

**UPR Submission on the human rights violations of women
and adolescents living in the Russian Federation**

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Center for Reproductive Rights

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Executive Summary

1. In accordance with Human Rights Council Resolution 5/1 of June 18, 2007, the Center for Reproductive Rights (the Center), an independent non-governmental organization that uses the law to advance reproductive freedom as a fundamental human right, presents this submission as a non-governmental stakeholder. This submission is intended to supplement the report of the government of the Russian Federation, scheduled for review by the Human Rights Council during its 16th session. This submission looks at human rights violations of women and adolescents living in the Russian Federation in regard to their reproductive health and rights. Reproductive rights are fundamental to women's human rights, and have been recognised as such by United Nations Treaty Monitoring Bodies (UNTMBs).

2. This submission focuses on the Russian Federation's failure to comply with its international obligations, especially regarding:

- (1) Access to affordable modern contraceptives;
- (2) Access to safe, comprehensive abortion services;
- (3) Mandatory sexuality education in schools;
- (4) HIV and AIDS prevention;
- (5) Reproductive health care services for female drug users; and
- (6) Involuntary sterilizations and abortions of women with disabilities.

Most sections also contain a summary of relevant concluding observations from UN TMBs.

Lack of Access to Affordable Modern Contraceptives

3. UN Treaty Monitoring Bodies have consistently urged the states parties to address the need for access to contraception and family planning information and services¹ and have framed the lack of such access as a violation numerous rights, including the right to health.²

4. There is currently no comprehensive sexual and reproductive health strategy in the Russian Federation. Moreover, there is very little official information available about the barriers in the access to contraceptives. The state does not consistently gather comprehensive data on reproductive health indicators, such as contraceptive use and unmet need for contraceptives. Unconfirmed current estimates of the prevalence rate are approximately 25 percent, a number UNFPA finds "very low for a middle-income country."³

5. One of the major barriers to access modern contraceptives is the lack of qualified medical specialists in the area of reproductive health. Gynecologists lack comprehensive knowledge of, and training in, modern contraceptive methods. The high cost of modern contraceptives is

another major barrier, especially for women from marginalized groups such as low-income women, adolescents and women living in rural areas. Contraception is not covered by the public health insurance scheme, thus their users must pay the full price out of pocket.

6. Although emergency contraception (EC) is legal in Russia, most Russian women are unable to access it. They cannot purchase EC over-the-counter because all drugs containing hormones are available by prescription only.⁴ At the same time, EC is not widely known among medical professionals; in practice, only OB/GYNs tend to prescribe it. In contradiction of international human rights standards, police do not routinely provide EC to victims of sexual violence. For victims who are coping with emotional trauma, physical injury, and/or issues with law enforcement, any one of these obstacles effectively prevents access. The fact that contraceptives are not covered under public health insurance also means that many low-income women and adolescents are unable to afford EC. It is particularly difficult to obtain EC in rural areas because clinics and pharmacies are sparse, women face long waiting periods to even get a medical appointment, and pharmacies tend not to keep EC in stock.

7. Barriers to EC access increase the incidence of unwanted pregnancy, contribute to high abortion rates, raise public medical costs, and compound the distress of women recovering from sexual violence.⁵

8. These requirements are particularly perilous due to the time-sensitivity of EC – it must be taken within five days of intercourse in order to prevent pregnancy and is more effective the sooner after intercourse it is taken.⁶ Furthermore, EC is included in the WHO's Model List of Essential Medicines,⁷ indicating that the WHO considers it a requirement for basic health care systems.⁸ There is no medical evidence to justify that EC should be available by prescription only, as WHO considers EC to be a safe, convenient and effective means of contraception.⁹ For adolescents, the prescription requirement creates a heavy burden, as adolescents are less likely to have access to reliable transportation and be able to afford a doctor's visit.

9. Numerous UN TMBs, including the CEDAW Committee and the Committee on the Rights of the Child, have raised these concerns to the Russian Federation, recommending increasing knowledge of and access to affordable contraceptives,¹⁰ including amongst adolescents¹¹ and in rural areas.¹² Just last year the ESCR Committee called on the Russian Federation "...to continue its efforts to increase knowledge of and access to affordable contraceptive methods in the State party and to ensure that family-planning information and services are available to everyone including in the rural areas....The Committee further encourages the State party to include the costs of modern contraceptive methods in the public health insurance scheme."¹³

Barriers in accessing safe abortion services

10. Access to safe and affordable abortion is a necessary part of comprehensive reproductive health and family planning services. Nevertheless, in 2011, provisions were introduced to the Russian law governing abortion, creating barriers to women's access to legal abortion services.¹⁴ For example, one provision requires a mandatory waiting period of up to 7 days for women seeking abortion.¹⁵

11. While waiting periods can be harmful to all women seeking to undergo an abortion, they disproportionately impact women living in rural areas and low-income women. Restrictions requiring multiple trips in order to legally procure an abortion pose a financial burden. Women must take time off from work or forego earnings for the day in order to travel to a health care facility twice within 7 days.

12. In addition to a waiting period, in 2010 the Ministry of Health and Social Affairs issued guidelines that include instructions on psychological counseling of pregnant women seeking abortion. The guidelines are biased and provide incomplete information on women's lawful choices and are based on gender stereotypes. The guidelines treat abortion as "a murder of a living child" and consider women with unwanted pregnancies irresponsible.¹⁶ Further, they instruct counselors to "awaken the woman's maternal instinct," and convince her of "the immorality and cruelty of abortion."¹⁷

13. The UN Special Rapporteur on the Right to Health has emphasized to all States in a recent report that "requirements of counseling and mandatory waiting periods for women seeking to terminate a pregnancy" are legal restrictions that "contribute to making legal abortions inaccessible."¹⁸ The World Health Organization ("WHO") has also affirmed that mandatory waiting periods affect women's timely access to abortion and consequently make abortions more dangerous.¹⁹ While abortion is one of the safest medical procedures performed today, risks of complications increase as the pregnancy progresses, and mandatory waiting periods increase the gestational age at which the induced pregnancy termination occurs.²⁰ The WHO also notes that mandatory waiting periods "demean[s] women as competent decision-makers."²¹ As regards abortion counseling, the WHO indicates that women should be treated with respect and understanding so that they can make a choice about having or not having an abortion to the extent permitted by law and free of inducement, coercion or discrimination.²² Specifically, abortion services should always provide "medically accurate information about abortion in a form the woman can understand and recall, and non-directive counseling ..."²³

14. The ESCR Committee has called upon the Russian Federation to ensure that abortions are carried out under adequate medical and sanitary conditions, expressing concern about the high level of infant and maternal mortality and that unsafe abortions remained a main cause of maternal mortality.²⁴

15. In its last concluding observations to Russia, the UN Committee on the Elimination of Discrimination against Women expressed its concern at the persisting “deep-rooted stereotypes regarding the roles, responsibilities and identities of women and men in all spheres of life” and specifically at “the State party’s repeated emphasis on the role of women as mothers and caregivers.”²⁵ As a result, the Committee called upon Russia to “put in place without delay a comprehensive strategy, including the review and formulation of legislation and the establishment of goals and timetables, to modify or eliminate traditional practices and stereotypes that discriminate against women.”²⁶

The Absence of Mandatory Sexuality Education in Schools

16. Sexuality education can strengthen adolescents’ health and rights and can, for example, contribute to reducing unwanted pregnancies and sexually transmitted infections. Several UNTMBs have established an international obligation to provide sexuality education in schools, noting that a lack of such education is an obstacle to states’ compliance with their treaty obligations to ensure the right to life, health, non-discrimination, education and information.²⁷

17. Sexual and reproductive health education in Russia is not included in school curriculum.²⁸ If there is any sexuality education at all, the quality varies widely and the content is influenced by the views of the particular presenters or by school management. The program educators themselves believe they are not sufficiently informed about sexual and reproductive health issues including contraception, abortion and such, and that they require continuing education courses.²⁹ The information that is disseminated is often biased, as many of the materials are prepared by the church.³⁰

18. The CESCR has recommended to the Russian Federation “...to include in the school curricula sex education among the adolescents, to prevent early pregnancy and the control of sexually transmitted infections, including HIV/AIDS, and reproductive and sexual healthcare education.”³¹ The CEDAW Committee and CRC Committee have similarly recommended sexuality education in schools.³² The United Nations Educational, Scientific and Cultural Organization advises that sexuality education be provided throughout schooling and that the information be scientifically accurate, comprehensive and the content non-discriminatory.³³

Lack of Effective HIV and AIDS Programming

19. Russia has the second highest HIV prevalence rate in Eastern Europe and Eurasia with 1.1 percent of the population infected.³⁴

20. In 2010 the CEDAW Committee expressed concern that the “proportion of women among early-stage HIV infected patients had increased annually” and called upon the Russian

Federation to increase access to contraceptives and sexuality education, with special attention focused on controlling HIV/AIDS.³⁵ Russia has made good progress in increasing the availability of anti-retrovirals, but it is estimated that there are still 70,000 people in need of them.³⁶

21. This concern is heightened by the increase of mother-to-child transmission of HIV in the Russian Federation.³⁷ CESCR noted with concern the increasing number of children born of HIV-positive mothers in the Russian Federation.³⁸ The CRC Committee has called upon the Russian Federation to increase its efforts to prevent the spread of HIV/AIDS, particularly mother-child transmission, and to guarantee antiretroviral treatment to newborns with HIV-positive mothers.³⁹ Although the Russian Federation has implemented a program for the prevention of mother-to-child transmission of HIV, the program's effectiveness is very limited among women in the most-at risk populations, who seldom have access to antenatal care services.⁴⁰ Moreover, many women are still unaware of the availability of treatment preventing mother-child transmission.⁴¹

Lack of access to reproductive health services for female drug users

22. Individuals must officially register as drug users to obtain free drug treatment despite guarantees of anonymous and voluntary drug treatment under Russian law.⁴² However, under Russian family law "chronic alcoholism or drug addiction," which registration discloses, is grounds for terminating parental rights.⁴³ Thus, if pregnant drug using women step forward to receive the treatment to which they are legally entitled, they run the risk of losing their parental rights. Indeed, pregnant women registered as drug users are frequently told to terminate their pregnancies because of the widespread belief that drug users cannot give birth to healthy babies.⁴⁴ Reports confirm that the fear of degrading or humiliating treatment is identified by drug using women as a major reason for not seeking reproductive health services.⁴⁵ Similarly, many drug users who give birth are pressured right after delivery to give up their infants.⁴⁶ In these ways, the state inflicts suffering on individual women and simultaneously fails to advance critical reproductive health objectives, such as reducing unintended pregnancy and ensuring early enrollment in anti-retroviral treatment in cases of HIV infection.⁴⁷

23. Pregnant drug users are deprived of adequate drug treatment as well. Drug treatment clinics commonly reject pregnant women because substance abuse treatment protocols require the use of medication that is dangerous for both the woman and fetus.⁴⁸ Opioid maintenance treatment is illegal in Russia⁴⁹ even though the WHO has announced that it is safe for pregnant opiate users.⁵⁰

Forced or coerced sterilizations and abortions of women with disabilities

24. Russia has recently ratified the Convention on the Rights of Persons with Disabilities (CRPD).⁵¹ The Committee on the Rights of Persons with Disabilities has not yet reviewed

Russia's compliance with the Convention, but in one of its first recommendations to a state party has expressed concern about the "lack of clarity in the scope of legislation to protect persons with disabilities from being subjected to treatment without their free and informed consent."⁵² The CRPD Committee has specifically recommended "incorporat(ing) into the law the abolition of surgery and treatment without the full and informed consent of the patient, and ensure that national law especially respects women's rights."⁵³ Other treaty monitoring bodies have also made similar recommendations.⁵⁴

25. These obligations notwithstanding, Russian law allows sterilization or induced abortion of a legally incompetent woman, as long as there is a court order and the consent of her legal representative.⁵⁵ Recent reports suggest that this practice occurs regularly and that state authorities also fail to respect the existing legal safeguards. As a result, women with mental disabilities have been subjected to forced and coerced sterilizations and abortions.⁵⁶ A local human rights commission found that fourteen female patients at psychiatric institutions in Perm, Russia were sterilized against their will, in the absence of a court order, and without the permission of their legal representatives.⁵⁷ One staff member stated that the institutions had sterilized the women so that "they would not give birth to lunatics."⁵⁸

26. Recommendations to the Government of the Russian Federation:

- a) Ensure comprehensive data on reproductive health indicators, such as contraceptive use and the unmet need for contraception, is collected and compiled on a systematic basis; effectively identify measures that should be taken to meet the contraceptive needs of women and adolescent girls;
- b) Increase efforts to ensure women have access to affordable contraceptive methods;
- c) Ensure that emergency contraception is accessible to women, including its timely provision;
- d) Reinforce efforts to reduce infant and maternal mortality;
- e) Ensure that abortions are carried out under adequate medical and sanitary conditions;
- f) Ensure that women have continued access to safe and legal abortion and will not be forced to resort to illegal and unsafe abortion due to restrictions, including lengthy waiting periods;
- g) Ensure that counselling for women seeking abortions is clinical-based and respects women's dignity and decision-making autonomy;
- h) Put in place without delay, a comprehensive strategy, including the review and formulation of legislation and the establishment of goals and timetables, to modify or eliminate traditional practices and stereotypes that discriminate against women;
- i) Strengthen and expand efforts to increase knowledge about contraceptive methods and the control of sexually transmitted infections, including HIV/AIDS, throughout the country (including in rural areas);
- j) Provide comprehensive, unbiased, and evidence-based sexuality education in schools, which includes information about contraception and STIs;

- k) Introduce school health services, including youth-sensitive and confidential counseling and care;
- l) Put in place without delay sexual and reproductive health education and public awareness campaigns as a means to prevent the spread of HIV/AIDS and other STIs; ensure campaigns target vulnerable groups, such as adolescents.
- m) Ensure legal and policy measures are in place that prohibit discrimination against individuals living with HIV;
- n) Ensure methods of protection from HIV and other STIs are available at affordable prices, and mount awareness-raising campaigns aimed at preventing discrimination against HIV-positive people;
- o) Increase efforts to prevent mother-child transmission, and guarantee antiretroviral treatment to newborns with HIV-positive mothers and most-at risk populations;
- p) Ensure the systematic training of health professionals on sexual and reproductive rights;
- q) Repeal the registration and documentation requirement for accessing drug treatment as per the guarantee of anonymous and voluntary drug treatment under Russian law;
- r) Legalize the use of opioid maintenance treatment in drug treatment clinics in accordance with WHO standards;
- s) Ensure that women drug users receive both reproductive health services and drug treatment with due respect for their rights to confidentiality, dignity, and special needs;
- t) Reform law and practice related to access to reproductive health care services for women with disabilities in accordance with standards set forth in the Convention on the Rights of Persons with Disabilities, and ensure that all such services, including sterilizations and abortions, are provided with the full and free consent of the women concerned.

¹ See e.g., Committee on the Elimination of Discrimination against Women, General Recommendation No. 21: Equality in marriage and family relations, (13th Sess., 1994), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 342, para. 22, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, Gen. Recommendation No. 21]; ESCR Committee, Concluding Observations: Armenia, para. 15, U.N. Doc. E/C.12/1/Add.39 (1999); Cameroon, para. 25, U.N. Doc. E/C.12/1/Add.40 (1999); Dominican Republic, para. 15, U.N. Doc. E/C.12/1/Add.16 (1997); Dominican Republic, para. 22, U.N. Doc. E/C.12/1/Add.6 (1996); Honduras, para. 27, U.N. Doc. E/C.12/1/Add.57 (2001); Paraguay, para. 16, U.N. Doc. E/C.12/1/Add.1 (1996); Poland, para. 12, U.N. Doc. E/C.12/1/Add.26 (1998); Saint Vincent and the Grenadines, para. 12, U.N. Doc. E/C.12/1/Add.21 (1997).

² Committee on Economic, Social and Cultural Rights, General Comment No. 14: The right to the highest attainable standard of health (Art. 12), (22nd Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 86, para. 34, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter ESCR Committee, Gen. Comment No. 14]; Committee on the Elimination of Discrimination against Women, General Recommendation No. 24: Article 12 of the Convention (women and health), (20th Sess., 1999), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 361, para. 17, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, Gen. Recommendation No. 24].

³ UNITED NATIONS POPULATION FUND (UNFPA), *A REVIEW OF PROGRESS IN MATERNAL HEALTH IN EASTERN EUROPE AND CENTRAL ASIA 86-87* (2010), [hereinafter UNFPA, *A REVIEW OF PROGRESS*].

⁴ State Register of Drugs, available in Russian at <http://grls.rosminzdrav.ru/default.aspx> (last visited October 8, 2012).

⁵ ELIZABETH G. RAYMOND & JAMES TRUSSELL, *EMERGENCY CONTRACEPTION: A LAST CHANCE TO PREVENT UNINTENDED PREGNANCY 14* (2012), available at <http://ec.princeton.edu/questions/ec-review.pdf>; REBECCA TOLSON & OLGA RYCHKOVA, *NO WOMAN LEFT BEHIND? THE LIMITS OF REPRODUCTIVE HEALTH AND RIGHTS FOR WOMEN WHO USE DRUGS IN RUSSIA 3* (2012) [hereinafter *NO WOMAN LEFT BEHIND?*].

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- ⁶ WORLD HEALTH ORGANIZATION (WHO), EMERGENCY CONTRACEPTION, FACT SHEET N°244 (2012).
- ⁷ WHO, WHO MODEL LIST OF ESSENTIAL MEDICINES 26 (2011).
- ⁸ Id., at introduction.
- ⁹ WHO, EMERGENCY CONTRACEPTION: A GUIDE FOR SERVICE DELIVERY 7 (1998).
- ¹⁰ CEDAW Committee, Concluding Observation: Russian Federation, paras. 38, 39, U.N. Doc. CEDAW/C/USR/CO/7 (2010); CRC 2005, Concluding Observations: Russian Federation, paras. 55, 56, U.N. Doc. CRC/C/RUS/CO/3.
- ¹¹ CRC 2005, Concluding Observations: Russian Federation, paras. 55, 56, U.N. Doc. CRC/C/RUS/CO/3.
- ¹² CEDAW Committee, Concluding Observation: Russian Federation, paras. 38, 39, U.N. Doc. CEDAW/C/USR/CO/7 (2010)
- ¹³ ESCR Committee, Concluding Observation: Russian Federation, para. 30, U.N. Doc. E/C.12/RUS/CO/5.
- ¹⁴ See Федеральный закон Российской Федерации от 21 ноября 2011 г. N 323-ФЗ: "Об основах охраны здоровья граждан в Российской Федерации". [Law on Basics of Health Protection of the Citizens of the Russian Federation], Rossiyskaya Gazeta (Nov. 23, 2011) .
- ¹⁵ Id., Article 56. If a woman is in her 4th to 7th week of pregnancy or 11th to 12th week of pregnancy, she must observe a waiting period of 48 hours before she can access abortion services. For a woman in the 8th to 10th week of pregnancy, the waiting period is 7 days.
- ¹⁶ Russian Ministry of Health and Social Affairs, "Guidelines on Psychological Pre-Abortion Counseling," 13.10.2010 г. No. 15-0/10/2-9162 (2010).
- ¹⁷ Id.
- ¹⁸ Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Interim rep. of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, transmitted by Note of the Secretary-General, para. 24, U.N. Doc A/66/254 (Aug. 3, 2011) (by Anand Grover)
- ¹⁹ WORLD HEALTH ORGANIZATION (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 96-97 (2nd ed. 2012) [hereinafter WHO, SAFE ABORTION (2012)].
- ²⁰ Coble et al., Induced Termination of Pregnancy Before and After Roe v Wade, 268 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 3231, 3238 (1992) <http://jama.jamanetwork.com/article.aspx?articleid=401754>
- ²¹ WHO, SAFE ABORTION (2012), supra note 21, at 96.
- ²² WHO, SAFE ABORTION (2012), supra note 21, at 68.
- ²³ Id. at 64.
- ²⁴ ESCR Committee, Concluding Observations: Russian Federation, para. 63, U.N. Doc. E/C.12/1/Add.94 (2003).
- ²⁵ CEDAW Committee, Concluding Observations: Russian Federation, para. 20, U.N. Doc. CEDAW/C/USR/CO/7 (2010).
- ²⁶ Id. para. 21.
- ²⁷ See, e.g., Human Rights Committee, Concluding Observations: Poland, para. 9, U.N. Doc. CCPR/CO/82/POL (2004); see also, CEDAW Committee, Concluding Observations: Burundi, para. 62, U.N. Doc. A/56/38 (2001); Republic of the Congo, para. 228, U.N. Doc. A/55/38 (2000); Jamaica, para. 224, U.N. Doc. A/56/38 (2001); Kazakhstan, para. 106, U.N. Doc. A/56/38 (2001); Lithuania, para. 25, CEDAW/LTU/CO/4 (2008); Slovakia, para. 19, CEDAW/SVK/CO/4 (2008); see also, CRC, Concluding Observations: Bhutan, para. 45, U.N. Doc. CRC/C/15/Add.157 (2001); Cambodia, para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); Comoros, para. 36, U.N. Doc. CRC/C/15/Add.141 (2000); Egypt, para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); see also, ESCR Committee, Concluding Observations: Bolivia, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); China, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); Poland, paras. 28, 50, U.N. Doc. E/C.12/1/Add.82 (2002); Senegal, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001); Ukraine, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001).
- ²⁸ UNFPA, A REVIEW OF PROGRESS, supra note 3, at 87.
- ²⁹ STATUS PRAESENS, No. 1 [4] (2011), available at http://praesens.ru/assets/files/pdf/SP1-4_inet.pdf.
- ³⁰ Id.
- ³¹ ESCR Committee, Concluding Observations: Russian Federation, para. 30, U.N. Doc E/C.12/RUS/CO/5 (2011).
- ³² See, e.g., CEDAW Committee, Concluding Observations: Lithuania, para. 25, U.N. Doc. CEDAW/LTU/CO/4 (2008); Concluding Observations: Slovakia, para. 19, CEDAW/SVK/CO/4 (2008); CRC Committee, Concluding Observations: Russian Federation, para. 56, U.N. Doc CRC/C/RUS/CO/3 (2005).
- ³³ UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO), INTERNATIONAL TECHNICAL GUIDANCE ON SEXUALITY EDUCATION: AN EVIDENCED-INFORMED APPROACH FOR SCHOOLS, TEACHERS AND HEALTH EDUCATORS (2009).
- ³⁴ UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), RUSSIA: HIV/AIDS HEALTH PROFILE 1 (2010) [hereinafter USAID, HIV/AIDS PROFILE].
- ³⁵ CEDAW Committee, Concluding Observations: Russian Federation, paras. 38-39, U.N. Doc. CEDAW/C/USR/CO/7 (2010).
- ³⁶ UNFPA, REPORT CARD: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN 3 [hereinafter UNFPA, REPORT CARD].
- ³⁷ CRC Committee, Concluding Observations: Russian Federation, para. 60, CRC/C/RUS/CO/3 (2005).
- ³⁸ ESCR Committee, Concluding Observations: Russian Federation, para. 34, U.N. Doc. E/C.12/1/Add.94 (2003).
- ³⁹ CRC Committee, Concluding Observations: Russian Federation, para. 61(b, c), U.N. Doc. CRC/C/RUS/CO/3 (2005).
- ⁴⁰ USAID, HIV/AIDS PROFILE, supra note 39, at 2. .
- ⁴¹ UNFPA, REPORT CARD, supra note 41, at 3.
- ⁴² NO WOMAN LEFT BEHIND? supra note 5, at 6.

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- ⁴³ Family Code on December 29, 1995 N 223-FZ, Section IV. The Rights and Duties of Parents and Children, Chapter 12. The Parents' Rights and Duties, Article 69. Deprivation of Parenthood, available at <http://www.jafbase.fr/docEstEurope/RussianFamilyCode1995.pdf>.
- ⁴⁴ NO WOMAN LEFT BEHIND? supra note 5, at 4.
- ⁴⁵ Id.
- ⁴⁶ CIVIL SOCIETY ORGANIZATIONS FROM THE RUSSIAN FEDERATION, DISCRIMINATION AGAINST WOMEN FROM VULNERABLE GROUPS, INCLUDING WOMEN WHO USE DRUGS AND/OR ENGAGE IN SEX WORK IN THE RUSSIAN FEDERATION: ALTERNATIVE REPORT FOR THE 46TH SESSION OF THE CEDAW COMMITTEE 4 (2010) available at http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/CivilSocietyOrganizations_RussianFederation_46.pdf. [hereinafter CEDAW NGO Report 2010], p. 4.
- ⁴⁷ NO WOMAN LEFT BEHIND? supra note 5, at 2.
- ⁴⁸ CEDAW NGO Report 2010, supra note 51, at 5.
- ⁴⁹ Federal Law on Narcotic Drugs and Psychotropic Substances, art. 31, 1997.
- ⁵⁰ WHO/UNODC/UNAIDS, POSITION PAPER: SUBSTITUTION MAINTENANCE THERAPY IN THE MANAGEMENT OF OPIOID DEPENDENCE AND HIV/AIDS PREVENTION 18 (2004).
- ⁵¹ Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008). Ratification on 25 Sept, 2012, see United Nations Treaty Collection, available at: http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&lang=en.
- ⁵² CRPD, Concluding Observations: Tunisia, para. 28, U.N. Doc. CRPD/C/TUN/CO/1 (2011).
- ⁵³ Id. para. 29.
- ⁵⁴ CEDAW Committee, Gen. Recommendation No. 24, supra note 2, para. 22; ; Human Rights Committee, General Comment No. 28: Article 3 (The equality of rights between men and women), (68th Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 229, para. 11, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter Human Rights Committee, Gen. Comment No. 28]; CEDAW Committee, Concluding Observations: Czech Republic, paras. 23, 24, U.N. Doc. 2006 CEDAW/C/CZE/CO/3 (2006); CERD Committee, Concluding observations: Slovakia, para. 18, U.N. Doc. CERD/C/SVK/CO/6-8 (2010).
- ⁵⁵ [Federal Law on Protection of Citizens' Health in the Russian Federation], SOBRANIE ZAKONODATEL'STVA ROSSIYSKOI FEDERATSII [RUSSIAN FEDERATION COLLECTION OF LEGISLATION] 2011, No. 323-FZ, art. 56, para. 7.
- ⁵⁶ See, for example, Anna Bogdanova, *Psychiatric patients sterilised and mistreated*, RT (Apr. 1, 2009, 13:12), <http://rt.com/news/psychiatric-patients-sterilised-and-mistreated/> [hereinafter Bogdanova, *Psychiatric patients*], and *You're Disabled, You Can't Fly!* Or Can You?, HRW (Aug. 23, 2012), <http://www.hrw.org/news/2012/08/23/you-re-disabled-you-can-t-fly-or-can-you>.
- ⁵⁷ Bogdanova, *Psychiatric patients*, supra note 61.
- ⁵⁸ Id.