



# **Submission to the Committee on Economic, Social and Cultural Rights**

**42<sup>nd</sup> session**

Examination of UK and  
Northern Ireland Government May 2009

Article 12.1 - The right to the enjoyment of the highest  
attainable standard of physical and mental health.

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## Executive summary of concerns

In summary **fpa** has a number of concerns:

- 1. The UK Government has legislation in place that is incompatible with international legal obligations affecting the right to health.**
- 2. Access to abortion in Northern Ireland is still unduly restricted.** Women can **NOT** access an abortion safely and legally in Northern Ireland for grounds of rape, incest, or fetal abnormality.
- 3. In the last decade alone, recorded statistics show that 15,469 women from Northern Ireland have travelled to England to access a safe and legal abortion.** We know that this figure is an under-estimate.
- 4. Women want to have the opportunity to access an abortion in Northern Ireland, but are arbitrarily prevented from doing so.** Research carried out by Marie Stopes International found that 95 per cent of women who travelled from Northern Ireland to the rest of the UK to access an abortion would have preferred to have been able to access the service in Northern Ireland.<sup>1</sup>
- 5. Clinicians in Northern Ireland are generally not professionally trained in delivering professional post-abortion care services in Northern Ireland.**
- 6. Women in Northern Ireland are still at risk of unsafe abortion practices, with five known deaths in Northern Ireland since 1967.**
- 7. Safe and legal abortions are NOT accessible and affordable to all.** To access a safe and legal abortion, women from Northern Ireland are expected to pay up to £2000(2128 EUR).
- 8. Many migrant women are forced into motherhood or unsafe abortion practices.**

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<sup>1</sup>“The Other Irish Journey”: A survey update of Northern Irish women attending British abortion clinics, 2000/2001. Ann Rossiter and Mary Sexton. Voice for Choice/Marie Stopes International.

## About fpa

**fpa** (Family Planning Association) is the UK's leading sexual health charity. Our purpose is to enable people from the UK to make informed choices about sex and to enjoy sexual health free from exploitation, oppression or physical or emotional harm. **fpa** wants to see a society with open and positive attitudes to sex, in which everyone enjoys sexual health and where sexual and reproductive rights are respected. **fpa** is a member of the International Planned Parenthood Federation, and was formed in 1930. **fpa** delivers services and promotes good sexual health in England, Northern Ireland, Scotland and Wales.

**fpa** has two offices in Northern Ireland, in Belfast and Derry. **fpa** provides the **only** non-directive, non-judgmental unplanned pregnancy counselling service in Northern Ireland. **fpa**'s unplanned pregnancy counselling service is the only counselling service in Northern Ireland that discusses all the options available to women faced with an unplanned pregnancy (adoption/fostering, continuing the pregnancy and becoming a parent, and abortion).

## Introduction

The aim of this submission is to brief the Committee on the daily discrimination and inequality suffered by women in Northern Ireland, who do not have the same access to legal, safe, and state-funded abortion services as their compatriots in the rest of the UK. **fpa** has serious concerns for the health and wellbeing of Northern Irish women, and submits the evidence below to inform the Committee of the illegal and unsafe abortion practices which women in Northern Ireland are driven to, because of the lack of abortion services provided within Northern Ireland, and to highlight the demand for abortion services in this part of the UK.

We hope that the Committee will address the issue and explore it in greater detail when discussing the strength of the UK's compliance with the treaty obligation to provide everyone with the right to the enjoyment of the highest attainable standard of physical and mental health.

## Legislative context

In England, Scotland and Wales, in 1967, abortion was legalised under a defined set of circumstances. Under the 1967 Abortion Act (amended by the Human Fertilisation and Embryology Act 1990), abortion is permitted up to 24 weeks gestation if continuing with the pregnancy would be more damaging to the woman's physical or mental health or that of her children than an abortion, and without a time limit for grounds of fetal abnormality. Abortion in England, Scotland and Wales is state-funded and provided by the National Health Service, at no cost to women.

In 1967, when the abortion law in the rest of the UK was changed, there was a parliament at Stormont in Northern Ireland, and at that stage the question of whether or not to legalise abortion in this jurisdiction was left to Stormont. However with the onset of the 'troubles' in Northern Ireland in the late 1960s the Northern Ireland parliament was dissolved and constitutional power was returned to Westminster in London.

Abortion is legal in Northern Ireland but only for an extremely restricted set of circumstances. The grounding statute in Northern Ireland is the Offences Against the Person Act 1861 which contains in sections 58 and 59 the **criminal offence of unlawfully procuring a miscarriage**. A woman found in direct contravention of the Act will be put in 'penal servitude for life'. Section 25 (1) of the Criminal Justice Act (Northern Ireland) 1945 also provides that 'no person shall be found guilty of an offence under this section unless it is proved that the act which caused the death of the child was not done in good faith for the purpose only of preserving the life of the mother.'

Concerned by inconsistencies in the interpretation of the law, in May 2001 **fpa** applied to the High Court in Belfast for judicial review of the failure of the (then devolved) government department responsible for the provision of health care to provide adequate information on, and access to, legal abortion services within Northern Ireland. **fpa's** case was an attempt to force the court to clarify when abortions are legal under Northern Irish law, and to secure equality of access to abortion services in Northern Ireland. A year and a half after the case was heard Lord Justice Kerr dismissed the case. He asserted that there was no lack of clarity in the law but rather that the law itself was difficult to apply. As such, the Court found that guidance issued by the Department of Health, Social Services and Public Safety (DHSSPS) would not change the difficult aspects of the law. It was suggested this task was more appropriate for the legislative process, either in amending the law or passing a new law.

The abortion law in Northern Ireland was distilled into the following principles:

- Operations in Northern Ireland for the termination of pregnancies are **unlawful unless performed in good faith for the purpose of preserving the life of the mother**;
- The 'life' of the mother in this context has been interpreted by the courts as including her physical and mental health;
- A termination will therefore be lawful where the **continuance of the pregnancy threatens the life of the mother, or would adversely affect her mental or physical health**;
- The adverse effect on her mental or physical health must be a '**real and serious**' one, and must also be '**permanent or long term**';
- In most cases the risk of the adverse effect occurring would need to be a probability, but a possibility might be regarded as sufficient if the imminent death of the mother was the potentially adverse effect;
- **It will always be a question of fact and degree** whether the perceived effect of non-termination is sufficiently grave to warrant terminating the pregnancy in a particular case.<sup>2</sup> (*emphasis added*)

**Rape, incest and fetal abnormality are not grounds for abortion in Northern Ireland.**

Official statistics reveal that around 60 to 80 abortions are performed each year in Northern Ireland.

In October 2004, **fpa** succeeded on appeal in getting a declaration that the DHSSPS had failed in its duties. In the Northern Irish Court of Appeal all three judges found the DHSSPS to

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<sup>2</sup> Family Planning Association of Northern Ireland, Re an application for Judicial Review. [2003] NIQB 48, (07 July 2003), at para 37.

be in breach of its duty under Article 4 of the Health and Personal Social Services (Northern Ireland) Order 1972. It was held that there was evidence of confusion among health care professionals as to the legal rules on abortion and that the DHSSPS had not done what it might reasonably be expected to do in investigating abortion practice. The lack of clarity in the law on abortion has resulted in midwives and nurses in Northern Ireland threatening to strike<sup>3</sup>, because they fear being prosecuted for assisting in abortions if the woman later regrets having an abortion.

DHSSPS subsequently produced draft guidance for health professionals on termination of pregnancy in Northern Ireland and released it for consultation in January 2007. On 22 October 2007, the Northern Ireland Assembly debated the content of the proposed guidelines and voted to reject them. However, the Minister for DHSSPS reminded the Assembly that he had been ordered by the courts to produce guidance.

The guidance document was revised and released for consultation again in July 2008. A Health Committee meeting was convened on 17 October 2008 to consider the guidance document, at which **fpa** were asked to present evidence. New revised guidance was published during the week commencing 16<sup>th</sup> March 2009; almost eight years after **fpa** initiated the initial judicial review in 2001.

**Criminal Justice and Policing** (i.e. full legislative powers except for reserved matters of foreign policy) **has yet to be fully devolved to the Northern Irish Assembly, so the UK Government still retains the authority to change the law on abortion in Northern Ireland.** However, the UK Government has asserted on numerous occasions that they have no plans to amend the law on abortion to include Northern Ireland in the 1967 Abortion Act. The UK Government has made these assertions on the basis that the four main political parties in the Northern Irish Assembly are vehemently opposed to changing the law on abortion. Strong emotive arguments are always advocated by politicians as to why the abortion law should not be liberalised in Northern Ireland constructed in terms of 'preserving fetal life' without any recognition that the denial of women's agency and choice is as just as much a moral issue. To date, abortion in Northern Ireland has been the subject of moral debate, often in the language of extremism and hysteria rather than informed political discussion. Northern Ireland politicians are of the view that they have a duty to ensure that there is no attempt to make abortion more widely available in Northern Ireland, with little or no acknowledgement of the tens of thousands of women who since 1967 have travelled outside of Northern Ireland to access abortion.

## The International Context

It is incongruous that the UK Government has been a leading advocate for women in the developing world, with its support of the Global Safe Abortion Fund since 2006, which promotes access to safe abortion in the developing world; while at the same time failing to act on behalf of its citizens in Northern Ireland. The UK Government can no longer ignore the human rights implications for women in Northern Ireland caused by the restrictive nature of

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<sup>3</sup> Henry McDonald "Ulster Midwives may refuse to carry out emergency abortions". The Guardian, 28 January 2008.

the law on abortion. While the last 30 years have seen a global trend toward liberalisation of national abortion laws, Northern Ireland has not taken the opportunity to lift the restrictions on abortion and afford women better reproductive choice, and continues to have one of the most restrictive positions on abortion in the world.

In 1999, the Committee on the Elimination of Discrimination Against Women (CEDAW) recommended that a process of public consultation on abortion in Northern Ireland should take place, and in 2008, they made the following recommendations:

- A process of public consultation on abortion should be initiated.
- Abortion law should be amended so as to remove punitive provisions imposed on women who undergo abortion.
- Health services should be delivered in a gender-sensitive manner to all health concerns of women.<sup>4</sup>

Despite the CEDAW Committee making recommendations in 1999 and 2008 in relation to abortion in Northern Ireland; the UK Government has yet to act on those recommendations.

In addition, in April 2008, the Parliamentary Assembly of the Council of Europe issued a report entitled "Access to Safe and Legal Abortion in Europe", which called upon member states to decriminalise abortion, to guarantee women's effective exercise of their right to a safe and legal abortion, and remove restrictions that hinder *de jure* and *de facto* access to abortion. These recommendations have also been bypassed and ignored.<sup>5</sup>

## The reality for women in Northern Ireland

**The reality for Northern Ireland women is that those who choose to have an abortion have to travel to England or overseas, with some 1,343 women travelling to England in 2007<sup>6</sup>.** Many women will give false addresses to private clinics in England for fear of detection; and the numbers of women who obtained abortions in other European countries is unrecorded. **fpa** estimates that since the 1967 Abortion Act made abortion legal in the rest of the UK, as many as **80,000** women have travelled to England and other European countries from Northern Ireland to access abortion services.

Women from Northern Ireland who want to have an abortion usually have to find between **€600 (638 EUR)** and **£2,000 (2128 EUR)** to access services in England, including having to pay for travel, accommodation and the abortion procedure itself privately. Women from Northern Ireland are **NOT** entitled to a free National Health Service abortion in England despite being UK citizens and paying the same fiscal taxes. This means that abortion in

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<sup>4</sup> Concluding Observation of CEDAW regarding: The United Kingdom of Great Britain and Northern Ireland, 18 July 2008, C/GBR/CO/6, at paras. 41 and 42.

<sup>5</sup> Council of Europe Parliamentary Assembly, Resolution 1607 on access to safe and legal abortion in Europe, 15th sitting, 16 April 2008.

<sup>6</sup> Department of Health. Statistical Bulletin: Abortion Statistics, England and Wales: 2007 (published 19th June 2008).

Northern Ireland is a class issue, available only to those women who can afford it, women like Sarah:

### **Case study – Sarah’s story**

Sarah is 26 years old and the mother of a three year old son. She has been the victim of domestic violence for some years and for her own safety and that of her son had finally found the courage to leave her violent partner. Soon after, Sarah discovered she was pregnant – refusing to have sex with her partner was never an option. Sarah decided that her only choice was to have an abortion. However with the exception of her mother she couldn’t confide in friends or family because her partner was a member of an illegal paramilitary organisation and she knew he would find out and force her to have the baby. When Sarah was eight weeks pregnant her mother gave her the money to travel to England for the abortion. She made the journey alone.

Women want to have the opportunity to access an abortion in Northern Ireland, but are arbitrarily prevented from doing so. Research carried out by Marie Stopes International found that 95 per cent of women who travelled from Northern Ireland to the UK to access an abortion would have preferred to have been able to access the service in Northern Ireland.<sup>7</sup> Thus, there is a clear demand for women to have access to safe and legal abortions in Northern Ireland, in the same way that women in the rest of the UK are able to access abortion services close to where they live.

### **The ‘new backstreet abortion culture’ in Northern Ireland.**

The availability of abortifacient medicine on the internet means that there is a new ‘backstreet abortion culture’ emerging in Northern Ireland. **fpa**’s helpline in Northern Ireland has received calls from distressed women considering buying such medicine on the internet to induce an abortion, even though upon the interpretation of the law in Northern Ireland (1861 Offences Against the Person Act), women who access such medication would be acting illegally, and thus would be at risk of prosecution and could be charged with the criminal offence of unlawfully procuring a miscarriage.

Some women attempting to access abortifacient medicine online have accessed rogue internet sites and been supplied with incomplete prescriptions; they have no way of knowing what they are taking, or if they are taking the correct dosage. Some women are so desperate that they lie about the gestation of the pregnancy. Thus, there can be serious and even life threatening risks for women who choose to take such medication. A recent study showed that 14 per cent of women from Northern Ireland who accessed abortifacient medication over the internet required aftercare due to incomplete abortion, heavy bleeding or infection.<sup>8</sup> **fpa** is

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<sup>7</sup> *supra*, n1.

<sup>8</sup> Gomperts et al “Using telemedicine for termination of pregnancy with Mifepristone and Misoprostol in settings where there is no access to safe services”. British Journal of Obstetrics and Gynaecology, 115 (9) August 2008, 1171-1178.

aware that more and more women are attempting to access such medication, because with the economic downturn, women simply do not have the minimum amount of money required (at least £600 (638 EUR)) to pay for the abortion procedure to be carried out in England or overseas.

Since the 1967 Abortion Act was introduced into Britain there have been **five known** deaths due to illegal, unsafe abortion practices in Northern Ireland whereas in England, Scotland and Wales there have been none.

## **The need for action**

It is of the utmost importance that the law surrounding abortion in Northern Ireland is scrutinised and interventions introduced to promote better reproductive rights for women in Northern Ireland. **For many women from Northern Ireland, travelling for and paying for a private abortion is beyond their means. These women are not afforded choice and are ultimately forced into carrying an unwanted pregnancy to full term, or resorting to unsafe abortion practices.** Denying women reproductive control over their bodies, deprives them of the capacity to live their lives according to their own beliefs, values and practices.

Restricting abortion has the effect of denying women access to a procedure that is necessary for their full enjoyment of their right to health. At the most basic, physical and emotional level, pregnant women who do not meet the restrictive criteria, are effectively told that they cannot give their consent to a safe medical procedure which might be of clear benefit to them. Not only does this removal of decision-making power threaten women in a physical sense; the uncertainty of not knowing whether an abortion will be granted inflicts great emotional stress on the women involved. This emotional stress is further compounded by the fact that many women who need an abortion are forced to travel to England and other European countries, which can be a traumatic and tiring journey, and which many women make alone.

## **‘The Right to Health’**

Under the International Covenant on Economic, Social and Cultural Rights, which the UK Government signed in 1968 and ratified in 1976, the UK Government is failing to meet its treaty obligations under article 12.1 to provide everyone with the right to the ‘enjoyment of the highest attainable standard of physical and mental health’. The right to health can be interpreted as requiring governments to take positive measures to avoid women’s exposure to the health risks of unsafe abortion and to ensure pregnant women’s access to abortion when their health is at risk.<sup>9</sup>

The UK Government has not taken any steps to ensure that women in Northern Ireland are not exposed to the health risks of unsafe abortion. Women in Northern Ireland are denied access to a legal abortion within Northern Ireland unless they meet very strict and restrictive

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<sup>9</sup> Report of the International Conference on Population and Development, Cairo, 5<sup>th</sup>–13 September 1994, A/CONF.171/13/Rev.1 (1995), Chapter VIII C. Women’s Health and Safe Motherhood at para. 8.25.

criteria (i.e. their health is deemed to be at a serious, real, permanent or long-term risk), and therefore are still at risk of unsafe illegal abortions.

The right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable standard of health. Women in Northern Ireland are denied their right to exercise their sexual and reproductive freedom. Women in Northern Ireland do not have access to unrestricted abortion services, despite the fact that women in the rest of the UK are entitled to access to free abortion services under the National Health Service, and thus do not have access to a health care system which provides equality of opportunity of access.

The right to health also imposes three obligations on State parties: the obligations to respect, protect and fulfill. The obligation to respect requires the UK Government to refrain from 'interfering directly or indirectly'<sup>10</sup> with the enjoyment of the right to health, including 'abstaining from imposing discriminatory practices to women's health status and needs'<sup>11</sup> and refraining from 'limiting access to contraceptives and other means of maintaining sexual and reproductive health'.<sup>12</sup> By not taking the opportunity to amend the law on abortion in Northern Ireland, the UK Government has been interfering with the rights of women in Northern Ireland to the fullest enjoyment of their health for over 33 years since the International Covenant on Economic, Social and Cultural Rights was ratified in 1976. Women in Northern Ireland have extremely limited access to safe and legal abortions within Northern Ireland, and many women are forced into motherhood or unsafe abortion practices, as they simply cannot afford to travel to access an abortion safely and legally in England or overseas.

The obligation to fulfill requires the UK Government in their public health infrastructures to provide for sexual and reproductive health services. Again, the UK Government is failing its women in Northern Ireland (who are UK citizens and taxpayers) by not providing the same reproductive and sexual health services that are available throughout the rest of the UK. Women in this part of the UK are discriminated against because of where they live, and there is a clear inequality in the provision of healthcare services because women from Northern Ireland are denied the same reproductive rights and choices that are available in the rest of the UK.

General Comment 14 specifically prohibits any discrimination in access to health care on the grounds of sex, which has the effect of either 'nullifying or impairing the equal enjoyment of the right to health'.<sup>13</sup> Ensuring non-discrimination and equal treatment for women means that governments must take account of, and provide for, women's unique experiences of diseases and health conditions. Women's health differs from men's health in a number of ways, with

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<sup>10</sup> General Comment on Article 12, General Comment No. 14 UN CEDSCR Comm. Econ., Soc. & Cultural Rts., 22d Sess., UN Doc. E/C.12/2000/4 (2000), at para 33.

<sup>11</sup> *Ibid*, at para 34.

<sup>12</sup> *Ibid*. at para 34

<sup>13</sup> *Ibid*, at para 18.

the most notable being that the female reproductive system can result in health conditions and diseases that only affect women. Therefore, not only should women be provided with the same health services as men, but where their health needs differ from men they should be given access to comparable services to meet their needs.

Only women live with the physical and emotional consequences of an unwanted or crisis pregnancy. Denying women access to medical services that enable them to regulate their fertility and make their own private decisions on matters concerning their body amounts to a refusal to provide health care that only women need. Consequently, women are exposed to health risks that are not experienced by men.

The UK Government have not taken any steps to address these existing health inequalities caused by lack of abortion and reproductive healthcare services for women in Northern Ireland.

Furthermore, General Comment 14 on the Right to Health, explains that the right to health requires the following inter-related features of health care services, namely their:

- availability;
- accessibility;
- acceptability; and
- adequate quality.<sup>14</sup>

The law on abortion in Northern Ireland would not comply with this performance standard. Abortion services, a vital reproductive health care service, are not available to women in Northern Ireland without discrimination, are not affordable for all, and are not accessible to all, especially the vulnerable or marginalised sections of the population (such as migrant women). In addition, abortion after care services that are provided in Northern Ireland do not have adequately skilled medical personnel.

It is poor public health policy, and a human rights violation, to put women's health at risk by imposing conditions and criteria which prevent delivery of medically indicated services. Furthermore, there is a denial of human rights when post-abortion care is obstructed. Women from Northern Ireland are not returning to an environment conducive to being supportive of women who have made the difficult decision to have an abortion. Some women do not divulge their full medical history to a medical professional for fear of potential prosecution and judgement. This can be dangerous for these women, as the healthcare professional involved may not give the proper medical treatment without full knowledge of the woman's medical circumstances. Furthermore, if a woman did disclose that she had an abortion, medical professionals in Northern Ireland are not trained at the same level as doctors in the rest of the UK in delivering professional post-abortion care. This may result in invasive procedures that could have been prevented. Women in Northern Ireland who do not receive proper after care may experience long-term effects, such as chronic pelvic pain, a ruptured uterus or pelvic inflammatory disease.

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<sup>14</sup> *Ibid*, at para 12.

In addition, because women who travel from Northern Ireland to England pay for their abortion privately, they are also required to pay for any other associated services. Women who travel from Northern Ireland as private patients do not have access to free Chlamydia testing and free contraception, as they would have to pay for them separately and many women cannot afford to pay the additional costs to receive these services. This puts women at risk of an undiagnosed sexually transmitted infection or at risk of another unplanned pregnancy because they are cannot afford to access the same service that women in the rest of the UK can access at minimal or no cost.

The current legal position on abortion in Northern Ireland does not protect vulnerable or marginalised sections of the population. The restrictive nature of the abortion law in Northern Ireland denies vulnerable individuals and groups access to fundamental health care services essential to their health and wellbeing. **fpa** has concerns for the welfare of migrant women attempting to access abortion services in Northern Ireland. Many migrant women working in Northern Ireland come from countries where abortions are permitted for a wider range of circumstances than in Northern Ireland, and are not aware that they may not be able to access a legal abortion free of charge within Northern Ireland. Many migrant women such as Petra simply cannot afford to pay the money to pay for an abortion in England, resulting in many migrant women being forced into motherhood or unsafe abortion practices.

#### **Case study – Petra’s Story**

Petra is a 24-year-old woman from Poland who recently moved to Northern Ireland. She has few friends and very little support as her partner and family are in Poland. She is working in a low paid job and sends most of her earnings to her family in Poland. Petra hadn’t had a period for some months but she assumed this was linked to the changes in her life and the stress attached to leaving her home and family. Petra went to her local family planning clinic to have a check up and was devastated to discover that she is approximately 16 weeks pregnant. She contacted her partner back in Poland to tell him, but told her that he has met someone else and wants to end the relationship. Petra told **fpa**’s counsellor that she feels that her circumstances are too difficult for her to contemplate continuing with the pregnancy and with great sadness she decides to have an abortion. She does not have the money but tells the counsellor that ‘she will simply have to find the money whatever it takes!’

## Concluding comments

In the 21st century, it is unacceptable that women in Northern Ireland are at the mercy of an outdated, arbitrary and restrictive law on abortion. Women in Northern Ireland should no longer be subject to Victorian legislation that completely ignores their needs and denies them access to a healthcare service which is crucial to their right to the enjoyment of the highest attainable standard of physical and mental health.

The Committee on Economic, Social and Cultural Rights has repeatedly expressed concerns about the relationship between high rates of maternal mortality and illegal, unsafe, clandestine abortions.<sup>15</sup> The Committee has thus called upon State Parties to take measures to address the problems of unwanted pregnancies, clandestine abortions and high maternal mortality rates,<sup>16</sup> and to permit or consider permitting abortion for therapeutic reasons,<sup>17</sup> and when pregnancies are life threatening or a result of rape or incest.<sup>18</sup> **fpa** thus calls upon the Committee to take all these factors into consideration when evaluating the UK's compliance with the International Covenant on Economic, Social and Cultural Rights. The UK has ratified the Covenant, and is therefore legally bound to put all its provisions into practice.

### **fpa recommends that:**

- **the UK Government remove the criminal and pecuniary sanctions placed on women in Northern Ireland and amend the law so as they can have safe, legal, affordable and unrestricted access to abortion services.**

The Family Planning Association is a registered charity, number 250187, and a limited liability company registered in England, number 887632. Registered office: 50 Featherstone Street, London EC1Y 8QU.  
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<sup>15</sup> See Concluding Observations of the CESCR regarding: Mexico, 9 June 2006, E/C.12/MEX/CO/4 at para. 25; Nepal, 24 September 2001, E/C.12/1/Add.66 at para. 32; Panama, 24 September 2001, E/C.12/1/Add.64 at para. 20; Poland, 16 June 1998, E/C.12/1/Add.26 at para. 12; Senegal, 24 September 2001, E/C.12/1/Add.62 at para. 26; and Spain, 7 June 2003, E/C.12/1/Add.99 at para. 22.

<sup>16</sup> Concluding Observations of the CESCR regarding: Nepal, 24 September 2001, E/C.12/1/Add.66 at para. 55; and Poland, 19 December 2002, E/C.12/1/Add.82 at para. 51.

<sup>17</sup> Concluding Observations of the CESCR regarding: Chile, 1 December 2004, E/C.12/1/Add.105 at para. 53; Malta, 14 December 2004, E/C.12/1/Add.101 at para. 41; and Monaco, 13 June 2006, E/C.12/MCO/CO/1 at para. 23.

<sup>18</sup> Concluding Observations of the CESCR regarding: Chile, 1 December 2004, E/C.12/1/Add.105 at para. 53; Malta, 14 December 2004, E/C.12/1/Add.101 at para. 41; Monaco, 13 June 2006, E/C.12/MCO/CO/1 at para. 23; and Nepal, 24 September 2001, E/C.12/1/Add.66 at para. 55.