los padres, los educadores, los profesionales del turismo y los posibles delincuentes sobre la gravedad de los delitos en cuestión.

4. 1. El Papel del Sector Privado.

23. El sector privado es un socio importante para las autoridades públicas cuando se trata de luchar contra el turismo sexual infantil. Como individuos que están en contacto directo con los turistas, los profesionales que trabajan en la industria del turismo tienen un papel clave que desempeñar en la protección de los niños frente a la explotación sexual al transmitir el mensaje a los turistas de que el abuso sexual de los niños es inaceptable e ilegal, al recibir los reportes de otros turistas, al distribuir materiales informativos a los clientes y al denunciar incidentes a la policía local y a las ONGs. La industria del turismo también puede crear oportunidades de educación y de empleo para los jóvenes, y colaborar con el bienestar social, la policía y otros organismos en la elaboración de planes nacionales de acción.

²⁹ OJ 2011 L 335 de 2011-12-17, p. 1-17. En este sentido, véase también la Resolución de la Asamblea 1834 (2011) sobre “La lucha contra las “imágenes de abuso infantil” a través de la acción comprometida, transversal y coordinada internacionalmente”.

24. Un buen ejemplo del compromiso de la industria del turismo es el Código de Conducta para la Protección de los Niños frente a la Explotación Sexual en los Viajes y el Turismo. Iniciado en 1998 por ECPAT Suecia en cooperación con los operadores turísticos escandinavos y la Organización Mundial del Turismo (OMT) y elaborado por UNICEF, la OMT de las Naciones Unidas y ECPAT Internacional, el Código de Conducta es un instrumento de auto-regulación que ofrece una mayor protección a los niños frente a la explotación sexual en los viajes y el turismo. Hoy en día, más de 240 operadores turísticos, hoteles, agencias de viajes y sus asociaciones, así como los sindicatos de trabajadores del turismo en numerosos países de Europa, Asia, América del Norte, América Central y América aplican el código a nivel mundial.³⁰ Firmado por muchas empresas de turismo, como Thomas Cook Northern Europe, Hoteles Accord o Kuoni, ya es posible ver algunos de los efectos positivos de este enfoque conjunto.
25. Los operadores turísticos y sus organizaciones coordinadoras, agencias de viajes, hoteles, líneas aéreas, etc. que respaldan el Código de Conducta se comprometieron a prevenir la explotación sexual de los niños, mediante el establecimiento de una política empresarial ética contra dicha explotación, la formación de su personal tanto en el país de origen y en los destinos de los viajes, el suministro de información a los viajeros y a las personas locales clave en los lugares de destino acerca de que el turismo sexual infantil es ilegal y tiene consecuencias terribles para los niños (por medio de catálogos, folletos, posters, películas durante el vuelo, etiquetas en los boletos, etiquetas en el equipaje, páginas de inicio, etc.), la introducción de una cláusula en los contratos con los proveedores que indique el rechazo común a la explotación sexual comercial de los niños y la presentación de un informe anual sobre la aplicación de estos criterios.
26. Los Estados no sólo deben fomentar y reforzar estas medidas de autorregulación mediante las cuales la industria turística sigue prácticas responsables y éticas de turismo, sino también sensibilizar a la opinión pública para alentarla a elegir a los profesionales del turismo que están comprometidos en la lucha contra el turismo sexual infantil.

4. 2. *Prevención*

27. Con miras a la prevención, la primera acción concreta necesita ser adoptada en los países de origen de los delincuentes sexuales viajeros. Los viajeros deben ser ampliamente informados sobre las consecuencias jurídicas y sociales relacionadas a cualquier forma de explotación sexual de los niños con el objeto de evitar que se conviertan en delincuentes “circunstanciales”. Ellos deben ser alentados a permanecer atentos y denunciar cualquier actividad relacionada con el abuso sexual de niños que puedan presenciar.³¹ En este aspecto, también es importante que los viajeros estén conscientes de los canales que existen para denunciar los delitos. La lucha contra los prejuicios también será importante, por ejemplo, cuando se trata de la convicción de que

³⁰ Sitio web oficial de la red: www.thecode.org, texto disponible en: ECPAT Internacional: Código de Conducta para la Protección de los Niños frente a la Explotación Sexual en los Viajes y Turismo, Antecedentes y Ejemplos de aplicación, http://www.ecpat.net/ei/Publications/CST/Code_of_Conduct_ENG.pdf.

³¹ En este contexto, parece que hay un gran rechazo por parte de los particulares a reportar cualquier sospecha de explotación sexual comercial de los niños, ver “El turismo sexual infantil, la explotación sexual de niños cometidos por los suecos en el extranjero, Informe de Investigación sobre la iniciativa de ECPAT Suecia de 2008.

la gente es más tolerante con respecto a las relaciones sexuales con niños en algunos países extranjeros o que el VIH es menos transmisible a/de niños pequeños.

28. Se deben establecer mecanismos para evitar que posibles “delincuentes preferenciales” y pedófilos viajen al extranjero. Estos mecanismos ya existen en el Reino Unido, donde todos los delincuentes sexuales que se encuentran en el Registro de Delincuentes Sexuales están obligados a notificar a la policía de su intención de viajar fuera del Reino Unido durante más de tres días (Orden de Notificación). Además, la sección 114 de la Ley de Delitos Sexuales (2003) establece para un civil, la orden preventiva denominada Orden de Viaje al Extranjero (FTO, sus siglas en inglés). La FTO permite a los tribunales prohibir que las personas que son “delincuentes calificados” (aquellos culpables de delitos sexuales contra un niño menor de 16 años, ya sea en el Reino Unido o en el extranjero) de viajar al extranjero. Si se emite, la FTO impondrá una prohibición a un delincuente sexual de viajar al extranjero, ya sea a un país o países determinados o a cualquier lugar del mundo aunque no sea un país determinado.³²
29. Se deben promover y facilitar las verificaciones previas de los antecedentes de empleo a través de los antecedentes penales nacionales o fuentes internacionales con el fin de evaluar la aptitud de trabajar con niños, especialmente en las organizaciones de caridad y las escuelas gestionadas a nivel local y ahora muchos casos de turismo sexual infantil llaman la atención al involucrar a orfanatos, hogares para niños y escuelas. En 2006, dos ciudadanos británicos fueron procesados por abusar sexualmente de niños en un orfanato fundado por uno de ellos en la India y, recientemente, otros dos hombres británicos fueron encarcelados por abusar de niños mientras trabajan como cuidadores en un orfanato en Albania.³³ En un enfoque integral del problema, también debe abordarse el tratamiento de los delincuentes sexuales.
30. Frecuentemente, las nuevas tecnologías son utilizadas para promover y facilitar el turismo sexual infantil. La planificación para viajar con fines sexuales y la localización de los niños, o el acceso a la pornografía infantil, son muy fáciles a través de Internet y los teléfonos móviles. Se deben tomar medidas para evitar este tipo de abusos en Internet, tales como la creación de una lista de sitios web sospechosos o el establecimiento de “patrullas cibernéticas”. Por medio de la Resolución 1834 (2011) sobre “Combatir las “imágenes de abuso infantil” a través de una una acción comprometida, transversal y coordinada internacionalmente”, la Asamblea Parlamentaria ha mostrado su gran preocupación por este tema.³⁴
31. Así como es necesaria la acción adoptada en los países de origen de los delincuentes sexuales, también se requiere llevar a cabo medidas específicas en los países donde los

³² Christine Beddoe, ECPAT Reino Unido, en su presentación ante la Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable, en Moscú, el 19 de noviembre de 2012. Para un análisis detallado y crítico de la legislación del Reino Unido y la política contra el abuso sexual de niños por parte de los ciudadanos británicos que viajan al extranjero, consultar el informe “El final de la línea para la explotación de los niños”, ECPAT Reino Unido, 2006.

³³ Véase la nota 5.

³⁴ Resolución 1834 (2011) sobre La lucha contra “las imágenes de abuso infantil” a través de la acción comprometida, transversal y coordinada internacionalmente. Texto aprobado por la Asamblea el 5 de octubre de 2011 (Sesión 33ª). “Las imágenes de abuso infantil no son sólo el resultado y la representación visual del abuso, pero también puede incitar a nuevos delitos y convertirse así en un “multiplicador” del abuso sexual y la explotación de los niños”.

niños pueden estar en riesgo de convertirse en víctimas del turismo sexual infantil, incluyendo acciones orientadas de manera directa a los turistas sexuales infantiles y a aquellos que los ponen en contacto con los niños (por ejemplo, los conductores de taxis, camareros, propietarios, etc.). En este sentido, si las campañas de sensibilización dirigidas a las comunidades huéspedes son muy importantes,³⁵ también se deben enfrentar los factores de riesgo que aumentan la vulnerabilidad de los niños, incluyendo a la pobreza, la exclusión, el abuso, las familias disfuncionales, el hecho de pertenecer a minorías étnicas, la falta de escolarización o la insuficiencia de los sistemas nacionales jurídicos y judiciales, por ejemplo, debido a un alto nivel de corrupción (que es una de las razones principales por las que los profesionales del turismo y las víctimas son renuentes a denunciar los casos de abuso sexual) -por mencionar sólo algunos. El acceso a la educación y las oportunidades alternativas de empleo se deben desarrollar para la juventud en riesgo.

32. El establecimiento de un sistema de base de datos centralizado y confiable también es muy importante con el fin de entender el alcance del problema y establecer estrategias de prevención adecuadas.

4.3. *Procesamiento y Cooperación Internacional*

33. Es esencial fortalecer la legislación nacional relativa a la explotación y el abuso sexual de los niños al garantizar el cumplimiento de las normas internacionales y, en particular, del Convenio de Lanzarote. Las leyes nacionales deben armonizarse con base en definiciones comunes (edad de los niños, delitos, etc.).³⁶ A menudo, las leyes nacionales protegen la dignidad humana o prohíben las diferentes formas de delitos relacionados con el abuso sexual en general, pero no reprimen de manera explícita el turismo sexual que involucra a niños.

34. La edad de consentimiento que se refiere al momento en el que se considera a una persona legalmente capaz de participar en la actividad sexual, varía de país a país. También puede ser diferente entre ambos géneros (habitualmente mayor para los hombres que para las mujeres) e incluso depende de la orientación sexual. Las edades de consentimiento sexual mínimas aumentan la vulnerabilidad de los niños a la explotación sexual, especialmente cuando no existen disposiciones legales que definan y prohíban la explotación sexual del menor en la prostitución o la pornografía. Por lo tanto, es importante que las leyes sobre la explotación sexual de los niños protejan a todos los niños hasta la edad de 18 años, independientemente de la edad de consentimiento sexual.³⁷

35. Un marco legislativo que tipifique como el turismo sexual infantil como un delito extraterritorial debe ser establecido y aplicado en todos los Estados miembros. Las leyes extraterritoriales permiten procesar a los individuos en su país de origen por actos cometidos en el extranjero. Alemania fue el primero en Europa en adoptar este mecanismo en 1993.³⁸ Por medio de la ley de 1994, revisada en 1998, Francia ha

³⁵ En Filipinas, varias comunidades tienen patrullas de voluntarios que vigilan los bares y burdeles por la presencia de niños (véase la nota 17).

³⁶ Véase la nota 2.

³⁷ "Preguntas y respuestas" sobre la Explotación Sexual Comercial de Niños, Bangkok, Tailandia, 2008.

³⁸ Artículo 5-8 del Código Penal Alemán (*Strafgesetzbuch*).

introducido esta posibilidad en su Código Penal.³⁹ Los datos de 2008 indican que hay 44 países que cuentan con legislación extraterritorial para enjuiciar a sus nacionales por la explotación sexual de un niño en un país extranjero. Entre estos 44 países, 22 son Estados miembros del Consejo de Europa.⁴⁰ El desarrollo de este tipo de legislación debe fomentarse en toda Europa, y su aplicación efectiva se debe vigilar. De hecho, la mayoría de las veces, los turistas sexuales infantiles buscan alcanzar la impunidad, dado que el procesamiento puede resultar muy complejo en el caso de los delitos transfronterizos. En este sentido, ECPAT Reino Unido observa que sólo cinco delincuentes británicos han sido procesados bajo las leyes extraterritoriales en el Reino Unido desde 1997 (fecha en la que se aprobó la ley extraterritorial), y ninguno desde 2005 por abuso sexual infantil en el extranjero, en comparación con más de 65 casos en Estados Unidos y 28 en Australia.⁴¹ Los Estados deben demostrar su voluntad de ampliar y utilizar la jurisdicción extraterritorial. A tal efecto, se deben fortalecer la cooperación internacional y las investigaciones conjuntas para el procesamiento del “turismo sexual infantil” y sus delitos conexos.⁴² La cooperación de la Embajada del presunto responsable nacional también es importante.⁴³

36. La regla de la doble incriminación, que requiere que se aplique la legislación extraterritorial y que el acto en cuestión debe ser ilegal tanto en las leyes del país del delincuente como en el país en donde se realizó el delito, debe ser prohibido con respecto a la explotación sexual de los niños.

4.4. Protección

37. En lo que respecta a una mejor protección, los niños que son víctimas de diversos delitos, tales como la pornografía infantil, deben ser identificados lo más rápidamente posible. Con el fin de facilitar la identificación de los delincuentes sexuales es importante mejorar el intercambio internacional de registros de los delincuentes sexuales convictos. Las contribuciones regulares a las bases de datos u otras formas de cooperación entre las fuerzas judiciales y las agencias de control fronterizo son bienvenidos también. La base de datos de la Interpol en el ámbito de la pornografía infantil puede servir como ejemplo: la denominada “base de datos de imágenes de la Explotación Sexual Infantil Internacional” se estableció en 2009, después de una versión anterior de base de datos que había existido desde 2001. Una red internacional de agentes de policía especializados rastrean este tipo de imágenes en Internet y tratar de identificar a los niños víctimas representados en las fotografías y las películas mediante el intercambio de datos con colegas de todo el mundo.⁴⁴

³⁹ Artículo 227-27-1 del Código Penal Francés (*Code pénal*).

⁴⁰ Proteger a los niños contra la explotación sexual en el turismo, un Kit de Recursos de Capacitación de ECPAT, 2008. Los 22 Estados miembros mencionados son Andorra, Austria, Bélgica, Bulgaria, Chipre, Dinamarca, Finlandia, Francia, Alemania, Islandia, Irlanda, Italia, Luxemburgo, Países Bajos, Noruega, Portugal, Eslovenia, España, Suecia, Suiza, Ucrania y Reino Unido Reino.

⁴¹ “Regreso al Sendero”, los delincuentes sexuales infantiles británicos en el extranjero -¿por qué hay que hacer más?”, ECPAT Reino Unido, 2008.

⁴² La Policía Federal de Australia se basa en una serie de países en el marco de los acuerdos de cooperación con un mandato específico para trabajar junto con sus colegas policiales de otros países sobre en investigaciones conjuntas (véase la nota 21).

⁴³ Véase la nota 13.

⁴⁴ Identificación de las víctimas, la presentación de la correspondiente de la acción de la Interpol está disponible en: <http://www.interpol.int/Crime-areas/Crimes-against-children/Victim-identification>.

38. Medios de comunicación accesibles tienen que ser puestos a disposición de los niños, con el fin de facilitarles que denuncien el abuso. En muchos países, las ONGs y los Gobiernos están instalando líneas telefónicas gratuitas y anónimas y sitios web (por ejemplo, líneas telefónicas directas y sitios web se han creado para denunciar el turismo sexual infantil en Brasil, Camboya, la República Dominicana, Malasia y muchos otros países), donde los niños (pero también el público) puede denunciar los casos de explotación sexual, lo que muy útil.
39. En vista de las graves consecuencias psicológicas y físicas y la estigmatización como resultado de explotación, es de la mayor importancia el apoyo pleno a los niños víctimas de explotación sexual con el objetivo de evitar un nuevo trauma y de ayudarlos con vista a su completa rehabilitación. Independientemente de la edad de consentimiento para las relaciones sexuales, y el carácter legal o ilegal de la prostitución, los niños explotados sexualmente deben ser considerados como víctimas y no como delincuentes que tenían que dedicarse a actividades que puedan ser consideradas ilegales.⁴⁵ Las víctimas, pero también los testigos, debe ser protegidos contra toda forma de represalia. Se les debe garantizar la confidencialidad y seguridad, así como el acceso a la atención médica.
40. Es esencial la formación profesional de los maestros, educadores, trabajadores sociales, policías, miembros del Poder Judicial y otros profesionales que pueden tener contacto o cuidan a los niños víctimas de la explotación sexual debido al papel clave que puedan desempeñar en la identificación y el tratamiento de dichas víctimas. Ellos deben ser alentados a denunciar cualquier caso de supuesta explotación sexual.
41. La rehabilitación y la reintegración de las víctimas a través de la educación es de suma importancia con el fin de luchar contra la estigmatización y proporcionar a los niños víctimas de la explotación sexual alternativas positivas para generar ingresos para ellos y sus familias.

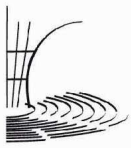
5. Conclusión

42. Es evidente que la lucha contra los delincuentes sexuales viajeros no se puede hacer sin seguir un enfoque integral. De hecho, un solo país no puede tomar una acción eficaz contra el turismo sexual que afecta a los niños, ya que las respectivas medidas sólo en su propio territorio no tendrían un impacto sustentable. La acción nacional aislada, por ejemplo, al fortalecer la legislación, simplemente trasladaría el problema a los Estados vecinos, debido a que los "turistas sexuales" cambiarían a destinos donde la legislación en esta materia sea más flexible. Así, el número de turistas sexuales (o niños víctimas de la misma) en todo el mundo no se reduciría.
43. Entre la acción legal a adoptar, se requieren más firmas y ratificaciones de las normas internacionales, seguido de su aplicación rigurosa. Además, es esencial fortalecer la legislación nacional relativa a la explotación y el abuso sexual de los niños para garantizar

⁴⁵ "La explotación de niños en la prostitución, Documento temático", III Congreso Mundial contra la Explotación Sexual de Niños y Adolescentes, Río de Janeiro, Brasil, noviembre de 2008, p. 43 (ECPAT): http://www.ecpat.net/WorldCongressIII/PDF/Publications/Prostitution_of_Children/Thematic_Paper_Prostitution_ENG.pdf

el cumplimiento de estas normas y su aplicación efectiva. Por último, la legislación nacional debe prever el procesamiento de los delitos extraterritoriales.

44. Además de la acción legal, son necesarias políticas comprometidas con el objeto de actuar contra los delincuentes sexuales viajeros en su país de origen, principalmente mediante la sensibilización y la cooperación internacional. Se deben desarrollar y promover conceptos turísticos más éticos entre los nuevos socios. Se deben intercambiar internacionalmente buenas prácticas para establecer sistemas sólidos de protección de la infancia en el mayor número posible de países y proteger a las víctimas de turismo sexual infantil de una manera integral, tanto en sus propios países, si son los lugares de los delitos, y en los países de destino de sus propios ciudadanos como turistas. Primero se les debe proporcionar a los niños víctimas apoyo psicológico para ayudarlos a recuperarse. Se deben destinar políticas eficaces contra el turismo sexual infantil y contra todos los delitos conexos para apoyar y promover condiciones alternativas de vida entre los niños, las familias y sus comunidades, donde la prostitución infantil algunas veces se realiza por la necesidad económica percibida y la falta de perspectivas alternativas.
45. Los actores interesados de la esfera privada y pública, así como la sociedad civil, deben involucrarse de la forma más amplia posible. En este sentido, las nuevas tecnologías, tales como Internet y los teléfonos móviles, que actualmente son utilizadas para organizar los delitos contra los niños en la forma más anónima y discreta posible, se deben emplear de manera más eficiente para identificar tanto a las víctimas como a los delincuentes.



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Committee on Social Affairs, Health and Sustainable Development

Putting an end to coercive sterilisations and castrations

Rapporteur: Ms Liliane MAURY PASQUIER, Switzerland, SOC

Revised introductory memorandum

1. Introduction

1. I would like to begin this introductory memorandum with a citation of the first paragraph of the motion for a resolution⁴⁶ which gave rise to this report, since, for me, it encases the stance the Council of Europe and its Assembly must take on the issue: “Coercive, non-reversible sterilisations and castrations constitute grave violations of human rights and human dignity, and cannot be accepted in Council of Europe member states.”

2. The Social, Health and Family Affairs Committee was entrusted with the preparation of a report on this issue on the basis of a motion presented by myself and 21 other colleagues.⁴⁷ At its meeting held in Paris on 16 September 2011, the Committee held a hearing with the following experts (and one victim from my own country),⁴⁸

Ms Gwendolyn ALBERT, NGO activist, Czech Republic

Ms Bernadette GÄCHTER, victim of a forced sterilisation, Switzerland

Dr David GERBER, Consultant Psychiatrist, National Health Service (NHS) Greater Glasgow and Clyde, United Kingdom

Mr Stefan KRAKOWSKI, member of the Council of Europe Anti-Torture Committee (CPT), Sweden

The hearing provided the Committee with a good overview of the problem and possible solutions.

⁴⁶ Assembly Doc.12444.

⁴⁷ Ibid.

⁴⁸ The minutes of the meeting can be found in AS/Soc (2011) PV 6 add.

3. The Social, Health and Family Affairs Committee was merged with two other Committees by decision of the Assembly with effect from the first day of the January 2012 part-session. It was thus the newly created Committee on Social Affairs, Health and Sustainable Development which considered my outline report⁴⁹ during the January 2012 part-session, and authorised a fact-finding visit to Sweden and the Czech Republic. This visit took place on 6-7 November 2012 (Prague) and 8-9 November 2012 (Stockholm). I am very grateful to my colleagues in the Czech and Swedish parliaments, and the Secretariat of the two delegations to the Assembly, who organised the visits excellently. All the meetings I had requested were arranged, and I was thus able to form an informed opinion on the situation in both countries. I would like to underline here that this is not a report on coercive sterilisations and castrations in Sweden and the Czech Republic: it is a report on coercive sterilisations and castrations in the whole of Europe. Most, if not all, Council of Europe member states have practiced coercive sterilisations and castrations at some time in the past.

4. This is not the first time that the Council of Europe and its Parliamentary Assembly are dealing with the issue of coercive sterilisations and castrations. However, so far, there has been no comprehensive report on or overview of the practice. Instead, it has been dealt with on the basis of reports, for example, on the discrimination of the Roma (in the Assembly,⁵⁰ or via recent judgments of the European Court of Human Rights⁵¹), or discrimination of transgender people (former Human Rights Commissioner Hammarberg), or on the situation in specific countries (a CPT report on the Czech Republic as regards convicted sex offenders).

5. The added-value I hope to create with this report is a comprehensive, human-rights based approach, which puts coercive sterilisation and castration in a historical perspective, and highlights the link between the practice and the fear of certain sections of the majority of all that appears “different” – and thus deemed inferior, and sometimes threatening, to the point that the majority develops a desire to control these differences, or at least their propagation and reproduction. I was most impressed with the explanations of the Swedish journalist who first focused attention on the country’s history of eugenic sterilisation in the 1990s, Mr Maciej Zaremba, which have convinced me that my interpretation of both current and past events is not entirely mistaken. He has kindly agreed to come to an exchange of views with the Committee on 23 April 2013 in Strasbourg.

6. Five groups of people have been particularly subject to coercive sterilisation and castration in the past: Romani women, convicted sex offenders, transgender persons and persons with disabilities (“eugenic” motives), and the marginalised, stigmatised, or considered unable to cope. For me, it is self-evident that coercive sterilisation and castration is a serious violation of human rights and human dignity, and it should thus be abolished once and for all, whatever the motivation and whatever the target group. Even those countries which have abolished the practice sometimes find it difficult to acknowledge that they have committed these serious violations of human rights in the past. Large numbers of victims are thus still awaiting compensation or apologies from the authorities: I hope that this report will make a contribution to changing that situation.

⁴⁹ AS/Soc (2011) 48.

⁵⁰ For example, in Assembly Doc. 12236 of 28 April 2010, “The situation of Roma in Europe and relevant activities of the Council of Europe”, opinion tabled on behalf of the Committee on Equal Opportunities for Women and Men, Rapporteur: Ms Elvira Kovács, Serbia, EPP/CD.

⁵¹ V.C. v. Slovakia (2011), N.B. v. Slovakia (2012), L.G. and others v. Slovakia (2012).

2. A brief history of coercive sterilisation and castration

7. The history of coercive sterilisation and castration fills whole bookshelves. All I can attempt here is the briefest of histories for 20th-century Europe, with a view to explaining how a clear human rights violation could be seen as socially acceptable, even desirable, in many countries – before (and sometimes even after) the horror of 1933 Nazi Germany compulsory sterilisations laws (aimed primarily at Germans with mental or physical disabilities) that ended in the brutal killings of eugenic euthanasia as of 1939.

8. Eugenic sterilisation (and to a much lesser extent, castration), popular in many regions of the world in the first half of the 20th century, not just in Europe, was one of the consequences of modern, new ideas in science (including social science) meeting the social, material and political conditions of the turn of the century. In societies with often rapidly expanding “underclasses” of some sort (be they urban proletariats, rural paupers, the immigrant poor, racial or other minorities, or indigenous peoples), conditions were ripe for a marriage of several mutually reinforcing ideas which legitimised eugenics in the eyes of a majority of the population. A combination of (neo-)Malthusianism, social Darwinism, nationalism, racism, and even modernising, reformist zeal made the idea attractive across the political spectrum (from left to right), in both democracies and dictatorships. If a population was to stay “healthy” and “productive” (also in order to be able to compete as a nation during the era of the nation-state), and was not to be swamped by the poor and the criminal, it was going to be necessary to encourage the reproduction of the “fit” and check the birth-rate of the “unfit”.

9. At the beginning, the theory of eugenics focused more on the “positive” rather than the “negative”. In the United States of America, there were, for example “fitter families”-contests and the like. But the fear of “degeneration” (with the birth-rate of the “unfit” allegedly out of control), and the burden on society that might ensue, led to the popularisation of negative eugenics, including coercive sterilisation, as a more humane alternative to “natural selection” or infanticide. It was the USA which initiated the early-twentieth-century wave of compulsory sterilisation law, beginning with Indiana’s 1907 Act. It was also in the USA that the Supreme Court Oliver Wendell Holmes, Jr. in the majority decision *Buck v. Bell*, in 1927, gave the (in) famous – never repealed – justification for eugenic compulsory sterilisation laws:

“We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough.”⁵²

10. Sterilisation (in particular in institutions such as asylums, prisons or hospitals) thus became “fairly widespread by the 1930s, permitted by legislation in many U.S. and Canadian states and provinces, in the Swiss canton of Vaud, in Scandinavian countries, in Germany,

⁵² Cited in: Harry Bruinius, *Better for All the World: The Secret History of Forced Sterilization and America’s Quest for Racial Purity*, 2007, available on <http://betterforalltheworld.brown-bear.com/p3.htm>.

Japan, and Veracruz (Mexico), as well as in Czechoslovakia, Yugoslavia, Hungary, Turkey, Latvia, and Cuba.”⁵³ The targeted groups were comprised disproportionately of poor, non-white, or otherwise socially marginalised people⁵⁴, and women were more often targeted than men.

11. According to Harry Bruinius, the American quest for racial purity influenced the Nazis. Though the United States was the pioneer in the legal, administrative, and technical aspects of eugenic sterilisation, Nazi Germany borrowed its ideas and applied them in an unprecedented way.⁵⁵ One of the first laws passed by the National Socialist government of Adolf Hitler was the "Law for the Prevention of Genetically Diseased Offspring" in 1933. At least 375,000 individuals were sterilised by the German authorities, and there were an estimated 5,000 deaths from complications.⁵⁶ In the USA, more than 60,000 people underwent forced sterilisation. The practice was largely abandoned after World War II, but North Carolina didn't officially end its program until 1974. Similarly, Sweden's eugenic sterilisation laws created over 60,000 victims from 1935 to 1975. Indeed, while the Scandinavian sterilisation laws did not allow for the use of physical force (unlike Nazi Germany), the eugenic acts were abolished and replaced by sterilisation laws based on voluntary consent in Denmark only in 1967 and 1973, in Sweden in 1975, and in Norway in 1977.⁵⁷

12. Coercive sterilisation and castration is not confined to the history books, as we know, but nowadays the programmes are not, or not openly, eugenic in nature. They range from the coercive sterilisation of women in China and Uzbekistan to that of HIV-positive women in many parts of the world. Although the procedure is performed on both men and women, women are much more frequently victimised because of vulnerable, gender-specific situations such as childbirth which make them more susceptible to unwanted procedures. As in the past, marginalised communities are most commonly targeted for sterilisation campaigns since they are less protected.⁵⁸

3. Coercive sterilisation and castration: a violation of human rights, human dignity, as well as of sexual and reproductive rights

13. In 1999, the then UN Special Rapporteur on violence against women, its causes and consequences, Ms Radhika Coomaraswamy, labeled forced sterilisation a human rights violation:

“51. A severe violation of women’s reproductive rights, forced sterilization is a method of medical control of a woman’s fertility without the consent of a woman. Essentially involving the battery of a woman – violating her physical

⁵³ Philippa Levine and Alison Bashford, Introduction: Eugenics and the Modern World, in: Oxford Handbook of the History of Eugenics, Oxford University Press 2010, kindle version.

⁵⁴ Susanne Klausen and Alison Bashford, Fertility control: Eugenics, Neo-Malthusianism, and Feminism, in: Oxford Handbook of the History of Eugenics, Oxford University Press 2010, kindle version.

⁵⁵ Harry Bruinius, Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity, op.cit.

⁵⁶ Paul Weindling, German Eugenics and the Wider World: Beyond the Racial State, in: Oxford Handbook of the History of Eugenics, Oxford University Press 2010, kindle version.

⁵⁷ Matthias Tydén, The Scandinavian States: Reformed Eugenics applied, in: Oxford Handbook of the History of Eugenics, Oxford University Press 2010, kindle version.

⁵⁸ See a campaign by Advocates for Human Rights, “Stop violence against women”, at http://www.stopvaw.org/forced_coerced_sterilization.

*integrity and security – forced sterilization constitutes violence against women.*⁵⁹

14. As pointed out in a recent article by Christina Zampas and Adriana Lamačková, UN Treaty Monitoring Bodies have noted that forced and coerced sterilisation is a violation of various international human rights, including the right to health, the right to bodily integrity, the right to be free from violence, the right to be free from torture and inhuman and degrading treatment, the right to decide on the number and spacing of children, and the right to be free from discrimination.⁶⁰

15. In his most recent report of 1 February 2013,⁶¹ the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Mr Juan E. Méndez, reframed violence and abuses in health-care settings as prohibited ill-treatment. Citing the recent general comment No. 3 (2012) of the Committee against Torture on the right to a remedy and reparation, he underlined that the Committee considers that the duty to provide remedy and reparation extends to all acts of ill-treatment, so that it is immaterial for this purpose whether abuses in health-care settings meet the criteria for torture per se. He believes that “this framework opens new possibilities for holistic social processes that foster appreciation of the lived experiences of persons, including measures of satisfaction and guarantees of non-repetition, and the repeal of inconsistent legal provisions”.⁶²

16. The UN Special Rapporteur thus recommends at the end of his report that member states: “Conduct prompt, impartial and thorough investigations into all allegations of torture and ill-treatment in health-care settings; where the evidence warrants it, prosecute and take action against perpetrators; and provide victims with effective remedy and redress, including measures of reparation, satisfaction and guarantees of non-repetition as well as restitution, compensation and rehabilitation”.⁶³ In the body of his report, he explicitly mentions forced, coerced and involuntary sterilisations as falling within the scope of his report, and gives several examples.

17. In Europe, the European Court of Human Rights has judged the involuntary sterilisation of Roma women a human rights violation in contravention of Article 3 (prohibition of inhuman or degrading treatment) and Article 8 (right to respect for private and family life) of the European Convention on Human Rights (ECHR) in several cases now.⁶⁴ However, unfortunately the Court again declined to rule in November 2012 on whether the forced sterilisation of Roma women in Slovakia constitutes discrimination under article 14 of the

⁵⁹ UN report “Integration of the human rights of women and the gender perspective; violence against women”, Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44, Addendum, Policies and practices that impact women’s reproductive rights and contribute to, cause or constitute violence against women, Economic and Social Council, E/CN.4/1999/68/Add.4, of 21 January 1999.

⁶⁰ Christina Zampas and Adriana Lamačková, Forced and coerced sterilization of women in Europe, in: International Journal of Gynecology and Obstetrics, 114 (2011), pp. 163-166.

⁶¹ http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf.

⁶² Ibid, paragraph 84.

⁶³ Ibid, recommendation c.

⁶⁴ The latest – LG and others versus Slovakia –, decided on 13 November 2012, concerned two Roma women and followed the similar cases V.C. v. Slovakia (2011) and N.B. v. Slovakia (2012). The applicants were sterilised while undergoing caesarean sections at a public hospital. While in the hospital, each applicant was asked to sign a document. They were told the document was required for delivery by caesarean section, and it was not until years later, during an investigation, that the applicants learned that the documents were actually requests for sterilisation. Additionally, the two applicants were legally minors at the time of the procedure, and the hospital also failed to obtain the consent of their legal guardians.

ECHR. In an unrelated case (not of a Roma woman), *G.B. and R.B. v. Republic of Moldova*, on 18 December 2012, the Court held that there had been a violation of Article 8 of the Convention.⁶⁵

18. The question of consent is crucial in determining whether or not a sterilisation or castration is a human rights violation. In cases where physical force is used, the victim is sterilised/castrated without his/her knowledge, or is not given an opportunity to provide consent, the case is clear-cut, and referred to as forced sterilisation. But even where consent is ostensibly given, even in written form, it can be invalid if the victim has been misinformed, intimidated, or manipulated with financial or other incentives. This type of coercive sterilisation is the human rights violation at the heart of this report.⁶⁶

19. In this context it is important to note that the International Federation of Gynaecology and Obstetrics (FIGO) has strong guidelines on “Female Contraceptive Sterilisation,” recognising the long history of forced and coerced sterilisation of marginalised women and providing detailed recommendations for when and how consent to sterilisation can be obtained.⁶⁷ The guidelines, updated in 2011, specify, amongst others:

19.1. Only women themselves can give ethically valid consent to their own sterilisation. Family members, including husbands and parents, legal guardians, medical practitioners, and public officials cannot consent on their behalf.

19.2. Sterilisation should not be performed within a government programme or strategy that does not include voluntary consent.

19.3. Sterilisation to prevent future pregnancy is never an emergency procedure and does not justify departure from general principles of free and informed consent.

19.4. Consent to sterilisation should not be made a condition of access to medical care, such as HIV/AIDS treatment, delivery of a baby, or termination of pregnancy, as well as any other benefit, such as medical insurance, social assistance, employment, or release from an institution.

⁶⁵ This was a case involving the removal of the first applicant’s ovaries and Fallopian tubes during a C-section, without obtaining her permission, leading to her early menopause at the age of 32.

⁶⁶ In the comments on my introductory memorandum of 16 January 2013, the Czech parliamentary delegation claims that my definition of “coercive” is “excessively broad and does not correspond with the term’s common meaning”. If anything, my definition is not broad enough. Recent human rights publications (from respected sources, such as Amnesty International (AI) or the Center for Reproductive Rights, or in academic publications such as the Harvard Human Rights Journal) make reference to terms such as “emotionally coerced sterilization” or to “pressure that diminishes patient’s autonomy”. One scholar has characterized the concept of coercion as: “how much, and what kind of, influence or pressure deprives actions and decisions of their autonomous character” (definition by Bonnie Steinbock in relation to the concept of coercion and long-term contraceptives, 1996). But perhaps the most convincing is the policy document titled “Bridging the Gap: Developing a Human Rights Framework to Address Coerced Sterilization and Abortion” published by the (Canadian) University of Toronto Faculty of Law, which details principles of free and informed decision-making – including freedom from any bias introduced, consciously or unconsciously, by health providers, and further refers to the power imbalances in the patient-provider relationship which may impede the exercise of free decision-making, for example by women who are not accustomed to challenging persons in positions of authority. <http://www.law.utoronto.ca/documents/reprohealth/HC1-BridgingTheGapPolicyBrief.pdf>, p. 8-9.

⁶⁷ For the full guidelines and recommendations, please see <http://www.figo.org/files/figo-corp/FIGO%20-%20Female%20contraceptive%20sterilization.pdf>.

19.5. Consent to sterilisation should not be requested when women are vulnerable, such as when requesting termination of pregnancy, going into labour, or in the aftermath of delivery.

19.6. Women considering sterilisation must be informed that it is a permanent procedure, which does not protect against sexually transmitted diseases, and provided information on non-permanent options for contraception.

19.7. Information should be provided in language women understand, through translation if necessary, in plain, non-technical terms, and in an accessible format, including sign language or Braille.

4. Coercive sterilisation and castration in the recent past in Europe

4.1. Roma women

20. Roma women have long been victims of marginalisation and discrimination, wherever they live. Some countries have had more or less official, government-sponsored programmes in the past targeting Roma women for sterilisation; in other countries, Roma women have become victims of prejudice held by individual health-care providers. The cases of the Czech Republic and of Slovakia (and, to a lesser extent, Hungary) are particularly well-known, mainly due to the activism of the victims themselves in their quest for justice. However, this means neither that coercive sterilisations of Roma women are still common practice in these countries, nor does it mean that they do not happen in other countries. Since the Czech Republic so kindly received me for a fact-finding visit in November 2012, I will describe the situation in this country in some more detail.

The Czech Republic

21. In her presentation to the Social, Health and Family Affairs Committee in September 2011, Ms Gwendolyn Albert, an NGO activist from the Czech Republic, explained that in communist Czechoslovakia, Romani women were forcibly sterilised starting in the 1970s, and the practice continued after the 1989 transition to democracy and the 1993 breakup of the country into the Czech Republic and Slovakia.⁶⁸ While the exact numbers of victims put forward by Ms Albert are in dispute, it is undisputed that during communism, tubal ligation was disproportionately promoted to Romani women by social workers, to address what was officially termed their “high, unhealthy” reproduction rate compared to the non-Romani population, using either the promise of financial incentives or the threat of various sanctions to coerce or force compliance. After the Czechoslovak Prosecutor-General reviewed these incidents post-1989, incentive payments for sterilisations were discontinued. Subsequent instances of forced sterilisations did not involve social workers; instead, doctors sterilised Romani women during C-section deliveries, often telling them that not only the C-section but the sterilisation itself had been “emergency, life-saving” measures.⁶⁹

22. The case of Ms Elena Gorolová, Spokesperson of the “Group of Women Harmed by Forced Sterilization”, whom I had the privilege to meet, is a case in point: following a risk

⁶⁸ See the declassified minutes of the hearing, AS/Soc (2011) PV 06 add.

⁶⁹ Ibid, p. 4-5.

pregnancy entailing regular doctor's visits, she was sterilised without her knowledge during her second C-section in 1990. The doctor told her he had sterilised her only the day after. Just before the C-section, she was made to sign two papers: one for the name of the child, the other to consent to the C-section (and, as she later found out, the sterilisation). She was one of the first Roma women to speak out and raise the issue with the Czech ombudsman in 2004. Silence is unfortunately often the norm in coercive sterilisation cases, as many victims feel shame, fear or unworthiness, in particular since the Roma culture puts such a premium on women having many children, and also because there is often a certain distrust of the authorities.

23. In November 2009, the Czech Government expressed regret for "individual failures" in the performance of sterilisations by tubal ligation. Complaints about the programme were filed with the ombudsman in 2004. After ordering a Czech Health Ministry investigation, the ombudsman then critiqued the ministry in 2005 for failing to conclude that the documented procedures violated not only human rights, but the law. The ombudsman's report became the basis for international human rights bodies to recommend the Czech state take urgent action to redress the victims of these practices. Criminal investigations into these incidents were shelved and none of the perpetrators have been subjected to civil, criminal or professional sanction. Civil lawsuits brought by individuals have only rarely resulted in compensation awards due to statutes of limitations⁷⁰ (I am aware of only two such successful cases).

24. However, in 2011, the Czech Human Rights Committee recommended that the victims of coercive sterilisations be awarded compensation. The proposal is still being discussed, as some cases are hard to prove. In view of the fact that the number of victims entitled to such reparation would be relatively low (following a call for applications from NGOs, the Ministry of Health believes there are 77 valid out of a total of 89 applications received, the Ministry believing to have established that in 12 cases, no sterilisation had been performed), I do hope that the country can quickly decide to compensate these women. Indeed, my fact-finding visit left me with the impression that there is broad agreement across the political spectrum that the issue needs to be settled soon.

25. On 1 April 2012, the Czech Republic adopted a new law on sterilisation which seems to be more in conformity with FIGO guidelines on female sterilisation than the previous one (I will deal with the questions of castration and of sterilisation of women without legal capacity in separate chapters). Thus, the new law institutes obligatory waiting periods between a doctor's proposal of sterilisation and the actual operation, and requires a last-minute second consent the day of the operation. The minimum age for sterilisation is 18 for health reasons, and 21 for other reasons (contraception). Most importantly, though, doctors' attitudes to sterilisation seem to be changing in the Czech Republic, as they become more aware of possible human rights implications – and a little less paternalistic in their attitudes.⁷¹

Slovakia

26. Romani women were also forcibly sterilised in the Slovak part of Czechoslovakia starting in the 1970s. By 2002, Romani women were still being sterilised without their informed consent, according to human rights activists. The government investigated for "genocide" and

⁷⁰ See the declassified minutes of the hearing, AS/Soc (2011) PV 06 add, p.5. I would add that these statutes of limitations may well have been amongst the reasons which discouraged victims from bringing court cases in the first place.

⁷¹ Assessment of Ms Anna Šabatová, Chairperson of the Czech Helsinki Committee, whom I also had the privilege to meet.

found no evidence of it. International observers, including the U.S. Commission on Security and Cooperation in Europe, called the investigation flawed because human rights activists and potential victims were threatened with criminal charges for speaking out. In that same year, the Council of Europe's Commissioner for Human Rights said he found the allegations credible, recommending that the government "offer a speedy, fair, efficient, and just redress" to the victims. In 2006, the Slovak Constitutional Court ruled that the government's report had not adequately clarified the facts and ordered the investigation into forced sterilisation reopened, but in 2007, after interrogating the alleged perpetrators and victims, the Slovak Prosecutor announced no crime had been committed or rights violated, and discontinued the proceedings. Several cases have recently been judged by the European Court for Human Rights in Strasbourg, finding in favour of the applicants (see paragraph 14).

4.2. Convicted sex offenders

27. As Stefan Krakowski, member of the Council of Europe Anti-Torture Committee (CPT) from Sweden, remarked at the September 2011 hearing, there seems to be a growing trend from political quarters in at least some member States, demanding castration for convicted sex offenders. Though surgical castration on other than somatic indications is still legal in many countries, it is either no longer carried out or has become extremely rare. One reason is alternative options in the combining of psychotherapy, anti-androgen treatment and intensive monitoring⁷².

28. The CPT has expressed its fundamental objections to the use of surgical castration as a means of treatment of sexual offenders. The reasons given by Mr Krakowski on behalf of the CPT were:

Firstly, such an intervention has irreversible physical effects; it removes a person's ability to procreate and may have serious physical and mental consequences.

Secondly, surgical castration is not in conformity with recognized international standards, and more specifically, is not mentioned in the authoritative "Standards of Care for the Treatment of Adult Sexual Offenders" drawn up by the International Association for the Treatment of Sexual Offenders (IATSO).

Thirdly, there is no guarantee that the result sought (i.e. lowering of the testosterone level) is lasting. As regards re-offending rates, the presumed positive effects are not based on sound scientific evaluation. In any event, the legitimate goal of lowering re-offending rates must be counterbalanced by ethical considerations linked to the fundamental rights of an individual.

Fourthly, given the context in which the intervention is offered, it is questionable whether consent to the option of surgical castration will always be truly free and informed. A situation can easily arise whereby patients comply rather than consent, believing that it is the only available option to them to avoid indefinite confinement. To sum up, surgical castration is a mutilating, irreversible intervention and cannot be considered as a medical necessity in the context of the treatment of sexual offenders. In the CPT's view, surgical castration of detained sexual offenders could easily be considered as amounting to *degrading treatment*.⁷³

⁷² See the declassified minutes of the hearing, AS/Soc (2011) PV 06 add, pp. 7-8.

⁷³ Ibid.

29. The CPT has criticised both the Czech Republic and Germany⁷⁴ for recent recourse to surgical castration. However, laws introducing compulsory “chemical” castration in particular for sex offences against minors are becoming a certain trend in some member states, as well, such as Poland and Moldova. I personally oppose such laws as both ineffective and a violation of human rights. However, “chemical” castration is, in general, considered reversible, and thus the scale of the violation is not as high as with surgical castration. This is why I had originally decided to concentrate on coercive surgical castration in this report.

30. However, following a conversation I had with Doctor Jean-Georges Rohmer, Psychiatrist at Strasbourg Hospital and Regional Head of the centre responsible for treating perpetrators of sexual abuse, on the margins of the 11th network meeting of the contact parliamentarians committed to stop sexual violence against children on 22 January 2013, I would like to underline his view that it is a common misconception that sexual crimes are mainly linked to “sex” (and sex drive). As has been proven in relation to violence against women, the main motivation for a man to rape a woman is usually one of power: by abusing a woman in this most intimate way, the damage to the victim is not just physical, and this procures a feeling of absolute power to the rapist. (This is also the reason why in all-male settings such as prisons, it is common for heterosexual men to rape other men). Doctor Rohmer underlined that in treating sex drive (both through chemical or surgical castration), the offender’s main pathology – that of wanting power of other human beings – was left untreated. Such offenders had a great propensity to re-offend in other than sexual ways, for example, by torturing future victims.

31. Following this conversation, I have decided to invite the CPT’s most eminent current expert on both chemical and surgical castration to our Committee’s meeting in Strasbourg on 23 April 2013, Ms Veronica Pimenoff from Finland, to shed further light on the matter. Following this exchange of views, I intend to add a sub-chapter on chemical castration to my final explanatory memorandum.

32. It appears that the Czech Republic is the only member State of the Council of Europe which has used surgical castration extensively in the recent past, which is why I will be concentrating on the findings from my November 2012 fact-finding visit there.

The Czech Republic

33. It is my feeling after having spoken to many eminent doctors and politicians during my visit that they honestly believe that some sex offenders should be allowed to opt for surgical castration as the treatment of last resort in rare cases where all other treatment options have been exhausted.

34. Following diagnosis as a sexual “paraphiliac” based on Czech courtship disorder theory, convicted sex offenders are referred to compulsory “protective” treatment either after serving

⁷⁴ According to Mr Krakowski, in the case of Germany, resort to surgical castration appears to be quite rare, not only in Berlin but throughout Germany. According to unofficial statistics available to the Committee, during the last ten years, the total number of surgical castrations of sexual offenders in Germany has been fewer than five per year. Moreover, in Berlin, more than half of the applications which had been submitted since 2001 (five out of nine) had been rejected by an expert commission, composed of two doctors (including one psychiatrist) and a lawyer with the qualification of a judge; and no application had been submitted to the expert commission during the past two years.

a prison sentence or immediately, some as outpatients, but most in a psychiatric hospital. According to the members of the Czech Sexuological Association whom I met,⁷⁵ about 10% of sexual offenders are sexual deviants who have need of such treatment. They considered that since such patients remained dangerous during their whole lifetime, the only way of substantially decreasing the high risk of their causing harm to others and thus enabling their reintegration in the community is to offer them treatment which helps them to manage their sexual impulses⁷⁶. Such treatment comprises primarily psychotherapy, sociotherapy and the use of psychotropic drugs, but, where such treatment is not efficient or is contraindicated for health reasons, also surgical castration. They considered the side-effects of surgical castration to be minimal (a tendency to obesity, osteoporosis and depression). Sterilisation was not the aim: the possibility of storing sperm in a sperm bank was offered, but not many took it up.

35. A visit to the Bohnice Psychiatric Clinic was kindly arranged for me, which has a 20-bed residential programme of such “protective” treatment. As explained by its Director, Mr Martin Hollý, the three pillars of this comprehensive treatment are biological treatment (including chemical castration, and surgical castration only as a last resort), psychotherapy and sociotherapy. 10 surgical castrations had been performed in the hospital in 10 years, the last three in February 2012. I was able to speak to a patient on whom the procedure had been performed one-and-a-half years prior, a young man who had been treated in the hospital since 2006 after having served an 8-year prison term for having raped and murdered a woman at age 16. He considered that his biggest problem was aggressiveness and a high sex drive due to very high testosterone levels. He had tried chemical castration, but had not liked the side-effects and had not been able to control his sexual impulses. He had wanted to be “calmer” – he had thought about surgical castration for a month before deciding to undergo the procedure. He reported no longer feeling so aggressive and such a high sex drive, but he reported a good sex life and feeling happier now. He had been offered to store his sperm, but had decided he didn’t want children. He was due to be conditionally released in January 2013.

36. The Czech Republic reports low recidivism rates for surgically castrated sex offenders, but the evidence presented to me seemed outdated and/or anecdotal. It is thus to be welcomed that a new 2-year study is being prepared on behalf of the government following the entry into force of the new law on 1 April 2012. Similar to the changes regarding female sterilisation, the changes are meant to provide more safeguards against abuse regarding surgical castration of sex offenders – not only as a reaction to international criticism of the old legal provisions, but also to domestic criticism.⁷⁷ There has been no surgical castration since the entry into force of the new legislation.

37. As the Deputy Minister of Health explained to me during our meeting, the new law makes the following requirements for surgical castration: the person must have committed a violent sexual offense, have been diagnosed with sexual deviation and a high probability of recidivism. All other methods must have failed or be contra-indicated. Upon a written

⁷⁵ Mr Petr Weiss and Mr Jaroslav Zvěřina.

⁷⁶ According to the comments of the Czech national parliamentary delegation to my introductory memorandum of 16 January 2013, the treatment is based on “comprehensive adaptation therapy”.

⁷⁷ Ms Monika Šimůnková, the Czech Commissioner for Human Rights, pointed out during our meeting that the government council of human rights’ committee on torture and inhuman treatment had recommended the complete ban of castration. Ms Anne Šabatová, the Chairperson of the Czech Helsinki Committee, alleged that in the past there had been cases of non-violent defendants being surgically castrated.

application of the patient and his informed consent, a central Ministry of Health Committee must authorise the procedure after having heard the patient. The procedure is now not allowed to be used in prison. The minimum age for surgical castration is 25; no castration of incapacitated patients is permitted.

38. Like Ms Šimůnková, the Czech Commissioner for Human Rights, whom I also had the pleasure to meet, I do appreciate the new legislation and the much stricter rules. However, like the CPT, I remain unconvinced of both the efficacy of the intervention and the validity of the free consent of a person whose choice may be between lifelong detention in a psychiatric clinic or surgical castration. I believe that every human being has inalienable rights, including offenders, and that society must find a way to preserve these rights. It is a question of human dignity.

4.3. Transgender persons

39. In many European countries, either sterilisation or sex-reassignment surgery or both are a requirement for the country to legally recognise a transgender person in his or her new gender. According to RSFL, the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights, 29 out of the 47 Council of Europe member states have a sterilisation requirement. According to the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Mr Juan E. Méndez, in 11 states where there is no legislation regulating legal recognition of gender, enforced sterilization is still practised. Few countries are as progressive as the United Kingdom, with its Gender Recognition Act of 2004, which could serve as model legislation in this field. I would like to concentrate on the case of Sweden here, which kindly received me on a fact-finding visit at the time of immense change in transgender legislation in the country.

Sweden

40. The current law on the sterilisation of transgender persons applicable in Sweden dates from 1972. It was the first legal recognition of transgender persons internationally. A Swedish citizen over 18 years old could be legally recognised in his/her new gender if the person was not married (which implies divorce for some people), and sterile (either sterilised or naturally unable to reproduce). As the responsible officer on the Swedish National Board of Health and Welfare explained, the sterilisation requirement was due to a certain wish of the government at the time to “keep an order in the system”⁷⁸ – sterilisation was a way to ensure there would be no pregnant men.

41. It is unclear how many sterilisations of transgender persons took place since the law came into effect, but around 600 people were registered in their new sex since then. It can be assumed that most of them will have been surgically sterilised as a requirement for the legal recognition in their new sex. Currently, around 50 applications per year for sex change are received (only a very small number of which are refused – because of a refusal to divorce or be sterilised). Interestingly, the 1972 law makes sex-reassignment surgery no requirement for

⁷⁸ Meeting with Ms Linda Almqvist, Legal advisor, Department of Regulations and Licenses, the Swedish National Board of Health and Welfare.

the legal recognition of the sex-change.⁷⁹ But the sterilisation requirement of the 1972 is a complete one: even sperms or eggs in banks need to be destroyed.

42. The Swedish National Board of Health and Welfare⁸⁰ now recognises these sterilisations as coercive, as persons do not want to be sterilised, but only consent in order for their sex change to be legally recognised. After a huge national debate,⁸¹ the Swedish parliament passed a law which abolishes the sterilisation requirement with effect from 1 July 2013 as a consequence. However, the Forensic Legal Council (an independent legal body within the Board) of Sweden's National Board of Health and Welfare decided very recently not to appeal a verdict of the Administrative Court of Appeals, i.e. that the sterilisation requirement in order to change legal gender marker is a violation of Swedish constitutional law as well as the European Convention of Human Rights, which mean the verdict stands. So this will mean whoever applies for a change of gender marker and personal identification number (in Sweden frequently used in almost every form for interaction with authorities, schools, universities, contract partners and services) can already do this pending the entry into force of the new law itself on 1 July 2013. The requirement not to be married was already abolished by a parliament decision of June 2012 which came into force on 1 January 2013, and which also widens the scope of the law to Swedish residents.

43. The next question facing Sweden now is whether transgender victims of coercive sterilisation should be compensated by the state (as were the victims of the historic eugenic sterilisation programme). Victim groups and NGOs⁸² are asking for 200,000 Swedish Crowns⁸³ - and an official apology for the suffering caused. The hope is that legislation will be forthcoming, so that a class action suit and a fight in the courts can be avoided. But, as in other countries, one of the problems is a rigid and paternalistic mindset amongst some members of the medical profession.⁸⁴ Indeed, quality healthcare in general for transgender persons is a problem in many countries, but this is not the subject of this report.

44. It is interesting to note that, in his most recent report, the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment calls upon all States "to repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery, involuntary sterilization, unethical experimentation, medical display, "reparative therapies" or "conversion therapies", when enforced or administered without the free and informed consent of the person concerned"⁸⁵. He also calls upon them to outlaw forced or coerced sterilization in all circumstances and provide special protection to individuals belonging to marginalised groups.

4.4. Persons with disabilities

⁷⁹ Probably, also because the results of woman to man surgery are apparently still not very satisfactory.

⁸⁰ Which spearheaded two investigations into the matter, in 2007 and in 2010, with very different conclusions.

⁸¹ Sparked by the refusal of a very small minority party in the government coalition, the Christian Democrats, to agree to the repeal of the sterilisation requirement.

⁸² Such as RFSL, the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights.

⁸³ The victims of the eugenic sterilisation programme received 175,000 Swedish crowns in 1999.

⁸⁴ One doctor had made the continuation of hormone therapy dependent on the patient's consent to sterilisation only three weeks before our November 2012 fact-finding visit. Many doctors are quick to propose sterilisation – even the removal of reproductive organs - to both transgender and intersex people, also in cases where there is a lack of medical indications. Some doctors consider the wish to have children a contra-indication to the transgender diagnosis (and without an official diagnosis, there is no official treatment, either, of course). One transgender person we met found it ironic that being transgender is considered one of the few mental disorders curable by surgery.

⁸⁵ Op. cit. (footnote no.16), paragraph 88.

45. Article 23(1) of the UN Convention on the Rights of Persons with Disabilities imposes the duty upon states to ensure that “persons with disabilities, including children, retain their fertility on an equal basis with others.”

46. The World Health Organisation (WHO) estimates that over a billion people in the world, or approximately 15 percent of the global population, have disabilities. According to a WHO report, disabled women are particularly vulnerable to involuntary sterilisation. Forced sterilisations on disabled women are often performed under the auspices of medical legal services or with the consent of court-appointed guardians, who have the authority to decide on behalf of the patient. Various justifications are offered for the procedure, including disabled women’s inability to parent, protection from sexual exploitation and abuse, population control, or so-called menstrual management.⁸⁶

47. The UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment devoted a whole section of his recent report to “persons with psychosocial disabilities”.⁸⁷ In his recommendations, he specifically recommends that member states “revise the legal provisions that allow ... any coercive interventions or treatments in the mental health setting without the free and informed consent by the person concerned”,⁸⁸ after having noted the wide documentation of forced sterilisation of girls and women with disabilities.⁸⁹

48. In 2011, five women with mental disabilities brought their case before the European Court of Human Rights (*Gauer and Others vs. France*). Each had involuntarily undergone the process of tubal ligation without their informed consent. Unfortunately, the case was declared inadmissible on technical grounds at the close of 2012. I hope that another case will be brought before the Court which will allow for a judgment on the merits.

4.5. The marginalised, stigmatised or persons considered unable to cope

49. During our fact-finding visit to Sweden we had the privilege to meet with Mr Maciej Zaremba, a journalist whose articles in 1997 brought the eugenic sterilisation laws of women back into the limelight, and sparked national discussion and soul-searching. Though the sterilisation programme is historic, and has to be understood in this historical context (see chapter 2), I think it is worth giving some more details on the functioning of this programme.

50. As a result of centralised administration from the very start, the files of more than 60,000 persons sterilised from 1935 to 1975 are still available at the archives of the Swedish National Board of Health. Looking through some of these files, Mr Zaremba was struck at how little it took for a woman or a young girl to be targeted for sterilisation. A sample of some of the reasons given included: the wearing of red nail polish, “Carmen”-looks (this may refer to “Gypsy”-lineage⁹⁰), or being a young, poor virgin living close to army barracks. Mr Zaremba

⁸⁶ Malgorzata Stawecka, *Involuntary Sterilisation Threatens Rights of Disabled Women*, 20 September 2012, <http://www.ipsnews.net/2012/09/involuntary-sterilisation-threatens-rights-of-disabled-women>.

⁸⁷ *Op. cit.* (footnote no. 16), section IV D.

⁸⁸ *Op. cit.* (footnote no. 16), paragraph 89 d.

⁸⁹ National law in some countries allows for the sterilisation of minors who are found to have severe intellectual disabilities according to his report.

⁹⁰ There were few Sinti (and practically no Roma) in Sweden. One group which was targeted were the “Tartari”, poor travelers (tinkers) considered “gypsies” by most Swedes at the time, but who had local origins. It is estimated that only 500-1,000 Tartari women were sterilised, as they avoided the authorities as much as they could. Some women of the Sami

underlined that the practice was directed mainly against women who risked becoming a burden to the developing Swedish welfare state. A lack of morality was quickly interpreted as a lack of intelligence – as another eminent historian we met, Mr Matthias Tydén, pointed out: The target groups for eugenics – “mental defectives” in particular – were described as unsuitable parents and a burden to society. This was later widened to include the “socially” as well as the genetically unfit for sterilisation. Sterilisations were initiated not only in mental hospitals and institutions for the mentally disabled, but also by local-level social workers, and, according to Mr Zaremba, even local (Lutheran) parish priests.

51. On paper, the laws were based on voluntariness, except operations “without consent” following third-party applications, in cases of “severe mental deficiency” or “legal incompetence”. It was nonetheless coercive sterilisation, as it was nearly always under pressure, as a precondition for discharge from a mental institution, from a home for the “feeble-minded”, or for permission to get a “eugenic” abortion. At the height of the programme (in the years after 1945), 80 to 100 decisions were taken per day by the Board’s Committee which ordered sterilisation – and which could not be appealed.⁹¹

52. As in many countries, women who had been coercively sterilised under the programme mostly maintained silence – sterilisation was considered shameful, as it had been targeted at people who were deemed to be worth less (“*minderwertig*”). When the practice came to light in 1997, an official apology was tendered, describing the programme as “barbaric”, and a commission was quickly established to look into the details and make recommendations, including on compensation. In the end financial compensation of 175.000 Swedish crowns (around 20.000 Euros) was paid out to some 1,600 individuals sterilised against their will or under questionable circumstances (from more than 2,000 applications).

5. First conclusions and recommendations

53. During the Committee hearing in September 2012, I was particularly touched by the testimony of Ms Bernadette Gächter, a victim of forced abortion and sterilisation in 1972 at the age of 18 from my own country, Switzerland. Much of her testimony – which I am appending to this report – mirrors that of what can be found in the Swedish archives of eugenic sterilisation. But she has never received an apology from the state, let alone compensation, unlike her fellow victims in Sweden.

54. My conclusion from the foregoing is twofold:

54.1. We must put an end to coercive sterilisation and castration. Who can read Ms Gächter’s testimony or the history of eugenic sterilisation all over Europe without feeling an overwhelming sentiment of “Never again!”? There is an urgent task for us as parliamentarians to revise our laws and review our state policies in order to build up clear safeguards against future abuses. We need to prevent coercive sterilisation and castration also by working for a change in mentalities: we need to fight stereotypes and prejudice against those who appear “different” and thus sometimes considered by the bigoted to be worth less, be they Roma women, sex offenders, transgender persons,

minority were also targeted for sterilization.

⁹¹ It is ironic in a way how the German law, which allowed physical force to be used, foresaw (and put into practice) a right of appeal, while the Swedish law did not, but, though mostly eschewing force, arrived at its end using blackmail and manipulation.

persons with disabilities, or any other marginalised or stigmatised group. We must fight paternalistic attitudes in the medical profession, and raise awareness of coercive sterilisation and castration as a serious human rights violation which brings shame not on the victims, but on the perpetrators.

54.2. We must ensure proper redress to victims of coercive sterilisation and castration, whoever they are, and whenever the abuses occurred. In recent cases, this includes the protection and rehabilitation of victims and the prosecution of offenders. But in all cases, as rare, individual or historic as they may be, official apologies and at least symbolic compensation must also be given. Only then will we have lived up fully to the ideals of the Council of Europe.

Appendix: Address by Bernadette Gächter, victim of a forced sterilisation, Switzerland, at the Committee hearing on 16 September 2011 in Paris

Ladies and Gentlemen, Thank you for your invitation. It is a pleasure for me to address you.

In 1972, in Switzerland, I was forced to undergo an abortion and sterilisation at the age of 18. Let me describe to you the events that led to this outcome:

At my birth, my mother, who was unable to look after me, got in touch with a Catholic institution, the *Seraphische Liebeswerk*, which placed me in a foster family. When they were no longer able to look after me I was entrusted to another family with a view to adoption.

That is how I found myself in living with a childless couple who were devout and very pious Catholics. They made sure I was always clean and well dressed. When I was four years old my foster parents had a child of their own with the result that, under the law in force at the time, they could no longer adopt me.

In 1961, when I was seven years old, my foster parents began to have doubts about me. As I was an impulsive and stubborn child and they thought that I was masturbating in secret, on their GP's advice they took me to the children's hospital in Zurich. The hospital's paediatrician delivered his diagnosis: "infantile organic psychosyndrome". This is what we now call "attention deficit disorder". Some 10 % of children suffer from this pathology but, to date, there is nothing in my childhood to prove that I suffered from the disorder.

This diagnosis was the bane of my life for many years. Even the experts who were subsequently consulted did not question it, despite the fact that they never found any symptoms. From that time onwards, every night after my bedtime prayer, my foster mother tied my legs together right up to the hips with an elastic bandage. She even washed me herself. Every Saturday she gave me a bath. She soaped me, rubbed me and rinsed me with water like a little baby. Nothing I could say would change anything. If I disobeyed, I was immediately punished: she would beat me and lock me up in the cellar or the toilets. Throughout my schooldays I was regularly taken to psychiatric clinics where electric wires were attached to me so that my brain could be examined. Electrodes were even put up my nose, which was extremely painful.

After spending a year in French-speaking Switzerland, I began an apprenticeship as an office clerk. At 18 I learned by chance that I was not biologically related to my family. My world fell to pieces and I felt as if I was falling into a bottomless pit. No other explanation was given to me concerning my origins. I felt that I had been abandoned, that nobody was interested in me and I was convinced that no-one had ever loved me.

I started staying out at night later than I was allowed to. I thought that by going out with men I would find the love I didn't have in my foster family. When I came home in the middle of the night my foster mother would shout at me. She said I was a whore just like my mother, but she had never met my mother. It was awful. I felt as if I had lost my identity.

Finally I got pregnant and I tried to hide the fact because I was afraid of the verbal and physical abuse that would follow. However, the doctor in whom I had confided informed my foster family.

My foster father suddenly burst into my room and asked me “Bernadette, what have you done?!”. Nobody wanted to help me. They said I had to go to the mayor and tell him I was pregnant. I had no idea why. My foster mother sent me to the priest to confess. I also had to go to the family GP with her to clarify the situation. How long this all took and how often I had to go to the doctor’s I can’t remember. I can only remember one thing very clearly: the sudden declaration that I had brain damage and that they considered me to be mad. However I had gone through primary and secondary school without great difficulty. My foster mother said to me, word for word “You know, Bernadette, it would be better if you got rid of the child because you are suffering from brain damage and as it is hereditary your child will have the same problem as you. You don’t want your child to be mad too, do you?”.

The doctor and my foster mother put so much pressure on me that I finally gave in and signed the piece of paper they kept on pushing at me. I had just agreed to have an abortion and to be sterilised without realising the exact consequences. I did not want any of that to happen to me but I was unable to defend myself. I had no one to help me stand up to the “respectable” figures of my childhood.

My foster family, the family GP, the priest, and the psychiatrists were all in league with one another. Accompanied by my foster parents, I was forced to go to the county psychiatric clinic in Wil to explain the situation. I can still see myself sitting at the huge oval table, surrounded by psychiatrists asking me stupid, meaningless questions that had nothing to do with my pregnancy or my alleged brain damage. They had decided on my abortion and sterilisation before I even met them.

Later when I was married I was operated on twice to see if the sterilisation could not be reversed. My then husband and I had to explain everything to a psychiatrist before permission was given for the operations, both of which proved to be in vain.

Years later, when I gained access to my medical files, I became fully aware of the extent of the injustice I had suffered: I spent two years studying my files and doing research until, in 1991, I discovered an article several pages long in a weekly newspaper. From the documents I had studied I had discovered that my biological mother had also been sterilised and labelled as unstable and ruled by sexual desire, and locked away because her behaviour was non-conformist. When he recommended my abortion and sterilisation for eugenic reasons, the expert at the Wil psychiatric clinic based his diagnosis on knowledge of my mother’s case. It was terrible to discover all this. In 1972, someone wrote the following about my mother in her medical file: “and to think that, somewhere, this woman has a seriously handicapped not to say mad daughter”.

More than ten years later, Jolanda Spirig wrote a biography of my life entitled “Widerspenstig. Zur Sterilisation gedrängt” (Forced to undergo sterilisation because she was rebellious), which was published in 2006 by Zürcher Chronos.

I now know that I was only one of thousands of victims.

I know how difficult it is to ‘bear’ such a burden, if it can be borne at all.

I know how much energy is required to survive.

I have not been able to found a family, to have a child, whereas there was nothing in the world I wanted more than to become a mother. The sight of mothers with their children was painful to me. And now it is just as painful to see grandmothers with their grandchildren. Nobody can give me back what was taken from me. The operation was irreversible!

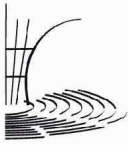
I had to learn to live with all that and to make a new life for myself. I had to accept the idea that I was the victim of an incredible injustice that had caused me serious physical damage. If I did not accept it, my life would be unbearable. Since the age of 34, I have been working as an administrative assistant in a business company. I have often been asked how I manage to lead a normal life. And when I look at my past I ask myself the same question. I have always refused help as I look on psychiatrists as my enemies.

I have not fully recovered from the injustice I have suffered and it will follow me for the rest of my days. There is only one solution: one has learn to live with the past and to make oneself a new life. I have accepted my lot in life and I have faced up to it for the past 25 years. Sometimes it is extremely painful and sometimes it is hardly bearable. But I have resigned myself to what happened and learned to live with it.

The perpetrators of these acts have never apologised for what they did. And yet there are piles of files in the archives containing incredible lies. And that really bothers me, for everyone knows the ease with which such documents can resurface!

If I were to have problems in the future, nobody would be interested in the fact that I have been working for the same company for 34 years to everyone's entire satisfaction or the fact that I earn my living without any outside help or assistance. All that will count is what is written in these documents and again I will be judged according to what they say about me. That is why I ask that all of these documents be handed over to me. I want to decide myself what should and should not be done with them.

Thank you for your attention.



Restringido

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**Comisión de Asuntos Sociales, Salud
y Desarrollo Sustentable**

Programa de trabajo

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A. Calendario de las reuniones y proposiciones para presentación de los informes en 2013.

la

Marzo 2013

14 y 15 de marzo	Berlín (Alemania)	12ª reunión de la Red de contactos parlamentarios para detener la violencia sexual contra los niños y reunión de la Comisión Plenaria
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Abril 2013

22 y 26 de abril	Estrasburgo	2ª sesión parcial de la Asamblea.
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Presentación de los informes:

Nanotecnología: equilibrando los beneficios y los riesgos para la salud pública y el medio ambiente, el Sr. Sudarenikov, Federación de Rusia, SOC; Parlamentos unidos en el combate de la violencia sexual contra los niños: revisar a mediano plazo la Campaña UNO de cada CINCO, Sr. Bonet Perot, Andorra, SOC; Combatir el “turismo sexual infantil” a través de una acción jurídica y política comprometida, Sr. Ghiletchi, República de Moldova, EPP/CD.

Junio 2013

3 de junio	París	Reunión de la Comisión Plenaria
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24 y 28 de junio	Estrasburgo	3ª sesión parcial de la Asamblea
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Presentación de los informes:

Poner fin a las esterilizaciones coercitivas y castraciones, Sr. Maury Pasquier, Suiza, SOC
Seguridad alimentaria, Sr. Marquet, Mónaco, ALDE
Igualdad de acceso al cuidado de la salud, Sr. Lorrain, Francia, EPP/CD.

Septiembre de 2013

9 de septiembre

París

Reunión de la Comisión Plenaria

Octubre de 2013
Noviembre de 2013

22 de noviembre Viena (*por confirmar*)
(*por confirmar*)

Derechos de los niños para la integridad física, Sr. Rupprecht, Alemania, SOC

Reunión de la Comisión de Permanente

Presentación del informe:

La organización administrativa de las grandes metrópolis: una clave para el fortalecimiento de la democracia local en Europa, Sr. Donaldson, Reino Unido EDG

B. Informes

1. Informes aún no debatidos

1. Nanotecnología: equilibrando beneficios y riesgos para la salud pública y el ambiente

Relator: Sr. Sudarenikov, Federación de Rusia, SOC (nombrado el 25.02.2011).

- Origen: Doc. 12372, referencia No. 3718 del 8.10.10 (extendida) fecha límite para la aprobación: 08.10.2013
- Fecha del debate previsto en la Asamblea: 2^o sesión parcial de 2013.

2. Informes en preparación

2. La organización administrativa de las grandes metrópolis: una clave para el fortalecimiento de la democracia local en Europa

Relator: Sr. Donaldson, Reino Unido, EDG (nombrado el 26.01.2012)

- Origen: Doc. 12371, referencia No. 3717 del 8.10.10; (extendida) fecha límite para la aprobación: 08.10.2013
- Estado del trabajo:
19.11.2012 En su reunión en Moscú, la Comisión consideró un esquema del informe
- Fecha del debate previsto en la Asamblea: Comisión Permanente, noviembre de 2013.

3. Poner un fin a las esterilizaciones coercitivas y castraciones

Relator: Sr. Maury Pasquier, Suiza, SOC (nombrado el 22.03.2011)

Origen: Doc. 12444, Referencia No. 3739 de 24.01.11; (extendida) fecha límite para la aprobación: 24.01.2014

(Comisión de Equidad de Oportunidades para Mujeres y Hombres, para la opinión: Sr. Saïdi, Bélgica, SOC)

Estado del trabajo: (Ex Comisión de Asuntos Sociales, Salud y Familia)

- 21.06.11 En su reunión en Estrasburgo, la Comisión preparó la audiencia que se celebró en París en la tarde del 16 de septiembre de 2011.
 - 16.09.11 En su reunión en París, la Comisión celebró una audiencia con la participación de expertos.
 - 25.01.12 En su reunión en Estrasburgo, la Comisión consideró un esquema del informe y autorizó al Relator para llevar a cabo una visita de investigación de los hechos en Suecia y la República Checa.
 - 23.01.13 En su reunión en Estrasburgo, la Comisión consideró un Memorándum de introducción y escuchó una declaración por el Relator sobre la visita de investigación de los hechos a la República Checa y Suecia (del 6 al 9 de noviembre de 2012).
 - 15.03.13 En su reunión en Berlín, la Comisión considerará un Memorándum revisado de introducción; un intercambio de opiniones con otros expertos que será celebrado durante la sesión parcial de sesiones en abril.
- Fecha del debate previsto en la Asamblea: 3ª sesión parcial de 2013.

4. Seguridad Alimentaria

Relator: Sr. Marquet, Mónaco, ALDE (nombrado el 26.01.2012)

- Origen: Doc. 12442, referencia NO. 3738 del 24.01.11; (extendido) fecha límite para la aprobación: 24.01.2014
 - Estado de trabajo: (Antigua Comisión de Medio Ambiente, Agricultura y Asuntos Locales y Regionales)
- 06.10.11 Presentación de un esquema de informe.
 - 23.05.12 En su reunión en París, la Sub- Comisión sobre el Medio Ambiente y Energía consideró un Memorándum y sostuvo un intercambio de opiniones.
 - 04.10.12 En su reunión en Estrasburgo, la Comisión consideró un Memorándum.
- Fecha del debate previsto en la Asamblea: 3ª Sesión parcial en 2013.

5. La diversificación de la energía como una contribución fundamental para el desarrollo sustentable.

Relator: Sr. Barnett, Alemania, SOC (nombrado el 25.01.2012)

- Origen: Doc. 12495, Doc. 12552, Doc. 12514 (*Diversificación de la energía, un interés económico común de Europa*) y el Doc. 12600 (*Hacia una nueva estrategia energética en Europa*), referencia No. 3747 del 11.03.2011; (extendida) fecha límite para la aprobación: 11.03.2014.
 - Estado de trabajo:
- 25.01.12 En su reunión en Estrasburgo, la Comisión aprobó la fusión de los siguientes informes:
Investigación en la economía baja en carbono para el crecimiento del medio ambiente
+ La diversificación de la Energía, un interés económico común de Europa
+ Los parques eólicos marinos: una oportunidad ecológica y económica para Europa, y decidió nombrar al Sr. Barnett (Alemania, SOC) Relator sobre los informes fusionados.

- 23.03.12 En su reporte en París, la Comisión apoyó los intercambios de opiniones con el Profesor Samuelle Furfari.
- 19.11.12 Durante su reunión en Moscú, en la ausencia del Relator, la Comisión apoyó un intercambio de opiniones sobre la base de un esquema de informe con la participación del Sr. Vladimir Grachev, Fundación Vernadsky.
- 23.01.13 En su reunión en Estrasburgo, la Comisión preparó a la audiencia para ser celebrada en Berlín el viernes por la tarde el 15 de marzo de 2013.
- 15.03.13 En su reunión en Berlín, la Comisión considerará un Memorándum de introducción y preparará a la audiencia con varios expertos internacionales.
 - Fecha del debate previsto en la Asamblea: por decidirse

6. Acceso igualitario al cuidado de la salud

Relator: Sr. Lorrain, Francia, EPP/CD (nombrado el 26.01.2012)

- Origen: Doc. 12504 (*Racionamiento del cuidado de la salud: una amenaza a la igualdad al acceso a la salud*) y Doc. 12512 (*Garantizamos el acceso de los migrantes extranjeros al cuidado de la salud*), referencia No. 3753 del 11.04.11; (extendido) fecha límite para la aprobación: 11.04.2014.
(Comisión sobre la Migración, los Refugiados y la Población, para la opinión: Sr. Cederbratt, Suecia, EPP/CD)
- Estado de trabajo:
- 26.04.12 Un intercambio de opiniones con un experto se celebró en la reunión de la Sub-Comisión sobre la Salud Pública en Estrasburgo.
- 22.05.12 En su reunión en París, la Comisión consideró un esquema de informe y mantuvo un intercambio de opiniones con la participación de Sr. Douste-Blazy, Presidente del Comité Ejecutivo, UNITAID.
- 19.11.12 Durante su reunión en Moscú, la Comisión mantuvo un intercambio de opiniones sobre la base de una nota introductoria con la participación del Profe. Dr. Heinz-Jochen Zenker, Presidente de los Doctores del Mundo, Alemania, Sra. Lialia Gabbasova, Ministro de la Salud, Federación de Rusia, Sr. Serguey Kalashnikov, Presidente de la Comisión de la Salud Pública, Duma de Estado Ruso, Sr. Michael Ugryumov, Académico de la Academia de Ciencias de la Federación de Rusia y autorizó una visita a Grecia, solicitada por el Sr. Jean-Louis Lorrain en el marco de este informe.
- 24.01.13 En Estrasburgo, la Comisión autorizó al Presidente para remplazar al Relator en su visita de investigación de hechos en Grecia del 11 al 13 de abril de 2013.
 - Fecha del debate previsto en la Asamblea: 3ª sesión parcial de 2013.

7. Medidas del bienestar de los ciudadanos Europeos

Relator: Alexander Earl de Dundee, Reino Unido, EDG (nombrado el 25.05.2011)

- Origen: Doc. 12567, referencia No. 3767 el 15.04.11; (extendido) fecha límite para la aprobación: 15.04.2014
- Estado de trabajo: (Antigua Comisión de Asuntos Económicos y Medio Ambiente)
- 06.10.11 La Comisión escuchó una declaración por el Relator y mantuvo un intercambio de opiniones en base a un esquema de informe.
- 09.12.11 La Comisión mantuvo un intercambio de opiniones en base al Memorándum de introducción.

24.01.13 En su reunión en Estrasburgo, la Comisión autorizó al Earl de Dundee para llevar una visita de investigación de hechos para la OCDE en París el 1° de marzo de 2013.

- Fecha del debate previsto: por decidirse.

8. Combate del “Turismo Sexual Infantil” a través del Comité de acciones jurídicas y políticas.

Relator: Sr. Ghiletschi, República de Moldova, EPP/CD (nombrado el 26.01.2012)

- Origen: Doc. 12582, Referencia No. 3770 del 27.05.11; (extendido) fecha límite para la aprobación: 27.05.2014

▪ Estado de trabajo: (Antigua Comisión sobre Asuntos Sociales, Salud y Familia)

5.10.11 En la 4ª reunión de la Red de Contactos parlamentarios celebrada en Estrasburgo para el combate de la violencia sexual contra niños, un intercambio de opiniones con el Sr. Najat Maalla M'jid, Relator Especial de las Naciones Unidas en la venta de los niños, prostitución infantil y pornografía infantil que se llevo a cabo.

18.11.11 En su reunión en FLORENCIA, La Comisión consideró un esquema del informe y mantuvo un intercambio de opiniones con la participación de Jasmina Byrne, Especialista en la Protección Infantil, Centro de Investigación Innocenti (IRC) UNICEF.

07.09.12 Durante su reunión en París, la Comisión consideró un Memorándum de introducción.

19.11.12 Durante su reunión en Moscú, la Comisión consideró un Memorándum de introducción revisado y mantuvo un intercambio de opiniones con la Sra. Christine Beddoe, Presidente de la ECPAT, Reino Unido.

15.03.13 En su reunión en Berlín, la Comisión considerará u proyecto de informe en vistas de la adopción de un proyecto de resolución.

- Fecha del debate previsto en Asamblea: 2ª sesión parcial de 2013.

9. El impacto del incremento de la exclusión social sobre instituciones democráticas y participación: necesidad para una acción fuerte.

Relator: Sr. Hancock, Reino Unido, ALDE (nombrado el 22.03.2012)

- Origen: Doc. 12599, Referencia No. 3780 del 20.06.11; (extendido) fecha límite para la aprobación: 20.06.2014

▪ Estado de trabajo: (Antigua Comisión de Asuntos Sociales, Salud y Familiar)

18.11.11 En su reunión en Florencia, la Comisión mantuvo un intercambio de opiniones con el Sr. Bálint Misetics, experto.

22.05.12 En su reunión en París, la Comisión consideró un Memorándum de introducción.

- Fecha del debate previsto en Asamblea: por decidirse.

10. Justicia a favor de los Niños / Niños privados de libertad

Relator: Sr. Schennach, Austria, SOC (nombrada el 18.11.211)

- Origen: Doc. 12672, Referencia No. 3795 del 03.10.11; (extendida) fecha límite para la aprobación: 03.10.2014 + Doc. 12907, Referencia 3866 del 25.05.12 (Comisión sobre Asuntos Legales y Derechos Humanos, para la opinión: Sr. Gaudi Nagy, Hungría, NR)

- Estado de trabajo: Investigación documental.
- 26.06.12 En su reunión en Estrasburgo, la Comisión decidió fusionar los dos informes y nombró al Sr. Schennach Relator.
- Fecha del debate previsto en Asamblea: por decidirse.

11. Trabajo decente para todos: Combatiendo el dumping social
Relator: Sr. Vercamer, Bélgica, EPP/CD (nombrado el 25.01.2012)

- Origen: Doc. 12740, Referencia No. 3818 del 25.11.11; (extendido) fecha límite para la aprobación: 25.11.2014
(Comisión sobre Asuntos Jurídicos y Derechos Humanos, para la opinión: Sr. Chope, Reino Unido, EDG)
- Estado de trabajo:
- 25.01.12 En su reunión en Estrasburgo, la Comisión aprobó la fusión de los siguientes informes:
Competencia económica injusta por los países del tercer mundo: social dumping
+ Asegurar trabajos decentes para todos y decidió nombrar Al Sr. Vercamer (Bélgica, EPP/CD) Relator sobre la fusión del informe.
- 07.09.12 En su reunión de París, la Comisión consideró un esquema del informe.
- 19.11.12 Durante su reunión en Moscú, la Comisión consideró un Memorándum de introducción y mantuvo un intercambio de opiniones.
- Fecha del debate previsto en Asamblea: por decidirse.

12. Actividades del Banco de Desarrollo del Consejo de Europa
Relator: Sr. Elzinga, Países Bajos, UEL (nombrado el 26.06.2012)

- Origen: Solicitud para la inclusión en la agenda de la sesión, Referencia 3879 del 25.06.12
- Estado de trabajo: Investigación documental.
- Fecha del debate previsto en Asamblea: por decidirse

13. Reportar la sospecha de violencia sexual contra los niños: medidas legislativas y políticas necesarias para proteger a las víctimas y a los profesionales
Relator: Sr. Rupprecht, Alemania, SOC (nombrado el 23.01.2013)

- Origen: Doc. 13006, Referencia No. 3895 del 01.10.12
- Estado de trabajo: Investigación documental.
- Fecha del debate previsto en Asamblea: por decidirse

14. Cuidado óptimo para las mujeres con cáncer de mama
Relator: Sr. Kyriakides, Chipre, EPP/CD (nombrado el 02.10.2012)

- Origen: Doc. 12995, Referencia No. 3898 del 01.10.2012
- Estado de trabajo: Investigación documental.
- Fecha del debate previsto en Asamblea: por decidirse

15. Pobreza infantil: una causa de las continuas violaciones de los Derechos Humanos y un obstáculo al desarrollo pleno de los niños.

Relatora: Sra. Fataliyeva, Azerbaiyán, EDG (nombrada el 19.11.2012)

- Origen: Doc. 13041, Referencia No. 3911 del 05.10.12
- Estado de trabajo: Investigación documental.
- Fecha del debate previsto en Asamblea: por decidirse.

16. Derecho de los niños a la integridad física

Relatora: Sra. Rupprecht, Alemania, SOC (nombrada el 19.11.2012)

- Origen: Doc. 13042, Referencia No. 3912 del 05.10.12
- Estado del trabajo:
 - 24.01.13 En su reunión en Estrasburgo, la Comisión consideró un esquema de informe y celebró una audiencia con Victor Schonfeld, productor de películas documentales, Londres (Reino Unido), el Dr. Matthias Schreiber, cirujano infantil, Departamento de cirugía infantil, Clínica de Esslingen (Alemania) y el Dr. Ilhan Ilkilic, profesor asociado en el Departamento de Historia de la Medicina y Ética, Universidad de Estambul, Facultad de Medicina (Turquía).
 - 15.03.13 En su reunión en Berlín, la Comisión considerará una memorándum de introducción y llevará a cabo un intercambio de puntos de vista con la Sra. Irmgard Schewe-Gerigk, Presidenta del Consejo Ejecutivo de la *Tierra de Mujeres* (ONG).
- Fecha de debate previsto en la Asamblea: 4ª sesión parcial de 2013.

17. La protección del derecho a la negociación colectiva

Relator: Sr. Hunko, Alemania, UEL (nombrado el 11.19.2012)

- Origen: Doc.13043, Referencia No. 3913 de 05.10.12
- Estado del trabajo: investigación documental.
- Fecha de debate prevista en la Asamblea: por decidirse.

18. Hacia un nuevo Modelo Social Europeo: ¿cuál es la visión social para la Europa del mañana?

Relator: Sr. Volontè, Italia, EPP/CD (nombrado el 01.24.2013)

- Origen: Doc.13074, Referencia No.3918 de 30.11.12
- Estado del trabajo: investigación documental.
- Fecha de debate en la Asamblea prevista: por decidirse

19. Parlamentos unidos en el combate la violencia sexual contra los niños: revisión a mediano plazo de la Campaña de UNO de cada CINCO

Relator: Sra. Bonet Perot, Andorra, SOC (nombrado el 01.23.2013)

- Origen: Doc.13075, Referencia N ° 3919 del 30.11.12
- Estado de los trabajos:
 - 24.01.13 En su reunión en Estrasburgo, la Comisión consideró un esquema de informe.
 - 15.03.13 En su reunión en Berlín, la Comisión considerará un proyecto de informe en vista de la adopción de un proyecto de resolución y un proyecto de recomendación.

- Fecha de debate prevista en la Asamblea: 2ª sesión parcial de 2013.

20. Asegurar que los niños con problemas de atención sean debidamente atendidos

Relator: para ser nombrado

- Origen: Doc.13055, Referencia No. 3927 de 21.01.13
- Estado del trabajo: investigación documental.
- Fecha de debate en la Asamblea prevista: por determinar.

21. El abuso por parte de los servicios sociales de los Estados miembros del Consejo de Europa de su autoridad para retirar a los niños de la custodia de sus padres

Relatora: Sra. Borzova, Federación de Rusia, EDG (nombrada el 24.01.2013)

- Origen: Doc.13054, Referencia No.3926 de 21.01.13
- Estado del trabajo: Investigación documental.
- Fecha de debate prevista en la Asamblea: por determinar.

22. El Mundo Después de 2015 - Contribución de Europa al marco de los ODM mensaje

Relator: por determinar

- Origen: Doc. 13049, Referencia No. 3922 de 25.01.13
- Estado del trabajo: investigación documental.
- Fecha de debate prevista en la Asamblea: por determinar.

3. Informes en los que la Comisión se apoderó para la opinión

Comisión sobre la Equidad y la No Discriminación

1. El permiso de los padres como una manera de fomentar la igualdad de género

Relator para el informe: Sr. Rigoni, Italia, ALDE

Relatora de opinión: Sra. Ohlsson, Suecia, SOC (nombrada el 01.26.2012)

- Doc. 12654, Referencia No. 3812 del 03.10.11
- Fecha de vencimiento para su aprobación: 03.10.13
- Fecha de debates previstos en la Asamblea: 2ª sesión parcial de 2013.

2. Abordar la discriminación por edad en el mercado laboral

Relator para el informe: Sra. Gafarova, Azerbaiyán, EDG (nombrada el 13.09.2012)

Relator de opinión: Sr. Hanson, Estonia, ALDE (nombrado el 02.10.2012)

- Doc. 12947, Referencia No. 3883 del 29.06.12
- Fecha de vencimiento para su aprobación: 29.06.14
- Fecha de debate prevista en la Asamblea: por determinar.

Comisión de Asuntos Jurídicos y Derechos Humanos

3. La protección de los menores contra la influencia sectaria

Relator para el informe: Sr. Salles, Francia, EPP/CD
Relator de opinión: Sr. Volontè, Italia, EPP / CD (nombrado el 01/26/2012)

- Doc. 12595, Referencia No. 3776 del 20.06.11
- Fecha de vencimiento para su aprobación: 20.06.13
- Fecha de debate previsto: por determinar

Comisión de Cultura, Ciencia, Educación y Medios de Comunicación

4. La violencia en la televisión y sus consecuencias en los niños

Relator para el informe: Sr. Gale, Reino Unido, EDG
Relatora de opinión: Sra. Blondin, Francia, SOC (nombrada el 26.04.2012)

- Doc. 12858, Referencia No. 3851 de 23.04.12
- Fecha de vencimiento para su aprobación: 23.04.14
- Fecha de debate previsto: por determinar.

5. Acceso de la juventud a los derechos fundamentales

Relator para el informe: Sr. Connarty, Reino Unido, SOC
Relator de opinión: Sr. Volontè, Italia, EPP/CD (nombrado el 23.01.2013)

- Decisión de la Mesa de Referencia No. 3921 del 30.11.12
- Fecha de vencimiento para su aprobación: 30.11.14
- Estado de los trabajos:

21.01.13 Reunión conjunta de los miembros de la Comisión de Cultura, Ciencia, Educación y Medios de Comunicación y de los miembros de la Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable en la materia.

- Fecha de debate previsto: por determinar.

Comisión de Migración, Refugiados y Personas Desplazadas

6. Los migrantes y refugiados y la lucha contra el SIDA

Relatora para el informe: Sra. Fiala, Suiza, ALDE
Relator de opinión: Sr. Varviotsis, Grecia, EPP/CD (nombrado el 02.10.2012)

- Doc.12867, Referencia No.3858 de 23.04.12
- Fecha de vencimiento para su aprobación: 23.04.14
- Fecha de debate previsto: por determinar.

C. Representación de la Comisión en varios eventos en 2013

Marzo 2013

19-21 marzo	Estrasburgo	Sesión del Congreso de Autoridades Locales y Regionales
21-22 marzo	Estrasburgo	Comité de las Partes, Convención de Lanzarote

Abril 2013

8-11 Abril	Oslo	Organización Internacional del Trabajo (OIT) Reunión regional sobre «el empleo, el crecimiento y la justicia social »
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Mayo 2013

15-17 Mayo	Estrasburgo	Grupo de redacción de la Comisión de Europa de Derechos Humanos (CDDH-Edad)
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Junio 2013

14-15 Junio	Malta	Reunión anual del Banco de Desarrollo del Consejo de Europa (CEB)
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Septiembre 2013

25-27 Septiembre	Estrasburgo	Comité Europeo para la Cohesión Social (CDCS)
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Octubre 2013

Fecha por definir	Estrasburgo	Comité de las Partes, Convención de Lanzarote
Fecha por definir	Estrasburgo	Sesión del Congreso de Autoridades Locales y Regionales

Varias representaciones

Centro Europeo para la Interdependencia y la Solidaridad Mundial - Norte-Sur - Centro del Consejo de Europa.
 Miembro: Sra. Blondin (Francia, SOC), Suplente: Sr. Schennach (Austria, SOC)
Relator general para las autoridades locales y regionales de la Asamblea Parlamentaria:
 Sr. Alan Meale, Reino Unido, SOC

Relator General sobre los niños de la Asamblea Parlamentaria: Sra. Rupprecht, Alemania, SOC, para el período de abril 2012 a abril de 2013 y la Sra. Kyriakides, Chipre, EPP/CD, para el período de abril 2013 a abril 2014.

D. Secretariado de la Comisión

**Jefe del Secretario
de la Comisión:**

Sra. Tanja KLEINSORGE
☎ +33 (0)3 88 41 29 06
e-mail: tanja.kleinsorge@coe.int

Secretaria:

Sra. Aiste RAMANAUSKAITE
☎ +33 (0)3 88 41 31 17
e-mail: aiste.ramanauskaite@coe.int

Secretaria:

Sra. Maren LAMBRECHT-FEIGL
☎ +33 (0)3 90 21 47 78
e-mail: maren.lambrecht@coe.int

Co-Secretaria:

Sra Ayşegül ELVERİŞ
☎ +33 (0) 3 88 41 23 32
e-mail: aysegul.elveris@coe.int

Asistente administrativa:

Sra. Marie-Anne MENGER
☎ +33 (0)3 88 41 21 08
e-mail: anne-marie.menger@coe.int

Director de Proyecto

(Red para detener la violencia sexual contra niños):

Sr. Jannick DEVAUX
☎ +33 (0)3 90 21 49 03
e-mail: jannick.devaux@coe.int

Asistente de la Red

Sra Anne GODFREY
☎ +33 (0)3 88 41 31 34
e-mail: anne.godfrey@coe.int

Pasistente Principal:

Sra. Prisca BARTHEL
☎ +33 (0)3 90 21 51 18
e-mail: prisca.barthel@coe.int

Asistente:

Sra. Linda McINTOSH

☎ +33 (0)3 88 41 25 18

e-mail: linda.mcintosh@coe.int

Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable de la Asamblea Parlamentaria del Consejo de Europa

F – 67075 STRASBOURG CEDEX Tel. 33 (0)3 88 41 21 00, Fax 33 (0)3 90 21 56 49

Email: webmaster.assembly@coe.int, <http://assembly.coe.int>

APÉNDICE

Selección de los términos de referencia de las Comisiones de la Asamblea Parlamentaria [Resolución 1842 (2011)]

Números de asientos: 84

Términos de referencia:

3.1. La Comisión deberá considerar las cuestiones relativas a los derechos sociales y políticos, salud pública, desarrollo sustentable, cooperación económica y el desarrollo, la democracia local y regional y buena gobernanza en estos ámbitos, con especial atención a la situación de los grupos más vulnerables de la sociedad.

3.2. La Comisión debe considerar en particular:

3.2.1. La implementación y desarrollo posible dentro de los Estados miembros como a nivel Europeo de los derechos garantizados por la Carta (revisado) Carta Social Europea (ETS No. 163) y la contribución de la cohesión social, a la seguridad democrática;

3.2.2. La promoción del desarrollo sustentable, incluyendo la protección de la biodiversidad, la gestión de futuro del medio ambiente y los recursos naturales, el cambio climático, la cooperación para el desarrollo, "greening" de la economía, así como a las políticas sectoriales relevantes (en particular la energía, el transporte, el turismo, comercio);

3.2.3. Acceso a servicios de salud adecuados y asequibles y la gestión efectiva de los riesgos de la salud pública y las oportunidades (en particular la seguridad alimentaria, los desastres tecnológicos y naturales, las falsificaciones, drogas, epidemias, la contaminación, la biomedicina);

3.2.4. Las políticas dirigidas a mejorar la cohesión social (en particular el empleo, el diálogo social, la seguridad social, pensiones), el apoyo a los grupos que están en la necesidad de una protección especial (en particular los niños, los ancianos, las familias), y el fomento de la solidaridad entre generaciones, tomando en cuenta la demografía, las tendencias sociales y económica;

3.2.5. La buena gobernanza y las prácticas democráticas a nivel local y regional.

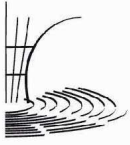
3.3. El comité deberá seguir las actividades y mantener relaciones de trabajo con el Congreso de las Autoridades Locales y Regionales del Consejo de Europa y con las organizaciones internacionales y europeas, organismos y asociaciones de autoridades locales y regionales.

3.4. La Comisión deberá informar regularmente sobre las actividades del Banco de Desarrollo del Consejo de Europa.

3.5. La Comisión deberá compartir la representación de la Asamblea en el Centro Europeo para la Interdependencia y la Solidaridad Mundial (Norte-Sur-Centro).

3.6. La Comisión deberá representar en la Asamblea, y seguir el trabajo de las Comisiones de expertos pertinentes del Consejo de Europa.

3.7. La Comisión deberá por parte de la Asamblea, elegir los candidatos, y los ganadores, el Premio de Europa y los premios relacionados con las autoridades locales.



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Committee on Social Affairs, Health and Sustainable Development

Table of Rapporteurs

This table indicates reports and opinions referred to the Committee and the Rapporteurs appointed.

Reports	Rapporteur	Country	Pol. Group	Comments
Energy diversification as a fundamental contribution to sustainable development	Ms Barnett	Germany	SOC	Merged report
Measuring the well-being of European citizens	Earl of Dundee	United Kingdom	EDG	
Putting an end to coercive sterilisations and castrations	Ms Maury Pasquier	Switzerland	SOC	
Equal access to health care	Mr Lorrain	France	EPP/CD	
Fighting "child sex tourism" through committed legal and political action	Mr Ghiletschi	Republic of Moldova	EPP/CD	
The impact of increasing social exclusion on democratic institutions and participation: need for strong action	Mr Hancock	United Kingdom	ALDE	
Child friendly justice / Children in detention	Mr Schennach	Austria	SOC	Merged report
Decent work for all: combating social dumpinga	Mr Vercamer	Belgium	EPP/CD	Merged report
The administrative organisation of large metropolises: a key to strengthening local democracy in Europe	Mr Donaldson	United Kingdom	EDG	
Nanotechnology: balancing benefits and risks to public health and the environment	Mr Sudarenkov	Russian Federation	SOC	Adopted in Committee
Food security	To be appointed	-	-	
Activities of the Council of Europe Development Bank	Mr Elzinga	Netherlands	UEL	
Reporting suspected sexual violence against children: legislative and political measures required to protect victims and professionals	Ms Rupprecht	Germany	SOC	
Optimum care for women with breast cancer	Ms Kyriakides	Cyprus	EPP/CD	
Child poverty: a cause of continuing human rights violations and a barrier to children's full development	Ms Fataliyeva	Azerbaijan	EDG	
Children's right to physical integrity	Ms Rupprecht	Germany	SOC	
Protection of the right to bargain collectively	Mr Hunko	Germany	UEL	
Towards a new European Social Model: which social vision for Europe of tomorrow?	Mr Volontè	Italy	EPP/CD	
Parliaments united in combating sexual violence against children: mid-term review of the ONE in FIVE Campaign	Ms Bonet Perot	Andorra	SOC	
Ensuring children with attention problems are properly cared for	To be appointed	-	-	
The abuse by social services of member States of the Council of Europe of their authority to remove children from their parents' custody	Ms Borzova	Russian Federation	EDG	
The World Beyond 2015 – Europe's contribution to the post MDG Framework	To be appointed	-	-	
Opinions	Rapporteur	Country	Pol. Group	Comments
Parental leave as a way to foster gender equality	Ms Ohlsson	Sweden	SOC	
	AS/EGA Mr Rigoni	Italy	ALDE	
The protection of minors against sectarian influence	Mr Volontè	Italy	EPP/CD	
	AS/JUR Mr Salles	France	EPP/CD	
Violence on television and its consequences on children	Ms Blondin	France	SOC	
	AS/CULT Sir Gale	United Kingdom	EDG	
Refugees and the fight against AIDS	Mr Varvitsiotis	Greece	EPP/CD	
	AS/MIG Ms Fiala	Switzerland	ALDE	
Addressing age discrimination to foster gender equality	Mr Hanson	Estonia	ALDE	

	AS/EGA Ms Gafarova	Azerbaijan	EDG	
Young people's access to fundamental rights	Mr Volontè	Italy	EPP/CD	
	AS/CULT Mr Connarty	United Kingdom	SOC	

For report: 5 EPP/CD 7 SOC 1 ALDE 4 EDG 2
UEL

For indication, distribution of rapporteurships by political group (based on the Hondt system) should be:

8 EPP/CD 7 SOC 3 ALDE 2 EDG 1 UEL

Rapporteurs for report:

- re gender balance: 11 men, 8 women

For indication, distribution of reports according to gender (based on minimum of 40% of each sex) should be: 9 men and 9 women

- re national balance: 3 English, 4 German, 2 Russian
- 1 rapporteur with 2 reports: Ms Rupprecht, Germany, SOC

For opinion: 3 EPP/CD 2 SOC 1 ALDE 0 EDG 0 UEL

Distribution of rapporteurships by political group (based on the Hondt system) is not applicable – however, it is desirable that rapporteurs for opinion be from a different political group to that of the rapporteur for report.

Rapporteurs for opinion:

- re gender balance: 4 men, 2 women
- re national balance: 2 Italian
- rapporteur for opinion with at least one report in addition: Mr Volontè, Italy, EPP/CD



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Comisión de Asuntos Sociales, Salud y Desarrollo Sustentable

Programa

Audiencia sobre: Diversificación Energética como una Contribución Fundamental al Desarrollo Sustentable

Deutscher Bundestag / Parlamento Alemán
(Berlín, Platz der Republik 1, Sala 3 S 001),
Viernes, 15 de marzo de 2013, de 2:30 a 5:00 p.m.

- 2:30 p.m.** Apertura de la Audiencia por la **Sra. Maury Pasquier** (Suiza, SOC), Presidenta de la Comisión
- 2:35 p.m.** *Declaración introductoria*
- Sra. Doris Barnett** (Alemania, SOC), Relatora
- 2:45 p.m.** *Las perspectivas para una energía limpia y sustentable en Europa en el contexto de las tendencias mundiales*
- Sr. Didier Houssin**, Director para Política y Tecnología Energética Sustentable de la Agencia Internacional de Energía
- 3:00 p.m.** *Energía y medio ambiente – ¿un matrimonio de conveniencia? Hacia una mayor sustentabilidad de los mercados energéticos de Europa*
- Dr. Patrick Graichen**, Director Adjunto de *Agora Energiewende* (“recuperación de energía”)
- 3:15 p.m.** *Interconexiones energéticas en Europa: la situación actual y las necesidades futuras (en términos de cooperación entre Estados)*

Sr. Andreas Jung, Director Gerente de la Agencia de Energía de Alemania
(*Deutsche Energie-Agentur GmbH (Dena)*)

3:30 p.m. ***Intercambio de puntos de vista***

Preguntas y debate en el marco de la preparación del Informe

5:00 p.m. Fin de la Audiencia