



# International Covenant on Civil and Political Rights

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## Human Rights Committee

### Concluding observations on the fifth periodic report of Argentina

#### Addendum

#### Information received from Argentina on follow-up to the concluding observations\*

[Date received: 14 July 2017]

#### Paragraph 12

##### State party response

##### *Sexual and reproductive health*

1. Given that unsafe abortions carried out on women undergoing unplanned pregnancies are one of the main cause of maternal mortality, the National Government has taken steps to guarantee people's right to make decisions concerning their sexual and reproductive health, to improve the availability of and access to contraception, and to ensure that women going through an unplanned pregnancy receive appropriate, non-discriminatory and humanized care, alongside advice and ready access to post-obstetrical contraceptive methods to prevent a recurrence of the unplanned pregnancy.
2. Access to legal abortions on any of the four grounds laid down in the Argentine Criminal Code is one of the main priorities of the National Programme for Sexual Health and Responsible Parenthood.
3. Legal abortions should be provided subject to the same parameters as other health services, namely: respect for quality standards, accessibility, confidentiality, technical expertise, availability of a range of options and up-to-date scientific information. The National Programme has therefore conducted awareness-raising and training programmes and provided technical and legal assistance on comprehensive personal care in various provinces around the country.
4. The National Programme has established a Protocol for the comprehensive care of persons with the right to legal abortion designed for health teams, in order to improve access to sexual and reproductive rights for the whole population. The Protocol seeks to promote the right of all women, girls, adolescents and child-bearing persons throughout the country to terminate their pregnancy legally on any of the grounds specified by law.

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\* The present document is being issued without formal editing.



5. Furthermore, full post-abortion care is essential if the number of maternal deaths in the country is to be reduced. This comprises three basic elements: (a) emergency treatment using the manual vacuum aspiration (MVA) technique; (b) reproductive health advice; and (c) referral to post-abortion reproductive health services. To ensure good quality care, medication and health supplies are distributed, including cannulas for MVA, balloons to control obstetric haemorrhages and magnesium sulfate.

6. The National Programme has also drawn up a Guide for the comprehensive care of women undergoing abortions, to help reduce maternal morbidity and mortality and provide health teams with a useful tool to ensure a better quality of care. The Guide takes a holistic perspective that respects sexual and reproductive rights, which constitute a fundamental component of the human rights of each individual. It is to be used by all health teams that deal with this type of consultation, such as hospital gynaecologists, obstetricians, and general and obstetric hospital services, as well as primary health-care centres.

7. In order to guarantee full public access to health-care services, the 0800 sexual and reproductive health hotline, which is national, free of charge and confidential, has been instituted to provide comprehensive information on sexual and reproductive health to the whole population. As part of the strategy to promote access to quality health-care services, the National Programme for Sexual Health and Responsible Parenthood has organized a nationwide referral network for health services in conjunction with the hotline team, provincial reference officers and other bodies. The 0800 number provides information on such topics as: methods of contraception; emergency contraception; the obligations of the public health service and those of national and provincial social programmes and prepaid medical services; the rights of health service patients; sexual violence and sexual child abuse; post-abortion care; legal termination of pregnancy; cervical and breast cancer; sexual and reproductive rights of adolescents; the needs of lesbian, gay, bisexual and transgender (LGBT) people; sexual dysfunctions; and medically assisted reproduction.

#### *Legal termination of pregnancy*

8. With a view to consolidating the policy regarding the legal termination of pregnancy, the National Programme for Sexual Health and Responsible Parenthood is conducting a human resources training programme with a gender perspective, including in-service and workshop training modules focusing on equal access, respectful treatment and right to confidentiality, and the non-criminalization of persons entitled to legal abortions. At the community level, actions are being undertaken to build collective strategies to ensure respect for sexual and reproductive rights.

9. These actions are complemented with recommendations for the proper handling of legal abortion cases in accordance with current laws. In this regard, the National Programme for Sexual Health and Responsible Parenthood has established a Protocol for the comprehensive care of persons entitled to legal abortion. The Protocol was published in 2015 and is a revised and updated version of the previous Technical Guide for the comprehensive treatment of non-punishable abortions, developed by the Ministry of Health in 2010.

10. The National Programme has also developed a Protocol for the comprehensive care of rape victims, which is a set of instructions for medical teams containing recommendations on patient care. This Protocol states that in cases of pregnancy resulting from rape, regardless of age or mental capacity, girls, adolescents and women must be informed of their right to a legal termination and to access the procedure if they so decide.

11. The Ministry of Education and Sport is implementing the National Comprehensive Sex Education Programme, in accordance with Act No. 26150, which establishes the right to comprehensive sex education in the compulsory education system. The aim of the Programme's activities is to provide guidance to teachers who are called upon to work with children, adolescents and young people in the education system.

12. Since 2012, a mass joint training programme entitled "*ESI, es parte de la vida, es parte de la escuela*" (Comprehensive sex education is part of life and part of school) has been introduced in the hope of making sex education a reality in all schools throughout the country. In 2012-2016, the programme covered 44,100 schools and 115,200 teachers.

*The Belén case*

13. On 19 April 2016, Division III of the Court of Appeals in Tucumán province sentenced “Belén” to 8 years in prison for the crime of homicide aggravated by relationship (*homicidio agravado por el vínculo*) under extraordinary mitigating circumstances. The young woman had been accused of having given birth in the hospital toilet that she had gone to because she was experiencing pain without knowing that she was pregnant. The National Women’s Council filed an *amicus curiae* (friend of the court) appeal for her release from prison, arguing that the case was null and void due to torture and violation of secrecy.

14. The Supreme Court of Tucumán finally acquitted Belén on 28 March of this year. It should be pointed out that Belén had already been released on 17 August 2016 by the Supreme Court of Tucumán.

15. In its grounds, the judgment mentions the importance of professional secrecy when conducting an abortion and of respecting the rights of women undergoing an abortion as patients to confidentiality and to receive fair and respectful treatment free of violence.

**Paragraph 14****(a) State party response**

16. With regard to the mechanisms for receiving and investigating complaints within the prison system, offences may be reported to the courts, the public prosecutor’s office or the police, according to the Code of Criminal Procedure. The Comptroller-General’s Office can also file complaints.

17. However, within the Federal Prison Service, the Internal Affairs Division has been restructured and the Corruption Prevention Service and the Violence Reduction Service have been established.

18. In addition, a body of lawyers has been set up to investigate events that have occurred within the Federal Prison Service. These bodies help prevent unlawful conduct by prison staff and allow early detection thereof, while bringing to justice those who, in the course of their duties, engage in, are complicit in or tolerate such conduct.

19. The Federal Prison Service has set up two complaints hotlines.

20. The hotline managed by Internal Affairs is on number 0800-222-7738. The complaint processing procedure has been approved.

21. The hotline is managed by the human rights protection section of the Human Rights Promotion Service of the Federal Prison Service. The hotline for issues concerning the human rights of persons deprived of their liberty is number 0800-444-3310.

22. Furthermore, as part of efforts to increase transparency and oversee local administrations, decision No. 1088/2014 established the Prison Monitoring and Inspection Service, which is in charge of the monitoring, inspection and internal oversight of prisons. The service also oversees the administration, management and coordination of the other units and bodies that make up the Federal Prison Service.

23. In the Ministry of Security, the Coordinating Body for the Management of Complaints is the institutional channel through which the public can file complaints or claims regarding acts of institutional violence, including, of course, ill-treatment and/or torture perpetrated by members of the federal security forces.

24. This Coordinating Body uses a free hotline (0800-555-5065 or 134), where complaints can be lodged anonymously and an email service ([juntoavos@minseg.gob.ar](mailto:juntoavos@minseg.gob.ar)), as well as the social networks (such as Facebook, Twitter or Instagram) of the Ministry or Minister of Security. All of these channels can receive, log and transfer complaints or claims to the relevant departments.

25. The Directorate for Monitoring the Causes of Institutional Violence and Crimes of Federal Interest, however, also keeps a record of the complaints received concerning alleged acts of institutional violence.

26. Such complaints are received by the Directorate through the Coordinating Body mentioned above, the 911 emergency number or spontaneous requests. The Directorate opens an administrative case file to determine whether an act of institutional violence took place and who the perpetrators were, and decides accordingly. It may then advise either conducting an administrative investigation or bringing the case before the courts.

27. The Directorate also analyses the phenomenon of institutional violence as such, in an effort to determine the causes of the events or acts of institutional violence, record them, compile statistics and put forward programmes, objectives and solutions in that regard.

**(b) State party response**

28. Decision No. 855-E/2016 established the Coordination Unit for the Care and Assistance of Victims of Crime as part of the Directorate for Monitoring the Causes of Institutional Violence and Crimes of Federal Interest, under the authority of the Ministry of Security. Its functions include assisting victims of all types of crime in their interaction with the courts, establishing coordination mechanisms with other State bodies for effective communication when defending victims of crime, analysing the victim defence and assistance procedures of the Federal Security Forces and proposing changes.

29. Although the Unit's functions are not strictly oriented towards the "health and rehabilitation" of victims, it does provide defence, support and advice to victims of crime. Such assistance has been constantly demanded by the public and has arisen from the significant number of people who approached the Ministry from the outset in search of assistance owing to the vulnerable situation in which crime had placed them, especially when the offence or misconduct was perpetrated by a member of the security forces whose role was essentially to ensure public order and peace.

30. In 2011, Decree No. 141/11 established the Dr. Fernando Ulloa Centre for Victims of Human Rights Violations. The Centre manages actions to provide comprehensive assistance to victims of State terrorism and to victims of abuses of power, who have been subjected to severely traumatic situations that could involve infringements of their fundamental rights and/or those of their family members. Such comprehensive assistance is understood to include psychological support, guidance and referral of the victims and/or their family members as necessary.

31. The focus of the Centre has been consistent over the years. So far in 2017, it has treated 391 patients, of whom 270 were victims of State terrorism, 53 victims of institutional violence, 1 a direct relative of victims of the Franco regime, 63 Cromañón victims and 2 refugees.

**(c) State party response**

*The Istanbul Protocol*

32. With regard to the capacity and training of doctors to identify signs of torture, the Ministry of Security is working closely with forensic medical teams, who, through the Forensic Medicine Division of the Argentine Federal Police, draw up expert forensic reports related to criminal investigations and other examinations requested by the official authorities.

33. The legal framework for the activities of the Forensic Medical Division, as an auxiliary body of the judiciary and other official entities, is to be found, initially, in the Code of Criminal Procedure, which in Chapter II of Book II, on actions of the judicial police and security forces, sets out the steps to be taken by the police when dealing with an offence, such as the expert tasks performed by police officers at the scene of the crime, both for the preservation of evidence and for the criminal investigation to be later confirmed by the judge of the case (articles 183 and 184 of the Code of Criminal Procedure).

34. Regarding the internal legal framework of the Argentine Federal Police, forensic medicine rests on two pieces of legislation, one general, the Organic Federal Police Act and its regulations, and one specific, the Internal Regulation of the Division and its internal procedural protocol.

35. The Internal Regulation covers matters related to the objectives, organization and hierarchical structure of the Forensic Medicine Division (Office of the Scientific Police Superintendent, Directorate-General for Criminal Investigation and Technical and Scientific Department).

36. The forensic medicine section of the Federal Police covers the entire Federal Capital (53 police stations and offices of the superintendents for federal investigations, dangerous drugs, metropolitan and federal transport security, etc.), extending to other provinces in special cases if requested by the competent authority.

37. The Forensic Medicine Division runs a 24-hour call centre that receives calls from other offices through the Saftwin system, or messages via fax (Internal Agenda No. 73 of 20 April 2012), in addition to official court documents, requesting experts to conduct psychophysical examinations ordered by magistrates. These requests are then passed on to the various medical experts in charge of executing the court order.

38. Medical professionals receive ongoing training on the subject.

39. With regard to the expert consultation concerning the failure of the inspection and search protocol to comply with international standards, it should be noted that on 6 November 2015, the Guide to Body Search Procedures under Decision No. 330 of 26 March 1991 was abolished, to be replaced provisionally by the General Regulation on Searches and Inspections, which gave special consideration to the need to ensure the dignity and respect for the rights of persons deprived of their liberty and their families, while establishing limitations that are strictly necessary for a prison regime.

**(d) State party response**

*Education and training programmes for law enforcement and prison personnel*

40. The Ministry of Security had undertaken a curriculum modernization process to focus basic professional training on specific professional practices, which seek to remove the disparity between police theory and practice. These actions record the duties of subaltern staff, as the initial rank of the police profession, and constitute a key repertoire of the professional activities and duties that trainees will have to perform in their future postings when they complete their training.

41. The activities include training in the use of police force, where new recruits acquire the professional skills necessary for self-defence, firearms use and arrest and detention procedures, while learning how to treat persons in police care or custody in a respectful manner. The teaching and learning process is structured according to the normative framework provided by international human rights standards and instruments.

42. With the approval of the basic guidelines for the reform and implementation of the initial training programme for non-commissioned officers of the police and security forces of the Ministry of Security (Ministry decisions Nos. 554 and 555/2016), a series of compulsory minimum content requirements were introduced, which the new nine-month initial training programme must cover.

43. Training programmes therefore have to incorporate some basic content.

44. They must ensure that the conceptual and normative frameworks take an approach to police action that is based on human rights, as an essential tool in the construction of an institutional culture that brings the tasks, functions and practices of future non-commissioned officers into line with the basic principles of the rule of law.

45. They must also follow an integrated, comprehensive model for the rational use of force, which includes the normative and doctrinal framework, the tactical and procedural framework, and practices linked to professional action as a whole.

46. With regard to the training of serving personnel on the progressive use of force, a number of initiatives have been conceived, developed, implemented and reviewed under the Programme on the Use of Force and Employment of Firearms, set up by Ministry of Security decision No. 933/2012.

47. With the establishment of the Training and Doctrine Centres of the Argentine Federal Police, the Argentine Naval Prefecture and the Gendarmería Nacional Argentina, it has been possible to study and monitor police practices, evaluate them and optimize their response in compliance with the law. The courses given are designed for all serving personnel, regardless of hierarchy or rank, and focus on basic physical, procedural and doctrinal police skills, within the rational use of force framework.

48. The Ministry of Security also provides training to the Neighbourhood Crime Prevention Unit of the Federal Police Force, the Neighbourhood Detachment of the Gendarmería, and staff of the Argentine Naval Prefecture Operations Directorate that perform community policing duties. Officers joining either of these two units receive training that encompasses domestic and gender-based violence, sexual diversity, policing in an inclusive policy framework, police intervention in cases of substance abuse and police tactics for achieving harmonious coexistence in public spaces, with an emphasis on the exercise of authority.

49. In this regard, it is worth noting that the training available to the police and security forces was organized on the basis of the Professional and Technical Annual Training Plan established by Ministry of Security decision No. 971/2012.

50. Among the specific responsibilities and functions of the bodies in charge of planning, coordinating and overseeing the plan, the directorates for training, education and institutes were instructed to ensure in the course of training activities the prevention of any physically or morally discriminatory, abusive or arbitrary practices that might violate human rights.

#### *Training of prison staff*

51. The following courses may be added to the education and training programmes designed and implemented for prison staff mentioned in the periodic report: a seminar on the prevention of torture and other cruel, inhuman and degrading treatment and punishment; a seminar on the prevention of ill-treatment, coercion and torture in prison, addressing national and international human rights law, with special emphasis on the international responsibility of the State; a training workshop on gender for officers who work in establishments that accommodate women (held by the Women's Office of the Supreme Court of Justice); a practical course on dealing with crime scenes in prisons; and training in matters of ethics, human rights and the prevention of corruption.

52. A joint activity was organized by the Government of Cabo Verde and the United Nations Office on Drugs and Crime (UNODC) to share experiences in matters concerning social reintegration policy. The Federal Prison Service organized an international congress on management and empirical evidence in compared prison systems.

53. Staff have also been given training on "risk, necessity and responsibility" and on "social facilitation and collective action".

#### *Training within the Public Prosecution Service*

54. Within the framework of international human rights law, numerous workshops have been held specifically concerning international standards on the prevention and prosecution of institutional violence, especially torture and other cruel, inhuman or degrading treatment or punishment.

55. The Directorate-General for Human Rights held two training programmes in 2016 to raise awareness of a new international human rights instrument, the United Nations Standard Minimum Rules for the Treatment of Prisoners, known as the "Mandela Rules", approved by the General Assembly in December 2015. In the first joint activity, the Directorate called upon experts and officials from the Public Prosecution Service, other State bodies and civil society organizations that deal with such matters to present the new features of the instrument with regard to protecting persons deprived of their liberty and, in

particular, the legal standards that derive from the document and which should guide the actions of Public Prosecution Service officials and employees. A distance learning course was subsequently held via the Directorate-General for Training and Education, in which employees and officials from various federal prosecution offices around the country took part.

56. Another joint course offered by the Directorate-General for Human Rights in 2016 focused on the human rights standards of the Public Prosecution Service, which included a specific module on the right to due process in criminal proceedings, and another on the rights of persons with disabilities, which covered safeguards for persons confined in psychiatric care.

57. The Office of the Prosecutor for Institutional Violence gave two courses in the Judicial Service School, one on interviews for the effective investigation and documentation of torture, and another on the analysis of violent deaths in prisons and judicial criminal investigation practices: a sociological and legal approach based on social research and prosecutorial action. The latter course was also repeated at the University of San Martín.

**(e) State party response**

58. Act No. 26827, regulated by Decree No. 465/14, established the National System for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Article 30 of the Act stipulates that the General Budget Act must include the items required to ensure the proper functioning of the System, in order to implement the objectives of the Act.

59. In the national legislature, the Bicameral Commission of the Ombudsman's Office is currently dealing with appointments to the National Committee for the Prevention of Torture. Two representatives of local mechanisms have already been appointed, and the appointment of three representatives of social organizations is making progress, pending the appointment of parliamentary representatives.

*Implementation of local mechanisms*

60. Varying degrees of progress and finalization have been achieved with the implementation of local preventive mechanisms for torture and other cruel, inhuman or degrading treatment or punishment, as they are brought into line with the Optional Protocol, according to the time they were introduced (some having been established prior to the enactment of National Act No. 26827), the resources allocated to them and the individual characteristics of the individual provinces, such as their total prison population or their land surface.

61. The prevention mechanism in the province of Chaco is operational, and issues resolutions and recommendations as necessary. Mechanisms are also operational in the provinces of Misiones, Salta, Corrientes and Mendoza. The province of Tucumán has approved the law establishing the mechanism and has recently added regulations pending completion of the process. The Autonomous City of Buenos Aires has established a mechanism, although the Act establishing it and making it operational has yet to be regulated. Lastly, the province of Río Negro has an established prevention mechanism but no one has yet been appointed to head it.

62. In order to facilitate the development of actions with a direct impact and ensure respect for provincial autonomy as a component of our federal State, the Office of Human Rights and Cultural Pluralism has offered to assist the 24 provincial jurisdictions in order to provide them with technical advice and institutional support to approve local preventive mechanisms, to adapt normative frameworks in cases where they are not in line with the principles established in international regulations, and to implement and maintain the local preventive mechanisms that have already been established. This task is being carried out regularly and should provide a flexible response as soon as the conditions, policies and legislative consensus are available to enable the implementation of the Optional Protocol to move forward.

## Paragraph 24

### State party response

#### *Conditions of detention*

63. With respect to the material, human and budgetary resources that have been made available to bring detention conditions in line with international minimum standards, it may be noted that, in order to guarantee the right to decent accommodation, the Federal Prison Service runs 44 establishments, including 6 prison complexes, 24 prison units, 1 prison unit for infectious diseases and 13 federal detention centres. As at December 2016, the total number of detainees was 10,968. Of that total, 2,342 were nationals of other countries, of whom 1,584 were awaiting trial and 758 had been convicted.

#### *Prison infrastructure*

64. The 2015 report of the national statistics system on the enforcement of sentences showed 72,693 detainees in the country as a whole, including those in provincial prisons and the Federal Prison System. The report gives the numbers disaggregated by province, and may be consulted using the following link: [http://www.jus.gob.ar/media/3191517/informe\\_sneep\\_argentina\\_2015.pdf](http://www.jus.gob.ar/media/3191517/informe_sneep_argentina_2015.pdf).

65. According to this report, there is overcrowding of 10 per cent nationwide on average across all prison systems, with the situation being more serious in many provinces, in excess of 30 per cent, and with the situation in Buenos Aires being the most acute, one of the reasons why a prison emergency had been declared in that jurisdiction.

66. With regard to questions concerning the infrastructure of the Federal Prison Service, the premises are being expanded through work carried out at the initiative of the Office of the National Undersecretary for Judicial Relations and Prisons of the Ministry of Justice and Human Rights. For example, progress has been made with the building of federal detention centres in Agote, Mercedes and Buenos Aires Province and the coastal prison facility in Coronda, Santa Fe province, which, when completed, will provide 2,150 extra places for the federal system. Moreover, extension work has begun on several units, which will add a further 500 places to the system.

67. A workplan for the Federal Prison Service is currently being developed, which will enable almost all the country's infrastructure to be renovated over the period 2017-2022. The plan will lead to the addition of 18,000 new places, which will allow the dismantling of 5,000 existing places from old and outdated buildings in urban centres. In addition to the establishments mentioned, the plan includes the construction of 11 new establishments in the Metropolitana region of Buenos Aires, adding a total of 10,300 new places. In the Noroeste region, 3 new prisons are planned with a total of 1,100 places, construction on one of which will begin this year. In the Nordeste region, 2 new prisons will be built for 750 detainees. In addition, in the Centro-Este region, 3 new establishments will be built, offering 1,800 places, while the 2 new prisons to be built in the Centro-Oeste (Cuyo) region will add another 800 places.

68. The new establishments under construction or planned will comply with the conditions established in the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) and relevant recommendations made by international organizations.

69. With regard to the material resources allocated to infrastructure, maintenance and new works, a budget of Arg\$ 2,368,798,710.00 has been set aside for the current year, representing 15 per cent of the total budget allocation for the Ministry of Justice and Human Rights.

#### *Health-care services*

70. Both the Health Directorate of the Federal Prison Service and the Wellness Programme of the Undersecretary for Judicial Relations and Prisons coordinate activities



with the Prison Health Programme and other programmes of the Ministry of Health. All units receive part of the medicines for prisoners through the Ministry of Health.

71. The prison medical services operate according to the Primary Health-Care model, placing special emphasis on sickness prevention and health through specific actions. Accordingly, with the signing of the Framework Cooperation Agreement between the Ministry of Health and the Ministry of Justice and Human Rights entitled “Justice with Health, Health for Inclusion”, prevention and health programmes have begun to be introduced by the Ministry of Health in federal prisons, which are considered an additional jurisdiction.

72. The Prison Health Programme has since been established by the above-mentioned Ministry, which coordinates the operations of national programmes in federal prisons using a joint management model with the Health Directorate of the Federal Prison Service.

73. The national programmes currently available are:

- Programme on HIV/AIDS, Sexually Transmitted Diseases and Viral Hepatitis;
- Maternal and Infant Health Programme;
- Programme on Ocular Health and the Prevention of Blindness;
- Sexual Health and Responsible Procreation Programme;
- Cervical and Uterine Cancer Prevention Programme;
- Breast Cancer Prevention Programme;
- Colon Cancer Prevention Programme;
- Anti-smoking Programme;
- National Tuberculosis Control Programme;
- “REMEDIAR+Redes” (health and medicines) Programme;
- National Immunization Programme.

74. The RemediAR Programme is part of the National Medicines Policy and bases its actions on the four stages of the management cycle: the selection, supply, distribution and use of medicines, with the aim of ensuring their availability in the public health system. Under the programme, 79 drugs and drug formulas are distributed as basic medicines for primary health care in the form of first-aid kits for medical services in prisons.

#### *Sexual Health and Responsible Procreation Programme*

75. The National Sexual Health and Responsible Procreation Programme is tasked with promoting equal rights, equity and social justice, as well as facilitating access to full sexual and reproductive health care.

76. The Programme promotes the following objectives:

- Attaining the highest possible level of sexual and reproductive health among the population so that individuals are able to make decisions free from discrimination and violence;
- Reducing maternal and child morbidity and mortality;
- Preventing unwanted pregnancies;
- Promoting the sexual health of adolescents;
- Contributing to the prevention and early detection of sexually transmitted diseases, HIV/AIDS, and genital and mammary gland diseases;
- Ensuring access for the entire population to information, guidance, methods and services relating to sexual health and responsible procreation;
- Improving women’s participation in decision-making related to sexual health and responsible procreation.

*Programme on HIV/AIDS, Sexually Transmitted Diseases and Viral Hepatitis*

77. This programme is run by the Directorate for AIDS and Sexually Transmitted Diseases, which establishes and coordinates policies to prevent and treat HIV/AIDS and other sexually transmitted diseases at the national level. The programme coordinates its activities with provincial, jurisdictional and municipal programmes, with civil society organizations and with international bodies based on the Joint United Nations Programme on HIV/AIDS. The guiding principles behind its strategies are accessing services and strengthening citizenship, providing comprehensive care for persons with HIV/AIDS, promoting the use of contraceptives and testing accompanied by advice, and reducing discrimination in the health-care system and society as a whole.

*National Cervical and Uterine Cancer Prevention Programme*

78. The principal aim of the National Cervical and Uterine Cancer Prevention Programme, run by the National Cancer Institute, is to reduce the incidence of and mortality rate due to cervical and uterine cancer. The programme cooperates with provincial programmes and local health-care services to improve the prevention of cervical cancer. Talks and workshops are held by the programme's experts in establishments where women deprived of their liberty are detained in order to raise awareness of prevention methods. In addition to these workshops, training is organized for health-care professionals.

*National Breast Cancer Prevention Programme and National Colon Cancer Prevention Programme*

79. These two programmes became part of the Coordinated Prison Health Programmes. Specific activities for persons deprived of their liberty have not been developed within these programmes, although research into both diseases has been carried out through periodic health checks and follow-up examinations.

*National Programme to Control Immunizable Diseases*

80. Through the National Programme to Control Immunizable Diseases, the Ministry of Health supplies the Federal Prison Service with all the vaccines needed to vaccinate persons deprived of their liberty in accordance with the national vaccination schedule and the seasonal vaccination programme conducted by the prisons' medical staff.

*National Tuberculosis Control Programme*

81. The National Tuberculosis Control Programme provides the necessary medicines for the treatment of tuberculosis, a disease of particular relevance to prisons. It also takes part in the early detection of "chronic coughers", awareness-raising workshops, and professional development activities and monitoring in laboratories working on the diagnosis of tuberculosis in prisons.

*Child and Maternal Health Programme*

82. The National Child and Maternal Health Directorate is the body responsible for developing and implementing national maternal and child health policies. It carries out activities within the purview of the Community Health Undersecretariat, in the Secretariat for Health Programmes of the Ministry of Health. The National Child and Maternal Health Directorate provides technical and financial assistance to the health-care sector in Argentine provinces in pursuit of the following objectives:

- Reducing the likelihood of disease or death (morbidity and mortality) among children and women of reproductive age, particularly during the reproductive process;
- Reducing inequalities in health indicators between genders, geographical areas, socioeconomic levels, ethnic groups, etc.;
- Improving the coverage and quality of health services and their accessibility for the whole population, especially the most disadvantaged sections.

83. The Programme provides training and assistance on prevention for mothers living with their children in federal prisons (breastfeeding, food, stimulation, schooling). It also carries out child vaccinations in accordance with the national vaccination schedule and seasonal vaccinations in accordance with the epidemiological behaviours of immunizable diseases.

*Preventive detention*

84. On 24 December 2015, Decree No. 257/2015 was published, establishing that the entry into force of the Code of Criminal Procedure, Act No. 27063, would follow the gradual implementation schedule decided by the Bicameral Commission for Monitoring and Implementing the New Code of Criminal Procedure, which operates within the National Congress. The major change consists in the shift within the criminal justice system from the inquisitorial procedure to the adversarial procedure, with the result that the reform of the Code of Criminal Procedure now places greater emphasis on the roles of the Public Prosecution Service and the Public Defence Service.

85. Act No. 27272 on procedure in flagrante delicto cases was adopted in September 2016. The main objective of this law is to introduce oral proceedings during preliminary investigations, but only for offences committed in flagrante delicto. Regarding the definition of a “*flagrante delicto* case”, article 285 of the Code of Criminal Procedure indicates that an offence is considered to be in flagrante delicto if the person committing the offence is apprehended when attempting to commit it, when actually committing it or immediately thereafter, if the person is being pursued or had objects in his or her possession or shows traces that give a reasonable indication that the person had just participated in the commission of an offence. In turn, the offences to which the procedure applies are intentional offences punishable by a maximum of 15 years’ imprisonment, or 20 years for offences that come under article 119, paragraph 4 (aggravated or extremely abusive sexual abuse with penetration) or article 116, penultimate paragraph (armed robbery) of the Criminal Code.

86. Act No. 27308 adopted in 2016, the Unification of Jurisdictions and Single Judge Act, provides for two measures that expedite legal proceedings. The proposed reforms are aimed at redesigning the organization of the national justice system with the aim of encouraging and facilitating the investigation and prosecution of offences within its jurisdiction. Conducting oral proceedings in the presence of a single judge instead of three will greatly improve the justice services without prejudice to any constitutional rights and guarantees.

87. These initiatives will speed up judicial investigations, which will make it possible to reduce pretrial detention, considering that there are only two reasons why judges may order precautionary measures, namely delays in the investigation and the risk of escape of the accused. The shorter investigations will enable judges to evaluate with greater certainty whether the defendant, having completed this stage, is likely to pursue the proceedings without causing any obstruction.

*Programme of Assistance for Persons under Electronic Surveillance*

88. The use of ankle bracelets as alternatives to imprisonment have a double effect by, on the one hand, considerably reducing overcrowding and at the same time resolving the issue of excessive pretrial detentions from a human rights perspective, and, on the other hand, acting as a means of enforcing a sentence while fulfilling the aim of social rehabilitation.

89. In addition to acting as an alternative to pretrial detention, these devices provide a useful tool in cases of early release, including conditional early release and release in the period following the offence, and in certain cases as a security measure.

90. The Protocol on the Priority Allocation of Electronic Monitoring Devices has been approved within the framework of the Programme of Assistance for Persons under Electronic Surveillance under decision No. 808-E/2016 of the Ministry of Justice and Human Rights. The Protocol establishes that, subject to judicial approval and in accordance with the following order of priorities, the Programme will be used for: a) pregnant women;

b) mothers of children under 5 years of age or responsible for a person with disability; c) mothers with children between 5 and 10 years of age; d) prisoners with incurable terminal diseases; e) sick prisoners, in cases where internment in a prison impedes their recovery or prevents the proper treatment of their illness and who could not be accommodated in hospital; f) prisoners with disabilities, in cases where their internment in a prison is not appropriate for their condition and constitutes cruel, inhuman or degrading treatment; g) prisoners over 70 years of age; h) prisoners that have been considered low-risk by the relevant technical and criminological services and/or are completing the final third of their sentence when they have been denied an alternative benefit; i) prisoners belonging to the LGBT community; j) other cases brought up by the presiding judge.

91. Decision No. 86/2016 of the Ministry of Justice and Human Rights extends the territorial scope of the Programme to the whole of Argentina. As a result, 10 collaboration and cooperation agreements have been concluded with San Juan, Jujuy, Mendoza, Tucumán, Salta, Tierra del Fuego, the Autonomous City of Buenos Aires, Santa Fe, Misiones and La Rioja, leading to the delivery of 1,310 devices.

92. The numbers of persons covered by the programme are as follows:

- Devices placed: 397;
- Active devices: 299;
- Supervisory or suspension purposes: 98;
- The figures on the reasons for people being admitted to the programme are:
  - Dependents: 111;
  - Health reasons: 76;
  - Aged over 70: 90;
  - Pregnant: 2;
  - Admission by gender:
    - Male: 61 per cent;
    - Female: 39 per cent.