

United Nations Armenia Country Team Report for the Universal Periodic Review

I. Introduction

This report is a joint undertaking of the United Nations Country Team (UNCT) in Armenia. It does not aim to be exhaustive but rather will highlight the main issues, which are addressed by the UNCT work in the country through Agencies' mandates. UNDP, UNICEF, UNHCR, UNFPA, UNAIDS and ILO have contributed towards preparation of this report.

II. Background and framework

Constitutional and legislative framework: The 2005 Constitution contains in its second Title, a Chapter on Fundamental Human and Civil Rights and Freedoms, which is articulated in 34 articles.

Since gaining its independence in 1991, Armenia has been a signatory and has ratified more than 60 main international human rights Treaties, Conventions and Protocols. Having national Action Plan on Human Rights will put in place a clear roadmap for further actions in the area.

The two new pieces of legislation—the law on gender equality and the law on domestic violence—are tabled for discussion in 2009-2010. The upcoming passage of these laws is an important first step but also underscores the urgent need to develop the capacities of government partners necessary to implement them.

A law on amendments to the Labour Code is drafted and tabled for discussion.

International Instruments: Armenia is a party to Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) since 1994, as well as party to the UN and European Human Rights instruments. On 25 March 2003, Armenia ratified the United Nations Convention against Transnational Organized Crime and supplementing protocols, which are international instruments to combat trafficking in persons: Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children; and Protocol against the Smuggling of Migrants by Land, Sea and Air. In 2007 Armenia ratified the Council of Europe Convention on Action against Trafficking in Human Beings, signed in Warsaw on 16 May 2005.

Armenia has ratified 29 ILO Conventions, included all core conventions. They include the Labour Inspection Convention, 1947 (No. 81), the Tripartite Consultation (International Labour Standards) Convention, 1976 (No. 144) and the Labour Administration Convention, 1978 (No. 150).

Human rights structures: The Human Rights Defender's Office (HRDO) in Armenia was established in 2004, as per Republic of Armenia Law on Human Rights Defender, adopted on October 21, 2003. The framework for the HRDO activity is the RA Law on Human Rights Defender and the Paris Principles. In 2006 the HRDO was granted "A" status on the institution's compliance with the Paris Principles by the International Coordinating Committee of National Human Rights Institutions. The HRDO is a member of European Ombudsmen's Institution (EOI), where the present Ombudsman is also a board member, and of the International Ombudsmen's Institution.

The HRDO has been recognized as an Independent National Preventive Mechanism (NPM) under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment and Punishment (by Amendment to the Law of RA "On Human Rights Defender").

In the last several years the HRDO and the Ombudsman are positioning themselves as an essential actor in the society with growing level of influence testified by increased visibility of HRDO, growing trust towards the institution in the country, results of various media surveys, significantly increasing coverage of print, broadcast and electronic media on the HRDO activities. Analysis of complaint statistics in the

HRDO Annual reports 2006-2008 reveals a steady upward trend in number of complaints/applications to the Ombudsman's institution: between 2006 and 2008 this number increased by 52.2%.

To ensure the necessary provisions for increased promotion and protection of Human Rights in Armenia, the institution needs comprehensive assistance of international organizations. Specific support is required to HRDO in their efforts towards harmonization of local legislation with the international standards and ensuring their compliance with international Human Rights Tools (Treaties and Conventions), their ability to diagnose and predict situations fraught with human rights violations and prevent those.

Despite the progress achieved, the HRDO still faces numerous challenges particularly in reaching out to communities. Limited (and reducing) resources hinder establishment of HRDO regional branches. Partnership between HRDO and civil society institutions within "Ombudsman + NGOs" NPM model should further be fostered and institutionalized. The institution's educational mandate is still stagnant. The office is understaffed and faces significant on-going staff turnover, which restricts dynamic development of the institution and its timely and efficient operations.

UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment (CAT): The Armenian legislation prohibits torture, inhuman or degrading treatment. However, there are numerous reports from witnesses and human rights NGOs on cases when police apply physical and psychological pressure on citizens during arrests and interrogation with the purpose to extort confession. In their turn, courts, as a rule, accept confessions obtained under questionable circumstances. In 2008, UNDP conducted the analysis of the level of application of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment in the Armenian Courts. Results of the analysis were further reviewed by OHCHR experts. Main findings point at the gaps between the "corpus delicti" that contains elements of torture as defined by the Convention and the Criminal Code of the Republic of Armenia as well other discrepancies. Also, the analysis identified numerous cases when with objective indications that a party to the trial had been subjected to torture (for instance, injuries on the face of the defendant), the courts failed to initiate due investigation.

III. Promotion and protection of human rights on the ground

Equality and non-discrimination

Tolerance: Armenia, like many other countries, has its share of tolerance-related issues. Results of different surveys carried out in Armenia demonstrated that cultural, religious, gender and social intolerances are quite strong in the society. Main issues identified in nowadays Armenia's society include insufficient level of tolerance and respect towards members of other social or ethnic groups, lack of full appreciation of cultural and religious differences, insufficient information on neighbors and prevailing stereotypes. The advancement of tolerance culture in Armenia will substantially contribute to the strengthening of human rights.

The 2008 presidential elections in Armenia generated a major political crisis and demonstrated a deep polarization of society, which led to actions that seriously affected all spheres of public life in Armenia and protection and respect for human rights and civic personal, political, social and economic rights. The opposition challenged the official outcome of the ballot which had resulted in the victory of the Prime Minister Serge Sargsyan. The OSCE/ODIHR Election Observation Mission report had stated that the election was "administrated mostly in line with OSCE and Council of Europe commitments and standards", adding that "serious challenges to some commitments did emerge, especially after election day." The post-election instability was characterized by dispersing peaceful protests, clashes between security forces and demonstrators, and ultimately 10 deaths (8 civilians and 2 policemen) and hundreds injured. President Kocharyan introduced a 20-day state of emergency, with a temporary ban on rallies, gatherings, and serious restrictions on press freedom and numerous arrests. The majority of detainees were released after adoption by the National Assembly in June 2009 of the presidential proposal for a general amnesty.

Broadcast media lack pluralism and remain largely pro-government. Although the aforementioned issues are addressed by a number of key legal documents of the national regulatory framework, there still exist

(a) legislation gaps; and (b) socio-psychological problems and widespread stereotypes that result in societal discrimination and intolerance. On the other hand, the country lacks proper functioning of formal, non-formal and ad-hoc institutions to effectively and efficiently promote tolerance-mind attitudes in Armenian society.

Discrimination: The Armenian legislation prohibits discrimination, including discrimination against disabled people or by age/sex. Moreover, legislation provides for physical accessibility of houses and buildings, health care, education, etc. for people with disabilities. In reality, people with disabilities have very limited opportunities to fully enjoy their rights: only a few buildings are accessible, overwhelming majority of disabled are unemployed, health care services for disabled are below average. There are numerous cases of discrimination against potential employees' by age. A quick glance at job announcements in the media proves that most common requirement for job applicants is to be within 18-30 age group.

Children's rights

In spite of the progress achieved over the past decade, Armenia still faces interrelated challenges to the fulfillment of the rights of children and women: insufficient public investments and inefficient public expenditure management in the social sector; disparities among regions and various segments of the population; and weak institutional capacities at the decentralized level.

Public spending on social services as a percentage of GDP is low: for health, 1.4 per cent; for education, 2.8 per cent; and for social protection, 4 per cent. While government expenditure on education has recently increased, it is well below the Organisation for Economic Co-operation and Development average of 4-5 per cent.

The Millennium Development Goals progress assessment report (2008) showed that Armenia was on track to achieve Goal 1. By 2015, the country was expected to reduce the percentage of people living in poverty to 10.1 per cent, and to reduce the percentage of the population below the minimum level of dietary energy consumption to 1.6 per cent. However, the economic decline as a result of the impact of the global crisis affected the poverty alleviation process. It should be noted that the speed of poverty reduction is lowest among children under five, an age group experiencing a high level of poverty (35.3 per cent in 2006).

Poverty reduction has not, however, translated into better child nutrition, according to the latest Demographic and Health Survey (DHS 2005). The prevalence of underweight children under five increased from 2.6 per cent in 2000 to 4 per cent in 2005, and stunting remained at 13 per cent. One underlying cause is poor complementary feeding practices of children aged 6-24 months. The prevalence of anaemia rose sharply among children under five between 2000 and 2005, from 24 per cent to 37 per cent, and doubled among women of childbearing age during the same period.

DHS data point to a decline in the infant mortality rate (IMR), from 30 to 26 deaths per 1,000 live births during 1996-2000, and in under-five mortality, from 36 to 30 deaths per 1,000 live births during 2001-2005. However, the IMR is three times higher in the poorest quintile than in the wealthiest. The IMR decline is attributable mostly to the reduction of neonatal deaths, which accounted for more than 75 per cent of infant deaths in 2006. However, there has been a decline in vaccination coverage among children aged 12-23 months, from 76 per cent in 2000 to 60 per cent in 2005, reflecting shortcomings in the health services delivery system. Maternal mortality, as reflected in the State of World Children, 2008 report, was about 10 times higher than the average for industrialized countries. The Millennium Development Goals progress report maintains that it would be difficult for Armenia to achieve the national targets for Goals 4 and 5 by 2015.

Armenia is on track to meet the Goals and related targets of universal completion and gender equality in basic education. The challenge lies in addressing inequalities at the pre-school and upper-secondary levels as well as the quality of education. Pre-school attendance is 21.8 per cent: 11 per cent for girls and 10.8 per cent for boys (2007). However, in some rural areas the rate drops to 8-10 per cent.

Substantial differences exist in enrolment between richer and poorer households at the secondary level, with a 10 per cent difference between students in the top and bottom quintiles. Although education is free

of charge, non-tuition costs burden low-income families. Pupils are commonly forced to take private tutoring to gain access to the next educational level.

While Armenia has made significant progress on child protection in recent years, the country still faces numerous challenges in meeting its obligations under the Convention on the Rights of the Child. These include establishing a comprehensive and coherent child care and protection system, decreasing the number of children in institutions, and preventing the inflow of children to these institutions.

The situation of children with disabilities in particular deserves higher attention. Despite the introduction of inclusive education in several mainstream schools, more needs to be done to ensure the reduction of stigma and the integration of children with special needs within their society, promoting alternative care services to institutionalization.

The Committee on the Rights of the Child in 2004 raised a concern about the absence of a system of juvenile justice, in particular the absence of specific laws, procedures and juvenile courts.

The Committee also highlighted the need to develop a comprehensive system for collecting disaggregated data and assessing the impact of budgetary allocations on the implementation of the Convention. Recommendations were also made on the need to strengthen community-based services to assist poor families, reduce the number of children placed in institutions, adopt specific legislation to prevent violence against children, and ensure that the quality of education is monitored and guaranteed.

Armenia further decentralised the National Commission and regional departments on the rights of Children. However, the effectiveness of these institutions needs further improvement.

Refugees and asylum seekers

Armenia hosts around 90,000 prima facie refugees from Azerbaijan, including naturalized former refugees (ethnic Armenians), individually recognized refugees from Iraq and other countries (around 1,000) as well as asylum seekers.

Both the legal asylum framework as well as the Government policies create a positive environment for the local integration of refugees, which is the pursued durable solution in Armenia. Despite the positive policies and measures by the Government of Armenia, due to limited resources and the generally difficult economic situation in the country, refugees still face gaps in their full local integration.

Naturalization - An effective and simplified mechanism for the naturalisation of refugees has been established for refugees from Azerbaijan. However, some are reluctant to acquire citizenship because they fear that giving up their refugee status would leave them worse off due to loss of socio-economic assistance, as many legally integrated refugees still face considerable social and economic constraints.

Legal framework - The Republic of Armenia (RA) ratified the 1951 Convention and 1967 Protocol in 1993, and is also party to a number of other relevant human rights instruments. The national legal asylum framework is regulated by the Constitution, national legislation and Executive decisions. The RA Law on Refugees and Asylum was redrafted jointly by the Government of Armenia (GoA) and UNHCR and the new version entered into force in January 2009. The new Law on Refugees regularizes most aspects of admission and treatment of asylum seekers and refugees in line with international standards and explicitly refers to UNHCR's supervisory role. However, certain provisions are still not fully in line with international standards and further debate is required. GoA is amending Governmental Decisions and related legislation to ensure compatibility with the new law. UNHCR closely monitors this exercise and assists the government to reinforce their technical expertise.

The State Migration Agency (SMA) is the main body responsible for the asylum system and migration issues in Armenia. It carries out the RSD procedure and facilitates sustainable local integration of refugees. Appeal against a negative RSD decision must be lodged with the Administrative court in first instance and the Cassation Court in second instance.

Current capacity of GoA to manage migration in accordance with international principles is limited. Despite many capacity building activities, so far there are no clear obligations and procedures for border guards for the identification of asylum seekers and no referral mechanism established. Registration is

conducted by SMA upon receipt of the asylum application. However, a fully electronic registration database system has not been in place for asylum seekers. Currently UNHCR and SMA are finalizing a new database to ensure accurate and up to date registration data. There are no administrative contingency mechanisms to fall back on should the country experience higher numbers of asylum seekers, which is a possibility given the political instability of the region.

Right to work - By law, refugees have the same right to work as nationals with the exception of holding positions of civil servants reserved for citizens. Legislation provides for equal treatment of refugees and nationals regarding employment standards and social security. Although refugees have access to the labor market, high unemployment, lack of Armenian language skills and absence of a social network through which recruitment often occurs, restricts their capacity to become self-reliant. Despite the fact that refugees have access to the national welfare system on the same terms as locals, the system is not able to adequately meet their needs due to limited State financial capacities. Unemployment and disability benefits and pensions are minimal.

Right to education - Refugees and asylum seekers (a/s) have the same rights as nationals to (obligatory) free primary education. However, persons of concern, lacking family network and community support, often cannot afford learning materials and indirect fees. Other barriers to school attendance are economic difficulties, language problems, slight cultural barriers, long distance to schools (especially for those living in remote areas) and the need to do seasonal farming work. Refugees and asylum seekers are considered foreigners and have to pay larger fees for higher education. There are very limited opportunities for scholarships offered by local higher educational institutions. Educational and professional skills of most refugees are not widely applicable in Armenia. State provided vocational training is very limited, largely due to lack of funding.

Right to an adequate standard of living - Despite UNHCR shelter projects and the GoA Housing Purchase Certificate programme (HPC), living conditions for many refugees continue to be substandard. Many refugees are accommodated by GoA in public communal buildings, where they live in appalling conditions. There are around 3,000 refugees who need to upgrade their living conditions, as they mostly reside in hazardous buildings with almost no infrastructure. There are around 1,600 refugee families in acute need of shelter registered in the HPC lists and according to GoA estimates, with the current State budget it will take over 20 years to cover all shelter needs of refugees. Housing needs of UNHCR persons of concern are also mainstreamed in the 2010-2015 UNDAF cycle.

Right to healthcare - In general, asylum seekers and refugees have access to emergency as well as primary preventive and curative health care on the same terms as nationals. Persons of concern have the right to free medical care providing they meet vulnerability criteria set by Law. Refugees suffer from health problems linked to poverty and poor housing conditions. Psychosomatic illnesses are widespread. Due to shared living spaces, infectious diseases tend to spread among refugee communities. Many refugees face post trauma syndrome and serious distress. There is no state subsidy system for medicines for chronically ill persons. However, some medicines can be received free of charge in district polyclinics.

SGBV-HIV/AIDS - Due to a high degree of socio-economic vulnerability, refugee women in Armenia are exposed to Sexual and Gender Based Violence (SGBV) in its various forms and are believed to be particularly vulnerable to trafficking and prostitution. On the basis of a UNHCR survey on SGBV among female refugee population in Armenia, conducted in 2008, refugees and asylum seekers will be included in the State's plans to prevent and combat SGBV. State programmes for awareness on and treatment of HIV/AIDS will also explicitly include refugees.

Refugee children - Health, education and social services are available for all children, including refugee children. However, these services may not be always accessible for particular groups of refugee children, especially for those living in the remote rural areas.

Reproductive rights and health

Regarding reproductive and sexual health, positive changes were observed over the recent years starting from the implementation of the National Reproductive Health Programme in 1997, the National Strategy on Mother and Child Health Protection since 2003, and the National Strategy, Program and Actions Timeframe on Reproductive Health Improvement and Implementation Framework since 2007. The

National Strategy on Children and Adolescents' Health and Development is in the process of adoption. The quality of care provided is monitored nationally through indicators including maternal mortality. A system for the licensing of facilities is in place supplemented by periodic monitoring, reviews and evaluations. Armenia has ratified the major UN human rights instruments relevant to the sexual and reproductive health and has a Reproductive Health and Human Reproductive Rights legislative statute in place since 2002.

Significant steps have been undertaken with international support, including UNFPA, to implement the major national reproductive health strategies and policies. Despite the achievements and progress made, however, there are still challenges with regard to specific reproductive health indicators.

In 2009, the Government also endorsed the Strategy of the Demographic Policy of the Republic of Armenia and its Action Plan, which aims at addressing the demographic challenges and to create preconditions for sustainable and positive development. This implies the encouragement of births, increase of life expectancy, addressing the consequences of population ageing, improvement of reproductive health, increasing level of general education, population knowledge and awareness of sexual and reproductive health, provision with equal opportunities of healthy reproductive life for all social groups of population, and many others.

Considering maternal and neonatal health as a highest priority, in 2008 the Government of Armenia increased substantially the financing of perinatal services and introduced the state "birth certificate" for pregnant women. This document recognizes the right of a woman to receive free medical assistance and serves as a financial reimbursement to the medical institution that provided the services.

The National Progress Assessment Report on MDGs in Armenia (2009) shows the decline in maternal mortality in Armenia on 3-year average basis from 32.6 deaths per 100,000 live births in 1989-1991 to 29 deaths per 100,000 live births in 2006-2008. Notwithstanding an apparent drop in maternal mortality ratio (MMR) of 14.96 deaths per 100,000 live births in 2007, it still remains high and exceeds the average rates for EU new member states and is noticeably higher than that in the group of the EU-15 countries. There has been a decline in the number of induced abortions: the recent Demographic and Health Survey in Armenia (DHS 2005) estimates that 45% of pregnancies were terminated in the 3 years prior to the DHS, as opposed to 55% in 2000 DHS. Official statistics of the Ministry of Health shows no deaths from abortion for the last 3 years.

The analysis of maternal mortality shows that around 75% is related to preventive reasons and it is twice high among rural population. The coverage of minimum antenatal care is very high at 93% of women receiving professional help during pregnancy and an estimated 71% of women participate in at least 4 antenatal visits. The DHS identifies a significant disparity between urban and rural populations. The DHS 2005 indicates that the vast majority of deliveries is within health facilities (97%) and are attended by a doctor; the proportion of home births declined from 9% in 2000 to 2% in 2005.

Among the extremely negative health factors affecting the demographic situation are high level of reproductive dysfunction and infertility (around 32%). The preliminary results of the recently conducted Armenian nation-wide official survey on infertility (2009) indicate the decrease of the infertility, comprising approximately 19% among the target population of 18-45 aged women and men.

According to DHS 2005, there is almost universal knowledge by the large majority of women and men about modern methods of contraception. The contraceptive prevalence rate, however, has dropped slightly since 2000 and as of 2005 only 20% are using a modern method, while 34% are using a traditional method. The unmet need for family planning as of DHS 2005 is estimated at 13%.

While very few women were diagnosed with an STI in the year before DHS 2005, 8 percent reported STI symptoms and only 1 percent of men reported an STI or STI symptom. These results suggest underreporting of STIs.

Comparative analysis of the results of DHS 2000 and 2005 shows that in general on the national level the childbearing of teenagers has been stable. Data of DHS 2005 shows that 5% of teenagers were mothers

or pregnant. Upcoming DHS 2010 and Knowledge, Attitude and Practice Survey 2009 among the adolescents and youth will provide with latest situation.

Recently conducted nation-wide representative survey on ageing (2009) supported by UNFPA shows the acute issue of ageing of the Armenian population and urgent attention required to the implementation of the recommendations of the Madrid Plan for mitigating the consequences of aging. According to the survey households having members above 50 constitute 2/3 of the overall number of households in Armenia, and gender disproportion is observed in the sex-age composition of the Armenian population. For males and females aged above 50 the first three most important needs are: financial, health and nutrition.

Gender

Promotion of gender equality is one of the challenges that Armenia faces. Women comprise 52 per cent of the population of the country and 58 per cent of those with the higher education; however, the level of women's representation and meaningful participation in governance and decision-making continues to stay low. Women comprise 8.4 per cent of the parliament members (11 out of 131), 11 per cent of the ministers (2 out of 18), 10 per cent of the governors of regional administration (1 out of 10), 2.5 per cent of the leaders of local self governance bodies, and 0 per cent of the mayors (municipality heads). Under the Millennium Development Goals, Armenia has committed to ensure that women would make at least 25 per cent of the legislative body and 10 per cent of the local authority leaders by 2015. At present, Armenia is ranking 75th among 157 countries by gender development index (DGI) (HDR 2007). Should the current development pace persist, the MDG 3 would be hardly achievable. Equal rights are enshrined in the Constitution of Armenia (Article 14.1), but equal opportunities are not reflected in the legislation and there are no mechanisms to provide equal opportunities for women and men.

Approximately 40 per cent of the poor are women or women-led households. Existing social policies mostly do not address differentiated gender needs; the importance of compilation, analysis and application of gender disaggregated data is not fully recognized; gender empowerment measure (GEM) has not been calculated for the country.

Moreover, since 1991 Armenia went through serious economic and development setbacks. This, among other things, led to changes towards more conservative values in people's mentality and perceptions. More specifically, these changes affected perception of the role of women in the society, regardless the fact that most burden of the transitional hardship was carried out and handled by women.

Gender situation is further aggravated by low public awareness, widespread gender stereotypes and confusion of concept of gender equality with feminism. There are a few "champions" in the society who realize the importance of promoting gender equality and work towards that end. Last but not least, women's movement and networking is weak.

A number of important reforms and initiatives have been launched by the Armenian Government to promote gender equality in the country. Over 50 international conventions and other legal instruments on elimination of discrimination against women and promotion of gender equality have been ratified. Parallel to that, the country is consistently working on bringing national legislation in compliance with the international documents and standards.

In 2004, the Government of Armenia adopted the "Republic of Armenia National Action Plan on Improving the Status of Women and Enhancing Their Role in Society" (2004-2010), which defines the principles, priorities, and key targets of the public policy that is pursued to address women's issues in the country. Several bodies responsible for promotion of gender equality and protection of women's rights have been established within the Armenian Government. In 2008 with the support of the UNDP office the GoA recognized for the first time promotion of gender equality as a priority in its program for 2008-2012. Over the recent years several documents were developed and reviewed by the RoA Government to address the issue, such as Draft Conceptual Framework for the State Gender Equality Policy and the draft Law on State Guarantees for Equal Rights and Equal Opportunities for Women and Men. Both documents were developed with the support from UNDP.

Challenges still remain on defining gender based violence in the national legislative framework, ensuring the adequacy of the labor code and establishing specific provisions on prohibiting discrimination based on sex in employment, as well as opportunities for promotion. In Armenia, the notion of Gender Based Violence (GBV) is barely known or acknowledged on a wider public scale. It is difficult to gauge prevalence of violence against women in Armenia largely because few cases are reported, particularly those of domestic violence. Available data and research however indicate that domestic violence is a serious problem that affects all strata of the Armenian society. Armenian Government with support of UNFPA is currently in the stage of finalizing the results of the nationwide survey on GBV, particularly domestic violence against women.

Rights to work, work conditions

The core labour legislation is included in the Labour Code of 21 December 2004 (last amended in 2008).

Armenia's labour force numbers 1.2 million. Of the total number of workers, 46.2 per cent are employed in agriculture, 15.6 per cent in industry and 38.2 per cent in services. Referring to the situation as on January 2009, the number of employed in the Republic was 1074.5 thousand, about 46.2 percent of which was employed in agriculture, hunting and wood industry, and specific gravity of employed in processing industry was 10.1 percent.

Unemployment, which was 7.1 per cent in 2007, is expected to rise due to the decline in demand. Some measures have been taken to support employment in small and medium sized enterprises (SMEs).

One of characteristics of labour market continues to be non-formal employment, which according to the results of January 2009 was 24.8 percent of non-agricultural employed (including hired workers on verbal agreement – 15.0 percent, employers and self-employed – 9.8 percent) and from 2002 to January 2009 was fluctuated between 22.6-26.9 percent. Decrease trends of non-formal employment are mostly determined by gradual decrease of specific gravity of non-registered employed.

Unemployment level is assessed in two different ways. The first is formal unemployment level which is obtained through administrative accounting and registration in employment services, the second - on the basis of results of sample surveys of labour force in households being implemented by National statistical service calculated through ILO methodology. According to the data of 2007, the officially registered unemployment level was about 7 percent while in the sample survey of households, calculated through ILO methodology it was 28.4%.

In the structure of unemployed numbers its gender desegregation is concerning: starting from 1999 specific gravity of women has increasing trends and referring to the situation as on January 2009 there were 71.2 percent of unemployed women (53.6 thousand).

Since independence, the minimal salary policy in Armenia was aimed at encouraging the entrepreneurship development and at the same time contributes to the expansion of formal employment. From this viewpoint at present Armenia is rated among the countries with moseys liberal labor market. Nevertheless, as the experience of the previous years comes to show such modest approach of the minimal salary policy did not lead to the desired consequences.

New approaches for the minimal salary policy were proposed in the Poverty Reduction Strategy Paper-II (renamed as Sustainable Development Programme), the major of which was the establishment of correlation between the minimal salary and poverty threshold. In the forthcoming future the minimal salary policy will be more balanced. In the mid term perspective minimum salary will grow faster to ensure first of all the poverty threshold in 2008 and then up to 2010 equal to 32-33% of the average salary, after which it will mostly follow the average salary growth rate.

The Labour Code makes provisions for social partnership in industrial relations and defines "social partnership" in Armenia as a tripartite structure, as "the system of relationships between the employees (their representatives), the employers (their representatives) and, in cases established by this Code, the Government". The law requires that social partnership is carried out at national, branch, territorial and organizational levels, and that it is executed through consultation and collective negotiation. At national level, the three parties involved in social partnership are the Armenian Government, the Confederation of

Trade Unions of Armenia (CTUA) and the Republican Union of Employers of Armenia (RUEA). A law on amendments to the Labour Code is drafted and tabled for discussion. These amendments are needed specifically on Occupational Safety and Health, because the current legislation is poor. Also a new Law on Labour Inspection is highly recommended in order to support the development of a better integrated labour inspection system and a more preventive approach, in line with ILO Convention Nos 81 and 129.

Anti-Trafficking

In terms of trafficking and irregular migration, Armenia is a source country for 85% identified victims of trafficking (VoTs,) for women and girls trafficked for sexual exploitation (80%,) and for men trafficked for forced labour (20%). It is also - to a lesser extent - a transit and a destination country (for 15% of VoTs). Women and girls are mainly trafficked to the UAE and to Turkey. Trafficked Armenian men frequently end up in Russia mostly on construction sites.

According to disaggregated statistics provided by the NGOs directly working with VoTs, around 160 persons were identified as VoTs and assisted for the period of 2003 – 2008. As a result of partnership and cooperation established between the Government and international and local NGOs working in the area of victim protection, 45% of VoTs were referred to NGOs for assistance by the law enforcement agencies. The identification and referral of VoTs is also done through hot-lines, by social and medical departments, consular departments of the Ministry of Foreign Affairs, and outreach work.

In October 2002, the government established the Inter-Ministerial Counter Trafficking Commission with representatives from the Ministries of Health, Finance and Economy, Justice, Education and Science, Labour and Social Issues, as well as the representatives from Parliament, Police, National Security Service, General Prosecutor's Office, Migration Agency and National Statistical Service. NGOs and international organizations are invited as observers. The status of the Inter-Ministerial Counter Trafficking Commission was upgraded in November 2007 to the status of Anti-Trafficking Council and currently headed by the Vice Prime-Minister.

The Commission developed and coordinated implementation of two National Action Plans (2004-2006 and 2007-2009) that encompassed the major directions of combating trafficking: Prevention, Prosecution, Protection and International Cooperation. Currently, the third Anti-Trafficking Action Plan for 2010- 2012 is in the stage of development.

On 28 November, 2008, the National Referral Mechanism of Trafficked Persons was approved by the decree of the Prime Minister. A Unit on Trafficking and Illegal Migration was created within the Police of the Republic of Armenia. A similar unit was created at the National Security Service and the Ministry of Labour and Social Issues. Also, in 2009, the government for the first time allocates funding from the state budget for anti-trafficking activities, mostly for victims of trafficking assistance – something that had been previously financed by international organizations.

Since 2002, Armenia graduated from Tier 3 (2002-2003) to Tier 2 category. During 2005-2008, Armenia was ranked as Tier 2-Watch List mainly due to the fact that although the Government of Armenia had undertaken serious steps in combating trafficking in humans it still failed “to show tangible progress in identifying and protecting victims or in tackling trafficking complicity of government officials.” Based on the country's progress made within the period of April 2008 to March 2009, Armenia's ranking was upgraded from the Tier Two Watch List to the Tier Two category in 2009 TIP report.

Right to Universal access to HIV prevention, treatment, care and support

The officially recognized national multisectoral AIDS management/coordination body in Armenia is the Country Coordinating Mechanism (CCM) on HIV/AIDS, TB and malaria issues established in 2002. The CCM is a multisectoral commission with representation of government, academic sector, international and national NGOs, UN, people living with the diseases and multilateral and bilateral development agencies.

In April 2007 the National Programme for 2007-2011 was approved by the Cabinet of Ministers and ratified by the President of Armenia.

In 2006 the National Strategic planning was conducted considering findings and outcomes of the HIV/AIDS Situational and Response Analyses. As a result the National Strategic Plan on the Response to

HIV Epidemic in the Republic of Armenia for 2007-2011 was developed, which was discussed, considered and approved by the CCM on 24 November 2006. Based on the National Strategic Plan and taking into account changes in the disease profile and the current epidemiological status, the National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 with the Action Plan of its implementation was developed, indicators and timeframe for monitoring and evaluation of the implementation and expected results of the National Programme were set, which was approved by the Government and ratified by the President of Armenia.

Alongside the National Strategic Plan on the response to HIV epidemic in the Republic of Armenia for 2007-2011 a work plan and budget was developed for a five year period. The estimated total budget required was US\$ 30,848,291 for 2008 to the end of 2012 and it was estimated that 28.6% of the budget would come from domestic sources. However, there is no designated HIV/AIDS budget line within the Ministry of Health and it is not possible to assess the amount of national budget spent annually on HIV/AIDS activities.

Since 2005, interventions have been scaled up considerably. Voluntary Counselling and Testing (VCT) Services have been expanded and strengthened (by the end of 2005 138 VCT sites and as of 01 September, 2009 155 VCT sites are operating). The coverage of harm reduction interventions for Injecting Drug Users (IDUs) maintained at 60%, the coverage of Commercial Sex Workers (CSWs) by HIV/AIDS prevention projects increased from 25.1% in 2006 to 57%. Behaviour Change Communication strategies are being implemented among all target groups. However, the expansion of the geographical coverage of the HIV/AIDS preventive interventions has not taken place yet. It is projected to be expanded within the frames of the Global Fund (GFATM) Rolling Continuation Channel supported programme.

HIV and AIDS treatment, care and support is being provided in accordance with the National HIV/AIDS Treatment and Care Protocols developed on the basis of WHO HIV/AIDS Treatment and Care Protocols for countries of CIS and approved by Ministry of Health. Methadone therapy has been registered in the country and a center for provision of methadone therapy started operating in October 2009.

The basic principles and the set of the National indicators developed, which is a step toward creation of the unified National HIV and AIDS Monitoring and Evaluation System.

The international response is coordinated by the UN Expanded Theme Group on HIV/AIDS. The group consists of 20 members including UN agencies, international NGOs, Government and people living with HIV. The TG has developed a Strategic Framework and a work plan for 2008 and 2009.

The government contribution towards HIV prevention and treatment has slightly increased during the years. However, the government has contributed less than 20% of all funding for HIV prevention, treatment and care activities (2007).

In spite of the mentioned achievements and progress made, however, there are still challenges and emerging issues that need to be addressed.

The National AIDS Programme, including Anti Retroviral Treatment are mostly covered by the Global Fund.

Despite the amended law on "Prevention of disease caused by HIV" adopted in 2009 and meet International standards regarding protection of human rights, still there is a need for improvement of related sub legislation, namely the Government Decree N49 under Armenia Law on Foreigners. According to this sub decree prolongation of entry visas to foreigners shall be rejected, a granted entry visa shall be revoked, or entry into Armenia shall be prohibited, if the respective foreigner has HIV, with the exception of cases in which he is entering into Armenia for the purpose of treating such disease only.

Not all Anti Retro Viral drugs are registered and included into the Essential Drug List registration of which covered by the State.

Stigma and discrimination towards people living with HIV, affected people, most at-risk populations remain the main constraint to an effective response to the epidemic.

A National HIV/AIDS Monitoring and Evaluation Framework is developed, but not functioning yet.

There is a lack of institutional capacity of NGOs dealing with People Living with HIV and Most At Risk Populations (MARPs).

Hard- to- reach UNGASS targets are: % of migrants and young people with knowledge about HIV prevention (27.6% migrants and 36.4% youth have knowledge about HIV prevention (2008)).

Private sector involvement in the response to HIV is very limited and should be encouraged.

IV. Achievements and best practices

One of the key achievements in 2009 was the adoption of the Strategy of the Demographic Policy of the Republic of Armenia and its Action Plan, a comprehensive policy to address the current demographic challenges in Armenia. Another achievement was incorporation of the sexual and reproductive health in the school curricula and support for preparation of the curricula and training of teachers. As a result starting from February 2009 the "Life skills" lesson containing 14 hours in grade 8 and 14 hours in grade 9 on reproductive health and rights issues will be taught in schools countrywide. Among important achievements is the establishment of Parliamentary support group on reproductive health in 2008, which also became a member of European Parliamentary Forum (EPF) with the strong advocacy and support of UNFPA. Other achievements include the establishment of 34 youth-friendly health services centres countrywide with the support of UNFPA and large-scale awareness raising on sexual and reproductive health and rights issues among the professionals and young people countrywide.

As a result of the comprehensive gap analysis of the national legislation through gender prism conducted by UNDP, the Government of Armenia recognized the importance of the promotion of gender equality and reflected it as a priority in the RA Government Programme for 2008-2012. In a follow up, UNDP supported the government in developing a Draft Law on State Guarantees for Equal Rights and Equal Opportunities for Women and Men together with the Concept Paper on State Gender Policy.

The recent adoption of the 2008-2015 Pre-School Strategy and Act on Alternative Pre-school Services resulted partly from a partnership with the World Bank, based on the positive evaluation of a community-based low-cost model supported by the country programme. UNICEF also contributed to the development of the national pre-school strategy, which incorporates Early Learning and Development Standards.

Inclusiveness of the education system was improved through the modelling of 31 inclusive schools, which served over 500 children with special educational needs.

The adoption of the new RA Law on Refugees and Asylum in November 2008 meant a significant step forward in improving the legal asylum framework and bringing it in close compliance with international standards. Development of relevant by-laws necessary for the full implementation of the new law is being done in close cooperation with UNHCR and is expected to be finalized by the end of 2009.

One of the key achievements in 2008 was revision of the law on "Prevention of disease caused by HIV" to meet International standards regarding protection of human rights. The amended law was adopted in 2009.

Another main achievement was approval of GFATM RCC proposal (18.9 mln USD). Since development of the first country proposal submitted for funding to the GFATM Round 2, UNAIDS country office has been providing and mobilizing high quality technical assistance and financial support to the country in the development of evidence-based proposals submitted to the GFATM.

In 2009, the Prime Minister, the President of the Republican Union of Employers of Armenia and the Chairman of the Confederation of Trade Unions of Armenia signed a Republic Collective Agreement. This tripartite agreement, which will be valid until 30 July 2012, defined additional guarantees in social and economic relations, covering: Occupational Safety and Health; jobs, salaries and living standards among the population; the labour market and employment; and social insurance and social protection. A

committee has been formed for the purpose of conducting collective negotiations.. It is envisaged that branch collective agreements will be signed at a later date.

V. Recommendations

Armenia has taken significant step to ensure the protection of human rights of children, women, youth and adolescents, migrants and refugees but more needs to be done.

While in many areas the legal framework is quite developed, however, implementation and actual enforcement often require further improvement in training and capacity building of the Government in the above mentioned areas. Legislation adopted in view of international Conventions/Treaties, is not always interpreted within the spirit of these international legal instruments.

Despite support given to continuous professional development of government staff across the sectors, the approach taken was found to be unsustainable, as it reached a limited number of geographical areas or staff, and did not address long-term training needs and solutions. While the studies carried out have been useful in supporting government reforms, investment in robust data systems and analysis is needed.

More support is needed for the operational and financing modalities of policy implementation and law enforcement. This needed to be accompanied by the development of management capacities to monitor programmes, provide supervisory support, exercise quality control, and undertake data-driven planning, budgeting and policy development, both at central and local levels.

Although Armenia has made an impressive progress with regard to child protection legislation, in the recent years there are still several numerous challenges that directly impact on the ability to meet the obligations laid out in the Convention on the Rights of the Child (CRC) which was ratified in 1992. These include insufficient economic support for vulnerable families, a lack of systematic data collection and the need to invest in capacity development for professionals in the field as well as insufficient coordination between national, regional and community levels of protection of children's rights.

Considerable dependence of the National Program on the external funding puts at risk sustainable implementation of HIV/AIDS prevention and treatment activities in Armenia. So, there is a need for strong Government commitment from the highest political level for increasing state budget allocations for HIV response and scaling up towards universal access to HIV prevention, treatment, care and support, especially in the times of global economic and financial crisis for ensuring sustainability of services established with external support. Support is also needed for improvement of AIDS related sub-legislation and prevention of stigma and discrimination towards PLHIV.

UN jointly will support the Armenian Government in undertaking the census 2011 as this information will be at the core of the official statistics systems and will be crucial for evaluating progress towards achieving the national MDGs targets by 2015. This will require increased resource mobilization and significant organizational and methodological capacity development of the national structures for census-taking, advocacy, and integration of census data into the broader statistical system.

In addressing the development challenges and particular human rights violations, the actions will need to be evidence-based, including the data received from the recently conducted surveys on ageing, GBV, infertility and others. Additionally, the impact of the economic crisis on Armenia, including on the human rights situation within the areas of social protection, including education and health, as well as food security, gender based violence, and many others, needs to be closely monitored and analyzed.

More efforts are required in order to put into practice the recent recommendation from the CEDAW committee to establish a national machinery for women, to take the lead in coordinating and overseeing the implementation of gender equality measures in Armenia.