

**EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITE EUROPEEN DES DROITS SOCIAUX**



10 March 2008

Case document No. 3

**International Centre for the Legal Protection of Human Rights
(INTERIGHTS) v. Croatia**
Complaint No. 45/2007

**OBSERVATIONS OF THE GOVERNMENT ON
ADMISSIBILITY**

Registered at the Secretariat on 3 March 2008

International Centre for the Legal Protection of Human Rights
(INTERIGHTS) v. Croatia

**OBSERVATIONS OF THE REPUBLIC OF CROATIA
ON THE ADMISSIBILITY OF COMPLAINT**

I. SUBJECT MATTER OF THE COMPLAINT

1. The Collective Complaint against the Republic of Croatia
 - 1.1. The Collective Complaint against the Republic of Croatia is raised on the ground of its systematic failure to provide comprehensive or even adequate sexual and reproductive health education for the vast majority of children and young people in schools.
 - 1.2. It is also stated that the Government of the Republic of Croatia supports the extra-curricular sexual and reproductive health programmes provided by non-governmental organisations to a significant number of students that are scientifically inaccurate, biased, and discriminatory.
 - 1.3. The failure in attempts at reform in this particular field is also criticised.
 - 1.4. See: (IV Final proposals on subject matter of the complaint)

2. Position of the Republic of Croatia

- 2.1. Pursuant to Article 6 of the Additional Protocol of the European Social Charter, the Republic of Croatia duly submits the following written observations in respect of the admissibility of the Complaint lodged by INTERIGHTS.
- 2.2. As put forth in the following observations, under II General objections, III Violations of articles of the Charter and IV Final proposals on the subject matter of the Complaint, the Republic of Croatia respectfully submits that the complaint lodged by INTERIGHTS does not meet the admissibility criteria in all points of complaint, and proposes that upon review the European Committee of Social Rights declares the Complaint entirely inadmissible.
- 2.3. The Republic of Croatia also wishes to report that the process of appointment of an agent to represent Croatia before the European Committee of Social Rights is underway.

II. GENERAL OBJECTIONS

1. **Competence of INTERIGHTS**

1.1. The Republic of Croatia does not contest that INTERIGHTS is, in principle, an organisation that may submit collective complaints.

- The complaint itself recites (page 9) that INTERIGHTS „*is an international non-governmental organisation which has consultative status with the Council of Europe and is among organisations entitled to lodge collective complaints under the ESC mechanism*“
- According to the purposes of Article 1(b) of the Collective Complaints Protocol (hereinafter: Protocol) the INTERIGHTS is currently registered on the Governmental Committee's list for the period 1 July 2006 to 30 June 2010.

1.2. However, it does not suffice merely to be included on the said list for an NGO to be entitled to make a complaint in a particular case.

- In this respect, the Republic of Croatia refers to Article 3 of the Protocol. It provides that: „*The international non-governmental organisationsreferred to in Article 1(b).... may submit complaints in accordance with the procedure prescribed by the aforementioned provisions only in respect of those matters regarding which they have been recognised as having particular competence* „ (emphasis added).
- According to the view of the Republic of Croatia, INTERIGHTS does not satisfy the conditions of Article 3 of the Protocol:
 - (I) Croatia notes that among other organisations included on the Governmental Committee's list for the purpose of Article 1(b) of the Protocol are other NGOs which, unlike INTERIGHTS, could clearly be expected to have some particular competence, at least insofar as the protection of the rights of the child and young people in general may be concerned.
 - (II) INTERIGHTS has not indicated in its application any recognised competence in respect of any of the matters which are the subject matter of the application.

2. **Remark in respect of “*clausula rebus sic stantibus*”**

2.1. The Republic of Croatia proposes that in reviewing the complaint lodged by INTERIGHTS and consequently the present observations, the ECSR takes into account the fact of *clausula rebus sic stantibus*, and that in reviewing the admissibility of the complaint it takes into account the most recent situation in the field of sexual and reproductive health education (we wish to point out the necessity of reviewing all the Attachments which illustrate the present situation). In doing so we wish to request that the following facts relevant for an objective review be taken into consideration: a) the fact that the complaint is in part out-of-date since it does not cover the period from the moment it was lodged on 10 October 2007 until the day of reviewing these observations (beginning of March 2008) and b) that it was precisely in this period that several important steps were made in this field, starting from the fact that on 2 November 2007 a decision was made on determining i.e. approving proposals of pilot health education programmes in primary and secondary schools, a Public Call for Proposals was announced for the selection of the primary and secondary schools for implementing the

pilot health education programmes (see Attachment no 28: Public Call) and a decision was made on the selection of the primary and secondary schools in which the pilot health education programmes will be implemented (see Attachment no 27 & 29: Decision).

- 2.2. In addition, Croatia considers the allegations in the Complaint (III 142) which pass negative judgement on the future development in this field to be unfounded and legally unsustainable.

3. Remarks in respect of the use and citation of sources in the Complaint and the reporting method

- 3.1. Biasness in the selection of scientific research sources, distortion and inaccurate quotation of their results, all for the benefit of providing arguments which would support the complaint.

- 3.1.1. Biasness in the selection of scientific research sources.

The majority of the references cited in the text of the Complaint (218 out of a total of 397) refer to Croatian laws, regulations, plans and strategies, international treaties to which the Republic of Croatia is a party and to cases which are not directly related to the Republic of Croatia. The remaining references, those that refer to the actual subject of the Complaint, mainly (104 out of a total of 179) refer to scientific research, reports, studies and interviews whose authors themselves are the lodgers of the Complaint or their close associates belonging to the Civil Coalition "Stop High-Risk Sexual Education". Such biased citation of references is contrary to scientific objectivity which is necessary for an accurate examination of the issues presented in the Complaint.

- 3.1.2. Inaccuracy in presentation of scientific information.

Much of the information presented in the text of the Complaint, mostly gathered from such biased sources, is inaccurate. For example, A. Hodžić, employee of the CESI, quotes his research stating that the average age for entry into sexual relations in Croatia is 15 to 16 while official data indicates that the average age for entry into sexual relations in Croatia is 16.2 for boys and 17.2 for girls.¹

- 3.1.3. Citation of inaccurate or selective scientific information.

When speaking about the situation in Croatia, the plaintiffs cite references which refer to the situation in the world instead of citing research which refers to the situation in Croatia. The age group 15-24, which the text claims accounts for half of all new HIV infected patients, accounts for only 8% of the total number of patients in Croatia. In connection, data provided by the Croatian National Institute of Public Health indicates that Croatia figures among countries which have the lowest rate of HIV/AIDS cases. Since 1985 when the first patients were registered in Croatia until the present day, we have registered a total of 6 (six) persons infected with HIV aged between 15 and 19 who contracted this disease most probably through sexual intercourse. The infected patients were 19-year olds.²

- 3.2. Arbitrary interpretation and inaccurate and incomplete reporting.

- 3.2.1. Inaccuracy, word-adding, alteration of quotations and arbitrary commentary and interpretation of quoted documents as well as reference to non-existing documents.

- 3.2.2. The text of the Complaint contains numerous inaccuracies, words which have been added on, quotations which have been altered and arbitrary commentary and

¹ 2006-2012 National Plan of Activities for the Rights and Interests of Children, page 37.

² *Epidemiological Situation Connected to Sexually Transmitted Diseases in Croatia*, Service for Infectious Disease Epidemiology, Croatian National Institute of Public Health, 4 January 2008.

interpretation of quoted documents as well as reference to non-existing documents. For example, the text of the Complaint states: “A Committee commissioned by the MSES in 2005, in part to review existing extra-curricular programmes in schools, including Teen STAR, also found the programme to be problematic in several respects⁶².” A document which four of the 28 members of that Committee signed is presented as evidence. Inspection of the work of the mentioned Committee reveals that the Committee did not adopt any opinions, or the one allegedly signed by four Committee members. In its work, the Committee only issued conclusions i.e. recommendations which do not include the abovementioned.

3.2.3. Incomplete reporting.

The text of the Complaint is based on incomplete reporting, presenting only those parts of expert opinions and parts of minutes kept on the work of the Committees which serve to the advantage of the plaintiff and the charges. At the same time it ignores those parts which speak in favour of a certain programme, with which the plaintiff does not agree, which clearly constitutes manipulation and deliberate distortion of facts.

In addition, the plaintiff has also demonstrated their biasness by the fact that in the entire text of the Complaint there is no mention of the objections that the Committees of the MSES and especially of the MHSW had in connection with the programme of the Forum for Freedom in Education. Namely, even though the expert and scientific flaws found in the Forum for Freedom in Education programme were substantial, the mere fact that the plaintiff makes no mention of those flaws in the Complaint demonstrates that the plaintiff has no genuine wish to assist in seeking out a quality solution for health and sexual education in Croatia.

3.2.4. Wrongful interpretation and abuse of scientific research.

The text of the Complaint wrongfully and tendentiously interprets certain opinions, parts of the programmes and even certain scientific research. For example, scientific research results which a doctor who is not a member of Teen STAR quoted in her lecture preceding the presentation of the Teen STAR programme itself are wrongfully interpreted and presented as a goal of the Teen STAR programme.

3.3. The charges are substantiated by the interpretations of a non-existing body of the European Parliament.

3.4. Criticism on the introduction of sexual education into Croatian schools is substantiated by the interpretations of a non-existing body of the European Parliament.

3.4.1. In 2007 the President of the Republic of Croatia Stjepan Mesić, the Croatian Prime Minister Ivo Sanader, Ph.D. and the Minister of Science, Education and Sports Dragan Primorac, Prof., Ph.D. received two complaint letters pertaining to the pilot health education programme of the GROZD Association and the integrated sexual education programme Teen STAR from the so-called "European Parliament's Working Group on Reproductive Health, HIV/AIDS and Development" (see Attachments: Working Group HIV/AIDS). However in his letter (a copy of which we have received), the President of the European Parliament, Mr. Hans Gert Poetering, states that the abovementioned working group has not been registered and as such does not officially exist, let alone can it make statements on behalf of the European Parliament. Also, Mr. Poetering states that this constitutes interference with "Croatian national policy" (see Attachment Poetering Letter).

III. VIOLATION OF ARTICLES OF THE CHARTER

1. Article 11(2) of the Charter

Pursuant to Article 11 of the Charter, the Republic of Croatia has the obligation to ensure the effective exercise of the right to protection of health, either directly or in cooperation with public or private organisations. In doing so, pursuant to paragraph 2, it has the obligation to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health.

As interpreted by the ECSR, this includes implementation of sexual and reproductive health education (including sexual diseases and HIV/AIDS) as part of the school curriculum, throughout the entire period of schooling. The precise extent of these activities may vary according to the nature of the public health problems in the countries concerned.

International documents from the field of human rights require that education covers topics such as teenage pregnancies, abortion, HIV/AIDS, sexually transmitted diseases, family planning and contraception.

1.2. Failure to provide comprehensive, mandatory and ongoing sexual and reproductive health education

Croatia is reprimanded for having failed to provide comprehensive, mandatory and ongoing sexual and reproductive health education, resulting in violation of the provision of Article 11 paragraph 2 of the Charter

1.2.1. The Republic of Croatia is a party to key international documents in the field of human rights (we cite CEDAW, CRC as reference for this type of education), by virtue of which contractual bodies have been established in order to review periodical reports and whose recommendations are honoured by the Republic of Croatia.

Croatia is undertaking a series of activities in this field in order to meet the prescribed criteria for implementation of sexual education, including implementation of the provisions of the Charter. A long tradition of instruction in sexual and reproductive health issues exists in Croatia.

Croatia considers that it fulfils all the prescribed criteria of comprehensive (on all educational levels) as well as mandatory (as part of the regular curriculum) education, in accordance with the above and encompassing all students as evidenced below.

1.2.2. In primary schools, health education is integrated into other school subjects (Attachment no 1: Curriculum for Primary Schools) and is implemented through team work. In primary schools, sexual and reproductive health education is part of the regular Nature and Society curriculum for the first four grades as well as part of the Nature and Biology, Physical Education and Home Room Period curricula. (Attachment no 2: Curriculum for Primary Schools). Health and sexual educational topics are present in these various class subjects and are mutually connected, requiring the team effort of nature and society, nature, biology and physical education teachers, home room teachers and expert associates.

1.2.3. As part of the initiated educational system reforms in 2005 the Ministry of Science, Education and Sports (hereinafter: MSES)³, with the aim of modernising curricula for primary schools in accordance with the guidelines of the Croatian National Educational

³ www.mzos.hr

Standard, developed an Experimental Curriculum. Based on the Experimental Curriculum, after extensive public debate and reviews by experts and scientific institutions, in 2006 a new Curriculum was adopted and has been implemented in all primary schools since the school year 2006/2007. In the new Curriculum health education is integrated into other school subjects and is set out as “one of the basic goals and tasks of general education” which is realised through team work and through the cooperation of educational and health experts. (see Attachment no 1: Curriculum for Primary Schools) The health education solution which it provides is in conformity with EU practices.

- 1.2.4. In secondary schools, health education, including sexual education, is carried out as part of other regular courses: Biology, Ethics, Catholic Religious Teaching Course, Physical Education, Psychology, Hygiene, Sociology (Attachment no 3: Secondary Schools Curricula).
- 1.2.5. Furthermore, sexual and reproductive health education is carried out in primary and secondary schools as part of the elective Catholic Religious Teaching Course, whereby the fundamental right of parents to religious education of their children is respected, pursuant to the *Treaty on Co-operation in Education and Culture concluded between the Republic of Croatia and the Holy See* and in light of the principle of religious freedom.
- 1.2.6. In addition, based on its work programme, each school may independently select topics from this field or from other fields which will be dealt with in elective and optional courses and homeroom periods as well as in a series of extracurricular activities. Organisation of the work of the school falls within the competence of the school board.
- 1.2.7. Moreover, the Republic of Croatia also finances the work of NGOs which are active in the field of non-institutional education. For example, through a Public Call for Proposals in 2007 financing in the amount of over half a million kuna was granted to 11 NGOs for projects pertaining to gender equality and youth education in the field of sexual and reproductive health.(Attachment no. 4: NGO).
- 1.2.8. Furthermore, apart from schools, other institutions are also actively participating in activities in this field. The Education and Teacher Training Agency,⁴ which conducts professional training for those employed in the education system and the Croatian National Institute of Public Health continuously conduct programmes in preschools, primary and secondary schools (including those with international participation) in the field of promoting health, healthy life styles, education for democratic citizenship, education for peace and non-violence and gender equality. For example from 2002 to 2007 the Education and Teacher Training Agency in cooperation with the “Andrija Štampar” School of Public Health organised education on sexuality and puberty for students in all primary schools (50.000 students).⁵
- 1.2.9. In accordance with all of the above, the Republic of Croatia considers that in the context of the total school workload the number of school hours devoted to sexual and reproductive health is adequate, and that with the newly introduced pilot programmes (see Attachment no 1: Curriculum for Primary Schools) the number of school hours devoted to this field has been additionally increased, whereby comprehensiveness and continuity of sexual and reproductive health education has been achieved.

⁴ www.azoo.hr

⁵ hwww.hzjz.hr

- 1.3. ***Content of sexual and reproductive health information currently provided to students is not comprehensive, evidence-based and non-discriminatory violating both Croatia's obligation to ensure the right to health under Article 11 and taken together with the prohibition on non discrimination***

Croatia is reprimanded because the content of sexual education currently provided to students is not comprehensive, evidence-based and non-discriminatory as well as that it is violating the prohibition on non discrimination.

- 1.3.1. In its introductory provisions the Constitution of the Republic of Croatia emphasizes that Croatia is a sovereign and democratic state in which equality, freedom and human rights are guaranteed and ensured. Article 14 guarantees the principle of equality of all citizens before the law by stipulating that everyone in the Republic of Croatia has rights and freedoms regardless of their race, skin colour, gender, language, religion, political or other affiliation, national or social origin, property, birth, education, social standing or other characteristics. The wording of this provision has been harmonised with relevant international documents, especially with the European Convention on Human Rights, while the anti-discriminatory scope of the provision is even wider since it includes the notions of education and social standing.
- 1.3.2. The content and information on sexual and reproductive health available within the framework of the national curriculum includes all the topics recommended by regional and international bodies for effective protection and promotion of health among youth. In this regard, we consider the Collective Complaint to be out of date in this part as it refers to the 2004 Study on the National Curriculum of the Centre for Social Research. Admittedly, the MSES did use this Study as one of the starting points for the preparation of the Education Sector Development Plan.⁶ Namely, at the beginning of 2004 the Republic of Croatia started education system reforms on all levels, especially in primary schools, and all course contents, including contents on sexual and reproductive health, have been brought up to date and harmonised with the most recent scientific advances and accomplishments. The methodical approach to teaching has also been modernised and intensive professional education and training of all authorities competent for educational activities has been carried out.⁷ That the process is ongoing is also evidenced by the fact that all the important documents in the field of education stress that they are development documents, open to changes and improvements depending on needs and development goals in the educational field as well as research and evaluation results.⁸
- 1.3.3. Contents of the curricula for primary and secondary schools are based on foreign and Croatian scientific discoveries and are an integral part of courses in Nature and Society, Biology, Sociology, Ethics, Psychology, Physical Education, Hygiene and Physiology.
- 1.3.4. The Croatian education system also has a long standing tradition of pedagogical services in all schools consisting of interdisciplinary teams of experts: pedagogues, psychologists, special teachers, librarians and (sometimes) social workers. In this way an individualised approach to counselling students is achieved, including providing advice on issues dealing with sexuality and maturing.
- 1.3.5. We consider that the part of the Collective Complaint which speaks of inaccurate information replete with bias while referring to the elective Catholic religious teachings course (III. 16) is unfounded. The expression of certain Christian attitudes as part of

⁶ See *Education Sector Development Plan 2005 – 2010*, MSES, 2005

⁷ See: *Guide through the Croatian National Educational Standards for Primary Schools*, MSES, Zagreb, 2005; *Overview of Achievements 2004 – 2007*, MSES, Zagreb, 2007, pages 48 -53).

⁸ See *Education Sector Development Plan 2005 – 2010*, page V; *Curriculum for Primary Schools*, MSES, Zagreb, 2006, page 7, *Strategy for the Construction and Development of the National Curriculum*, page 9.

particular topics in Catholic religious teachings classes are neither biased nor discriminatory but rather representing interpretations of modern Catholic teachings on specific topics. In this regard it is important to stress that the approach is very tolerant and never interferes with the personal decisions of individuals (when dealing with sexual affiliation or use of contraceptives) but only interprets – from the point of view of moral and ethical Christian norms – certain affiliations, always stressing that “all unjust discrimination must be avoided”. We wish to point out that in Croatia elective religious teachings courses are organised not only for Catholics but also for those of the Christian Orthodox and Muslim faith.

- 1.3.6. The content and information on sexual and reproductive health, available as part of extracurricular programmes, also covers all the topics recommended by regional and international bodies for effective protection and promotion of health among youth. For this reason we consider that the part of the Collective Complaint which speaks of inaccurate information replete with bias and discrimination while referring to the extracurricular programme TeenStar (III. 16) is unfounded. In addition, we wish to stress that each school, based on its work programme, may independently select their extracurricular programmes. In the school year 2007/2008 the TeenStar programme is being implemented in 5 out of a total of 871 primary schools. Since medical experts had no objection to the implementation of this programme, parents were free to choose the programme according to which their children will learn and develop attitudes on their proper sexuality. Hence, experts from Children’s Hospital Zagreb are implementing the MemoAIDS programme as an extracurricular programme which was implemented in 109 secondary schools in the school year 2005/2006. This programme was used to directly educate 26.000 second grade students while an additional 98.000 were educated indirectly through other types of programmes. The programme is still being implemented and is financed from the State Budget as part of the Croatian Programme for HIV/AIDS Prevention for 2005 – 2010. We wish to remind that as of the school year 2007/2008 the MemoAIDS II programme is also available in Croatian schools as an extracurricular and that it received a favourable opinion from the MSES on 4 July 2007 (Attachment no 5: MemoAIDS II).
- 1.3.7. In addition to the above, the MSES launched a comprehensive expert and scientific debate on this issue, which in November 2007 resulted in the selection of the pilot health education programmes of the Parents’ Voice for Children Association (hereinafter: GROZD) and of the Forum for Freedom in Education (hereinafter: Forum). The pilot programmes cover all the required topics recommended by international and regional bodies for effective health protection and promotion among youth. Pilot implementation of these programmes will begin in March 2008 and will last 12 school hours while monitoring of the implementation and external evaluation of results will be carried out by the National Centre for the External Evaluation of Education⁹ in cooperation with the “Ivo Pilar” Institute of Social Sciences,¹⁰ the “Andrija Štampar” School of Public Health and the Croatian National Institute of Public Health. Based on the external evaluation results, the National Curriculum Committee will propose further changes to the existing curricula for primary and secondary schools in Croatia (see Attachment no 12).
- 1.3.8. As regards the accusation of indirect gender-based discrimination, i.e. the allegation that a lack of sexual and reproductive health education results in girls being exposed to greater health risks when compared to boys, Croatia is first and foremost guided by the fundamental principle of the Convention on the Rights of the Child, the best interest of

⁹ <https://www.ncvvo.hr>

¹⁰ <http://www.pilar.hr>

the child, and considers that information in this field is equally important for all children, regardless of age, and that it must be available to all, especially because there are no indicators which would require positive discrimination measures in this area.

- 1.3.9. All of the above clearly demonstrates that the Republic of Croatia, within the framework of the National Curriculum and through extracurricular activities and programmes, fulfils the undertaken obligations as recommended by international and regional bodies for effective health protection and promotion among youth. Additional supporting evidence can be found in the data provided by the Croatian National Institute of Public Health which indicates that the age group 15-24 accounts for only 8% of the total number of newly appeared HIV infections in Croatia and that Croatia figures among those countries which have the lowest rate of HIV cases. Since 1985 when the first patients were registered until the present day, we have registered a total of 6 persons infected with HIV aged between 15 and 19 who contracted this disease most probably through sexual intercourse. The infected patients were 19 year olds. According to the data provided by the Croatian National Institute of Public Health diseases which are transmitted exclusively through sexual intercourse such as gonorrhoea and syphilis are gradually disappearing (Attachment no 6: *Epidemiological situation connected to sexually transmitted diseases in Croatia*).
- 1.3.10. We wish to stress that the UNAIDS and the World Health Organization have deemed Croatia to be a low priority zone with regard to the spread of HIV/AIDS.¹¹ This position was also echoed by the United Nations Development Programme.¹² Croatia has also been deemed to have stable epidemiological rates with strong primary and secondary prevention efforts which have kept the risk of outbreak relatively low.¹³
- 1.3.11. The current HIV/AIDS prevalence in Croatia among adults is <0.1%, with a rate of 14.5 diagnosed infections per one million people in the general population. Among other countries in the region and its neighbours, Croatia's infection rate is significantly lower. The rate of infection per million people in Austria is 53 with an adult prevalence of 0.3%. In Italy the adult prevalence is 0.5% with an infection rate of 74.4 per million among the general population. In Greece, the rate among adults is 0.2% with diagnosed infections being 51.1 persons per million of the general population.¹⁴

1.4. ***Failure to insure appropriate teacher training and qualifications by not implementing rigorous standards for providers of sexuality education in curricular and extra-curricular subjects***

Croatia is reprimanded for having failed to insure appropriate teacher training and qualifications by not implementing rigorous standards for providers of sexuality education in curricular and extra-curricular subjects.

- 1.4.1. The MSES has established initial education, internship and continuous professional training of teachers as one of the basic priorities in the process of improving the Croatian education system.¹⁵ Unlike in many other countries, including the EU member states,

¹¹ UNAIDS, WHO. AIDS epidemic update: December 2004 Geneva, UNAIDS, 2004 (http://www.unaids.org/wad2004/report_pdf.html, accessed 21 September 2005).

¹² United Nations Development Programme, HIV/AIDS: Croatia (<http://www.undp.hr/show.jsp?page=51972>).

¹³ World Health Organization, HIV/AIDS in Europe: Moving from Death Sentence to Chronic Disease Management ed. Srdan Matic, Jeffrey V. Lazarus and Martin C. Donoghoe (2006), page 250.

¹⁴ EuroHIV. HIV/AIDS Surveillance in Europe. End-year Report 2006. Saint-Maurice: Institut de veille sanitaire, 2007. No 75.

¹⁵ See: *Guide through the Croatian National Educational Standards for Primary Schools; Education Sector Development Plan 2005 – 2010*, page 36.

teacher professional training in Croatia is free-of-charge and mandatory for teachers. Professional training is carried out by the Education and Teacher Training Agency (Attachment no. 7: Report of the ETTA), the Agency for Vocational Education¹⁶ (established in 2005) and the Agency for Adult Education (established in 2006) while necessary funds are secured from the State Budget. As an example we wish to mention the professional teacher training which was carried out in the school year 2005/2006 as part of the implementation of the Croatian National Educational Standard. Ongoing professional training was held for all teachers, school principals and expert associates in pilot schools in which 1,931 staff members and 831 heads of county expert councils participated, totalling 2,762 primary school employees. For the purpose of ensuring high-quality implementation of the National Curriculum which has been implemented in all primary schools in Croatia since the school year 2006/2007, in 2006 all the employees of the remaining primary schools (25,573 employees) completed the first phase of professional training. In November and December 3 members from each primary school (totalling 2,517) completed the second phase of professional training and transferred the knowledge they acquired at the seminars to other teachers in their schools. In March 2007 two-day conferences were held for primary school principals and representatives of the founders (cities and counties).¹⁷

- 1.4.2. Currently underway is professional training of the educators who are to teach the selected pilot health education programmes. It is provided by the Education and Teacher Training Agency in cooperation with the associations which developed the programmes selected in the Public Call for Proposals (Forum and Grozd).
- 1.4.3. In the course of 2006/2007 the Croatian National Institute of Public Health provided training on HIV/AIDS prevention for 6,617 teachers.
- 1.4.4. All of the above clearly demonstrates that the Republic of Croatia takes great care to ensure that teachers, including sexual education teachers, have appropriate qualifications, both in regular and extra-curricular subjects.

1.5. ***Failure to ensure effective education: monitoring and evaluation***

Croatia is reprimanded for failing to ensure effective education: monitoring and evaluation

- 1.5.1. At the beginning of 2004 measures aimed at improving the education system of the Republic of Croatia were undertaken on all levels. With that aim, in the period between 2004 and 2007, five new institutions were founded and one reorganised. Apart from that, 13 specialised expert bodies were formed.¹⁸ *Nacional Centre for External Evaluation of Education*, a body responsible for monitoring and external evaluation of the work and achievements of schools, was established in late 2004, and since 2006 state examinations have been carried out as a system of permanent external evaluation and quality control, which, among other academic achievements, assesses students' progress in health education.
- 1.5.2. In addition to the abovementioned, we remind that the task of monitoring of the experimental implementation of the Croatian National Education Standard (HNOS) and the Experimental National Curriculum was in the school year 2005/2006 assigned to the

¹⁶ <http://www.aso.hr>

¹⁷ See *Overview of Achievements 2004 – 2007*, page 49

¹⁸ See *Overview of Achievements 2004 – 2007*, p. 23 - 31

Institute of Social Sciences Ivo Pilar, which presented the results of external evaluation on 19th June 2006. A total of 13,439 students from experimental and control schools were included in the preliminary and the final survey.¹⁹

- 1.5.3. Monitoring and evaluation of implementation of experimental health education programmes by GROZD and Forum associations will be entrusted to the National Centre for External Evaluation of Education in collaboration with “Ivo Pilar” Institute of Social Sciences, “Andrija Štampar” School of Public Health and Croatian National Institute of Public Health. The said institutions – further empowered by mutual cooperation – are competent for carrying out the complex procedure of monitoring and evaluation of the programmes, and the information on the abovementioned has been made available to the general public (see Attachment no. 12).
- 1.5.4. Foundation of the National Centre for External Evaluation of Education (2004), reorganisation of the Agency for Education (2006), foundation of the Agency for Vocational Education (2005) and the Agency for Adult Education (2006) further improved the education system, especially in the area of monitoring and evaluation of educational outcomes, bringing Croatia’s education system closer to those of the developed countries and the EU.
- 1.5.5. Thus remark III. 68 of the Collective Complaint, stipulating that Croatia's current policies towards education quality control and the measures it undertakes are vague and that Croatia's system does not know any quality control system, is unfounded.
- 1.5.6. With regards to health protection implementation, the Republic of Croatia would like to point out that the primary health care of primary and secondary school children and university students is provided by general practitioners, whereas the preventive and specific health care is provided by School Health Services Department, which is a part of the Croatian National Institute of Public Health. A team consisting of a doctor of school medicine and a nurse provides for approximately 5,000 school children and students. In the academic year 2006/07, health care services employed 171 doctors (121 specialists in school medicine, 21 residents and 29 general practitioners) and the same number of nurses/technicians.
- 1.5.8. Work programme of school medicine is regulated under the Programme of Health Care Measures, put forth by Croatian National Institute of Public Health and approved by the Health Minister on the basis of the opinion provided by the competent chamber.
- 1.5.9. From the aforementioned it is evident that the Republic of Croatia ensures a sufficient level of efficient monitoring and evaluation of all contents of regular and extra-curricular school subjects, including those pertaining to sex education.

1.6. Position of the Republic of Croatia

- 1.6.1. **Based on the above provided arguments, the Republic of Croatia holds that it fulfils all assumed obligations in terms of granting the right to health protection provided for in the Article 11 of the Charter, and that it has taken all necessary steps, either directly or in cooperation with public or private organisations and institutions, to systematically implement health protection.**
- 1.6.2. **As regards the item 2, counselling and education aimed at promoting health and encouraging students to accept responsibility for one's health are provided within**

¹⁹ See *Overview of Achievements 2004 – 2007*, p. 49-50.

the education system, taking into account the opinion of the Board that the activities depend on the nature of the issues concerning public health, which is constantly monitored in Croatia.

2. Article 16 of the Charter

2.1. *Discriminatory content violates the right of the family to social, legal and economic protection*

Croatia is reprimanded for having included discriminatory content in health education (by encouraging, instead of discouraging, stereotypes and prejudice), thereby violating the right of the family to social, legal and economic protection.

- 2.1.1. Article 14 of the Constitution of the Republic of Croatia stipulates the principle of equality of all citizens before the law, granting everybody in the Republic of Croatia all the rights and freedoms, regardless of their race, skin colour, gender, language, religion, political or other affiliation...

Since „family can mean different things in different places and at different times” and since the Charter refers to the definitions used in the national legislation, Article 6 of the Family Act regulates that both civil and church marriage is concluded with a mutual consent of the man and the woman (Official Gazette; 116/03,17/04,136/04).

The Act on Same-Sex Unions (Official Gazette 116/03) defines the same-sex union as a partnership of two persons of the same sex who are not in another marital, extramarital or same-sex union, which has lasted for a minimum of 3 years, and which is based on the principles of equality, mutual respect and support and emotional relationship between partners. These provisions shall not be interpreted/applied in a manner that would limit or infringe upon the guarantee of gender equality arising from general provisions on international legislation, aquis communaire of the European Union, Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the European Convention on Human Rights. It is thus the opinion of the Republic of Croatia that the national legislation clearly defines relations concerning marriage, family, extramarital unions and the right and obligations thereof.

- 2.1.2 Bodies in charge of promoting the family – ministries, the Government Office for Human Rights, the Ombudsperson for Children, the Ombudsperson for Gender Equality – have repeatedly publicly promoted a better understanding and a higher public awareness of stereotypes in a number of campaigns, seminars, trainings, publications, announcements, public debates etc.
- 2.1.3 All the curricula in the National Curriculum are taught in Croatian schools in compliance with the Croatian legislation pertaining to gender equality and same-sex unions, as well as with Croatia’s international and regional obligations. In relation to that, the Textbook Act was passed in 2006, and Article 6 thereof reads: “Textbooks with contents which violate the Constitution of the Republic of Croatia and which is inappropriate with regards to human and minority rights, fundamental freedoms, gender equality, and citizenship through education will not be authorized for use.” (Act on Primary and Secondary Education Textbooks) We deem equally important the adoption of the new Textbook Standard in 2007. The head of the Office for Gender Equality of the Republic of Croatia participated in drafting the Textbook Standard (Attachment no 9: Decision on the appointment of committee members for drafting the Textbooks Standard), and the Standard set out, among other things, clear criteria for promoting gender equality and

eradicating any form of discrimination (Attachment no. 10: Textbooks Standard). In accordance with the Textbook Act and the Textbook Standard, 135 commissions evaluated new textbooks in 2007. The textbooks that perpetuated any form of gender stereotypes were sent back for revision. In 2007, 419 primary school textbooks and 107 secondary school textbooks were authorized in that way. These textbooks, substantially different from the ones used four years before, underwent strict standards and criteria enshrined in the Textbook Act and the Textbook Standard. The commission is currently gauging 241 new textbooks for primary and secondary school against the standards and criteria clearly laid out in the Textbook Act and the Textbook Standard. These textbooks will be put into use in the academic year 2009/2010.

- 2.1.4 Extra-curricular programmes also adhere to Croatia’s legislation pertaining to gender equality, as well as to Croatia’s international and regional obligations. They do not contain gender stereotypes, nor do they violate laws. Every school is entitled to independently choose extracurricular programmes in accordance with their work programme.
- 2.1.5 The Ministry launched a comprehensive expert and scientific debate on sexual and reproductive health, which finally led to the selection of experimental health education programmes of GROZD and Forum associations. The programmes adhere to Croatian legislation and Croatia’s international and regional obligations and they meet all the criteria required in the Call for Proposal announced on 23rd February 2005 (see Attachment no 17).
- 2.1.6 Furthermore, the integrated content of “Human rights and democratic citizenship education” – which the Government introduced for the age group 7-18 as early as in 1999 and which has been implemented in Croatian schools as an integral part of the national curriculum ever since – provides active learning about tolerance and the right to diversity (Attachment no. 11: Curriculum for Primary Schools).
- 2.1.7 In 2007 MSES passed the Strategy for drafting the national curricula for pre-school, general compulsory and secondary education. Among other objectives, what stands out is the focus on developing competencies of students, who are among other things to be “prepared for a responsible attitude towards one’s health, responsibility for the health of others, pro-social behaviour”, and realization of this goal should equip students with competencies such as “a responsible approach to oneself and to others, one’s own health and the health of others, and a life in heterogeneous societies.”²⁰
- 2.1.8 It is thus evident that regular and extra-curricular subjects taught in the Republic of Croatia – including sex education as well as other educational content – do not contain discriminatory content, nor stereotypes and prejudice that accompany such contents.

2.1.3. Position of the Republic of Croatia

Based on the above provided arguments, the Republic of Croatia holds that the knowledge that students gain in this area is not of discriminatory nature and that children within sex education receive information on different types of family, and consequently have sufficient information to choose their partners/families in an informed and responsible manner, as well as to respect different lifestyles.

²⁰ See: *Strategy for the Construction and Development of the National Curriculum*

3. Article 17 of the Charter

3.1. *Failure to institute an effective mechanism to ensure the quality of sexuality education programmes violates its obligation under Article 17 to establish and maintain appropriate institutions and services to ensure social and economic protection*

Croatia is reprimanded for having failed to institute an effective mechanism to ensure the quality of the current and future sexuality education programmes and their implementation, thereby violating its obligations under Article 17 to establish and maintain appropriate institutions and services to ensure social and economic protection

The Republic of Croatia has taken adequate and necessary measures to ensure that a certain standard is established and that educators are trained for implementation of the programmes in compliance with that standard (see 1.4), and it has established efficient mechanisms of monitoring and evaluation (see 1.5).

3.1.1. *Failure to allocate Sufficient Time to Sexuality Education*

Croatia is reprimanded for having provided insufficient time to sexuality education.

3.1.1.1. In primary schools, health education is integrated into other school subjects (Attachment no. 1: Curriculum for Primary Schools) and is implemented through team work. It is taught within the regular Nature, Biology and Physical Education curricula and in Homeroom Period (see Attachment no. 2: Curriculum for Primary Schools). In secondary schools, sexuality and reproductive health education is taught within regular Biology, Ethics, Catholic religious teachings, Physical Education, Psychology, Hygiene, and Sociology curricula (see Attachment no. 3: Curriculum for Secondary Schools). Sexuality and reproductive health education is also taught in primary and secondary schools within the elective Catholic religious teachings class. In addition to that, every school may independently choose to include topics from this, as well as some other areas, in their facultative and elective subjects, Homeroom Period curricula and a number of extra-curricular programmes. Also, the Republic of Croatia finances organisations that provide noninstitutionalised education. In 2007, 11 organisations were selected for financing in calls for projects with projects from the fields of gender equality and sexuality and reproductive education of youths (see Attachment no. 4: NGO).

3.1.1.2 Many schools have adopted the modern practice of organising additional health education programmes, including sex education, in the form of debates and workshops and in cooperation with health professionals, doctors of school medicine and NGOs. Further, competitions of the students from the field of health care test knowledge and skills in health protection, including reproductive health.²¹ Reproductive health and gender equality topics are also a part of educational work carried out in juvenile institutions, along with promotion of principles of active citizenship.

3.1.1.3. In the light of presented facts, the Republic of Croatia holds that the current number of school classes dedicated to sexual and reproductive health is adequate in the context of total student workload, and is to be further increased with the newly introduced programmes (see Attachment no. 12).

²¹ http://www.skole.hr/vijesti/skolstvo?news_id=371

2.1.2. *Lack of Effective Oversight, Monitoring and Training*

Croatia is reprimanded for a lack of effective oversight, monitoring and training

- 2.1.2.1. With regards to the objection pertaining to a lack of effective monitoring, we refer to item 1.5 of this document, which substantiates the claim that the Republic of Croatia has put great effort in monitoring and external evaluation of the quality of education and has been successfully overseeing changes therein, in that way systematically achieving the set goals of the MSES.
- 2.1.2.2. With regards to the remark pertaining to a lack of training, we refer to item 1.4 of this document.
- 2.1.2.3. As a positive good practice example we bring up the Memo/AIDS Programme (see page 8), which has all the elements of an educational programme and which institutes the procedure of parental consent and the approval of the principle, the teacher council, teachers and students. An evaluation carried out by a team of experts from the Children's Hospital in Klaićeva Street in Zagreb confirmed that the objective of the programme was achieved – an improved understanding had an impact on risky behaviour and it led to other positive changes in youth behaviour.²²
- 2.1.2.4. It is evident from the above arguments that the Republic of Croatia has provided an adequate level of efficient monitoring and evaluation and teacher training in both regular and extracurricular subjects.

2.1.3. *Failure to Adhere to the Rule of Law: Ensuring Transparent, Objective and Accountable Decision Making When Selecting a Pilot Health Education Programme*

Croatia is reprimanded for having failed to adhere to the Rule of Law: Ensuring Transparent, Objective and Accountable Decision Making When Selecting a Pilot Health Education Programme²³

- 2.1.3.1. With regards to the above cited part of the complaint we point out that the MSES absolutely adhered to the rule of law when selecting an experimental (pilot) health education programme by having ensured transparent, objective and responsible decision making. In relation to that, find enclosed a detailed chronology of events surrounding the selection of an experimental (pilot) health education programme (Attachment no. 12). The present document lists only the key events in the systematically conducted process of selection.
- 2.1.3.1.1 In the period from 2004 to the end of 2007, the MSES launched a comprehensive expert and scientific debate on sex and health education in the Republic of Croatia, in which all relevant agents of Croatian society participated (students, parents, renowned experts from different fields, members of civil society). It resulted in establishment of two Commissions within the MSES (1) *the Commission for Evaluation of all Sex Education Programmes Implemented in Elementary and High Schools* (Attachment no. 13 & 14:

²² <http://www.kdb.hr>

²³ This part of the Collective Complaint claims that the process was breached in five different instances: (i) inadequate expertise and appointing inappropriate members to the commissions; (ii) lack of transparency in decision-making; (iii) illicit influence the MSES exercised on the members of the commissions; (iv) exclusion of civil society from the process and not taking into consideration expert opinions and ombudspersons' opinions; (v) constantly postponed implementation of a scientifically-grounded, non-discriminatory and gender sensitive programme of sex education.

Commission for Evaluation), (2) *Commission for Health Education* (Attachment no. 15 & 16: Commission for Health Education) and a commission within the Ministry of Health and Social Welfare²⁴(see Attachment no. 12): the *Expert Commission for Issuing the Opinion on Health Education Programmes in Schools*.

- 2.1.3.1.2. At the beginning of 2005 the MSES launched a public debate titled “Sex Education in Schools” on its website.
- 2.1.3.1.3. *The Commission for Health Education* drafted a Call for Proposals (Attachment no. 17: Proposal) on 16th February 2006 and announced it on the website of the MSES. The closing date for proposals was 1st May 2006. 24 proposals by 13 offerors were received: 11 proposals for elementary schools, 8 proposals for four-year secondary schools and 5 proposals for three-year secondary schools. The offerors were mainly individuals and organisations.
- 2.1.3.1.4. *The Commission for Health Education*, using a well-defined evaluation system, selected the programmes drafted by GROZD and Forum as the most comprehensive and the best as a whole, with some amendments necessary. The Commission laid down the necessary amendments in the form of remarks (Attachment no. 18: Conclusion).
- 2.1.3.1.5. After the amendments were made by GROZD and Forum, the Ministry of Science, Education and Sports sent the proposals for evaluation to the *Expert Commission for Issuing the Opinion on Health Education Programmes in Schools*, established within the Ministry of Health and Social Welfare. After the Expert Commission looked through the programmes of health education and conducted a systematic analysis, an opinion was created and recommendations made, based on which GROZD and Forum revised their programmes (Attachment no. 21: MHSW – Opinion).
- 2.1.3.1.6. After having examined the revised programmes, the MHSW Expert Commission determined that the “offerors have adopted a great number of suggestions and remarks and have improved the quality of the proposed programmes”. The Expert Commission delivered its final opinions on both programmes to the MSES on 30th October 2007, giving its approval to implementation of the experimental health education programmes (Attachment no 21: MHSW – Final Opinion).
- 2.1.3.1.7. Simultaneously, the MSES requested expert opinions on the experimental health education programmes by the GROZD and Forum associations from the Education and Teacher Training Agency, the Agency for Vocational Education and Training, and the National Centre for External Evaluation of Education, which the said institutions provided.
- 2.1.3.1.7. After having received the opinion of the Ministry of Health and Social Welfare and the positive opinions of the Education and Teacher Training Agency (Attachment no. 22: Opinion), the Agency for Vocational Education and Training (Attachment no. 22: - Opinion) and the National Centre for External Evaluation of Education (Attachment no. 23: NCVVO – Opinion), on 2nd November 2007 the MSES reached the *Decision on the selection of proposals of experimental health education programmes for primary schools*, and the *Decision on the selection of proposals of experimental health education programmes for secondary schools*. Following the decisions on the selection of experimental programme proposals, the MSES:
1. informed all offerors that the programmes by the GROZD and Forum associations were selected

²⁴ <http://www.mzss.hr>

2. signed contracts on purchasing GROZD and Forum's experimental programme proposals
 3. passed the Decision on determining, i.e. approving experimental health education programmes to be implemented in primary and secondary schools (Attachments no. 24 & 25: Decision)
 4. announced the Public Call for selection of primary and secondary schools (attachment no. 26: Public Call)
 5. passed the Decision on implementation of experimental health education programmes in the 5th grade of primary school (Attachment no. 27: Decision)
 6. passed the Decision on the implementation of experimental programmes for students of three-year and four-year secondary schools (Attachment no. 28: Decision).
- 2.1.3.1.9. Implementation of experimental health education programmes shall commence in the second school term of the school year 2007/2008 in the 5th grade of the selected primary schools and in the 1st grade of the selected three-year and four-year secondary schools.
- 2.1.3.1.10. Education and training of the educators to carry out the programmes shall be performed by the Education and Training Agency in cooperation with the authors of the programmes (GROZD and Forum).
- 2.1.3.1.11. Monitoring of implementation of the experimental programmes and external evaluation of the results will be carried out by the National Centre for External Evaluation of Education in cooperation with "Ivo Pilar" Institute for Social Sciences, "Andrija Štampar" School of Public Health and Croatian National Institute of Public Health.
- 2.1.3.1.12. Final versions of the programmes were delivered to the Ombudsperson for Children (Attachment no. 29: Opinion – Requested). In no part of her Opinion does the Ombudsperson mention violation of children's rights and interests (Attachments no. 30 & 31: Opinion - delivered & Response to Opinion).
- 2.1.3.1.13. Final versions of the programmes, as well as all other abovementioned documents can be found on the website of the Ministry of Science, Education and Sports (www.mzos.hr), where they have been made available to Croatian public, which clearly demonstrates the transparency and openness of the Republic of Croatia throughout the whole process of introducing experimental health education programmes into its school system.
- 2.1.3.2. The provided chronological development of events reveals that the debate in the Republic of Croatia on the introduction of experimental health education programmes into schools, as well as the very process of their introduction, has been done professionally, transparently, in the spirit of democracy and the rule of law. We therefore resolutely reject all the claims made in the Complaint, and especially those stating that the process of approving experimental health education programmes was breached in five different instances: (i) inadequate expertise and appointing inappropriate members to the commissions; (ii) lack of transparency in decision-making; (iii) illicit influence the MSSES exercised on the members of the commissions; (iv) exclusion of civil society from the process and not taking into consideration expert opinions and ombudspersons' opinions; (v) constantly postponed implementation of a scientifically-grounded, non-discriminatory and gender sensitive programme of sex education.

Position of the Republic of Croatia

The Republic of Croatia holds that all the arguments provided support the claim that, in the sense of Article 17 of the Charter, Croatia has established services that function as mechanisms of insuring social and economic protection. They shall be further strengthened and developed in accordance with the new standards set in this area. In this sense, the Republic of Croatia further argues as follows:

- 2.1.3.1. At the beginning of 2004 in the Republic of Croatia changes were initiated in the entire education and science system. These were founded in the long-standing tradition of Croatian education and science, as well as in the best practice of the European and other countries. In the period between 2004 and 2007, eight new institutions were established in the education and science system, two were reorganised and 13 specialized expert bodies in charge of developing, monitoring and evaluating the system founded.²⁵ This set into motion a series of projects aimed at reforming the education and science system in accordance with national and European standards, strategic documents and strategies. The changes were directed towards a dynamic achievement of the long-term strategy of developing the education and science system, in order to build a knowledge-based economy and society. In this respect, a number of concrete activities and measures were introduced and, for the most part, successfully implemented, with the goal of developing all levels of the education and science and technology system and including Croatia in international development trends.
- 2.1.3.2. That the Republic of Croatia is headed in the right direction with regards to its policies in the field of education and science is evidenced in the fact that its negotiations with the EU have been closed in chapters 25 Science and Research, and 26 Education and Culture. During the negotiations the European Commission deemed Croatian science and research policies to be developing in the same direction as the science and research policy of the European Union, while a high rate of harmonization was determined between Croatian and European education systems²⁶
- 2.1.3.3. In that context, the entire policy of the Republic of Croatia in the area of sexual and reproductive health of its youth marks excellent results, owing to well-conceived changes, with the processes taken in this direction being in the spirit of democracy and the rule of law. Regarding this, we feel that the measures Croatia has undertaken in the area of sexual and reproductive health and the results they yielded can serve as an example to all those who, like the Republic of Croatia, wish to incorporate a quality sexual and reproductive health education into their education system.
- 2.1.3.4. Through cooperation between the ministries and the general public, and within the changes mentioned, full attention has been dedicated to education. For example, the new Curriculum for Primary School (2006) was developed in cooperation with numerous teachers, expert associates, principals, university professors, scientists and academicians, but also with pupils themselves. When compared to the previous curriculum the contents on health education and sexuality are deepened and extended, and based on a multidisciplinary approach. In addition to this, bearing in mind the complexity of the issue of health education, especially of sex education as one of its components, the MSES has launched an extensive public discussion on health education in which all relevant agents of the Croatian society participated. It resulted in the selection of experimental

²⁵ See *Overview of Achievements 2004 – 2007*, p. 23-31

programmes upon the evaluation of which the decision will be made on the type and the form of programme for a comprehensive health and sexual education of children and youths.

2.1.3.5. A description of Croatia's education and science policies and of the initiated changes thereof, the steps undertaken and planned can be found in the Overview of Achievements²⁶, which was presented to the wide scientific and expert public. This clearly demonstrates the MSES and the Republic of Croatia's transparency and openness to public criticism.

²⁶ *Overview of Achievements 2004 – 2007*

IV. FINAL PROPOSALS ON SUBJECT MATTER OF THE COMPLAINT

Pursuant to the above arguments, final statement relating to the subject matter of the complaint is provided below:

AD 1 The Republic of Croatia ensures that the students receive sufficient and comprehensive sexuality and reproductive health education throughout their education, and suggests that the Committee of Independent Experts deem the complaint inadmissible in this part.

AD 2 The Republic of Croatia applies valid curricula and supports the implementation of experimental sexual and reproductive education programmes which have been selected in standard procedure and are scientifically based and non-discriminatory in content, and it suggests that the Committee of Independent Experts deem the complaint inadmissible in this part.

AD 3 The Republic of Croatia is successfully undertaking education reform and it has established in the last four years numerous expert bodies and institutions whose task is to provide expert and administrative support to the enforcement of education and science policies and to carry out analyses and science and research activities required for further development in this area. The Republic of Croatia suggests that the Committee of Independent Experts deem the complaint inadmissible in this part.

Therefore, the Republic of Croatia holds that the INTERIGHTS complaint does not meet the admissibility criteria in any of its remarks and suggests that, upon review, the Committee of Independent Experts deem the complaint entirely inadmissible.

ANNEX

LEGAL FRAMEWORK

1. Constitution of the Republic of Croatia ("Official Gazette", no. 56/90, 135/97, 8/98-revised version, 113/2000, 124/2000 – revised version)
2. Preschool Education Act ("Official Gazette " no. 10/97)
3. Primary Education Act ("Official Gazette " no. 69/03 – revised version)
4. Secondary Education Act ("Official Gazette " no. 69/03 – revised version)
5. Act on Education in the Language and Script of National Minorities ("Official Gazette" no. 51/00)
6. Penal Law ("Official Gazette" no. 110/97, 27/98, 129/00, 51/01, 111/03, 105/04)
7. Criminal Procedure Act ("Official Gazette" no. 62/03 – revised version)
8. Juvenile Courts Act ("Official Gazette" no. 111/97, 27/98, 12/02)
9. Minor Offences Act ("Official Gazette" no. 88/02, 122/02, 187/03)
10. Act on Combating Drug Abuse ("Official Gazette" no.107/01, 82/02, 163/03)
11. Act on the Protection of Persons with Psychological Disturbances ("Official Gazette" no. 111/97, 128/99, 79/02)

In the period from 2002 to 2006 the Government of the Republic of Croatia adopted a series of strategies, programmes and protocols. The following are relevant for the subject matter of the complaint:

1. National Family Policy (2003.)
2. Priority Activities for the Welfare of Children 2003 - 2005
3. Action Plan on Combating Narcotic Drugs Abuse for 2004
4. Programme of Activities for the Prevention of Children and Youth Violence (2004)
5. Protocol on Action in Case of Children and Youth Violence
6. National Programme for Roma (2003)
7. Action Plan for the Decade of Roma Inclusion 2005 - 2015
8. National Plan for Combating Trafficking 2005 - 2008 (2005)
9. National Plan for Combating Trafficking in Children, October 2005 December 2007 (2005)
10. National Strategy for Protection from Domestic Violence, 2005 to 2007 (2004)
11. Protocol on Action in Case of Domestic Violence
12. National Programme for Road Traffic Safety, within which activities are undertaken for the protection of children in traffic
13. National Strategy for an Integrated Policy towards Disabled Persons 2003 - 2006 (2003)
14. National Program of Action for Youth (2003)

15. Operative Plan of the National Program of Action for Youth from 2006 to 2007
16. National Health Development Strategy 2006 - 2011
17. National Drug Abuse Combating Strategy in Croatia 2006 - 2012 (2005)
18. Action Plan for Combating Drug Abuse for the Period 2006 - 2009
19. National Population Policy (2006)
20. Croatian National Programme for the Prevention of HIV/AIDS 2005 - 2010
21. National Program of Action for Youth (Health Protection and Reproductive Health)
www.mobms.hr/page.aspx?pageID=42
22. Operative plan of the National Program of Action for Youth from 2006 to 2007 (Health Protection and Reproductive Health) www.mobms.hr/page.aspx?pageID=42
23. Education Sector Development Plan 2005 - 2010
<http://public.mzos.hr/default.asp?ru=1056&gl=&sid=&jezik=1>
24. Primary Education Act
25. Pupils' Health and Social Welfare, Article 64
26. Act on Combating Drug Abuse (Official Gazette no. 107/01, 82/02, 163/03)
27. National Activity Plan for the Rights and Interests of Children (within it as a goal: improving the quality of satisfying children's needs in all areas: health, education, etc.)
28. National Program of Action for Youth (Health Protection and Reproductive Health)
www.mobms.hr/page.aspx?pageID=42
29. Operative plan of the National Program of Action for Youth from 2006 to 2007 (Health Protection and Reproductive Health) www.mobms.hr/page.aspx?pageID=42