



Assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights in the Republic of Azerbaijan

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This report presents the findings of the first national assessment exclusively dedicated to the analysis of the implementation status of treaty body recommendations on Sexual and Reproductive Health and Rights (SRHR) in the Republic of Azerbaijan. The study was undertaken by UNFPA and the Office of the Commissioner for Human Rights (Ombudsman) of the Republic of Azerbaijan.

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LIST OF ACRONYMS

AZN	Azerbaijani Manat
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDAW Committee	Committee on the Elimination of Discrimination against Women
DHS	Demographic and Health Survey
FWCW	Fourth World Conference on Women
HIV/AIDS	Human immunodeficiency virus/ acquired immunodeficiency syndrome
HPV	Human papillomavirus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IDP	Internally Displaced Person
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
NGO	Non-governmental organisation
NHRI	National Human Rights Institution
PMTCT	Prevention of mother to child transmission (of HIV)
SRHR	Sexual and Reproductive Health Rights
SR	Special Rapporteur
SRVAW	Special Rapporteur on violence against women, its causes and consequences
STI	Sexually transmitted infection
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
UPR WG	Working Group of the Universal Periodic Review
WHO	World Health Organisation

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In 1994 the international community agreed that when women and girls get the education they deserve, societies become more productive; when their rights are protected, societies become more just; and when they are empowered to make choices to determine their own future, societies become much stronger. Since then, many actors in both the local and international arena including governments, national human rights institutions, and UN agencies, with UNFPA taking a leading role, have tenaciously strived to translate the Cairo framework¹ into action; to foster meaningful and sustainable changes for ensuring improved protection and promotion of human rights of the women and girls worldwide.

However, despite these efforts, many women are still deprived of the opportunity to enjoy their sexual and reproductive rights, which constitute an inalienable component of the highest attainable standard of health and well-being. These rights have long been overlooked given the complex interplay of individual, institutional and structural factors depriving women of the opportunity to make informed decisions concerning their sexuality as well as exposing them to otherwise avoidable risks of mortality and morbidity.

Given that the country's human rights record on sexual and reproductive health and rights has been of concern, the UNFPA Azerbaijan Country Office joined efforts with the Office of the Commissioner for Human Rights (Ombudsman) of the Republic of Azerbaijan to conduct an assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights. It is expected that the findings of this study will enormously contribute to strengthening respective advocacy strategies with Government partners, civil society and other allies to advance the protection and promotion of sexual and reproductive health and rights. The support provided by the Commissioner for Human Rights (Ombudsman) of the Republic of Azerbaijan prof. Elmira Suleymanova throughout all stages of the project is particularly acknowledged.

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¹ Programme of Action adopted at the International Conference on Population and Development in Cairo in 1994

FOREWORD

The discourse on sexual and reproductive health and rights (SRHR) was first introduced 20 years ago when the world community of nations gathered in Cairo for the International Conference on Population and Development (ICPD). As known, many of the rights recognized in the ICPD are stemming from human rights treaties including the UN Convention on Elimination of All Forms of Discrimination Against Women. The vast majority of human rights provisions reflected in those treaties have either direct or indirect impact on sexual and reproductive health and rights. Yet, the ICPD is unique for being a pioneer framework defining that women's reproductive health and rights are a goal in itself as well as the major principle that should guide the development of any policies and programmes related to population growth and development.

It is worthwhile to note that the Republic of Azerbaijan was among 179 UN member states that expressed their commitment to ICPD agenda and have persistently strived ever since to intensify the efforts for better protection and promotion of reproductive health and rights of the population in general and the most vulnerable groups in particular. Series of important strategic interventions have been used to ensure comprehensive and universal access to reproductive health services and rights in the country. These included but were not limited to adoption of the National Strategy for protection of reproductive health of the population (2008-2015), development and institutionalization of clinical protocols on maternal health and family planning, improvement of health infrastructure, etc. Yet, the review of the country's human rights record by UN treaty monitoring bodies reveals that there are still series of structural and policy gaps impeding effective protection of SRHR in Azerbaijan.

The importance of this assessment for addressing the existing gaps is crucial since this is the first time when a human rights lens is applied to monitor the progress on protection and promotion of SRHR as well as provide a series of legal and policy recommendations to address the gaps. The assessment focuses on six key SRHR issues such as access to reproductive health information and services, abortion, maternal health, violence against women, comprehensive and age-appropriate education on sexual and reproductive health and rights and HIV/AIDS as well as important cross-cutting themes including inter alia gender stereotyping, vulnerable groups, accountability and access to justice and data monitoring.

It has now been universally acknowledged that sustainable development is not possible unless human rights with respect to sexual and reproductive health are effectively protected and promoted, since all individuals must have the rights and opportunities to make decisions concerning their sexual and reproductive lives free from coercion, discrimination and violence. Such an approach will translate into improved educational, socio-economic and political outcomes for the population in general and the women and girls in particular while viewed in a larger human rights spectrum of universality, inalienability, indivisibility and interdependency of SRHR.

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FOREWORD

The process of formation of the millennium development goals demonstrated the international community's recognition of the fact that democracy, social justice and tolerance are dependent on the provision of gender equality. As known, gender equality plays important role in the construction of social, cultural norms and values as well as development models of the society.

All states are accountable for protection and provision of all human rights and fundamental freedoms including health rights irrespective of their political, economic or cultural systems and with due attention paid to national and regional peculiarities, history, culture and religion. Every sovereign state is thus obliged to realize this objective in line with the human rights and fundamental freedoms within the framework of the national legislation as well as the respective strategies, policies, programmes and development priorities.

The state gender policies of the Republic of Azerbaijan implemented since the country regained its independence strive towards ensuring improved promotion of women's role in the society. The Constitution endorsed as of 1995 unanimously states the equality between men and women and thus forms the legal basis for women's active participation in the process of democratic state building. This in turn paves the way for improved protection of human rights in the country through adoption and implementation of the national policies, state programmes, strategies and reforms.

As known, the problems of women are oftentimes overlooked in the globalized world. As stated in the Beijing Platform for Action adopted 20 years ago the achievement of this goal requires tenacious and sustainable initiatives of all member states.

The single mothers, rural, refugee and IDP women, as well as convict and migrant women require twice as much attention and care. Of particular importance are the community based activities on family planning alongside reproductive health of children and youth.

In this regard it is worthwhile to mention the first initiative launched in 1995 by Azerbaijan Women and Development Center as a successful model and best practice that aimed at contributing to increased knowledge of the population of reproductive age on related issues to reduce the use of abortions as a means of family planning, birth of healthy children, reduction of child and maternal mortality, promotion of healthy lifestyles among youth, prevention of sexually transmitted infections etc. through raising community level awareness on sexual and reproductive health rights.

The CEDAW Committee also recommends that family planning and related awareness raising programmes should be extensively held among boys and girls, especially on prevention of HIV/AIDS.

The sexual and reproductive health rights protected by the international human rights treaties including the CEDAW Convention play important role in combating poverty and were acknowledged among the prerequisites for achieving MDGs.

It is praiseworthy that the State Programme on Demography and Population Development aimed at ensuring the interlinkages between the demographic processes and country's socio-economic strategies including inter alia strategies for increasing average life expectancy of the population, promoting maternal and child health, strengthening families and regulate migration, was endorsed by the respective Decree # 517 of the President of the Republic of Azerbaijan as of November 11, 2004. Notable progress has been achieved on this document but the challenges also remain.

Furthermore, the national strategy document Azerbaijan 2020: Future Vision was adopted as of 29 December 2012 by presidential decree. The article 7.3 of the document stipulates the need for the adoption of yet another programme on demography and population development, to cover the period until 2025 and encompass the provisions on the well-being of the population alongside the respective accountability for implementation.

Given the above mentioned, I believe that our joint work with UNFPA on the development of the report on implementation of UPR and CEDAW recommendations on sexual and reproductive health and rights is among the successful initiatives that not only aims at demonstrating progress achieved, but also identifies the gaps that need to be further addressed.

I would also like to underline that this assessment report is of enormous contribution nowadays, when the international community is about to endorse a new set of sustainable development goals, as it will help us to frame the next targets and milestones to ensure reproductive health and family planning, improve maternal health, prevent and combat HIV/AIDS, hepatitis and other diseases.

EXECUTIVE SUMMARY

Sexual and reproductive health rights (SRHR) are essential to good health, survival, dignity and the enjoyment of a wide range of other human rights. Protected by international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), they have an important role in combatting poverty and are recognized to be central to the attainment of the Millennium Development Goals (MDGs).

Since regaining independence in 1991, the Republic of Azerbaijan has become a State party to a range of international human rights treaties, including the CEDAW. The Government has since provided a series of reports on the status of implementation of the provisions reflected in those treaties. In 2013, Azerbaijan's human rights record was examined under the Human Rights Council's Universal Periodic Review (UPR) procedure. In 2009 and 2015, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) reviewed Azerbaijan's fourth and fifth State party reports under the CEDAW. Both review processes culminated in the adoption of recommendations to the Government of Azerbaijan on how to improve its compliance with its international human rights obligations, including in the area of SRHR.

The assessment of the implementation status of treaty body recommendations on SRHR in the Republic of Azerbaijan

This assessment of the implementation status of treaty body recommendations on SRHR in the Republic of Azerbaijan is the first of its kind in the country. The study mainly focuses on women's and adolescent girls' SRHR, although many of its findings are also relevant to men and adolescent boys. The recommendations made by the UPR Working Group and CEDAW Committee, which are grounded in Azerbaijan's international human rights obligations on SRHR, provide the detailed framework for this assessment. The primary objective of the assessment has been to track actions taken by the Government which correspond to recommendations made to it by the UPR Working Group and the CEDAW Committee.

This assessment identified relevant SRHR indicators in order to monitor progress in relation to the UPR Working Group and CEDAW Committee recommendations. Data was analysed with three key questions in mind: **what is the status of the population's sexual and reproductive health? What key laws, policies and other initiatives have been adopted by the Government, and what is their implementation status? What are the main discrepancies between the situation in Azerbaijan and its obligations vis-à-vis SRHR under international human rights law?** Based on this analysis, this report provides a series of legal and policy recommendations to the Government.

The assessment focuses on six key SRHR issues, some of which are gender-specific: *access to reproductive health information and services; abortion; maternal health; violence against women; comprehensive and age-appropriate education on sexual and reproductive health and rights (more commonly known internationally as comprehensive and age-appropriate sexuality education); and HIV/AIDS*. It also focuses on important cross-cutting themes, namely: *gender stereotyping; vulnerable groups; participation; accountability and access to justice; data monitoring; privacy and confidentiality*. Given the focus on the CEDAW, this report primarily addresses the SRHR of women and adolescent girls, although these rights are similarly relevant for men and adolescent boys.

Key areas of progress and remaining problems

Azerbaijan has made notable progress in some areas. The maternal mortality ratio has fallen significantly in the past twenty years. The Government has adopted an impressive range of laws and policies to address violence against women. It has taken important measures to address early marriage, including raising the age of marriage to eighteen for both men and women.

Despite these advances, the maternal mortality ratio is still high. Women, particularly from rural and remote areas, have poor access to healthcare, including reproductive healthcare. New laws and policies on violence against women have not been fully implemented. There is low use of modern contraceptive methods. Comprehensive and age-appropriate education on sexual and reproductive health and rights is not provided in schools. Information on family planning methods is not consistently provided to women before or after they undergo an abortion. Although the numbers of people living with HIV/AIDS is relatively low, there is not universal access to drugs, including for the prevention of mother-to-child transmission of HIV.

An ongoing problem of gender stereotyping underlies a high rate of gender biased sex-selection, leading to a highly skewed sex ratio at birth, as well as an ongoing problem of early marriage of girls despite this being against the law. There is limited participation of vulnerable groups in public policy and public life, limited access to justice and limited accountability surrounding SRHR. Vulnerable groups, including women, rural populations, populations from particular regions, IDPs and refugees, trafficked women, and other marginalized populations face particular obstacles in their enjoyment of SRHR.

Key recommendations

The report identifies key discrepancies between the UPR and CEDAW recommendations and the situation in Azerbaijan in practice. It makes recommendations of legal, policy and other measures that would, if adopted, help the Government meet its obligations under both the UPR and CEDAW and other international human rights treaties. Among the key recommendations of the report are the following:

- The Draft Law on Protection of Reproductive Health of the Population and Family Planning should be adopted.
- The Government should take steps to increase the contraceptive prevalence rate for modern methods, including among vulnerable groups. This should include action to increase demand for modern contraceptives, e.g. family planning counseling for individuals and couples to support contraceptive choice; measures to make contraceptives more affordable; public awareness and education campaigns on family planning, including contraception, that reach the population, including younger women, those living in rural areas, women with lower levels of education and from poorer households.
- The Government should introduce policies and other measures to increase women's access to general healthcare and reproductive healthcare, including for vulnerable groups such as those living in rural and remote areas, IDPs, refugees, asylum seekers and stateless persons. This may include measures to address barriers such as: cost (including formal and informal payments); distance; a lack of transport; a lack of female providers; women not wanting to go alone; and women needing to seek permission from male or senior female family members.
- The Government should undertake awareness-raising activities and public information campaigns to tackle gender stereotyping and its manifestations such as son-preference and sex-selection abortions.
- The Government should adopt and implement concrete policy measures to ensure that the factors contributing to the high maternal mortality ratio are effectively addressed, particularly in those areas where the problem is most severe.
- The Government should develop specific legislative provisions as regards time limits in respect of administrative or judicial safeguards in cases, such as abortion, or domestic violence, where time is critical.
- The Government should approve and implement a comprehensive multi-sectoral national strategy including the draft National Action Plan on combating violence against women, which combines prevention and protection programmes, as provided in the Law on Prevention of Domestic Violence.
- The Government should set a timeframe for the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.
- The Government should undertake public awareness campaigns, including in rural areas, in order to ensure that no marriage takes place before the legal age of marriage. The Government should prevent early and child marriages through monitoring of school drop-out of girls as well as by systematic investigation, prosecution and punishment of all those involved.
- The Government should take all necessary measures to enforce the prohibition on conducting religious marriages ("Kabin") without the prior formal registration, as well as to safeguard the rights of girls and women in unregistered marriages and their children.
- The Government should take the legislative measures necessary to recognize intangible property, such as pension and insurance benefits, as part of the joint property to be divided upon divorce.
- The Government should develop and fully implement a national strategy or plan to ensure access to comprehensive and age-appropriate education on sexual and reproductive health and rights both in and out of school settings.
- The Government should undertake a revision of school books and other teaching materials and remove, as a matter of priority, any discriminatory content, including gender stereotypes.
- The Government should introduce mandatory education on women's rights and gender equality in school curricula and in professional training for teachers at all levels of education.
- The Government should develop and implement effective public information campaigns, including for people from vulnerable groups, on how to protect oneself from HIV, and also to counter the stigma and discrimination faced by persons living with HIV.
- The Government should develop suitable mechanisms and procedures to ensure meaningful and active participation of affected populations, including women and other marginalized groups, in the formulation, implementation and monitoring of SRHR strategies and programmes.
- The Government should take a range of appropriate measures to enhance non-discrimination and equality, including disaggregation of data on sexual and reproductive health on a range of grounds including disability, refugee and IDP status, marital status, and sexual orientation and gender identity; undertake research on the sexual and reproductive health of marginalized groups where information is currently lacking; and ensure that the SRHR of marginalized groups are promoted and protected by laws, policies and programmes on sexual and reproductive health and rights.

INTRODUCTION

Sexual and reproductive health rights (SRHR) are essential to good health, survival, dignity and the enjoyment of a wide range of other human rights. They play an important role in combatting poverty, and are recognized to be central to the attainment of the Millennium Development Goals (MDGs).

As well as being protected by international human rights treaties, the international community has committed to improving sexual and reproductive health at the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women (FWCW).

The MDGs include three goals that are central to SRHR:

1. Goal 5 is to improve maternal health,
2. Goal 6 is to combat HIV,
3. Goal 3 is to promote gender equality and empower women.

Target 5b, linked to the improvement of maternal health, is to achieve universal access to reproductive health.

The first official affirmation of the relationship between reproductive health and human rights came at the ICPD, where States declared that:

“Reproductive health [...] implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. [...] Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence.”²

In recognition of their intrinsic worth, as well as their instrumental value to improving sexual and reproductive health, human rights are increasingly integrated into relevant laws, policies and programs in countries around the world.

At the same time, there are many examples of sexual and reproductive health laws, policies and programmes that have not been drafted with human rights in mind. Some of these can be impediments to, or contribute to violations of SRHR. The realization of SRHR can be impeded by a lack of funding, inequitable distribution of services, discrimination and a failure to adequately address harmful cultural practices. Another significant impediment is the failure of States to implement laws, policies and programmes on SRHR.

International human rights law can be used as a legitimate framework to assess where barriers to sexual and reproductive health lie, as well as areas of achievement and which actions may unlock the potential for progress. Motivated by this potential, a growing number of governments, national human rights institutions and civil society organisations have undertaken SRHR assessments with the purpose of identifying how sexual and reproductive health can be best improved.³

The assessment of the implementation status of treaty body recommendations on SRHR in the Republic of Azerbaijan

This assessment of the implementation status of treaty body recommendations on SRHR in the Republic of Azerbaijan is the first of its kind in the country. Its objective is to identify areas of progress in relation to SRHR as well as shortcomings and obstacles, and make recommendations. The assessment takes Azerbaijan's international human rights obligations relating to sexual and reproductive health as its overarching conceptual framework. These obligations are the focus of chapter 1.

² Programme of action of the International Conference on Population and Development, Cairo, 1994. New York: United Nations; 1995: paragraphs 7.2-7.3.

³ For example, WHO and Ministry of Health *Indonesia, Using Human Rights for Maternal and Neonatal Health: a Tool for Strengthening Laws, Policies and Standards of Care* WHO, Geneva, 2006 (http://www.ino.searo.who.int/LinkFiles/Reproductive_health_Using_Human_Rights_for_Maternal.pdf) ; Kenya National Commission on Human Rights, *Realising Sexual and Reproductive Health in Kenya, a Myth or Reality?* Nairobi, 2012 (http://www.knchr.org/portals/0/reports/reproductive_health_report.pdf)

The focus of this assessment is primarily the SRHR of women and adolescent girls. As a result of social, cultural, political, economic and legal disadvantages, women and girls often face particular challenges to their enjoyment of SRHR. However, SRHR are also central human rights of men and boys. The analysis and a number of the recommendations in this report, including those on improving access to family planning services, sexual and reproductive health and rights education, and HIV, also have great relevance to the SRHR of men and boys.

In 2013, Azerbaijan's human rights record was reviewed under the Universal Periodic Review (UPR) procedure of the UN's Human Rights Council.⁴ In 2009, the Committee on the Elimination of Discrimination Against Women (CEDAW Committee) reviewed Azerbaijan's fourth periodic report under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In February 2015, the CEDAW Committee reviewed Azerbaijan's fifth periodic report under the CEDAW. The UPR Working Group issued a set of recommendations (see Annex 1), and the CEDAW Committee issued Concluding Observations in 2009 and 2015, including recommendations (see Annex 1, Annex 2 and Annex 3).⁵ All documents included a focus on SRHR. The assessment considers the recommendations of both Concluding Observations of the CEDAW Committee, given that some of the important provisions on SRHR issued in 2009 and not reflected in the 2015 document are still falling short of implementation.

Central to this assessment are two questions:

- 1. How far have laws, policies and other initiatives by the Government of Azerbaijan met the UPR Working Group and CEDAW Committee recommendations?**
- 2. What outstanding actions are required?**

With this in mind, the recommendations of the UPR Working Group and the CEDAW Committee are central to the conceptual framework, and integrated into the analysis of this assessment.

Azerbaijan has also ratified other international human rights treaties that offer protection to SRHR (see chapter 1). As the primary focus of this assessment is on women and adolescent girls, and in order to make the assessment process more focused, it was decided to primarily track progress in relation to the UPR Working Group and CEDAW Committee's recommendations. However, the analysis does refer to the recommendations of these other bodies. It also refers to recommendations made to the Government of Azerbaijan by the UN Special Rapporteurs on violence against women and the right to the highest attainable standard of health, who undertook missions to Azerbaijan in 2013 and 2012 respectively.

The assessment focuses on six core SRHR issues, which are the focus of chapter 2 of this report: access to sexual and reproductive healthcare and information, including on family planning; abortion; maternal health; violence against women; sexual and reproductive health and rights education; and HIV/AIDS. Chapter 3 focuses on cross-cutting SRHR issues, namely participation, data collection and transparency, accountability, privacy and confidentiality, and non-discrimination: each of these issues is also raised where appropriate in chapter 2, but given their cross-cutting nature, they are given consolidated attention in chapter 3. The human rights dimensions of these core and cross-cutting issues, relevant recommendations to Azerbaijan by the UPR Working Group and CEDAW Committee, areas of progress and discrepancies, and recommendations to the Government as a result of this assessment are the focus of chapters 2 and 3.

Methodology

The assessment has been undertaken by UNFPA and the Office of the Commissioner for Human Rights of the Republic of Azerbaijan with support of the local and international experts. The key steps of the process were:

Developing a conceptual framework. The goal was to assess the status of SRHR in Azerbaijan, particularly focusing on the degree to which the Government has implemented the relevant recommendations made to it by the UPR Working Group and the CEDAW Committee. As a result of the number of different human rights issues

⁴ For more details on the CEDAW Committee and UPR reviews, see chapter 1.

⁵ Report of the Working Group on the UPR, Azerbaijan, 5 July 2013, A/HRC/24/13; Concluding Observations of the Committee on the Elimination of Discrimination Against Women, Azerbaijan, 7 August 2009, CEDAW/C/AZE/CO/4.

addressed by the UPR Working Group and the CEDAW Committee, the recommendations on SRHR are selective, not comprehensive. For this reason, the assessment also addressed a small number of additional SRHR issues that are central to the obligations of the Government of Azerbaijan under the CEDAW. These are issues that may be taken up by the UPR Working Group or CEDAW Committee in forthcoming reviews of Azerbaijan. This report carefully notes which of the recommendations made relate to UPR Working Group or CEDAW Committee recommendations, and which are additional recommendations on other SRHR issues.

Research: The UNFPA's draft Guide to Support National Human Rights Institutions (NHRIs) to Conduct Country Assessments and National Inquiries on Sexual and Reproductive Health and Rights is being developed to assist NHRIs to develop more comprehensive information systems on sexual and reproductive rights. The draft Guide provided guidance on the development of an indicator set to measure progress, research methods, data analysis and report writing.

In recent years, indicators have been used to monitor human rights. To assess the degree to which the Government has implemented the UPR Working Group and CEDAW Committee's recommendations, the assessment used a SRHR indicators set, including structural, process and outcome indicators (see box 1). Some recommendations by the CEDAW Committee or UPR Working Group were for specific goals or measures, for example to prioritize reducing the maternal mortality ratio and to include a comprehensive range of contraceptive methods in the basic list of medicines of the Ministry of Health. For such recommendations, it was straightforward to locate an appropriate indicator, in this case the maternal mortality ratio, and whether the Government had revised the basic list of medicines appropriately. Other recommendations were more general, e.g. to "improve women's access to general health care and to reproductive health-care services". For such general recommendations, the assessment looked at particular laws, policies and programmes that would help the Government implement the recommendations, as well as outcome data that would demonstrate whether or not improvements had been made.

The primary research method to gather data on the indicators was a desk review of national laws, regulations, policies and health statistics; reports by the Government, international organisations and civil society; and documentation relating to Azerbaijan's review by the CEDAW Committee and UPR Working Group. This was supplemented by interviews with key stakeholders from the Government, international organizations, the Office of the Commissioner for Human Rights, civil society and independent experts.

Analysis and report writing: After analysing the data, the report on the assessment was drafted. An initial draft was reviewed by the UNFPA and the Human Rights Commissioner's Office. The final version of the study report was developed based on the comments and recommendations provided by both agencies.

This assessment is not an exhaustive analysis of SRHR in Azerbaijan. It is selective on a number of counts:

Issues: The report is not a comprehensive assessment of all SRHR issues in Azerbaijan, rather it is primarily focused on six key issues, cross-cutting themes and the recommendations made by the UPR Working Group and CEDAW Committee.

Data disaggregation: The disaggregation of data, for example on grounds of sex, ethnicity, age, disability, wealth quintile, education status, IDP/refugee status, region or urban/rural residence, helps identify disparities and therefore equality and non-discrimination in relation to the enjoyment of SRHR. This can provide guidance on where actions need to be targeted to improve SRHR in an equitable manner. The assessment surveyed disaggregated data where available. This report includes disaggregated data for the ground or grounds with greatest disparity in relation to each indicator, as to include all disaggregated data would have made the report less user-friendly regarding the focus. The Azerbaijan Demographic and Health Survey (DHS) 2011 is a good source of data disaggregated on multiple grounds, and should be used by the Government to guide the development of laws, policies and programmes.⁶

⁶ Ministry of Health, Azerbaijan Republic, Demographic and Health Survey: Azerbaijan, 2011 (Baku, 2011).

Government actions/discrepancies: This report does not analyse all the actions undertaken by the Government since the last reviews by the CEDAW Committee in 2009 and 2015, neither does it analyse all remaining discrepancies between the situation in Azerbaijan and the CEDAW Committee's recommendations. Instead, it highlights key actions by the Government, and key discrepancies. It has not always been possible to assess the adequacy of a measure or the degree to which it has been implemented. This limitation is inherent to rapid reviews of this type.

Indicators: The indicators have been selected on the basis of their relevance to the key discrepancies, in other words, areas where progress is required. The report specifies which CEDAW/UPR recommendations the indicators relate to, or whether they relate to key additional issues not raised during these review processes. As some of the recommendations made by the UN bodies are general in nature, we have identified more specific indicators which are targeted to address the specific legal, policy and other measures that will be required in relation to a recommendation. It could have been possible to select a much broader indicator set, also selecting indicators in relation to key SRHR issues where the Government is already meeting its international human rights obligations. However, in order to keep the assessment process manageable, it was important to be selective and not include a very large number of indicators. Although the focus of this report is on laws and policies, the analysis covered structural, process and outcome indicators so as to better identify the context of laws and policies, areas of progress and areas of concern, and where laws and policies are and are not having the desired outcome.

Follow-up assessments

The Commissioner for Human Rights will undertake annual reviews of SRHR in Azerbaijan and the implementation of relevant CEDAW Committee and UPR Working Group recommendations. The methodology of this report will be used, although it may be reviewed for improvement to ensure that the adequacy of measures or the degree to which those measures have been implemented is also assessed. Annual reviews will be important to track progress over time, and identify remaining discrepancies and new opportunities and obstacles.

Human Rights Indicators

Social and economic indicators have been used for many years to monitor development progress. More recently, it has been understood that indicators can be used to monitor the realization of human rights. Since the beginning of the new millennium, human rights indicators sets and kits have been developed and used by many stakeholders, including international organisations (such as OHCHR and WHO). Although there are variations in methodologies and terminologies used, the majority of human rights indicators sets share the following common features:

- A recognition that human rights indicators relate to specific human rights norms or obligations;
- Socio-economic indicators can be used to measure human rights where they relate specifically to a norm or obligation;
- More than existing socio-economic indicators are needed, since these do not capture all human rights norms and obligations;
- There are different types of indicators that are critical to human rights. Many human rights indicators kits recognize three categories of indicators: (1) structural indicators, which reflect laws, treaty ratification and institutional mechanisms; (2) process indicators, which connect policies and programmes to specific human rights standards; (3) outcome indicators, which reflect whether a right has been realized in practice;
- Disaggregation of data is important to capture non-discrimination and equality.

CHAPTER 1: AZERBAIJAN'S INTERNATIONAL HUMAN RIGHTS COMMITMENTS

Human rights that relate to sexual and reproductive health include the rights to life, the highest attainable standard of health, education, information, survival and development, and equality and non-discrimination, including in relation to women. These rights and principles are protected by international and regional human rights treaties. By ratifying these treaties, States are bound to respect, protect and fulfill SRHR. They do this through adopting suitable laws, policies and other measures, and by abolishing or modifying existing laws, policies and practices that harm SRHR.

The Republic of Azerbaijan has ratified eight of the nine core international human rights treaties, namely: the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention Elimination of all forms of Racial Discrimination, the Convention on the Rights of Persons with Disabilities and the International Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment.⁷ Azerbaijan has also ratified regional treaties including the European Convention on Human Rights, and the European Social Charter.⁸ These treaties give rise to obligations on Azerbaijan, which are binding under international human rights law, to give effect to the human rights protected therein.

According to article 148 of the Constitution, international treaties are also an integral part of Azerbaijan's domestic legislative system.⁹

By ratifying international human rights treaties, States also agree to periodically submit reports on their compliance with them. The reports are reviewed by independent committees of experts, treaty bodies, such as the Committee on the Elimination of Discrimination Against Women (CEDAW Committee), which monitors the CEDAW. The treaty bodies issue Concluding Observations, which include recommendations. Although not legally binding per se, these Concluding Observations provide authoritative guidance on States parties' implementation of their international human rights obligations, including discrepancies, and recommendations of legal, policy and other measures to bring them into compliance with their international human rights obligations. Many Governments take actions on the basis of Concluding Observations.

In 2009 and 2015, Azerbaijan's fourth and fifth periodic reports under the CEDAW were respectively considered. The Committee subsequently issued a set of concluding observations, including recommendations to Azerbaijan on, inter alia, SRHR.¹⁰ The CEDAW Committee reviews States parties' reports every four years, although sometimes delays occur either as a result of late submission by a State or a backlog faced by the CEDAW Committee. Azerbaijan has also had its periodic reports under other human rights treaties reviewed by other treaty bodies, including the Committee on the Rights of the Child. Although the focus of this assessment is the CEDAW reporting process, the report also refers to some of the recommendations made to the Government of Azerbaijan by these other bodies.

Azerbaijan's human rights record is also reviewed under the Human Rights Council's Universal Periodic Review (UPR) process. In 2013, the Working Group of the UPR conducted its latest review of Azerbaijan, and issued a set of recommendations. This also included a focus on SRHR. The UPR reporting cycle is currently every 4.5 years, so the next review will likely be in 2017/2018.

⁷ International Convention on the Elimination of all forms of Racial Discrimination (entered into force 1969, accession by Azerbaijan 1992); International Covenant on Economic, Social and Cultural Rights (entered into force 1976, accession by Azerbaijan 1992); International Covenant on Civil and Political Rights (entered into force 1976, accession by Azerbaijan 1992); the Convention on the Elimination of Discrimination Against Women (entered into force 1981, accession by Azerbaijan 1995); the Convention Against Torture (entered into force 1987, accession by Azerbaijan 1996); the Convention on the Rights of the Child (entered into force 1990, accession by Azerbaijan, 1992); International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (entered into force 2003, accession by Azerbaijan 1999); Convention on the Rights of Persons with Disabilities (entered into force 2008, ratified by Azerbaijan 2009). The Republic of Azerbaijan signed the International Convention for the Protection of All Persons from Enforced Disappearance on 6 February, 2007, but has not yet ratified it.

⁸ European Convention for the Protection of Human Rights and Fundamental Freedoms, entered into force 1953, ratified by Azerbaijan 2002); Revised European Social Charter (entered into force 1996, ratified by Azerbaijan 2004)

⁹ The Constitution of the Republic of Azerbaijan, 12 November 1995.

¹⁰ Azerbaijan, Fourth Periodic Report under the Convention on the Elimination of All Forms of Discrimination Against Women, 13 November 2008, CEDAW/C/AZE/4; Concluding Observations of the Committee on the Elimination of Discrimination Against Women, Azerbaijan, 7 August 2009, CEDAW/C/AZE/CO/4.

The recommendations of the UPR Working Group and the CEDAW Committee are at the heart of the analytical framework of this assessment.¹¹ The assessment also refers to, and draws on, recommendations made to the Government of Azerbaijan by the UN Special Rapporteurs on violence against women, and the right to the highest attainable standard of health. The Special Rapporteurs, who are appointed by the Human Rights Council, undertook official monitoring missions to Azerbaijan in 2013 and 2012 respectively, and presented reports on their missions, including recommendations, to the Council.¹²

At the global level, SRHR are also recognized and protected by international consensus documents and goals, including those adopted at the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995) and the United Nations Special Session on HIV/AIDS (2001). The Government of Azerbaijan is committed to these processes and documents, including their protection of SRHR.

At the national level, the Constitution and several other laws of the Republic of Azerbaijan provide a framework for national protection of SRHR. The Constitution includes a chapter on basic rights, liberties and responsibilities, includes protections of the rights to non-discrimination, equality and the protection of health. The Law on Prevention of Domestic Violence (2010),¹³ and equalization of age of marriage for men and women (2011)¹⁴ are examples of important legislative protections for SRHR. However, there are also key gaps in legislative protections, for example the Draft law on Protection of Reproductive Health of the Population and Family Planning has not yet been adopted.

Both the UPR Working Group and the CEDAW Committee have noted positive developments in Azerbaijan. They have also, however, highlighted discrepancies between Azerbaijan's international human rights commitments and policies, practice and SRHR outcomes, and issued a number of recommendations.

In its Concluding Observations for 2015 CEDAW Committee calls on the State Party to address such issues as *inadequate state expenditures on health, women's limited decision-making powers concerning their health status, discrepancies between the official indicators of maternal mortality and the related international estimates; infant mortality, particularly the difference between indicators of under-five child mortality for boys and girls revealed in the Azerbaijan Demographic and Health Survey 2011; high rates of anemia among women; utilization of abortions as a major means of family planning, including a high number of sex-selective abortions and forced abortions; very low use of modern contraceptive methods; poor health care infrastructure, especially in the rural areas, and inadequate skills of service providers*. The Committee also expressed its concern about inadequate legal framework on sexual and reproductive health (2015, para. 32).

The UPR Working Group's report includes recommendations to the Government of Azerbaijan to, *inter alia*: "Make further efforts to implement the national strategy on reproductive health and set standards for maternal health" and "Implement measures to prevent sex-selective abortions, and conduct educational campaigns about gender roles and the value of women and girls".¹⁵

¹¹ UPR National Report, Azerbaijan, 7 February 2013; Report of the Working Group on the UPR, Azerbaijan, 5 July 2013, A/HRC/24/13.

¹² Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Azerbaijan, 2 June 2014, A/HRC/26/38/Add.3; Report of the Special Rapporteur on the right to the highest attainable standard of health: Addendum, mission to Azerbaijan, 3 May 2013, A/HRC/23/41/Add.1.

¹³ Law of the Republic of Azerbaijan on Prevention of Domestic Violence, 22 June 2010, No 1058 IIIQ.

¹⁴ Law of the Republic Azerbaijan on making Amendment to the Family Code of the Republic of Azerbaijan, 15 November 2011.

¹⁵ Report of the Working Group on the UPR, Azerbaijan, 5 July 2013, A/HRC/24/13, paras. 109.146 and 109.101.

Key standards and obligations for sexual and reproductive health and reproductive rights under international human rights law

International human rights treaties protect sexual and reproductive health and reproductive rights of individuals and groups, and confer obligations on State parties. The ICPD Programme of Action outlined key reproductive rights, derived from international human rights law. Key cross-cutting rights and obligations relating to sexual and reproductive health rights, which inform the analysis of this report:

All couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.¹⁶ This right, which is recognized in the ICPD Programme of Action, is based on article 16.1 of the CEDAW which recognizes the equal rights of men and women to “decide freely and responsibly on the number and spacing of their children, and to have access to the information, education and means to enable them to exercise these rights.” The enjoyment of this right is closely connected to the norms of the right to the highest attainable standard of health.

The right to the highest attainable standard of sexual and reproductive health.¹⁷ Amongst others, this right includes an entitlement to *available, accessible, acceptable and quality sexual and reproductive health information, goods and services*. This requires that goods, services and facilities are available in adequate numbers throughout a State. They must be financially and geographically accessible, as well as accessible on the basis of non-discrimination. Accessibility also requires that information on sexual and reproductive health must be accessible. Acceptability implies that services must be culturally appropriate and respect medical ethics, including confidentiality, as well as be sensitive to gender and life-cycle requirements. Quality goods and services means that they are scientifically and medically appropriate and of good quality. This requires skilled medical personnel, and scientifically approved and unexpired drugs.¹⁸

The right to make decisions concerning reproduction free of discrimination, coercion and violence.¹⁹ This right is closely connected to human rights principles of dignity and autonomy, and the obligation on States to address gender stereotyping, inequality and discrimination on all prohibited grounds under international human rights law.

Immediate obligations, progressive obligations and use of available resources:²⁰ Some human rights must be given full effect immediately. This includes non-discrimination, and freedoms such as freedom from torture and violence. It also includes minimum essential levels of socio-economic rights entitlements. For the right to health, this includes the right to access health services on a non-discriminatory basis, minimum essential food, basic shelter, housing and sanitation, essential drugs and the equitable distribution of health facilities, goods and services.²¹ Other aspects of economic, social and cultural rights are subject to an obligation of progressive realization. This requires the State to take steps that are deliberate, concrete and targeted towards the full realization of the right. States must use the maximum resources available to them.

Non-discrimination and equality: Human rights must be guaranteed without discrimination, including on grounds of sex, race, ethnicity, religion, nationality, birth, political or other opinion or other status such as disability, health status, age, sexual orientation, gender identity, place of residence, social and economic situation, and marital or family status.²² Special measures are often required to ensure the enjoyment of human rights without discrimination on these grounds, as well as for other vulnerable groups such as adolescents, sex workers and prisoners.

¹⁶ ICPD Programme of Action, para. 7.3.

¹⁷ ICESCR article 12; CEDAW article 12.

¹⁸ UN Committee on Economic, Social and Cultural Rights (CESCR), General comment No. 14: The right to the highest attainable standard of health (art. 12 of the International Covenant on Economic, Social and Cultural Rights), 2000, E/C.12/2000/4, para. 12.

¹⁹ ICPD Programme of Action, para. 7.3

²⁰ ICESCR, article 2.1.

²¹ UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4, para. 43.

²² UN Committee on Economic, Social and Cultural Rights (CESCR), General comment No. 20: Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights), 2 July 2009, E/C.12/GC/20, paras. 27-35.

Participation: This principle means that rights-holders should be involved in the design and development of SRHR laws, policies and programmes which affect them, as well as in their implementation, monitoring and review.²³ Participation on a non-discriminatory basis requires attention to the involvement of marginalized groups, which can require special mechanisms. Effective participation is closely related to the enjoyment of other human rights including the right to seek, receive and impart health information. Participation should be free, active and meaningful.²⁴

Accountability: States must ensure that there are procedures that enable the monitoring of their human rights obligations, as well as mechanisms for review and redress where violations have occurred. National accountability mechanisms include judicial (e.g. courts), quasi-judicial (e.g. the Commissioner for Human Rights), political (e.g. parliamentary scrutiny) and administrative (e.g. impact assessment, maternal death reviews) mechanisms. At the international level, treaty monitoring bodies, as UN Special Rapporteurs, and the European Court of Human Rights hold States to account for their international human rights obligations.

Privacy and confidentiality: Individuals should not be subject to interference with their privacy. They should have their medical information treated with confidentiality. National laws should provide protection for privacy and the confidentiality of medical information.²⁵ Autonomous decision-making and free and informed consent without third party authorization is an important principle derived from the rights to privacy and confidentiality in the medical context.²⁶

²³ UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4, para. 54.

²⁴ Declaration on the Right to Development, 4 December 1986, A/RES/41/128

²⁵ UN Committee on the Elimination of Discrimination Against Women (CEDAW), CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health), 1999, A/54/38/Rev.1, para. 31(e).

²⁶ *Ibid.*, para. 14.

CHAPTER 2: PRIORITY SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ISSUES AND GOVERNMENT ACCOUNTABILITY IN THE CONTEXT OF INTERNATIONAL HUMAN RIGHTS LAW AND STANDARDS

This chapter identifies six priority SRHR issues which have been addressed in the recommendations of the UPR Working Group and the CEDAW Committee: *reproductive health information and services, including family planning; abortion; maternal health; violence against women; education on sexual and reproductive health and rights; and HIV/AIDS*. The chapter includes cross-cutting themes which are important for addressing these priority SRHR issues: *gender stereotyping, marginalized groups, accountability, data collection, participation, and privacy and confidentiality*. Most, but not all of these themes have been addressed by the UPR Working Group and the CEDAW Committee. In relation to each issue, the chapter provides information on: the health and human rights dimensions; the situation in Azerbaijan; relevant recommendations by the UPR Working Group and the CEDAW Committee; and key government actions since the recommendations were issued as well as remaining discrepancies. Drawing on this analysis, a number of recommendations are made to the Government and other actors.

A: REPRODUCTIVE HEALTH INFORMATION AND SERVICES, INCLUDING FAMILY PLANNING

Health and human rights framework

Access to family planning information and services enables individuals and couples to determine the number and spacing of children, and improves the sexual and reproductive health of men and women and the health of their children. It promotes a satisfying and safe sex life, and reduces the number of unintended pregnancies and sexually transmitted infections. Contraceptive choice includes emergency contraception, which helps to reduce unplanned pregnancies and abortion.

The right to health requires that reproductive health information and services, including family planning, are available in adequate numbers throughout a State; accessible financially, geographically and on the basis of non-discrimination; gender sensitive and respectful of medical ethics as well as culturally sensitive; and of good medical quality.²⁷

Access to reproductive health services, including family planning, and information in Azerbaijan

The DHS 2011 included a survey of barriers that women felt they faced in accessing healthcare;

- 50.3 per cent of women, identified cost. This ranged greatly according to various criteria, including by region (from 21.7 per cent in Absheron to 90.6 per cent in Daghigh Shirvan) and by wealth quintile (75.5 per cent for the lowest wealth quintile, to 31.3 per cent for the highest economic quintile).
- 50.3 per cent identified there not being a provider they could go to. This also varied significantly by region (from 35.3 per cent in Baku, to 71.4 per cent in Yukhari Garabakh) and according to wealth quintile (from 33.7 among the highest wealth quintile to 61.3 per cent among the lowest wealth quintile).
- 43.4 per cent identified not wanting to go alone. There was particular disparity according to region (from 30.4 per cent in Baku to 70.3 per cent in Daghigh Shirvan) and according to wealth quintile (from 25.9 per cent among the highest wealth quintile to 57.9 per cent among the lowest wealth quintile).
- 35.7 percent identified that there was no female provider available. There was particular disparity according to

²⁷ Committee on Economic, Social and Cultural Rights, General Comment 14 on the right to the highest attainable standard of physical and mental health, 2000 (E/C.12/2000/4), para. 12.

region (from 26.4 per cent in Baku, to 54.2 per cent in Daghligh Shirvan) and wealth quintile (from 23.1 per cent among the highest wealth quintile to 48.5 per cent among the lowest wealth quintile);

- 26.1 percent identified distance to a health facility. There was particular disparity according to region (from 11.9 per cent in Baku to 76.2 per cent in Daghligh Shirvan) and wealth quintile (from 8.3 per cent among the highest wealth quintile to 55.2 per cent among the lowest wealth quintile);

- 25.6 percent identified having to take transport. There was particular disparity according to region (from 11.4 per cent in Baku to 69.2 per cent in Daghligh Shirvan) and wealth quintile (from 7.8 per cent among the highest wealth quintile to 54.1 per cent among the lowest wealth quintile);

According to Azerbaijani legislation any medical intervention in case of minors is possible with the consent of their parents or legal representatives. This provision makes access of adolescents to reproductive health services, such as abortion possible through third party authorization.²⁸

According to the DHS 2011, the contraceptive prevalence rate among currently married women was 54.9 per cent, a slight increase from 51.1 per cent reported in the DHS 2006. However, between 2006 and 2011,²⁹ the use of modern methods of contraception remained unchanged at 13.9 per cent amongst currently married women. This is also well below the rate in other former Soviet countries and Turkey. The rates are lower among currently married women in rural areas than among women in urban areas (11.4 and 16.1 percent respectively). There is great regional variation, ranging from Baku (19.4 per cent) to Aran and Yukhari Garabakh (9.3 per cent). There is also great variation according to level of education, from 21.4 per cent among those with higher education, to 11.7 per cent among those with basic secondary education or less; and according to wealth quintile, with 21.9 percent usage among currently married women from the highest wealth quintile to 9.3 percent among the lowest. Use of traditional methods has increased and stands at 41 per cent.³⁰

The unmet need for contraception among currently married women has declined from 23 per cent in 2006 to 5.5 per cent in 2011.³¹ According to the DHS 2011, the figure is 7.2 percent unmet need among married women aged 15-49. The highest level of unmet need is 13.5 per cent in Lankaran, compared to the lowest, 2.5 per cent, in Absheron.³²

In 2011 85.5 per cent of all women were aware of at least one modern contraceptive method. 64.7 per cent of women were informed about traditional methods.³³ Amongst currently married women, those who had heard of modern methods ranged from 88.4 per cent of 15-19 year olds to 96.6 per cent of 25-29 year olds; from 94.4 per cent of rural residents to 94.7 per cent of urban residents; from 89.3 per cent in Aran region to 99.2 per cent in Absheron; from 92.8 per cent among those with secondary education or less to 97.1 per cent among those with higher education; from 91.5 per cent of those from the lowest wealth quintile to 97.1 per cent of those from the highest wealth quintile.³⁴ Nevertheless according to the information provided by the interview respondents during this rapid assessment, many women seeking the information on different family planning services still believe that some of the methods of birth control are detrimental to their health and may even lead to infertility or cancers.

The DHS 2011 reports that a high proportion of women and men aged 15-49 (71.3 per cent) were not exposed to messages about family planning in the past few months in the media (radio/TV/newspaper/magazine/brochure). Exposure to family planning messages is: "closely related to place of residence, level of education, and household wealth. Women living in rural areas, those with lower levels of education, and those living in the poorer households are less likely to have been exposed to family planning messages than urban dwellers, those with higher levels of education, and those living in economically advantaged households."³⁵ There were particular disparities according to education (from 53.9 per cent with higher education to 82.6 per cent with basic secondary or less education) and according to region (64.1 per cent from Baku to 93.5 per cent from Guba Khachmaz).

According to the Reproductive Health Survey 2001, Only 1.8 per cent of women aged 15-44 years have ever been screened for cervical cancer.³⁶ Data is not currently collected on infertility.

²⁸ This requirement is included in the Draft Law on Reproductive Rights stipulating that minors can seek abortion services upon request and with the consent of their parents or legal representatives.

²⁹ DHS 2011, p. 70.

³⁰ DHS 2011, pp. 70-73.

³¹ DHS 2011, p.76. Unmet need is defined as women who want to wait two or more years before their next birth, or who want to stop altogether.

³² DHS 2011, p. 76.

³³ DHS 2011, p. 68.

³⁴ DHS 2011, p. 69.

³⁵ DHS 2011, p. 82.

³⁶ ICO Information Centre on HPV and Cancer, Azerbaijan Human Papillomavirus and Related Cancers, Fact Sheet 2013, 2013. Available at: http://www.hpvcentre.net/statistics/reports/AZE_FS.pdf

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2013, the Member States in the UPR Working Group recommended that the Government:

- *“Make further efforts to implement the national strategy on reproductive health.”*³⁷

In 2009, the CEDAW Committee noted efforts made by the Government of Azerbaijan to improve reproductive health care for women, including through the adoption of the National Strategy on Reproductive and Sexual Health (2008-2015)³⁸ and the State programme for the Protection of Mother and Child Health (2006-2010)³⁹ (para. 33). However, it stated that it remained concerned at the insufficient access to adequate general health-care services and reproductive health-care services for women, especially for those living in rural and remote areas, and internally displaced and refugee women. It stated that it was alarmed by the steep decrease in the use of contraceptives since the international community suspended its supply in 2004 and by the consequent rise in the rate of abortions, which appears to be the most widespread method of family planning within the State party.

In 2015 Concluding Observations the CEDAW Committee also noted the efforts of the State party to improve access to affordable health care facilities for all citizens. However, it expressed its concern regarding very low use of modern contraceptive methods; poor health care infrastructure in the rural areas, and inadequate skills of service providers. The Committee recommended that:

- *The State party should promote use of modern contraceptives among the population including through introduction of modern contraceptives into the Essential Drug List of the Ministry of Health (2015, para. 33(d))*
- *The State party should adopt without further delay the Law on Reproductive Health of the Population and Family Planning (2015, para. 33(e))*
- *The State party should continue taking all appropriate measures to improve women’s access to general health care and to reproductive health-care services in particular. (2009, para 34)*
- *The State party should continue the implementation of targeted measures for refugee women and girls and internally displaced women and girls, with specific timetables, in order to improve access to, amongst others, health, and to monitor their implementation. (2009, para 38)*
- *The State party shall ensure that rural women have adequate access to health and other services (2015, para. 37)*

In 2013, the Committee on Economic, Social and Cultural Rights, which monitors implementation of ICESCR, highlighted its ongoing concern with limited access to sexual and reproductive health services in Azerbaijan, in particular in rural and remote areas, and recommended that the State party:

- *“Take measures to guarantee access to sexual and reproductive health services, in particular in rural and remote areas, including to refugees, asylum seekers, internally displaced persons (IDPs) and stateless persons” (para 16)*⁴⁰

In the report on his mission to Azerbaijan, the UN Special Rapporteur on the right to the highest attainable standard of health, Anand Grover, linked poor access to care in rural and remote areas to the health system’s greater focus on secondary and tertiary care, including addressing excess staff, hospital beds and medical equipment at the expense of primary healthcare.⁴¹

Government actions

To improve women’s access to healthcare including reproductive health care, the Ministry of Health has established women’s centres and women’s cabinets at all hospitals in all regions. It has also taken steps to implement the National Strategy on Reproductive Health 2008-2015.

³⁷ A/HRC/24/13, para. 109.146.

³⁸ National Strategy on Reproductive Health (2008-2015) approved by the Minister of Health of the Republic of Azerbaijan on 30 January 2008.

³⁹ State Programme for the Protection of mother and child health (2006-2010) approved with the Decision of the Cabinet of Ministers of the Republic of Azerbaijan, 15 September 2006

⁴⁰ Committee on Economic, Social and Cultural Rights, Concluding Observations on the Third Periodic Report of Azerbaijan, adopted by the Committee at its fiftieth session, 29 April-17 May 2013, E/C.12/AZE/CO/3.

⁴¹ Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover . para. 57.b. Available at <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G13/135/34/PDF/G1313534.pdf?OpenElement>

Within the context of the National Strategy on Reproductive Health for 2008-2015, the Ministry of Health has taken some steps to make available scientifically accurate information on a full range of contraceptive methods. A list of contraceptive measures is available to women in healthcare consultations.

The Ministry of Health has recently adopted a Strategic Plan for 2014-20 which requires that action be taken to enhance access of the population to modern methods of contraception to prevent, inter alia, the utilization of abortions for the purposes of family planning.⁴² Among the goals of the plan are “promoting the use of family planning methods among the population and increasing knowledge about it; providing accessibility of modern contraceptive methods selected as primary health care services for population.”⁴³ In line with the human rights principles of equality and non-discrimination, the Strategic Plan targets the population living in rural areas and adolescents. The Strategic Plan identifies accountability as a key value, and defines it as “to ensure the measuring of indicators in strategic targets of the Ministry of Health; to be transparent to civil society and to be responsible before civil society”.⁴⁴

Discrepancies

The Government has not yet updated the essential medicines list to include a comprehensive range of modern contraceptive methods, including emergency contraception.

The Draft Law on Protection of Reproductive Health of the Population and Family Planning has not yet been adopted. The draft law went through several readings in the country's parliament and was rejected following very divergent views put forward by various groups of parliamentarians. Opponents argued that provisions in the bill on artificial insemination, surrogate motherhood and sperm donors contradicted “national mentality”. Proponents believed that the adoption of the bill would help prevent a vast number of divorces and infertility.

The Strategic Plan does not fully comply with the human rights principles of equality and non-discrimination, as it does not address the SRHR of some marginalized groups. For example, there is no mention of IDPs, women with lower levels of education or income, or sex workers. The Plan also does not identify specific accountability arrangements. The plan does not provide information on whether a participatory process was followed in the development of the plan, or identify measures to enhance participation of the population including sub-groups in the context of access to SRH services.

Although public health facilities are legally required to provide free services, there is a practice of informal payments, which particularly affects poor people. In 2010, these accounted for up to 70 per cent of the total health expenditure.⁴⁵ This was highlighted by the Committee on the Rights of the Child in its 2012 Concluding Observations, where it noted that: “pervasive corruption among health-care professionals, with the widespread expectation of so-called informal payments, is obstructing access to healthcare.”⁴⁶ Informal payments were similarly addressed by the CESCR in its 2013 Concluding Observations on Azerbaijan (para. 16), as well as by the Special Rapporteur on the right to health, who undertook a mission to Azerbaijan in 2012.⁴⁷

The mandatory public health insurance programme provided for under the Law on Medical Insurance (1999) has not yet been implemented.⁴⁸ However, the most recent national development strategy, ‘Azerbaijan: Vision 2020’, envisions the full coverage of the population with the mandatory health insurance by 2020. This programme could serve to address the barrier of cost, including as a result of informal payments.

The National Reproductive Health Strategy 2008-2015 reports that: “donor support with the provision of the Azerbaijan population with contraceptives was stopped in 2004. This served as one of the reasons for the growth trend in abortions.”⁴⁹ Although contraceptives are available, they are not covered by public health insurance and are not all free of charge.⁵⁰

⁴² Strategic Plan of the Ministry of Health for 2014-2020 approved with the Order of the Minister of Health of the Republic of Azerbaijan, 24 April 2014. http://www.sehiyye.gov.az/files/pdf/emr_2014_30.pdf

⁴³ Activity Plan, Para 5.9.

⁴⁴ Part 5, para 2.

⁴⁵ WHO, Global Health Expenditure Database, Table of key indicators, sources and methods by country and indicators: Azerbaijan.

⁴⁶ Committee on the Rights of the Child, Concluding Observations, Azerbaijan, adopted at its fifty-ninth session, 16 January-3 February 2012, 12 March 2012, para. 58.

⁴⁷ Report of the Special Rapporteur on the right to the highest attainable standard of health: Addendum, mission to Azerbaijan. 3 May 2013. A/HRC/23/41/Add.1, para. 20.

⁴⁸ Law of the Republic of Azerbaijan on Medical Insurance, 28 October 1999. No 725-IQ.

⁴⁹ National Strategy on Reproductive Health 2008-2015 (approved by the Minister of Health of the Republic of Azerbaijan on 30 January 2008), Baku, 2008, p. 9.

⁵⁰ The DHS 2011 states: “The IUD is the most expensive method but, once inserted, it can be used for many years. For IUD users who paid and were able to provide information on cost (89.6 per cent), the median cost was 30 AZN. 4.5 percent of women using IUD received them for free and about 6 percent of women don't remember the cost. Median cost for pills was calculated at 5 AZN and for male condoms at 3 AZN. However, 66.5 percent of condom users and 27.3 percent of pill users stated that they did not know the cost.” DHS 2011, p. 78.

The Government is not directing maximum available resources to healthcare, including sexual and reproductive healthcare. Although the Government of Azerbaijan has increased expenditure on health significantly, it has not kept pace with economic growth. In 2012, Azerbaijan spent only 1.5 per cent of the country's GDP on health,⁵¹ a reduction from 6 per cent in 2010. This compares to the European average of 7.4 per cent.⁵² In 2012, only 3.9 per cent of the budget was allocated to health,⁵³ in contrast to the 2010 European average of 15.3 per cent.⁵⁴ There is no specific budget line for sexual and reproductive health; it is included in the general budget for the Ministry of Health.

There is no adequate screening programme for cervical cancer, neither is there an HPV vaccination programme.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. Some additional recommendations are also made:

- The Draft Law on Protection of Reproductive Health of the Population and Family Planning should be adopted without further delay. (*CEDAW Committee (2015), para. 33(e)*)
- The Government should implement the Strategic Plan for 2014-2020, and should give particular attention to vulnerable groups, including those not identified in the Plan, such as refugees, IDPs and sex workers; as well as women from poorer areas, and women with lower income and educational levels. (*CEDAW Committee (2009), para. 34*)
- The Government should establish mechanisms to ensure participation of women, including rural women, adolescents and youth and other marginalized populations, in the implementation and monitoring of the Law on Protection of Reproductive Health of the Population and Family Planning, and the Strategic Plan 2014-2020 (*additional recommendation*).
- The Government should identify and implement specific accountability arrangements for its SRHR policies including the Strategic Plan 2014-2020. Accountability arrangements that enable monitoring as well as development of mechanisms for review and redress of violations of SRHR should be described in future policy documents (*additional recommendation*).
- The Government should take policy and programme measures to address key barriers to the right of women to access healthcare identified in the DHS2011, such as: cost (including formal and informal payments); distance; a lack of transport; a lack of female providers; women not wanting to go alone; and women needing to seek permission by male or senior female family members as a traditional social norm.⁵⁵ In line with the human rights principles of equality and non-discrimination, particular attention should be given to the barriers to accessing healthcare and reproductive healthcare for each marginalized group of women, such as those living in rural and remote areas, IDPs, refugees, asylum seekers and stateless women, those from lower wealth quintiles, those with lower levels of education, adolescents and young women, women in regions with poorer access and sex workers. (*CEDAW Committee (2009), para. 34; (2015), para. 36*)
- In order to address the barrier of cost, the Government should, inter alia, implement the mandatory health insurance programme in line with the right to health. The mandatory health insurance programme should “ensure that a minimum set of health goods and services are available and universally accessible based on need under the programme. Benefits packages should be responsive to the disease burden and health needs of the population. At a minimum, they should contain effective, community-based primary health-care goods and services and safe, effective and affordable drugs, including essential medicines and generic drugs.”⁵⁶ (*CEDAW Committee (2009), para. 34; SR right to health, para. 58.a*)
- The Government should develop and implement a screening programme for cervical cancer and a programme for HPV vaccination (*additional recommendation*).

⁵¹ Report of the Special Rapporteur on the right to the highest attainable standard of health: Addendum, mission to Azerbaijan. 3 May 2013. A/HRC/23/41/Add.1, para. 11.

⁵² World Bank, Health expenditure, total (% of GDP). Available from <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>

⁵³ Report of the Special Rapporteur on the right to the highest attainable standard of health: Addendum, mission to Azerbaijan. 3 May 2013. A/HRC/23/41/Add.1.

⁵⁴ WHO, Global Health Expenditure Database, Table of key indicators, sources and methods by country and indicators: Azerbaijan

⁵⁵ This recommendation relates to CEDAW Committee recommendations contained in paragraphs 34 and 38 (2009), including to improve women's access to general healthcare and reproductive healthcare in particular, and to improve the health of refugee and IDP women.

⁵⁶ Report of the Special Rapporteur on the right to the highest attainable standard of health: Addendum, mission to Azerbaijan. 3 May 2013. A/HRC/23/41/Add.1, para. 24.

- A full range of modern contraceptives, including emergency contraception, should be included into the essential medicines' list and the Government should take steps to increase the contraceptive prevalence rate for modern methods, including among marginalized groups of women, such as rural women, those with lower levels of education, and those living in poorer households. This should include action to increase demand for modern contraceptives as well as to reduce unmet need, e.g. family planning counseling for individuals and couples to support contraceptive choice; measures to make contraceptives more affordable; public awareness and education campaigns on family planning, including contraception, that reach the population, including younger women, those living in rural areas, women with lower levels of education and from poorer households.⁵⁷ (CEDAW Committee (2009), para 34; CEDAW Committee (2015), para. 33(d))
- The Government should promote use of modern contraceptives. (CEDAW Committee (2015), para. 33 (d))
- The Government should ensure the provision of affordable drugs, including essential medicines and generic drugs.⁵⁸ (CEDAW Committee (2009), para. 34)
- The Government should ensure it devotes maximum available resources to the right to health. It should increase its budgetary allocations to health at least in line with the European average. A separate budget line on SRH should be established within the health budget. (CEDAW Committee (2009), para 34; SR right to health, para. 58.a).
- Where primary healthcare is underdeveloped in relation to secondary and tertiary care, in particular in rural areas, budget allocations and programmes should accord it a priority (*additional recommendation*).
- The Government should collect data on infertility (*additional recommendation*).
- The legal requirement on third party authorization for adolescents shall be removed (*additional recommendation*).

Indicators to monitor progress

- Contraceptive prevalence rate for modern and traditional methods (disaggregated by, for example, age, marital status, urban/rural status, ethnicity, region, and income) (CEDAW Committee (2009), para 34)
- Unmet need for family planning (disaggregated by, for example, age, marital status, urban/rural status, ethnicity, region, and income) (CEDAW Committee (2009), para 34)
- Has the Draft Law on Protection of Reproductive Health of the Population and Family Planning been adopted? (CEDAW Committee (2015), para. 33(e))
- What mechanisms have been established to ensure participation of women, including rural women, adolescents and youth and other marginalized populations in the implementation and monitoring of the Law on Protection of Reproductive Health of the Population and Family Planning, and the Strategic Plan 2014-2020? (*additional recommendation*)
- Has the Government identified and implemented specific accountability arrangements for its SRHR policies including the Strategic Plan 2014-2020? Have accountability arrangements been described in relevant policy documents? (*additional recommendation*)
- What laws, policies and other measures are being put in place to increase women's access to general and reproductive healthcare, including for marginalized groups such as those living in rural and remote areas, IDPs, refugees, asylum seekers and stateless women, sex workers, women from lower wealth quintiles, women with lower levels of education, adolescents, young women, and women in regions with poorer access? (CEDAW Committee (2009), para. 34; (2015), para. 36). This may include measures to address barriers such as:
 - Cost (including formal and informal payments)
 - Distance
 - A lack of suitable transport
 - A lack of female providers,
 - Women not wanting to go alone
 - Women feeling that they need to seek permission by male or senior female family members as a traditional social norm.
- Has the Government implemented the mandatory health insurance programme in line with the right to health? (CEDAW Committee (2009), para. 34; SR right to health, para. 58(i))
- What laws, policies and other measures are being put in place to increase demand for modern contraceptive use. E.g.:

⁵⁷ This recommendation relates to the CEDAW Committee recommendations in para. 34 (2009) and para. 33 (2015), such as to increase family planning and reproductive health education including for boys and girls, and to reduce the maternal mortality ratio

⁵⁸ Ibid, para. 58(i).

- Family planning counseling for individuals and couples to support contraceptive choice
- Measures to make contraceptives more affordable
- Public awareness and education campaigns on family planning, including contraception, that reach the population, including younger women, those living in rural areas, and women with lower levels of education and from poorer households. (CEDAW Committee (2009), para. 34; (2015) para. 33(d)).⁵⁹

- Percentage of the budget allocated to healthcare and more specifically to SRH (CEDAW Committee (2009), para 34; SR right to health, para. 58.a).
- Where primary healthcare is underdeveloped in relation to secondary and tertiary care, in particular in rural areas, have budget allocations and programmes accorded it a priority? (additional recommendation)
- Has the State collected data on infertility? (additional recommendation)
- Has a screening programme for cervical cancer been developed and implemented? What is its coverage? (additional recommendation)

B: ABORTION

Health and human rights considerations

Worldwide, a high proportion of unintended pregnancies end in abortion. Increasing contraceptive use reduces the number of unintended pregnancies and induced abortion.⁶⁰ Where legislation allows abortion under broad indications, the incidence of and complications from unsafe abortion are generally lower. At the International Conference on Population and Development, the international community agreed that where abortion is legal, it should be accessible and safe.⁶¹ This principle is now widely recognized by international human rights treaty monitoring bodies.⁶²

The CEDAW Committee has expressed concern regarding sex-selective abortion, as well as the gender stereotypes which underlie the practice.⁶³ UNFPA, OHCHR, UNICEF, UN Women and WHO joint interagency statement reaffirmed the commitment of United Nations agencies to encourage and support efforts by States, international and national organizations, civil society and communities to uphold the rights of girls and women and to address the multiple manifestations of gender discrimination including the problem of imbalanced sex ratios caused by sex selection by highlighting the public health and human rights dimensions and implications of the problem.⁶⁴ The Council of Europe has recognized that sex-selective abortions are a form of discrimination that violates the human rights of women and girls.⁶⁵ Addressing sex selection should not be done in ways that limits women's access to technology and, where legal, safe abortion, since this is a basic service grounded in the right to health, life, bodily integrity, privacy and non-discrimination of women. Ending sex selection requires broader measures to address 'son preference' in society based on gender inequality, discrimination against women and the limited value placed on women and girls in social and economic life as opposed to the value accorded to men and boys.

Abortion in Azerbaijan

The abortion rate in Azerbaijan is one of the highest among Central Asian countries and Turkey. It has increased from 17.5 abortions per 1,000 women aged 15-49 in 2000, to 31 in 2012.⁶⁶ Almost 41 per cent of pregnancies are terminated via induced abortions.⁶⁷ There is a range from 2 percent for first pregnancies to 80.4 percent of fifth or more pregnancies.⁶⁸ There is particular disparity between regions, from 27.1 per cent in Daghigh Shirvan to 45 per cent in Yukhari Garabakh.⁶⁹

⁵⁹ Please also see indicators in section E on comprehensive education on sexual and reproductive health and rights.

⁶⁰ WHO, Safe Abortion: Technical and Policy Guidance for Health Systems (2012), p. 22.

⁶¹ Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development (ICPD+5), 8 November 1999, A/RES/S-21/2, para. 63(iii).

⁶² For example, CEDAW Committee, Views: Alyne da Silva Pimentel v Brazil, 27 September 2011. CEDAW/C/49/D/17/2008.

⁶³ CEDAW Committee, Concluding Comments on China, adopted at its thirty-sixth session, 7-25 August 2006 (CEDAW/C/CHN/CO/6), paragraphs 17 and 21; CEDAW Committee, Concluding Comments on India, adopted at its thirty-seventh session, 15 January-2 February 2007 (CEDAW/C/IND/CO/3), para 38.

⁶⁴ WHO, Department of Reproductive Health and Research (2011) Preventing gender-biased sex selection: An interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO

⁶⁵ Parliamentary Assembly of the Council of Europe, Recommendation 1979 on Prenatal Sex Selection, (2011).

⁶⁶ State Statistical Committee.

⁶⁷ State Statistical Committee's statistics, carried out by the Ministry of Health.

⁶⁸ DHS 2011, p. 85.

⁶⁹ DHS 2011, p. 85.

Abortion remains one of the main methods of fertility control. In 2011, more than half (53.3 per cent) of pregnancies resulting in induced abortions occurred to women not using any form of contraception. Of the 46.7 per cent of abortions carried out after a failure of contraceptive method, 41.6 per cent occurred as a result of the failure of a traditional method.⁷⁰

This has been linked to a lack of knowledge about, and access to, modern contraceptive methods, use of which stands at only 13.9 per cent among currently married women aged 15-49.⁷¹ This is also well below the rate in other former Soviet countries and Turkey. The rates are lower among women in rural areas than among women in urban areas (11.1 and 16.4 percent respectively).⁷² Use of traditional methods stands at 41 per cent.

From 2008-2011, only 23.3 per cent of women undergoing an abortion reported having been counseled about certain methods of contraception at the Family Planning Centers before or after an abortion, and an even smaller proportion (20.3 per cent) was given any practical advice on or a method to use to prevent unwanted pregnancy in the future.⁷³

Sex-selective abortions are widespread in Azerbaijan. The sex ratio at birth/secondary sex ratio varied from 105-106 males to 100 females in early 1980s, but increased to 120 male to 100 females in 1998 with a minor decline (116) observed in recent years.⁷⁴ Sex selective abortions reflect the preference for male children in Azerbaijan, stemming from patriarchal notions of society, coupled with the advent of modern technologies enabling sex determination prior to birth.

There is no data collected as regards unsafe abortions.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2013, the Member States in the UPR Working Group recommended that the Government:

- *“Implements measures to prevent sex-selective abortions, and conduct educational campaigns about gender roles and the value of women and girls.”*⁷⁵

In its 2015 Concluding Observations the CEDAW Committee expressed its concern regarding utilization of abortions as a major means of family planning, including a high number of sex-selective abortions and forced abortions (2015, para. 32). The Committee also noted that patriarchal attitudes and stereotypes regarding the roles and responsibilities of women and men in the family and in society remain deeply rooted, as partly reflected in son-preference leading to a high adverse sex-ratio of new-born children of 116 boys to 100 girls (2015, para. 20). The Committee urged the State party to :

- *Promote family planning and reproductive health education through, inter alia, age appropriate sex education at schools (2015, para. 33(c));*
- *Adopt, without delay, a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son-preference (2015, para. 21(a))*
- *Vigorously address the stereotypes underlying son-preference by intensifying efforts to educate women and men, including public officials, and raise their awareness of existing sex-based stereotypes that persist in all spheres of society, with a view to eliminating them (2015, para. 21(b)).*

Government actions

In line with its obligation to address gender stereotypes and reduce gender discrimination, and the UPR Working Group recommendation on the prevention of sex-selective abortion, the State Committee for Family, Women’s and Children’s Affairs organized several public awareness campaigns on sex-selective abortions.

⁷⁰ DHS 2011, p. 91.

⁷¹ DHS 2011, p. 72.

⁷² DHS 2011, p. 72.

⁷³ DHS 2011, p. 92.

⁷⁴ State Statistical Committee of Azerbaijan Republic.

⁷⁵ A/HRC/24/13, para. 109.101.

Discrepancies

Continued low rate of modern contraceptive use, and limited access to counseling and information on family planning, are factors in the use of abortion as a method of family planning. Patriarchal attitudes and stereotypes on son-preference also affect the high level of sex-selective abortions.

The Draft Law on Protection of Reproductive Health and Family Planning prohibits sex selective abortions, with the exception of when there is a possibility of high risk of genetic disorders because of the sex. The Law is pending approval by the Milli Majlis (the national Parliament) of the Republic of Azerbaijan.

The WHO recommends that vacuum aspiration is used for surgical abortions up to weeks 12-14 of gestation.⁷⁶ This procedure is safer than dilation and curettage and therefore helps protect the right to health of the woman. However, in Azerbaijan, D&C is still widely used.

The Law on Protection of Health of Population⁷⁷ establishes the legal framework for abortion, and permits abortion on request of the woman until 12 weeks, with social considerations until 22 weeks and at any point of pregnancy for medical reasons. Incest is not included within the list of social considerations.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. Some additional recommendations are also made.

- *The Government should continue to undertake awareness-raising activities and public information campaigns to educate women and men, including public officials to address son-preference (UPR Working Group, para. 109.101; CEDAW Committee (2015), para. 21(b))*
- *The Government should adopt without delay a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son-preference (CEDAW Committee (2015); para. 21(a))*
- *The Government should develop and implement protocols to ensure that family planning advice is routinely provided as an element of post-abortion counseling (additional recommendation)*
- *The Government should regulate and provide equipment to ensure that medical abortions up to 12-14 weeks of gestation use vacuum aspiration rather than dilation and curettage (additional recommendation)*

See relevant recommendations in Section A as regards access to contraception and family planning, and adoption of the Draft Law on Protection of Reproductive Health and Family Planning

Indicators to monitor progress

- Abortion rate (disaggregated by, for example, age, marital status, urban/rural status, ethnicity, region, income, and number of children) (*CEDAW Committee, para. 34*)
- Sex ratio at birth (disaggregated by, for example, age, marital status, urban/rural status, region, income, and number of children) (*UPR Working Group, para. 109.101*)
- Has the state undertaken any awareness-raising activities and public information campaigns to educate women and men, including public officials to address son-preference? (*UPR Working Group, para. 109.101; CEDAW Committee (2015), para. 21(b)*)
- Has the state developed and adopted a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son-preference? (*CEDAW Committee (2015), para. 21(a)*)
- Has the Government developed and implement protocols to ensure that family planning advice is routinely provided as an element of post-abortion counseling? (*additional recommendation*)
- Has the State undertaken any measures to ensure that medical abortions up to 12-14 weeks of gestation use vacuum aspiration rather than dilation and curettage? (*additional recommendation*)

Other relevant data and indicators, including on contraceptive use, are included in the sections on reproductive

⁷⁶ WHO, *Safe Abortion: Technical and Policy Guidance for Health Systems* (second edition, 2012).

⁷⁷ Law of the Republic of Azerbaijan on Protection of Health of Population, 26 June 1997, No 360-IQ

C: MATERNAL HEALTH

health services and education on sexual and reproductive health and rights.

Health and human rights considerations

Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.⁷⁸ Approximately 356,000 pregnancy-related deaths occur annually, almost all of them in developing countries.⁷⁹ Reducing maternal mortality by three quarters between 1990 and 2015 is a Millennium Development Goal. Many women face significant obstacles, including delays in seeking care, reaching healthcare facilities and receiving treatment, which can result in maternal mortality and morbidity.⁸⁰ Eighty percent of maternal deaths worldwide result from severe bleeding, infections, high blood pressure during pregnancy and unsafe abortion - these causes are generally preventable if they are identified and properly managed in a timely manner. Although there is a range of critical interventions to reduce maternal mortality, access to emergency obstetric care has been recognized as being particularly vital.

Lack of access to quality maternal health care is now recognized as a human rights issue, and is particularly closely related to the right to the highest attainable standard of health, and equality and non-discrimination.⁸¹ Under international treaties such as the CEDAW and ICESCR, States have an obligation to provide relevant facilities, goods and services which are available; accessible financially, geographically and on the basis of non-discrimination; acceptable and good quality.⁸² The Millennium Development Goals include a commitment by States to reduce their maternal mortality ratios (MMR) by three-quarters of their 1990 rates by 2015.

The situation in Azerbaijan

According to international estimates, the MMR in Azerbaijan reduced significantly from 37 deaths per 100,000 live births in 1995⁸³ to 26 per 100,000 live births in 2013.⁸⁴ However, this is still a high ratio, compared to the average 16 deaths per 100,000 live births in the industrialized world.⁸⁵ National statistics are rather different: maternal mortality ratio reduced from 18.5-14.5 deaths per 100,000 live births between 2003 and 2013.⁸⁶ This discrepancy is due to different definitions and inaccurate reporting. Not all national agencies use the ICD-10 definition – some still use the ICD-9 definition of maternal mortality as being from 13th week of gestation until the 14th day after childbirth. Moreover, being afraid of potential penalization from the administration of the Ministry of Health, health service providers quite frequently register the reason of maternal death as gynecological or extra gynecological, but not obstetrical, and they would therefore not be registered as a maternal mortality.

The coverage of antenatal care has improved but it is still low: in 2011 66.1 per cent of women attended antenatal care at least four times during their pregnancy, as recommended by the WHO.⁸⁷ This included 77.2 per cent from urban areas and 48.3 per cent from rural areas.⁸⁸ In 2011, 93.4 per cent of births were attended by skilled personnel.⁸⁹

There is a high rate of anemia amongst women of childbearing age. According to the National Nutrition Survey of Children and Women in Azerbaijan (2013), 38.2 per cent of women of reproductive age, 40.4 per cent of pregnant women and 24.2 per cent of children were anemic. 36.7 per cent of mothers received iron supplementation during the pregnancy for their last birth. Iron supplementation can help prevent anemia, a cause of maternal and neonatal complications. Pregnant women in urban areas (41.1 per cent) were more likely to receive iron supplementation than those in rural areas (29.6 per cent), as were those with higher education (47.4 per cent) than those with secondary or less education (29 per cent), and those from the highest wealth quintile (53.7 per cent) than those from the lowest

⁷⁸ <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>

⁷⁹ World Health Organization (WHO) et al., Trends in Maternal Mortality: 1990 to 2008, Geneva: WHO, 2010. http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf

⁸⁰ University Of Essex, Human Rights Centre, Reducing Maternal Mortality, the Contribution of the Right to the Highest Attainable Standard of Health, http://www.unfpa.org/webdav/site/global/shared/documents/publications/reducing_mm.pdf

⁸¹ UN Human Rights Council, Resolution 11/8, Eleventh Session, Preventable Maternal Mortality and Morbidity and Human Rights (2011).

⁸² CESCR, General Comment 14, para. 12.

⁸³ WHO, UNICEF, UNFPA, Maternal Mortality in 1995: Estimates Developed by WHO, UNICEF and UNFPA (2001).

⁸⁴ WHO, UNICEF, UNFPA, the World Bank, UNPD, Trends in Maternal Mortality 1990-2013 (WHO, 2014).

⁸⁵ WHO, Maternal Mortality: Fact Sheet 348 (May 2014). Available at: <http://www.who.int/mediacentre/factsheets/fs348/en/>

⁸⁶ Data provided by Ministry of Health

⁸⁷ According to the clinical protocol of the Ministry of Health, women with a normal pregnancy should have seven antenatal care visits.

⁸⁸ DHS 2011.

⁸⁹ DHS 2011.

wealth quintile (23.7 per cent). There was significant regional variation, from Baku (48.5 per cent) to Daghigh Shirvan (13.3 per cent), and according to age (37.8 per cent for 20-34 year olds, and 25.8 per cent for 35-49 year olds).

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2013, the Member States in the UPR Working Group recommended that the Government:

- *“Continue to further promote access to and quality of health facilities and services, particularly in providing efficient care for children and mothers” (para. 109.145)*
- *“Make further efforts to implement the national strategy on reproductive health and set standards for maternal health” (para. 109.146)*

In its 2009 Concluding Observations on Azerbaijan, the CEDAW Committee stated that was gravely concerned about the high and increasing rate of maternal mortality in the State party (para 33). The Committee called on the State party to:

- *“Prioritize decreasing maternal mortality rates by establishing adequate obstetric delivery services run by qualified medical personnel and by providing adequate prenatal care to all women” (2009, para. 34)*

In its 2015 Concluding Observations on Azerbaijan, the CEDAW Committee expressed its concerns about discrepancies between the official indicators of maternal mortality and the related international estimates (para. 32) The Committee urged the State party to take measures to:

- *“(a) Intensify the efforts aimed at the reduction of maternal mortality through, inter alia, the provision of accurate information on the prevalence rates, the definition and measurement of the phenomenon;*
- (b) ensure the quality of antenatal, delivery and new-born care in order to lower maternal and neonatal mortality. ...*
- (f) Adopt the law on Food Fortification to address micronutrient deficiencies in women and children.” (2015, para. 33)*

Government actions

Maternal health is regulated by the Decision of the Cabinet of Ministers on Approval of the Program of Measures for Protection of Health of Mother and Child (15 September 2006),⁹⁰ and provided for by the National Reproductive Health Strategy for 2008-15. There is no specific separate maternal health or maternal mortality reduction strategy. However, a new State Program on Advancement of Health of Mother and Child (2014-2020), stipulating a range of measures to protect maternal health in pregnancy, childbirth and post-partum period, was approved on 13 June 2014.

The major goals of the State Programme have been specified as follows: improving the quality of health services and building the capacities of health personnel for improved health protection for mothers and children, continuing reforms in the field of perinatal healthcare, application of international criteria of the live birth definition, improving the material and technical basis of obstetric services, improving the quality and effectiveness of the health services provided to the new-born, infants, and other children, and increased awareness raising on reproductive health and family planning among the population.

Key actions that concern maternal mortality reduction include the establishment of 22 maternity hospitals, and 152 facilities providing consultancy services on reproductive health to women. This will improve access to and quality of maternal healthcare.

As regards accountability, national policies require the reporting of maternal deaths within 24 hours and a review of the death. There is a facility-based, but not community-based, maternal death review process in place, as well as a national committee to review maternal deaths.⁹¹

⁹⁰ Program of Measures for Protection of Health of Mother and Child approved with the Decision No 211 of the Cabinet of Ministers of the Republic of Azerbaijan 15 September 2006.

⁹¹ WHO, Azerbaijan: Maternal and Perinatal Health Profile (undated). At http://www.who.int/maternal_child_adolescent/epidemiology/profiles/maternal/aze.pdf

Discrepancies

Maternal mortality rates have declined but are still high. The significant difference between official and international definitions of maternal mortality, together with the different methodologies and techniques used in collecting and evaluating the data, makes the use of maternal mortality data very difficult. The available maternal mortality data does not distinguish between causes of maternal death.

A sizeable minority of women do not attend four antenatal appointments, in line with the recommendations of the WHO. Many women do not receive iron supplements during pregnancy.

The measurement and definition of maternal mortality may not conform to international standards.

The Law on Food Fortification to address micronutrient deficiencies in women and children has not yet been adopted.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. Some additional recommendations are also made.

- *The Government should adopt and implement concrete policy measures to ensure that the factors contributing to the high maternal mortality ratio are effectively addressed, paying particular attention to the human rights principles of non-discrimination and equality (CEDAW Committee (2009), para. 34, UPR Working Group, para. 109.146)*
- *The Government should take measures to increase the percentage of women who attend antenatal care at least four times during their pregnancy. In line with the human rights principles of equality and non-discrimination, particular attention should be given to women from rural areas (CEDAW Committee (2009), para. 34, UPR Working Group, para. 109.146)*
- *The Government should ensure the quality of antenatal, delivery and new-born care in order to lower maternal and neonatal mortality (CEDAW Committee (2015), para. 33(b))*
- *The Government should adopt and implement policy and other measures to ensure the right to good quality maternity care (CEDAW Committee (2009), para. 34, UPR Working Group, paras. 109.145 and 109.146)*
- *The Government should unify the methodologies for collecting, calculating and assessing maternal mortality data, in accordance with ICD-10, in order to enhance monitoring and accountability of health services (UPR Working Group, para. 109.146).*
- *The Government should intensify the efforts aimed at the reduction of maternal mortality through, inter alia, the provision of accurate information on the prevalence rates, the definition and measurement of the phenomenon (CEDAW Committee (2015), para. 33(a))*
- *Data collection on maternal mortality should include questions on causes of maternal death, in order to provide information on leading causes of maternal deaths (additional recommendation)*
- *The Government should adopt and implement a strategy that guarantees that pregnant women can receive iron supplementation (additional recommendation)*
- *The Law on Food Fortification to address micronutrient deficiencies in women and children should be adopted (CEDAW Committee (2015), para. 33(f))*

Indicators to monitor progress

- *Maternal mortality ratio (disaggregated by age, urban/rural, education and wealth quintile, and disaggregated by cause of maternal death) (CEDAW Committee (2009), para. 34; CEDAW Committee (2015), para. 33(a))*
- *Percentage of women who attended antenatal care at least four times during their pregnancy (disaggregated by age, urban/rural, education and wealth quintile) (CEDAW Committee, para. 34, UPR Working Group, para. 109.146)*
- *Has the government put in place and implemented concrete policy measures to ensure that the factors contributing to high mortality rates are effectively addressed? (CEDAW Committee, para. 34, UPR Working Group, para. 109.146)*
- *Has the Government undertaken any measures to intensify the efforts aimed at the reduction of maternal mortality, through, inter alia, the provision of accurate information on the prevalence rates, the definition and measurement of the phenomenon (CEDAW Committee (2015), para. 33(a))*

- Has the government taken measures to ensure the quality of antenatal, delivery and new-born care in order to lower maternal and neonatal mortality? (CEDAW Committee (2015), para. 33(b))
- Has the government adopted and implemented a strategy that guarantees that pregnant women:
 - Receive at least four antenatal appointments (CEDAW Committee, para. 34)
 - Receive iron supplementation (additional recommendation)
- Has the government undertaken policy and other measures to ensure good quality maternity care? (CEDAW Committee (2009), para. 34, UPR Working Group, para. 109.146)
- Has the government defined and implemented maternal death surveillance and response mechanisms in accordance with UNFPA guidance? To what degree have the findings of these reviews contributed to policy change and systemic changes in service delivery? (additional recommendation)
- Has the government harmonized its measurement of maternal mortality with internationally recognized methodologies? (additional recommendation)
- Has the Law on Food Fortification been adopted? (CEDAW Committee (2015), para. 33(f))

D: VIOLENCE AGAINST WOMEN

Health and human rights considerations

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”⁹²

Violence against women, including sexual violence, has a range of consequences. Physical abuse may result in injury, and functional disorders such as irritable bowel syndrome; gastrointestinal disorders; and various chronic pain syndromes, including chronic pelvic pain. Sexual violence can also result in HIV, other STIs, and unwanted pregnancies.⁹³ It also has mental health consequences.

Violence against women is a form of discrimination and obstructs the ability of women to enjoy their human rights on an equal basis with men. Key rights that are affected include: the rights to life; health; not to be subject to torture or cruel, inhuman and degrading treatment and punishment; liberty and security of the person; equal protection under the law; equality in the family; just and favourable conditions of work and equality and non-discrimination.⁹⁴

Early marriage is a form of sexual and gender-based violence. It increases the likelihood of early pregnancy, which has a higher risk of complications. Studies have also linked early marriage to an increased risk of intimate partner violence. The CEDAW states that “the betrothal and the marriage of a child shall have no legal effect” (article 16.2) and the CEDAW Committee considers that the minimum age of marriage should be set at 18 for both men and women.⁹⁵

The situation in Azerbaijan

The Special Rapporteur on violence against women undertook a mission to Azerbaijan in 2013. Her report notes that violence against women “seems to be underpinned by the persistence of patriarchal social norms, deeply-rooted gender stereotypes and misconceptions, as well as customary practices that are harmful to women.”⁹⁶

Violence against women is widespread in Azerbaijan, both within public and private spheres. According to a recent estimate, from 1 January 2011 to November 2013, there were 4,053 reported cases of domestic violence and 9,140 cases of violence against women in the community.⁹⁷ According to statistics provided by the State Statistical Committee, there were thirteen reported rapes and attempted rapes in 2013, however it is important to emphasise that women often do not report rape, including by a spouse or partner.

The first national survey on domestic violence against women was undertaken in 2008 by the Government and

⁹² United Nations Declaration on the Elimination of Violence against Women, United Nations General Assembly, 85th plenary meeting, December 1993

⁹³ Researching violence against women: a practical guide for researchers and activists. Geneva, World Health Organization, and Seattle, Program for Appropriate Technology in Health, 2005. At: www.path.org/files/GBV_rvaw_complete.pdf. (Accessed 5 Aug. 2010)

⁹⁴ Committee on the Elimination of Discrimination against Women, General Recommendation 19, violence against women (1992).

⁹⁵ CEDAW Committee, General Recommendation 21, para. 36.

⁹⁶ Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Azerbaijan. 2 June 2014. Para. 4.

⁹⁷ Ibid. Paragraphs 6 and 14.

⁹⁸ UNFPA /SCFWCA, National Survey Report on Violence Against Women in Azerbaijan (UNFPA, 2011).

the UNFPA.⁹⁸ The survey provides data on the prevalence rates, root causes, consequences of violence against women as well as women's coping strategies. The survey found that almost a quarter (24 per cent) of respondents had suffered from non-partner and intimate violence since 15 years of age, and that women were more likely to suffer violence from an intimate partner or close family member.⁹⁹ 15 per cent of respondents had suffered from physical violence, whilst a quarter of ever-partnered women had been subject to emotional abuse by an intimate partner during their lifetimes. Less than one per cent of women exposed to intimate partner violence reported the use of formal services for protection against partner abuse.¹⁰⁰ This was due to cultural factors and a lack of services. Those who used services were mostly unsatisfied with the assistance.¹⁰¹

There was variation on a number of counts. There was significant regional variation in prevalence of intimate partner violence, with the highest incidence in Absheron (29 per cent) and Lankaran (19 per cent). IDP and refugee women that had to flee their homes as a consequence of the conflict over the Nagorno-Karabakh region registered higher prevalence rate of intimate partner violence (26 per cent), compared to respondents never subjected to forced displacement (20 per cent).¹⁰² Young women suffered from inter-partner violence more than other age groups, and early marriages were associated with an increased risk of inter-partner violence.¹⁰³

The national survey found that seven per cent of ever-partnered respondents were subject to sexual violence at some point during their lives, ranging from zero reports in Daghigh Shirvan, and 12 per cent in Guba Khachmaz.¹⁰⁴ For all regions, forced intercourse was registered as the most common act of sexual violence.¹⁰⁵

The national survey found that eleven per cent of women-respondents reported having experienced physical violence by non-partners, this ranged from eighteen per cent in Absheron to four per cent in Baku, and prevalence was similar between rural and urban areas overall. Five per cent had experienced sexual violence from non-partners, ranging from ten per cent in Absheron to three per cent in Baku. Acquaintances were most often reported as the perpetrators of sexual violence.

According to the national survey, ten per cent of women respondents reported being subject to sexual abuse in childhood. This ranged from one per cent in Absheron and Guba Khachmaz, to 25 per cent in Sheki Zakatala.¹⁰⁶

There is a high prevalence of early and/or forced marriage in Azerbaijan. Although statistics may not be accurate due to the illegal nature of the practice, the State Committee for Family, Women and Children's Affairs stated that there were more than 5,000 early marriages in 2013, and 4,000 early marriages in 2012,¹⁰⁷ the increase accounted for by the raising of the age of marriage. A UNICEF investigation found that the highest numbers of early marriages were in Absheron region and Lankaran, followed by Quba and Agstafa.¹⁰⁸

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2013, the Member States of the UPR Working Group made various recommendations on violence against women. Since many of the recommendations were similar to one another, we do not spell out each recommendation here. In essence, however, the key areas of recommendations were that the Government:

- Strengthen measures to combat violence against women (*paragraphs 109.60, 109.61, 109.66, 109.82*)
- Further measures to develop an effective implementation and monitoring mechanism for the law on domestic violence, especially to grant access to justice for women victims of violence and guarantee their protection (*paragraphs 109.81, 109.83*).
- Adopt urgent measures to eradicate the practice of unregistered marriages, through public awareness

⁹⁹ Ibid, p. 21.

¹⁰⁰ UNFPA /SCFWCA, National Survey Report on Violence Against Women in Azerbaijan (UNFPA, 2011), p. 31.

¹⁰¹ Ibid, p. 34.

¹⁰² Ibid, p. 23.

¹⁰³ Ibid, pp. 30-31.

¹⁰⁴ Ibid, p. 78.

¹⁰⁵ Ibid, p. 22.

¹⁰⁶ Ibid, p. 25.

¹⁰⁷ Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Azerbaijan. 2 June 2014. Para. 15.

¹⁰⁸ UNICEF and State Committee for Family, Women and Children's Affairs, Early marriages: violation of the rights of children (2009).

campaigns in order to ensure that no marriage takes place before the legal age of marriage (*para. 109.100*)

In its 2015 Concluding Observations, the CEDAW Committee expressed its concerns regarding the lack of implementation of the Law on prevention of domestic violence, lack of systematic data collection on domestic violence, limited number of support and referral centres for victims of domestic violence, few State-funded shelters for women victims of domestic violence, and delay in the ratification of the COE Convention on Preventing and Combating Violence against Women and Domestic Violence (2015, para 22).

In its 2015 Concluding Observations, the CEDAW Committee recommended to the State party to:

- *Adopt without delay the National Strategy on Prevention of Domestic Violence and the National Action Plan on Prevention of Domestic Violence, and allocate adequate resources for their implementation (2015, para. 23(a))*
- *Put in place a system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim (2015, para. 23(b))*
- *Establish state-funded support and referral centres for victims of violence throughout the country, and strengthen cooperation with relevant non-governmental organizations in this respect (2015, para. 23(c))*
- *Increase the number of state-funded shelters for women victims of violence especially in the regions, and establish a 24/7 national helpline for victims (2015, para. 23(d))*
- *Set a timeframe for the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2015, para. 23(e))*
- *Prevent early and child marriages through monitoring of school drop-out of girls as well as by systematic investigation, prosecution and punishment of all those involved by law enforcement agencies (2015, para. 39(a))*
- *Take all necessary measures to enforce the prohibition on conducting religious marriages ("Kabin") without the prior formal registration, as well as to safeguard the rights of girls and women in unregistered marriages and their children (2015, para. 39(b))*
- *Take the legislative measures necessary to recognize intangible property, such as pension and insurance benefits, as part of the joint property to be divided upon divorce. (2015, para. 39(c))*
- *Ensure the availability of childcare facilities and shelters for victims of domestic violence in rural areas (2015, para. 37)*

In its 2013 Concluding Observations, the CESCR highlighted its concern at the possible continued practice of early marriage including among IDPs and in rural areas and recommended that the State party:

- "Monitor the implementation of the revised family code."¹⁰⁹
- "Provide in its next periodic report information on the prevalence of underage marriage in the country, disaggregated by different ethnic and religious groups, IDPs and by urban and rural areas."¹¹⁰

The report of the Special Rapporteur on violence against women on her mission to Azerbaijan reflects an authoritative rights-based analysis of violence against women in the State, including recommendations. These are in four main areas: law and policy reforms; accountability; societal transformation including awareness raising, addressing gender stereotypes and women's empowerment, and statistics and data collection. Some of the recommendations are specifically focused on violence against women, others address the broader women's empowerment and SRHR context. As the report's list of recommendations is extremely lengthy, we are including it in Annex 4. However, some of the indicators to monitor future progress in this section reflect the recommendations of the Special Rapporteur.

Government actions

In 2011, the National Survey Report on Violence Against Women in Azerbaijan (2008) was published. The report provides reliable and representative data on violence against women in the country, and provides an important evidence base for targeted policies and programmes. The report supports implementation of the CEDAW Committee's recommendation to research the causes and prevalence of violence against women.

¹⁰⁹ E/C.12/AZE/CO/3, para. 19.

¹¹⁰ E/C.12/AZE/CO/3, para. 19.

The Law on Prevention of Domestic Violence was adopted in June 2010. The Law places emphasis on prevention, including legal and social measures. It requires the State to engage in awareness-raising and public education in order to foster behavioral change and use of services. It also sets a framework for follow-up to violence, to ensure that women are provided with effective preventative, protective and rehabilitative services. Although there are gaps in the law, its adoption is a key response to the CEDAW Committee's recommendation in this regard.

The Cabinet of Ministers issued the following orders to support the implementation of the Law: the rules on the operations of the support centres for victims of domestic violence and the rules for accreditation of non-state support centres for victims of domestic violence (25 April 2012);¹¹¹ the rules for handling referrals of cases of domestic violence where the acts are not regarded as of a criminal nature (24 February 2012);¹¹² the rules for organization and operationalization of the database on domestic violence (19 December 2011);¹¹³ and the rules guiding organization of the prophylactic registry of the persons committing domestic violence and correctional-preventive work with them (19 December 2011).¹¹⁴

On February 15 2012, the Ministry of Health approved the Plan of Measures of the Ministry of Health of the Republic of Azerbaijan on Prevention of Domestic Violence for supporting the implementation of the President's Decree on Application of the Law on the Prevention of Domestic Violence dated 24 November 2011, No 537.

On 24 June 2011, a new Section 40-1 on "Implementation of cases on long-term protection order for victim of domestic violence" was added to the Code on Civil Procedures.¹¹⁵ The section defines the procedure of consideration of application on long-term protection order by courts. There were 3 court cases on long-term protective orders in 2013; and one case in 2014. All 4 cases on long-term protective orders were in Baku.¹¹⁶ This responds to the UPR Working Group's recommendation on protection for women victims of violence.

The Government has engaged in public awareness and training campaigns on domestic violence, which support implementation of the CEDAW Committee's recommendations on these issues. In 2012-2013 the State Committee for Family, Women and Children's Affairs conducted a series of information sessions on domestic violence and the related protection mechanisms in many districts of the country.¹¹⁷ In October 2014, the Ministry of Health conducted trainings for awareness-raising among governmental bodies and NGOs working with the child and adolescent victims of domestic violence in Ucar, Kurdemir, Goychay, Zardab, Hacıqabul, Yevlax and Agdash.¹¹⁸ The State Committee initiated events on "Impact of Domestic Violence on Family Relations" in Baku and the regions. Relevant executive authorities, law enforcement personnel, and community development officers participated at these events.¹¹⁹

In 2011, an amendment to the Family Code increased and equalized the marriageable age to 18 for girls and boys.¹²⁰ This responds to the CEDAW recommendation (2009) on the matter. The Criminal Code was amended to criminalize forced marriage and establish sanctions in this respect.¹²¹ In its Concluding Observations 2015, the CEDAW Committee welcomed the adoption of the Law on Amendments to the Family Code, setting the minimum age of marriage at 18 for both women and men, in 2011; amendments to the Criminal Code including a provision on forced and child marriages, in 2011; and the Law on Prevention of Domestic Violence, in 2010 (2015, para. 4).

The government bodies including the State Committee for Family, Women and Children's Affairs, the Office of the Commissioner for Human Rights, international organizations and civil society organizations have run educational and awareness raising campaigns to prevent the phenomenon of early marriages, support implementation of the

¹¹¹ The Rules on the operations of the support centres for victims of domestic violence and the rules for accreditation of non-state support centres for victims of domestic violence approved with the Decision No 89 of the Cabinet of Ministers of the Republic of Azerbaijan, April 25, 2012. (Məişət zorakılığından zərər çəkmiş şəxslərə yardım mərkəzlərinin fəaliyyəti Qaydası'nın və "Məişət zorakılığından zərər çəkmiş şəxslərə qeyri-dövlət yardım mərkəzlərinin akkreditasiyası Qaydaları"nın təsdiq edilməsi barədə Azərbaycan Respublikası Nazirlər Kabinetinin Qərarı).

¹¹² The Rules for accreditation of non-state support centres for victims of domestic violence approved with the Decision No 46 of the Cabinet of Ministers of the Republic of Azerbaijan, 25 April, 2012 ("Məişət zorakılığı barədə şikayətdə cinayət tərkibinin əlamətləri olmadıqda, şikayətlərə baxılma Qaydası"nın təsdiq edilməsi haqqında Azərbaycan Respublikası Nazirlər Kabinetinin 46 sayılı Qərarı)

¹¹³ The Rules for organization and operationalization of the database on domestic violence approved with the Decision No 207 of the Cabinet of Ministers of the Republic of Azerbaijan, December 19, 2011. ("Məişət zorakılığı ilə bağlı məlumat bankının təşkili və aparılması Qaydaları"nın təsdiq edilməsi haqqında Azərbaycan Respublikası Nazirlər Kabinetinin 207 sayılı Qərarı)

¹¹⁴ The Rules guiding organization of the prophylactic registry of the persons committing domestic violence and correctional-preventive work with them approved with the Decision No 206 of the Cabinet of Ministers of the Republic of Azerbaijan, December 19, 2011. ("Məişət zorakılığı törətmiş şəxslərin profilaktik qeydiyyatına götürülməsi və həmin şəxslərlə tərbiyəvi-qabaqlayıcı işin aparılması Qaydası"nın təsdiq edilməsi haqqında Azərbaycan Respublikası Nazirlər Kabinetinin 206 sayılı Qərarı)

¹¹⁵ Law No 180-IVQD.

¹¹⁶ http://scfwca.gov.az/?page_id=874

¹¹⁷ <http://scfwca.gov.az/?cat=41>

¹¹⁸ <http://www.isim.az/isim/news.php?id=775>

¹¹⁹ http://scfwca.gov.az/?page_id=874

¹²⁰ Family Code of the Republic of Azerbaijan, Article 10.1. This article was amended with the Law of the Republic of Azerbaijan on making amendment to the Family Code of the Republic of Azerbaijan, 15 November 2011.

¹²¹ Criminal Code of the Republic of Azerbaijan, Article 176.1. This article was amended with the Law of the Republic of Azerbaijan on making Amendment to the Criminal Code of the Republic of Azerbaijan, 15 November 2011, No 256-IVQD.

¹²² Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Azerbaijan. 2 June 2014. Para. 17.

CEDAW Committee's and the UPR Working Group's recommendations on awareness raising on violence against women and early marriage.¹²² According to the head of the State Committee for Family, Women, and Children's Affairs, a few instances of child marriages were prevented in different regions in 2014: "The relevant government bodies sent letters to those families informing that they violated the Azerbaijani legislation and it could constitute a sufficient ground for initiating a criminal case against them."¹²³

The Ministry of Labor and Social Protection established a Commission for Accreditation of Non-Governmental Support Centers for Victims of Domestic Violence with the Order of November 19, 2013. At the moment the Commission has granted accreditation to eight non-governmental support centers – 5 in Baku, 2 in Ganja and 1 in Sumgayit. These support centers function with the support of the Ministry of Labor and Social Protection of Population and the Council on State Support to NGOs under the Auspices of the President of the Republic of Azerbaijan (the NGO State Support Council). However, given the lack of adequate policy measures and financial resources the vast majority of these centers is not capable of providing a full-fledged spectrum of protective and rehabilitative services to women victims of domestic violence.

Discrepancies

Despite the fact that the Law on Prevention of Domestic Violence was adopted in 2010, a national implementation mechanism has not yet been developed in accordance with the UPR Working Group recommendation. Both the National Strategy on Prevention of Domestic Violence and the National Action Plan on Prevention of Domestic Violence are still pending approval. Unless these documents are approved and the state sets a specific budget for combating violence, the implementation and enforcement of the Law will not take place.

The Law on Prevention of Domestic Violence does not provide an adequate framework when it comes to the immediate protection of, and redress for victims, in accordance with the UPR Working Group and CEDAW Committee's recommendations. There are three main areas of concern in this respect. The Law:

- *Does not set an exhaustive framework for criminalization of domestic violence. Thus, first and foremost, the law does not differentiate as to which acts of domestic violence should be subject to criminal prosecution and which should be addressed through administrative procedures. According to the Law, if the case of domestic violence is not criminal, the complaints will only be investigated with the consent of the victim or his (her) legal representative (art. 6.3). The Criminal Procedural Code has no specific provisions to address the particular needs and rights of women victims of domestic violence.*¹²⁴
- *Specifically mentions the State's duty to "assist in normalization of relations between parties and resumption of family affairs" (art.7.4), which can be interpreted as privileging mediation and reconciliation over the protection of women's human rights.*¹²⁵
- *Provides for the possibility of issuing a 'warning' to the perpetrator not to use violence in the future (art.11). However, there is some confusion on whether this warning could be issued together with a short-term protection order, or if it could be used as evidence during a trial, or if it is a prerequisite to obtain a protection order. In practice, this lack of clarity reportedly results in law enforcement personnel not taking appropriate action.*¹²⁶

The process and mechanism of issuing the long- and short-term protection orders stipulated in the Law (art.10) are not well-developed yet. The problem is also complicated by the fact that long-term protection orders can only be issued if and when perpetrators violate a short-term order (Article 11.3), and since local executive bodies rarely issue short-term orders, courts almost do not de facto issue long-term protection orders. As mentioned above, there were 3 court cases on long-term protection orders in 2013; and one case in 2014. All 4 cases had taken place in Baku.¹²⁷ In its 2015 Concluding Observations the CEDAW Committee expressed its concern on the lack of implementation of the law on prevention of domestic violence, as reflected by the modest number of reported cases and long-term and short-term protection orders issued (2015, para. 22(a)).

¹²³ <http://www.gun.az/xeber-hicran-huseynova-bu-il-7-8-erken-nikahla-bagli-toyun-qabagini-almisig-t160211.html#VHCvjTSUf5M>

¹²⁴ Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Azerbaijan. 2 June 2014.

¹²⁵ Ibid

¹²⁶ Ibid

¹²⁷ See above footnote 115.

¹²⁸ Criminal Code of the Republic of Azerbaijan (2000), article 149. See also: P. Bayramova. Analysis of compliance of the legislation of the Republic of Azerbaijan to the CEDAW Convention. Baku, 2012, p. 27.

The definition of rape has not been amended in the Criminal Code. It is still based on the use of force, rather than lack of consent.¹²⁸ Marital rape and stalking are not included in the Criminal Code.

Domestic violence is still accepted as a taboo topic to be dealt with within the family. There are no systematic and consistent efforts towards societal transformation to address traditional gender roles and stereotypes limiting the personal, social, economic, and political freedom of women in Azerbaijan.¹²⁹ Responding to this, in its 2013 Concluding Observations on Azerbaijan, the CESCR recommended that the State party “carry out focused awareness-raising campaigns to sensitize the population on the severe effects of domestic violence,” (para. 18).

Since the nationwide research on the prevalence rates of domestic violence in 2008, no systematic data collection has been put in place to assess the extent of the phenomenon, the dynamics over time as well as the effectiveness of the measures undertaken. The Law on Prevention of Domestic Violence highlights the importance of collecting data, in particular through a national databank.

Women victims of domestic violence continue facing multiple obstacles to accessing mechanisms of support and protection, a central concern in the UPR and CEDAW Committee’s recommendations. Although the Law on Prevention of Domestic Violence refers to the establishment of public support centers for victims of domestic violence to provide them with legal and medical assistance, psychological rehabilitation, social protection and allowances, and emergency shelter, among others, on a no cost basis (art.7.1), progress on this is limited due to the following reasons:

- The number of support and referral centers is very limited and these are mainly NGO-funded ones reliant on donor funding.
- There is no 24/7 national helpline for the victims of domestic violence.¹³⁰ Only a few NGO-funded helplines are in place and these services are heavily dependent on donor funding.
- There is not a single shelter specializing in provision of support and shelter to accommodate the victims of domestic violence. During her visit to Azerbaijan in December 2013 the Special Rapporteur on Violence against Women noted that “the lack of shelters throughout the country was alarming and represented a major obstacle in the protection chain”.¹³¹ In its 2015 Concluding Observations the CEDAW Committee expressed its concerns regarding the limited number of the state-funded shelters for women victims of domestic violence.
- Law enforcement and judicial operators are lacking a gender perspective in their treatment of cases of violence, and commonly resort to mediation as a major means of dispute resolution. The low number of female staff in the criminal justice sector could be considered a factor contributing to inappropriate handling of such cases.¹³²
- Despite some recent trainings highlighted above, there has been no systematic training of law enforcement personnel, health-service providers and community development officers, in order to ensure that they are sensitized to all forms of violence against women and girls and can provide adequate gender-sensitive support to victims. The lack of training for law enforcement personnel was also a focus of the CESCR’s 2013 Concluding Observations on Azerbaijan, in which it requested the State to “ensure the systematic training of local authorities, law enforcement and police officials, social workers and medical personnel on how to detect and adequately advise women victims of domestic violence, including refugee women and girls,” (CESCR (2013) para 18).
- During the mission of the Special Rapporteur, she received complaints about the poor quality of legal representation that is available from the State’s legal aid services.¹³³
- Although early marriage is a more common problem in rural areas, education and awareness-raising campaigns have primarily been conducted in urban areas, although there have also been some in rural areas.¹³⁴
- The school drop-out rate among girls, as well as school attendance rate among girls in rural areas and in refugee/IDPs settlements is still low.
- There is the lack of official data on dynamics of child marriages; and investigation and prosecution of such cases.
- The legislation does not reflect the prohibition on conducting religious marriages (“Kabin”) without the prior formal registration.
- There are no specific provisions in legislation to safeguard the rights of girls and women in unregistered marriages and their children.
- The Family Code does not include intangible property, such as pension and insurance benefits as part of the joint property to be divided upon divorce.

¹²⁹ UNFPA/SCFWCA, National Survey Report on Violence Against Women in Azerbaijan (Baku, Azerbaijan, 2011).

¹³⁰ The 3 NGOs providing inter alia sheltering services to the victims of violence and functioning under the authority of the Ministry of Labour and Social Protection of the Population with the financial support of the NGO State Support Council and international donor agencies are providing a set of services to the victims of human trafficking and children victims of domestic violence. “Clean World” Public Union in Baku functions to accommodate the victims of domestic violence alongside the victims of human trafficking. The shelter at the Azerbaijan Children Union in Baku accommodates child victims of domestic violence and the shelter at the “Temas” Public Union in Ganja is also mainly for the victims of human trafficking.

¹³¹ Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Azerbaijan. 2 June 2014 (2014).

¹³² Ibid

¹³³ Ibid, para. 32.

¹³⁴ Ibid.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. Some additional recommendations are also made.

- The Government should revise the Criminal and Criminal Procedural Codes to include provisions on the particular needs and rights of women facing domestic violence (*CEDAW Committee (2009), para. 22*)
- The Government should change the definition of rape in the Criminal Code to be based on non-consent. It should also include marital rape and stalking in the Criminal Code (*CEDAW Committee (2009), para. 22*)
- The Government should amend the Law on Prevention of Domestic Violence to ensure that mediation and reconciliation do not prevail over the protection of women's human rights (*SRVAW, para. 81*)
- The Government should approve and implement a comprehensive multi-sectoral national strategy including the draft National Action Plan on combating violence against women, which combines prevention and protection programmes, as provided in the Law on Prevention of Domestic Violence; and allocate adequate resources for their implementation (*UPR Working Group paragraphs 109.81 and 109.83; SRVAW, para. 84.c; CEDAW Committee (2015), para. 23(a)*)
- The Government should put in place State-funded public support/referral centers for victims of domestic violence throughout the country to provide them with legal and medical assistance, psychological rehabilitation, social protection and allowances, and emergency shelter, among others, on a no cost basis. Particular attention should be paid to those regions with the highest prevalence of domestic violence (*CEDAW Committee (2015), para. 23(c); SRVAW, para. 84(c)(i)*)
- The Government should make systematic efforts towards societal transformation to address traditional gender roles and stereotypes limiting the personal, social, economic, and political freedom of women. These should be consistent and systematic and target all population groups including the most vulnerable groups of the women (*CEDAW Committee (2015), para. 21(d); SRVAW para. 86*)
- The Government should ensure that there is systematic and ongoing data collection on violence against women, including qualitative and quantitative data. Data should be disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim (*CEDAW Committee (2015), para. 23(b); SRVAW, paragraphs 87(a)-87(d)*)
- The Government should develop a national databank, hosting a standardized and centralized information system, to incorporate information on the cases of violence occurring as well as any follow-up action and results (*CEDAW Committee (2009), para. 22; SRVAW, paragraphs 85(f)-85(g), 87(a)*)
- The Government should establish a State-funded network of shelters to accommodate victims of violence through necessary refuge, protection and rehabilitation, and strengthen cooperation with relevant non-governmental organizations in this respect Particular attention should be given the establishing shelters in those regions where there is highest prevalence of violence against women (*CEDAW Committee (2015), para. 23(c); SRVAW, para.84(c)(1)*)
- The number of A 24/7 national helpline for the victims of domestic violence should be increased (*CEDAW Committee (2015), para. 23(d); SRVAW, para.84(c)(1)*)
- The Government should operationalize the process and mechanisms for issuing long- and short-term protection orders stipulated in the Law on Prevention of Domestic Violence (art.10) (*CEDAW Committee (2009), para. 22; SRVAW para. 85(e)*)
- Human resources:
 - The Government should ensure that duly trained human resources are available to identify and assist the victims of domestic violence and act in a professional and non-judgmental manner (*CEDAW Committee (2009), para. 22; SRVAW, paragraph 85(a)-85(d)*)
 - The Government should make efforts to increase the number of women officers at police stations and courts (*CEDAW Committee (2009), para. 22, SRVAW, para. 84(g)*)
 - The Government should ensure that there are adequately trained social workers in a capacity to provide holistic and targeted social rehabilitation support to female victims of violence and their families (*CEDAW Committee (2009), para. 22*)

- The Government should develop mandatory and voluntary prevention programmes to work with perpetrators of domestic violence (*additional recommendation*)
- The Government should undertake public awareness campaigns, particularly in rural areas and in regions where early marriage is most common, such as Absheron and Lankaran, in order to ensure that no marriage takes place before the legal age of marriage (*CEDAW Committee (2009), para. 40; UPR Working Group, para. 109.100*)
- The Government should act on the CESCER recommendation to “Monitor the implementation of the revised family code.”¹³⁵
- Early/forced marriages should be included in gender-sensitive programmes in the school curricula (*CEDAW Committee (2009), para. 40; UPR Working Group, para. 109.100*)
- The Government should develop mechanisms and procedures to ensure the participation of women survivors of violence in the formulation, implementation and monitoring of strategies and programmes on violence against women (*additional recommendation*)
- The State should ratify the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence to create a comprehensive legal framework to combat violence against women (*CEDAW Committee (2015), para. 23(e)*)
- The State should monitor school drop-out of girls and law enforcement agencies should systematically investigate, prosecute and punish all those involved in order to prevent early and child marriages (*CEDAW Committee (2015), para. 39(a)*)
- The State should enforce the prohibition on conducting religious marriages (“Kabin”) without the prior formal registration (*CEDAW Committee (2015), para. 39(b)*)
- The State should safeguard the rights of girls and women in unregistered marriages and their children (*CEDAW Committee (2015), para. 39(b)*)
- The State should take the legislative measures necessary to recognize intangible property, such as pension and insurance benefits, as part of the joint property to be divided upon divorce (*CEDAW Committee (2015), para. 39(b)*)

Indicators to monitor progress

- Proportion of women aged 15-49 who have ever experienced physical or sexual violence from an intimate partner (disaggregated by grounds such as region, age, IDP/refugee status) (*CEDAW Committee (2015), para. 23(b)*)
- Number of incidents of sexual violence reported to law enforcement or health professionals in the past five years (*CEDAW Committee (2009), para. 22*)
- Have the Criminal and Criminal Procedural Codes been revised to include provisions on the particular needs and rights of women facing domestic violence? (*CEDAW Committee (2009), para. 22*)
- Has the definition of rape been changed in the Criminal Code to non-consent, and have marital rape and stalking been included in the criminal code? (*CEDAW Committee (2009), para. 22*)
- Has the Government taken measures to enforce the Criminal Code in cases of domestic violence? (*CEDAW Committee (2009), para. 22*)
- Has the Law on Prevention of Domestic Violence been amended to ensure that mediation and reconciliation do not prevail over the protection of women’s human rights? (*CEDAW Committee (2009), para. 22; SRVAW, para. 81*)
- Has the Government approved and adopted a comprehensive multi-sectoral national strategy including the draft National Action Plan on combating violence against women, combining prevention and protection programmes, as provided in the Law on Prevention of Domestic Violence? (*UPR Working Group paragraphs 109.81 and 109.83; SRVAW, para. 84.c, CEDAW Committee (2015), para. 23(a)*)
- Have State-funded public support/referral centers for victims of domestic violence been put in place throughout the country to provide them with legal and medical assistance, psychological rehabilitation, social protection and allowances, and emergency shelter, among others, on a no cost basis? (*CEDAW Committee (2009), para. 22; SRVAW, para. 84(c)(i)*)
- Are there systematic efforts towards societal transformation to address traditional gender roles and stereotypes limiting the personal, social, economic, and political freedom of women are consistent and systematic and target all population groups including the most vulnerable groups of the women? (*CEDAW Committee (2015), para. 21(d); SRVAW para. 86*)

¹³⁵ E/C.12/AZE/CO/3, para. 19.

- Is there systematic and ongoing data collection on violence against women, including of qualitative and quantitative data, and data disaggregated by, amongst others, region, urban/rural, ethnicity, age and IDP/refugee status? (CEDAW Committee (2015), para. 23(b))
- Is there a chapter on domestic violence in the most recent DHS survey? (CEDAW Committee (2009), para. 22; SRVAW, paragraphs 87(a)-87(d))
- Has the Government developed a national databank, hosting a standardized and centralized information system, to incorporate information on the cases of violence occurring as well as any follow-up action and results? (CEDAW Committee (2009), para. 22, SRVAW, paragraphs 85(f)-85(g), 87(a))
- Has the Government established a State-funded network of shelters to accommodate the victims of violence through necessary refuge, protection and rehabilitation? (CEDAW Committee (2015), para. 23(c); SRVAW, para.84(c)(1))
- Has the number of a 24/7 national helpline for the victims of domestic violence been increased? (CEDAW Committee, para. 23(c); SRVAW, para.84(c)(1))
- Have the process and mechanisms for issuing the long- and short-term protection orders stipulated in the Law on Prevention of Domestic Violence (art.10) been operationalized? (CEDAW Committee (2009), para. 22; SRVAW para. 85(e))
- Human resources:
 - Has the State ensured that duly trained human resources are available to identify and assist the victims and act in a professional and non-judgmental manner? (CEDAW Committee (2009), para. 22; SRVAW, paragraph 85(a)-85(d))
 - Have efforts been made to increase the number of women officers at police stations and courts? (CEDAW Committee (2009), para. 22, SRVAW, para. 84(g))
 - Are there adequately trained social workers in a capacity to provide holistic and targeted social rehabilitation support to the women victims of violence and their families? (CEDAW Committee (2009), para. 22)
- Has the Government developed mandatory and voluntary prevention programmes to work with perpetrators of domestic violence? (additional recommendation)
- Are there mechanisms and procedures to ensure the participation of women survivors of violence in the formulation, implementation and monitoring of strategies and programmes on violence against women? (additional recommendation)
- Has the Government ratified the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence? (CEDAW Committee (2015), para. 23(e))
- Has the Government set a timeframe for the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence? (CEDAW Committee (2015), para. 23(e))
- What further legal, policy, budgetary and other measures have been taken by the Government to address violence against women? (additional recommendation)
- Number of reported early marriages (per year) (CEDAW Committee, para. 40)
- Has the Government undertaken public awareness campaigns, including in rural areas and in regions where early marriage is most common, such as Absheron and Lankaran, in order to ensure that no marriage takes place before the legal age of marriage? (CEDAW Committee, para. 40; UPR Working Group, para. 109.100)
- Are early/forced marriages included in gender-sensitive programmes in the school curricula? (CEDAW Committee, para. 40; UPR Working Group, para. 109.100)
- Has the Government undertaken any measures to prevent early and child marriages through monitoring of school drop-out of girls as well as by systematic investigation, prosecution and punishment of all those involved by law-enforcement agencies (CEDAW Committee (2015), para. 39(a))
- Has the Government undertaken any legislative measures to prohibit religious marriages without the prior formal registration? (CEDAW Committee (2015), para. 39(b))
- Has the Government undertaken any legislative measures to recognize intangible property, such as pension and insurance benefits, as part of the joint property to be divided upon divorce? (CEDAW Committee (2015), para. 39(c))

E: COMPREHENSIVE AND AGE APPROPRIATE EDUCATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ¹³⁶

Health and human rights considerations

According to UNESCO, comprehensive sexuality education programs include information on: growth and development; sexual anatomy and physiology; reproduction, contraception, pregnancy and childbirth; HIV and AIDS; STIs; family life and interpersonal relationships; culture and sexuality; human rights empowerment; non-discrimination, equality, and gender roles; sexual behavior; sexual diversity; sexual abuse; gender-based violence; and harmful practices.¹³⁷

Comprehensive education on sexual and reproductive health and rights provides people with the knowledge and skills to be sexually healthy. It limits risk and vulnerability to sexual ill-health, such as unwanted pregnancy, unsafe abortion, STIs and HIV. Schools are the best environments to reach adolescents with education on sexual and reproductive health and rights. However, it is also important to reach adolescents who are not in school.

The Convention on the Rights of the Child recognises that all children and adolescents have the right to access information aimed at the promotion of their mental and physical health (article 17), and the right to education that will help them develop their personality, talents and mental and physical abilities (article 29). It recognises that States have obligations to develop preventive health care, guidance for parents and family planning education and services (article 24). The CEDAW requires that States parties eliminate stereotyped concepts of the roles of men and women in education (article 10(c)). The ICPD Programme of Action emphasises that gender sensitive education about population issues, including reproductive choices and responsibilities and sexually transmitted diseases, must begin in primary school and continue through all levels of formal and non-formal education to be effective (paragraphs. 11.5 and 11.9).

The situation in Azerbaijan

Education on sexual and reproductive health and rights is not included in the curricula as either a mandatory or an elective module. There is no data collected in relation to relevant indicators such as: percentage of students who have received comprehensive education on sexual and reproductive health and rights in schools; percentage of adolescents who understand how to prevent unwanted pregnancy and STIs; percentage of teachers trained in education on sexual and reproductive health and rights; or percentage of health providers trained in sexual and reproductive health counseling.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

The UPR Working Group 2013 recommendations did not address the issue of sexuality education.

In its 2009 Concluding Observations, the CEDAW Committee recommended that:

- *Reproductive health education be widely promoted and targeted at girls and boys, with special attention being paid to the prevention of sexually transmitted diseases and HIV/AIDS (2009, para. 34).*

In its 2015 Concluding Observations, the CEDAW Committee urged the State party to:

- *promote family planning and reproductive health education through, inter alia, age appropriate sex education at schools (2015, para 33(c))*
- *undertake a revision of school books and other teaching materials and remove, as a matter of priority, any discriminatory gender stereotypes (2015, para. 29(d))*
- *Introduce mandatory education on women's rights and gender equality in school curricula and in professional training for teachers at all levels of education (2015, para. 29(e))*

¹³⁶ The UNFPA, UNESCO and other international bodies use the term “comprehensive sexuality education”. We have used the term “comprehensive education on sexual and reproductive health and rights” as it is a more direct translation from the term used in Azerbaijani.

¹³⁷ UNESCO, International Technical Guidance on Sexuality Education, (United Nations, December 2009).

Government actions

Since education on sexual and reproductive health and rights does not take place in schools, or for out-of-school children, it cannot be considered that the Government has undertaken adequate actions in relation to the CEDAW Committee's recommendation. The issue is, however, being considered by the Ministry of Education.

Discrepancies

Education on sexual and reproductive health and rights is not provided in schools or out of school settings, such as IDP camps. Since the relevant data is not collected, it is difficult to monitor awareness of sexuality and sexual health amongst adolescents and young people.

Recommendations

- The Government should develop and fully implement a national strategy or plan to ensure access to comprehensive and accurate education on sexual and reproductive health and rights both in and out of schools (CEDAW Committee (2009), para. 34; CEDAW Committee (2015), para. 33(c)). The following considerations should apply:
 - *Education on sexual and reproductive health and rights should be mandatory and provided throughout schooling in an age-appropriate manner*
 - *The content of programs should follow international human rights norms and comprehensive sexuality education guidelines developed by UNESCO*
 - *Parental authorization should not be required*
 - *The strategy should address any religious, social or other beliefs, practices and institutions that may impede individuals' access to comprehensive education on sexual and reproductive health and rights*
 - *Programs should be available to disabled children in a manner that is accessible to them*
- The Government should develop curricula and teacher-training material on education on sexual and reproductive health and rights (CEDAW Committee (2009), para. 34; CEDAW (2015), para. 33(c))
- The teachers and students of pedagogy should be covered by capacity building trainings on teaching education on sexual and reproductive health and rights. They should be sensitized to the various needs of students and on the importance of scientific accuracy free from myths and stereotypes (CEDAW Committee (2009), para. 34; CEDAW Committee (2015), para. 33(c))
- The Government should undertake measures to revise school books and other teaching materials and remove, as a matter of priority, any discriminatory gender stereotypes (2015, para. 29(d))
- The Government should introduce mandatory education on women's rights and gender equality in school curricula and in professional training for teachers at all levels of education (2015, para. 29(e))

Indicators to monitor progress

- Has the Government developed and fully implemented a national strategy or plan to ensure access to comprehensive and accurate education on sexual and reproductive health and rights both in and out of schools? (CEDAW Committee (2009), para. 34, CEDAW Committee (2015), para. 33(c)) Please take into account the following considerations:
 - *Is education on sexual and reproductive health and rights set out as mandatory and provided throughout schooling in an age-appropriate manner?*
 - *Does the content of programs follow international human rights norms and comprehensive sexuality education guidelines developed by UNESCO?*
 - *Does a national strategy address any religious, social or other beliefs, practices and institutions which may impede individuals' access to comprehensive education on sexual and reproductive health and rights?*
 - *Are there restrictions, e.g. parental authorization?*
 - *Are programs available to disabled children in a manner that is accessible to them?*

- Has the Government developed and fully implemented curricula and teacher-training material on education on sexual and reproductive health and rights? (CEDAW Committee (2009), para. 34; CEDAW Committee (2015), para. 33(c))
- Are existing teachers and students of pedagogy taught about teaching education on sexual and reproductive health and rights? Are they sensitized to the various needs of students and on the importance of scientific accuracy free from myths and stereotypes? (CEDAW Committee (2009), para. 34; CEDAW Committee (2015), para. 33(c))
- Has the Government undertaken measures to revise school books and other teaching materials and remove, as a matter of priority, any discriminatory gender stereotypes? (2015, para. 29(d))
- Has the Government undertaken measures to introduce mandatory education on women's rights and gender equality in school curricula and in professional training for teachers at all levels of education? (2015, para. 29(e))

F: HIV/AIDS

Health and human rights considerations

Accessing adequate healthcare is essential to individuals living with HIV/AIDS. The provision of information on prevention and transmission is an important way to empower individuals to reduce their risk of infection. Measures tackling stigma and discrimination help to protect the rights of people living with HIV/AIDS, as well as enhancing prevention and treatment.

States must guarantee people living with HIV/AIDS the equal enjoyment of their human rights by developing laws, policies and practices that ensure treatment for HIV/AIDS, and which guarantees their rights in and beyond the healthcare context.

In respect of healthcare, antiretroviral treatment should be available, affordable and accessible to all in an equitable manner.¹³⁸ States should take measures to eradicate barriers in accessing antiretroviral treatment, including cost. States must take measures to provide information on HIV/AIDS, including scientifically accurate information on transmission, prevention and treatment. They should implement prevention strategies such as promoting condom use and access to condoms (including female condoms), ensuring access to contraceptives, and conducting evidence-based public awareness-raising campaigns. States should also ensure that appropriate resources are allocated to HIV/AIDS programs, and the effectiveness of programs should be monitored and evaluated. Testing and treatment should be carried out on a voluntary basis, respecting the rights to dignity, autonomy, privacy and confidentiality.¹³⁹

Beyond healthcare, legal and other measures, such as public information campaigns, are required to prevent stigma and discrimination against people living with HIV/AIDS.

The situation in Azerbaijan

In 2013, there were 4149 people living with HIV registered in treatment institutions.¹⁴⁰ In 2011, it was reported that there were about 1000 women aged 15 or over living with HIV in Azerbaijan. In 2010-2011 there were 48 pregnant women discovered to be living with HIV.¹⁴¹ In the same period, 21 of these women's children were discovered to be living with HIV. The total number of children who had been registered as being infected from their mothers as of 1 January 2011 was 32.¹⁴² However, in recent years, testing has more frequently revealed HIV during pregnancy, rather than during birth or after – the proportion of pregnant women living with HIV whose HIV positive status was revealed before giving birth rose from 62.1 in 2008 to 81.2 per cent in 2011. This is a result of wider coverage of PMTCT programming.¹⁴³ In 2011, 74.2 per cent of pregnant women living with HIV received antiretroviral therapy, and 88.5 per cent of their children were tested within two months of birth.¹⁴⁴ Although the efforts aimed at identification and treatment of HIV have improved, there is a heavy burden of social stigma facing these women.

¹³⁸ CESCR, General Comment 14, para. 12.

¹³⁹ Statement on HIV testing and counseling: WHO, UNAIDS reaffirm opposition to mandatory HIV testing, 28 November 2012. Available at: http://www.who.int/hiv/events/2012/world_aids_day/hiv_testing_counselling/en/

¹⁴⁰ Data provided by the State Statistical Committee.

¹⁴¹ UNAIDS Azerbaijan, Report on the progress regarding global measures to address AIDS: Azerbaijan Republic (2012) available at: http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_AZ_Narrative_Report_per_cent5B1_per_cent5D.pdf

¹⁴² Donna F. Stroup, Estimating the Sizes of Populations at Risk for HIV and AIDS (Baku, Azerbaijan, 2011) p.9

¹⁴³ UNAIDS Azerbaijan Report on the progress regarding global measures to address AIDS: Azerbaijan Republic (2012) available at: http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_AZ_Narrative_Report_per_cent5B1_per_cent5D.pdf

¹⁴⁴ Ibid

Only one fifth of women in Azerbaijan have comprehensive knowledge about HIV/AIDS prevention and transmission.¹⁴⁵ 71 per cent of women aged 15-49 have heard of AIDS, but only 50.1 per cent of 15-19 year-olds have heard of it (DHS 2011). Urban female respondents (78 per cent) to the DHS were more likely to have heard of AIDS than rural respondents (60.3 per cent). Education and wealth also affect correct and comprehensive knowledge about AIDS, and there is regional variation (DHS 2011). 35.9 percent of women said that they knew of a place where one can get an HIV test (DHS 2011).

The DHS 2011 revealed a problem of stigma and discrimination relating to HIV/AIDS: “59.2 per cent of women say that they would not want to keep secret that a family member was infected with the AIDS virus and 44.6 per cent of women say they would be willing to care for a family member with the AIDS virus in their home. In contrast, only 21.8 per cent of women say that an HIV-positive teacher should be allowed to continue teaching and only 21.3 per cent of women would buy fresh food from a shopkeeper with HIV.”¹⁴⁶

HIV testing of pregnant women is often carried out without their consent. Forced testing enforced by law enforcement bodies is common among marginalized populations, such as sex workers, injecting drug users and men who have sex with men. Article 38-4 of the Code of Administrative Offences states that if a person, who had sexual intercourse with a person and who is infected with a STI or HIV, refuses testing, he/she will be subject to administrative penalty in the region of 80-120 AZN.

Article 16.1 of the Labor Code of the Republic of Azerbaijan prohibits discrimination against individuals with HIV during hiring, promotion or termination of employment. According to Article 49-2 of the Code of Administrative Offences, the violation of the person’s right to education due to his/her HIV is an administrative offence.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

No recommendations were made by the Member States in the UPR Working Group on the subject of HIV/AIDS.

In 2009, the CEDAW Committee recommended that:

- *Family planning and reproductive health education be widely promoted and targeted at girls and boys, with special attention being paid to the prevention of sexually transmitted diseases and HIV/AIDS (2009, para. 34).*

In 2015, the CEDAW Committee recommended that the State party should take measures to

- *Ensure wider coverage with PMTCT (prevention of mother to child transmission) programmes and services especially in rural areas (2015, para. 33(g))*
- *Conduct awareness raising campaigns to ensure elimination of social stigma related to HIV (2015, para. 33(h))*

Government actions

The Ministry of Health received about USD 10,000,000 in grants for 2010-15 from the Global Fund for AIDS, Tuberculosis, and Malaria to implement the Program called “Scaling-up the Response to HIV/AIDS in Azerbaijan.”¹⁴⁷ The Program started in 2005.

The Ministry of Health organized public information campaigns in Baku and regions. There is an anonymous hotline at the Ministry of Health providing information on HIV.¹⁴⁸ The Government reports that some information sessions on HIV prevention have been conducted amongst vulnerable groups.

¹⁴⁵ DHS 2011, p. 168

¹⁴⁶ DHS 2011, p. 170

¹⁴⁷ See also: <http://www.gfatm.az/index.php/az/hagg-m-zda/elanlar/115-s%C9%99hiyy%C9%99-nazirliyin-layih%C9%99-%C9%99laq%C9%99-l%C9%99ndirm%C9%99-b%C3%BCrosu-2013-%E2%80%93-2015-ci-ill%C9%99r-%C3%BC%A7%C3%BCn-qi%C3%A7s-l%C9%99-m%C3%BCbariz%C9%99-%C3%BCzr%C9%99-qrant-m%C3%BCsabi%C9%99si-elan-edir.html>

¹⁴⁸ <http://www.sehiyye.gov.az/>

Discrepancies

The National Strategic Plan on Prevention of the HIV Infection and National Program on HIV/AIDS prevention and control for 2008-2011 are still pending. It is currently under consideration at the Cabinet of Ministers.¹⁴⁹

There is a range of shortcomings from the point of view of international human rights law, which were not addressed in the CEDAW Committee or UPR Working Group's recommendations.

- In 2010, a new Law on Prevention of Spread of the Diseases caused by AIDS was adopted. It guarantees free access to health care and medicines of citizens, stateless persons and foreigners with legal permanent residence in Azerbaijan infected with AIDS.¹⁵⁰ Medical testing for AIDS is also free at state medical institutions (Article 4.0.6). However, NGOs working in the field of HIV prevention report that people living with HIV have to pay for treatment as the therapy is limited.
- Although there are several legal provisions prohibiting discrimination on grounds of HIV status,¹⁵¹ there is widespread stigma surrounding HIV/AIDS.
- Prevention of mother-to-child transmission is not universal.
- There is reportedly involuntary testing of pregnant women and some high-risk population groups, such as sex workers.
- There is limited information about HIV amongst marginalized groups such as sex workers, injecting drug users and gay men
- Under articles 38-3, 38-4 and 38-5 of the Code of Administrative Offences, offences include: refusal of testing by persons who have had sexual intercourse with a person infected with venereal disease or HIV; concealing the source of an HIV infection; and refusal from treatment by persons infected with venereal diseases after receiving warning from the health bodies.
- There is no information indicating that marginalized groups, such as women, adolescents, injecting drug users, sex workers and men who have sex with men, have been involved in the development and implementation of HIV prevention and treatment policies.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. Some additional recommendations are also made.

- The Government should develop and implement effective public information campaigns that inform how to protect oneself from HIV, including among marginalized populations, and which also counter any stigma and discrimination faced by persons living with HIV in society and in healthcare (*CEDAW Committee (2015), para 33(h)*)
- The Government should take measures to ensure wider coverage with PMTCT (prevention of mother to child transmission) programmes and services especially in rural areas (*CEDAW Committee (2015), para. 33(g)*)
- The Government should promote peer education programmes on HIV prevention and treatment and CSE amongst adolescents and youth, women and marginalized populations (*CEDAW (2009), para. 34*).
- The Government should take measures to eliminate involuntary or punitive measures in HIV testing, prevention, or treatment programs, such as the involuntary HIV testing of pregnant women and marginalized populations, including sex workers, injecting drug users and MSM (*additional recommendation*)
- The Government should amend the Code of Administrative Offences to provide for voluntary testing for HIV (*additional recommendation*)
- The Government should develop and implement a national strategy or plan aimed at ensuring prevention, treatment, and control of HIV, including through: access to prevention and treatment programs (including programs to reduce mother-to-child transmission); guaranteeing access to free antiretrovirals; and addressing the particular rights and needs of marginalized groups in the context of HIV (*CEDAW Committee (2015), para. 33(g)*)
- The Government should engage the participation of marginalized groups, such as women, adolescents,

¹⁴⁹ National Reproductive Health Strategy 2008-2015, Baku, 2008, p. 27.

¹⁵⁰ Law on prevention of spread of the diseases caused by AIDS, 2010. Article 4.0.13

¹⁵¹ For example, Article 16.1 of the Labor Code of the Republic of Azerbaijan prohibits discrimination against individuals with HIV during hiring or promotion or termination of employment. According to Article 49-2 of the Code of Administrative Offences, the violation of the person's right to education due to his/her HIV is administrative offence. According to Article 49-3 of the Code of Administrative Offences, refusing to place a person in social services institution due to his/her HIV is an administrative offence.

injecting drug users, sex workers and men who have sex with men, in the development and implementation of HIV prevention and treatment policies (*additional recommendation*)

Indicators to monitor progress

- Number of people, women, and pregnant women, known to be living with HIV/AIDS (*CEDAW Committee (2015), para. 33(h)*)
- Number of cases of MTCT of HIV (*CEDAW Committee (2015), para 33*)
- What percentage of women of reproductive age has heard of HIV/AIDS? (data disaggregated by age, region, level of education, wealth quintile, urban/rural residence) (*CEDAW Committee (2015), para 33(h)*)
- What percentage of women of reproductive age has comprehensive knowledge about transmission and prevention of HIV? (Disaggregated by age, region, education level, wealth quintile, urban/rural residence) (*CEDAW Committee (2015), para 33(h)*)
- To what extent has the Government developed and implemented effective public information campaigns that inform how to protect oneself from HIV, addressing the needs and rights of marginalized groups, and which counter the stigma and discrimination faced by persons living with HIV/AIDS? (*CEDAW Committee (2015), para 33(h)*)
- What measures has the Government taken to eliminate discrimination against people living with HIV? (*additional recommendation*)
- What measures has the State taken to eliminate involuntary or punitive measures in HIV testing, prevention, or treatment programs, such as the involuntary HIV testing of pregnant or marginalized groups, such as sex workers, injecting drug users and men who have sex with men? (*additional recommendation*)
- Has the Government developed and implemented a national strategy or plan aimed at ensuring prevention, treatment, and control of HIV, including by ensuring access to prevention and treatment programs (including programs to reduce parent-to-child transmission), and addressing the rights and needs of marginalized groups? (*CEDAW Committee (2015), para. 33(h)*)
- Has the Government engaged the participation of marginalized groups, such as women, adolescents, injecting drug users, sex workers and men who have sex with men, in the development and implementation of HIV prevention and treatment policies (*additional recommendation*).

CHAPTER 3: CROSS-CUTTING ISSUES

There are a number of cross-cutting human rights issues that have a close relationship with several of the core SRHR issues described in chapter 2. These include: gender stereotyping, privacy and confidentiality, participation, accountability, and equality and non-discrimination. There is a discrepancy between international human rights standards and practice in Azerbaijan on all of these issues, with the exception of privacy and confidentiality, which is predominantly guaranteed. Therefore, it was decided to give particular focus to these issues with a consolidated chapter on them, rather than only addressing them in a cross-cutting fashion in chapter 2.

GENDER STEREOTYPING

Health and human rights considerations

Gender stereotyping often leads to the undermining of human rights, particularly for women. Stereotyping can influence women's (or men's) roles and status in the home, community and workplace. It can affect their access to justice, education and healthcare.

The situation in Azerbaijan

Gender stereotypes are the social and cultural construction of males and females, due to their different physical, biological, sexual and social functions.¹⁵² In Azerbaijan, men are still expected to be families' main breadwinners and decision-makers within society and within the family, while women are sometimes viewed first and foremost as mothers, persons who should take care of domestic affairs and individuals with the status of "inferior sex".¹⁵³ Research findings have linked gender stereotypes to a number of gendered problems in Azerbaijan including early marriage, sex-selective abortion and gender-based violence.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2013, the Member States in the UPR Working Group recommended that the Government:

- *Take all possible measures to eliminate stereotypes and practices which contribute to discrimination against women (para. 109.56)*

In 2009, the CEDAW Committee reiterated its "concern about the deep-rooted patriarchal attitudes subordinating women and the strong stereotypes regarding their roles and responsibilities in the family and society" (para. 19) and:

- *Called upon the Government of Azerbaijan to "intensify its efforts, in particular in rural areas, to bring about change in the widely accepted attitudes leading to the subordination of women and the stereotypical roles applied to both sexes. Such measures should include awareness-raising and educational campaigns targeting, inter alia, community leaders, parents, teachers, officials and young girls and boys, in accordance with the obligations under articles 2 (f) and 5 (a) of the Convention," (para. 20),*
- *Recommended that the Government of Azerbaijan "continue to encourage the mass media to promote changes in attitude with regard to the roles and responsibilities of women and men, including by promoting non-stereotypical and positive images of women and the value of gender equality for society as a whole," (para. 20)*

¹⁵² R. Cook and S. Cusack, *Gender Stereotyping: Transnational Legal Perspectives* (University of Pennsylvania Press, 2010).

¹⁵³ UNDP/SCFWCA, *Azerbaijan Human Development Report Gender attitudes in Azerbaijan: trends and challenges* (Baku, Azerbaijan, 2007); UNFPA/SCFWCA *National Survey Report on Violence Against Women in Azerbaijan* (Baku, Azerbaijan, 2011); UNFPA/SCFWCA, *Qualitative Assessment of Violence Against IDP Women in Azerbaijan* (Baku, Azerbaijan, 2011); UNFPA/SCFWCA *Mechanisms Behind Skewed Sex Ratio at Birth in Azerbaijani Population* (Baku, Azerbaijan, 2014)

In its Concluding observations in 2015 the CEDAW Committee noted with concern that despite its recommendations contained in its previous concluding observations, patriarchal attitudes and stereotypes regarding the roles and responsibilities of women and men in the family and in society remain deeply rooted, as partly reflected in son-preference leading to a high adverse sex-ratio of new-born children of 116 boys to 100 girls. The Committee urged the State party to:

- *Adopt, without delay, a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son-preference;*
 - *Vigorously address the stereotypes underlying son-preference by intensifying efforts to educate women and men, including public officials, and raise their awareness of existing sex-based stereotypes that persist in all spheres of society, with a view to eliminating them;*
 - *Raise awareness of the media, including radio, television and printed media, on the need to eliminate gender stereotypes by portraying positive images of women as active participants in social, economic and political life;*
 - *Regularly monitor and review the measures taken to eliminate gender stereotypes in order to assess their impact.*
- (CEDAW Committee (2015), para. 21)

Government actions

Several public awareness campaigns were organized and held throughout the country by the State Committee on Family, Women and Children's Affairs aimed at addressing this problem. This included the campaigns: Combating Gender-based Violation; Women Leadership; Combating Domestic Violence; and Legal Education of Women. However, the campaigns do not constitute systematic actions to ensure long-term attitudinal and behavioral changes in this regard.

Disparities

Gendered stereotypes remain in the family, school textbooks and the media. The CEDAW Committee in its 2015 Concluding Observations noted that stereotypes are exacerbated by educational materials and portrayal of women in the media which replicates existing stereotypes of the dominant position of men in Azerbaijani society and undermines women's social status, their equal participation in public life as well as their under-representation in paid employment (para.20).

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee.

- *The Government should revise the content of school teaching materials and the curriculum to address gender stereotyping (UPR Working Group, para. 109.56; CEDAW Committee (2009), para. 20)*
- *The Government should encourage the mass media to promote changes as regards the roles and images of men and women (UPR Working Group, para. 109.56; CEDAW Committee (2009), para. 20; (2015), para. 21(c))*

See relevant recommendations in section on abortion as regards sex-selection abortion.

Indicators to monitor progress

- *What actions has the Government taken to revise the content of school teaching materials and the curriculum to address gender stereotyping? (UPR Working Group, para. 109.56; CEDAW Committee (2009), para. 20)*
- *Has the Government encouraged the mass media to promote changes as regards the roles and images of men and women? (UPR Working Group, para. 109.56; CEDAW Committee (2009), para. 20; CEDAW Committee (2015), para. 21(c))*

Other relevant indicators, including on sex-selective abortions are included in the section on abortion as regards sex-selection abortion.

PRIVACY AND CONFIDENTIALITY

Health and human rights considerations

Privacy and confidentiality, including confidentiality of medical records, are important to the functioning of reproductive and sexual health care. If privacy and confidentiality are not guaranteed, health care users may be deterred from using services. Privacy and confidentiality are fundamental human rights recognized by international human rights treaties. The CEDAW Committee has called on State parties to require all health services to respect these rights.

The situation in Azerbaijan

The Constitution,¹⁵⁴ Law on Obtaining Information,¹⁵⁵ and Law on Personal Data¹⁵⁶ guarantee the rights to privacy and confidentiality. Article 53 of the Law on Protection of Population's Health (26 June 1997) provides that: "The fact of a person's application for medical care, diagnosis of a disease, examination of the state of health and other information obtained during such diagnosis and treatment constitutes medical secrets. The citizen is guaranteed that the information that he/she will give will stay confidential."¹⁵⁷

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

No recommendations were made.

Government actions

There is an appropriate legal framework for guaranteeing privacy and confidentiality.

Recommendations

- The Government should ensure that laws regarding privacy and confidentiality are implemented in practice (additional recommendation)

Indicators

- Have laws regarding privacy and confidentiality been implemented in practice? (*additional recommendation*)

PARTICIPATION

Health and human rights considerations

Participation of the population in health-related decision-making, implementation and review of policies can help to secure improved health outcomes as well as more sustainable and effective interventions.¹⁵⁸ Participation of marginalized groups, such as women, helps to secure the protection of their rights. Participation is an important human right, and linked to other rights including the right to information, freedom of assembly, freedom of speech and the right to the highest attainable standard of health. The right to health includes the right of individuals and groups to participate in decision-making processes that affect their health.¹⁵⁹ Varying mechanisms may be needed to support participation by different groups.¹⁶⁰ Civil society organizations often have an important role to play in supporting participation, or representing the views of the population, in decision making processes.

¹⁵⁴ Supra note 8

¹⁵⁵ Law of the Republic of Azerbaijan on Obtaining Information, 30 September 2005, No 1024-IIQ.

¹⁵⁶ Law of the Republic of Azerbaijan on Private Data, 11 May 2010, No. 998-IIIQ.

¹⁵⁷ Supra note 41.

¹⁵⁸ H. Potts, Participation and the Right to the Highest Attainable Standard of Health (Human Rights Centre, University of Essex, 2008).

¹⁵⁹ CESCR, General Comment 14, para. 54.

¹⁶⁰ H. Potts, Participation and the Right to the Highest Attainable Standard of Health (Human Rights Centre, University of Essex, 2008).

The situation in Azerbaijan

The Constitution of the Republic of Azerbaijan includes protections of the rights to freedom of association (article 58), assembly (article 49), information (article 50) and thought and speech (article 47).

The Presidential decree of 6 March 2000 “On the Implementation of Women’s Policy in Azerbaijan Republic” provides for “equal representation of women and men at a supervising level in all state structures of the Azerbaijan Republic taking into consideration the field of activity.” However, in practice women continue to be underrepresented in state structures. In the context of civil society, there are around sixty non-governmental women’s organizations working for the promotion and protection of women’s rights.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2013, the Member States in the UPR Working Group recommended that the Government:

- Works with the legislature, as well as domestic and international organizations, to amend legislation in order to promote a flourishing civil society (109.29, also see similar recommendations at paras. 109.26-28);
- Creates public policies for equality of opportunities and affirmative action to combat the low participation of women in public life, especially in decision-making bodies, including Parliament, the Government, the diplomatic service, regional and local municipalities and the upper level of the judiciary (109.64, also see similar recommendation at 109.65);

In its 2015 Concluding Observations, the CEDAW Committee recommended that the State party should:

- Raise awareness among women about their rights under the Convention and on the procedures under the Optional Protocol thereto;
- Encourage women to report cases of sex- and gender-based discrimination to the relevant judicial and quasi-judicial bodies;
- Further strengthen legal education and capacity building programmes for judges, prosecutors and lawyers on the Convention, the Optional Protocol, the Committee’s General Recommendations and the Committee’s views on individual communications and inquiries, to enable them to invoke and/or refer to the provisions of the Convention directly to interpret national legislation in line with the Convention. (2015, para. 9)

The issue is also of cross-cutting relevance to a number of CEDAW Committee and UPR Working Group recommendations set out in relation to the 6 priority areas above, since it can help to ensure effective and sustainable laws, policies and programmes.

Government actions

The Law on Public Participation entered into force on 1 June 2014.¹⁶¹ It establishes the right of, and mechanisms for the public to discuss and provide input on draft laws before their enactment and, importantly, provides consequences for violations of this right.¹⁶² Proper implementation of the Law, especially establishment of the Public Council at the State Committee for Family, Women and Children’s Affairs would be an excellent opportunity to provide participation of women and NGOs working in related fields to take an active part in formulation, implementation and monitoring of health strategies and programmes.

Discrepancies

There is limited data available on participation. From the research undertaken for this report, it appears that there was limited participation of rights-holders in the planning, development, implementation and monitoring of relevant laws, policies, and programmes.

¹⁶¹ Law of the Republic of Azerbaijan on Public Participation, 22 November 2013, No 816-IVQ

¹⁶² P. Bayramova. Overview of the Law of the Republic of Azerbaijan on Public Participation, prepared by ICNL under the SEDTA Project of USAID (not published).

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. An additional recommendation is also made:

- *The Government should implement the law on public participation (UPR Working Group 109.26-28)*
- *The Government should put in place mechanisms to ensure the active and meaningful participation of groups in a particular situation of marginalization and exclusion, including but not limited to women and adolescents, in contexts including policy and law making and implementation (CEDAW Committee (2009), para. 14; UPR Working Group, paras. 109.26-28)*
- *The Government should put in place measures to enhance women's participation in public life, especially in decision-making bodies, including Parliament, the Government, the diplomatic service, regional and local municipalities and the upper level of the judiciary (UPR Working Group, paras. 109.64-109.65)*
- *The Government should collect data on participation. Data should be disaggregated, including according to gender, ethnicity, urban/rural status, region, age and disability (additional recommendation)*

Indicators to monitor progress

- *Has the government implemented the law on public participation? (UPR 109.26-28)*
- *What type of mechanisms and procedures are in place to ensure the participation of affected populations, including women and adolescents, in the formulation, implementation and monitoring of SRHR laws, strategies and programmes? (CEDAW Committee (2009), para. 14; UPR 109.26-28)*
- *What measures have been put in place to ensure the active and meaningful participation of groups in a particular situation of marginalization and exclusion, including but not limited to adolescents? (CEDAW Committee (2009), para. 14; UPR 109.26-28)*
- *What measures have been put in place to enhance women's participation in public life, especially in decision-making bodies, including Parliament, the Government, the diplomatic service, regional and local municipalities and the upper level of the judiciary (UPR 109.64-109.65)*
- *Has the Government collected data on participation including participation by marginalized groups? (additional recommendation)*
- *Has the Government undertaken any measures to raise awareness among women about their rights under the Convention and on the procedures under the Optional Protocol thereto? (CEDAW Committee (2015), para. 9(a))*
- *Has the Government undertaken any measures to encourage women to report cases of sex- and gender-based discrimination to the relevant judicial and quasi-judicial bodies? (CEDAW Committee (2015), para 9(b))*

DATA COLLECTION

Health and human rights considerations

National data collection is essential for monitoring, and to provide a sound evidence basis for law and policy-making. It is also essential for accountability. The disaggregation of data on a range of grounds, and collection of data for specific vulnerable groups, is key for revealing inequality and discrimination. Laws on access to information, and transparency, provide an essential foundation for the effective use of data.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In its 2009 Concluding Observations, the CEDAW Committee called upon Azerbaijan to:

- *Strengthen its system of data collection, including through the use of measurable indicators to assess trends in the situation of women and progress towards women's de facto equality. It invites the State party,*

if necessary, to seek international assistance for the development of such data-collection and analysis efforts. The Committee also requests the State party to include in its next report statistical data and analysis, disaggregated by sex and by rural and urban areas, indicating the impact of policy and programmatic measures and the results achieved. (2009, para 42)

In its 2015 Concluding Observations, the CEDAW Committee recommended to the State party to:

- *Put in place a system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim (2015, para. 23(b));*
- *Improve data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection (2015, para. 25(e))*

Government actions

Health data, which is an essential element for accountability, is published annually by the Statistical Department of the Ministry of Health. It includes: 1) morbidity specified by type of disease; 2) mortality specified by causes of death; 3) infant deaths, including perinatal and early neonatal deaths; 4) maternal mortality specified by cause of death; 5) data on maternal and health services; and 6) the number of health facilities, medical personnel, hospital beds, and length of the average hospital stay.¹⁶³ The DHS, published every five years, is another important data collection exercise.

Over the last decade, Azerbaijan has made demonstrable progress in obtaining reliable population data through censuses, demographic and thematic surveys and administrative registers, such as birth and death recording systems.

The National Reproductive Health Strategy (2008-2015) includes among its objectives: "Improving the system of collection, analysis of information and accountability, including regular public opinion polls."¹⁶⁴

The State Statistical Committee of the Republic of Azerbaijan has taken an active approach to producing gender-sensitive data on population and development-related issues, in close cooperation with UNFPA. Since 2002 the statistical yearbook "Women and men in Azerbaijan" aimed at examining the status of men and women in Azerbaijan Republic in the overall demographic context of the country has been published annually.

As regards freedom of information, which is central to data accessibility, the Law of the Republic of Azerbaijan on Obtaining Information was adopted in 2005. It sets out procedures and timelines for accessing information and creates obligations for information holders, including government bodies, among others. The Law is considered progressive and a demonstration of the Government of Azerbaijan's willingness to protect the right to freedom of information, a fundamental right guaranteed under international human rights law.

Information holders, including State bodies and municipalities, have the obligation to proactively disseminate certain information (without first being requested to disseminate it) via mass-media, official publications, libraries, websites and other methods. The law provides an extended list of types of information which must be disseminated, for example the state budget and budget forecasts, information on loans and grants received by government bodies, laws, and development plans and programmes of public importance.

Discrepancies

There was no easily identifiable data collected on some important human rights dimensions of public health, including participation in policy making, implementation and review, as well as limited data on particular vulnerable population groups, such as sex workers, street children, people with disabilities, and lesbian, gay, bisexual and transgender persons.

At present, not all information which should be available under the Law of the Republic of Azerbaijan on Obtaining Information is being disseminated to the public. For example, information on development plans and programs of public importance from the moment when they are submitted for approval is not yet available.

¹⁶³ Ministry of Health, Azerbaijan Republic, Demographic and Health Survey: Azerbaijan, 2006 (Baku, 2006), p. 6.

¹⁶⁴ National Reproductive Health Strategy 2008-2015, Baku, 2008, p. 12.

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. Some additional recommendations are also made:

- *The Government should strengthen its system of data collection, including through the use of measurable indicators to assess trends in the situation of women and progress towards women's de facto equality. (CEDAW Committee (2009), para 42)*
- *The Government should put in place a system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim (CEDAW Committee (2015), para. 23(b))*
- *The Government should improve data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection (CEDAW Committee (2015), para. 25(e))*
- *Data should be collected on the SRHR of marginalized groups such as sex workers, refugees and stateless persons, IDPs, injecting drug users, people with disabilities, etc. (additional recommendation)*
- *The Government should fully implement the Law on Obtaining Information by making available and disseminating all types of information listed in the Law (additional recommendation).*

Indicators to monitor progress

- Has the State party strengthened its system of data collection, including through the use of measurable indicators to assess trends in the situation of women and progress towards women's de facto equality? *(CEDAW Committee, para 42)*
- Has the State party strengthened its system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim? *(CEDAW Committee (2015), para. 23(b))*
- Has the State party improved data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection? *(CEDAW Committee (2015), para. 25(e))*
- Has data been collected on the SRHR of sex workers, refugees and stateless persons, IDPs, injecting drug users, people with disabilities, and LGBTI persons? *(additional recommendation)*
- Has the Government fully implemented the Law on Obtaining Information by making available and disseminating all types of information listed in the Law *(additional recommendation)*.

ACCOUNTABILITY

Health and human rights considerations

Human rights obligations include ensuring accountability. Accountability guides States in meeting their human rights commitments and providing an opportunity to improve laws, policies and practices.¹⁶⁵ Accountability is also important as a means of redress for victims of violations and also to deter future violations. Accountability is achieved through a variety of processes and institutions that vary from country to country, and include both national and international mechanisms. Examples include courts, national human rights institutions, professional disciplinary proceedings and international and regional human rights bodies' state reporting processes and individual complaint mechanisms.

Accountability includes three main components: monitoring, review and remedies. National data collection and the work of civil society provide important contributions in the area of monitoring. Reviews are often undertaken by the accountability mechanisms described above. Remedies can be of a number of types, including restitution,

¹⁶⁵ Cottingham, Jane, et. al., Using human rights for sexual and reproductive health: improving legal and regulatory frameworks. Bulletin of the World Health Organization 2010;88:551-555.

compensation, rehabilitation, satisfaction and guarantees of non-repetition.¹⁶⁶ They include remedies aimed at individuals whose rights have been violated as well as broader systemic change.

The situation in Azerbaijan

In Azerbaijan, as in all jurisdictions, courts provide a forum for redressing violations of the law. In practice, women mostly apply to the Commissioner for Human Rights and State Committee for Family, Women and Children's Affairs when they face violations of their women's rights. The Commissioner for Human Rights, who has oversight of the implementation of human rights provisions in Azerbaijan, can receive and investigate complaints of human rights violations by individuals and legal entities.¹⁶⁷ The State Committee for Family, Women and Children's Affairs can receive and consider complaints in relation to its area of activities.

Article 68 of the Constitution states that the victims have the right to participate in the administration of justice and to demand compensation of loss. There is not any specific accountability framework on SRHR, as the Law on Reproductive Health has not yet been adopted. However, the Law on Protection of Health of Population envisages the right of citizens to appeal to higher state bodies through administrative proceedings, or apply to the court against actions of state bodies and state officials limiting their rights and freedoms in the field of health protection.¹⁶⁸ There are other specific laws relevant to some SRHR issues, such as the Law on Prevention of Domestic Violence. There are some accountability procedures which are specific to particular health issues, for example maternal death audits.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2011, the UPR Working Group recommended that the Government:

- Provide law enforcement and judicial officials with specific education/sensitivity training towards the protection of children, women and persons of minority sexual orientation or gender identity (*para 96.7, CEDAW 2011 review*)

Government actions

Research for this report did not locate significant measures undertaken by the Government in recent years.

Discrepancies

Article 20 of the Draft Law on Protection of Reproductive Health is on appealing for the protection of reproductive rights. This article provides for appeal to the court or higher administrative body. The Law has not yet been adopted.

There are no specific legislative provisions as regards time limits in respect of administrative or judicial safeguards. This could be problematic where time is of the essence, for example in respect of cases regarding abortion, or domestic violence.

Recommendations

- The Government should develop time limits in respect of administrative or judicial safeguards in cases, such as abortion, or domestic violence, where time is critical (*additional recommendation*)
- The Government should provide the Commissioner for Human Rights with additional resources from the public budget to ensure the adoption and implementation of a programme of work on SRHR (*additional recommendation*)

¹⁶⁶ Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Human Rights Law, adopted and proclaimed by General Assembly resolution 60/147 of 16 December 2005, para. 17.

¹⁶⁷ Constitutional Law on the Human Rights Commissioner (Ombudsman) of the Republic of Azerbaijan, 2001. (No. 246-II KQ)

¹⁶⁸ Supra note 76.

Indicators to monitor progress

- Has the state adopted time limits in respect of administrative or judicial safeguards in cases, such as abortion, or domestic violence, where time is critical? (*additional recommendation*)
- How many cases on SRHR have been decided by the courts? (*additional recommendation*)
- What activities have been undertaken by the Commissioner for Human Rights in respect of SRHR? (*additional recommendation*)

SPECIFIC POPULATION GROUPS IN SITUATIONS OF MARGINALIZATION AND VULNERABILITY

Articles 24-25 of the Constitution enshrine the principles of non-discrimination and equality, recognizing that “The state guarantees equality of rights and liberties of everyone, irrespective of race, nationality, religion, language, sex, origin, financial position, occupation, political convictions, membership in political parties, trade unions and other public organizations.”¹⁶⁹

Throughout this report, there are examples of groups of women that are marginalized and face particular challenges as regards their enjoyment of SRHR. For example, rural women, adolescents, women with lower income levels, women living in particular regions, women with lower levels of education, and IDPs and refugees have poorer access to healthcare, lower awareness of family planning methods and of the transmission and prevention of HIV/AIDS. Since data collection, notably the DHS, disaggregates data on most of these grounds, or given that particular data collection has been undertaken in respect of these groups, it is possible to get a picture of the SRHR challenges that these groups face.

In this section, we focus specifically on three particular marginalized groups of women that have not been provided for in the data collection procedures or in national policies: trafficked persons; sex workers; IDP and refugee women; women with disabilities.

TRAFFICKED WOMEN

Health and human rights consideration

Trafficked women and girls are vulnerable to violence, including sexual violence, and a range of health problems including in relation to sexual health. Trafficking often leads to sexual exploitation. The fight against trafficking for sexual exploitation should not be invoked as an excuse to criminalize sex work or to conflate the issue of trafficking with sex work. Sex workers should participate in the formulation, implementation and monitoring of policies and programmes on trafficking to prevent adverse impacts on sex work and to increase the positive impact of these programmes, as sex workers are in a better position to identify children and other victims of trafficking, sexual exploitation and abuse.

The ICCPR recognizes that “no-one shall be held in slavery and servitude”. The ICESCR recognizes the right to work as well as just and favourable conditions of work. The sexual violence and sexual ill-health arising from trafficking also have significant human rights dimensions.

The situation in Azerbaijan

Trafficking refers to “[T]he recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”¹⁷⁰

¹⁶⁹ Supra note 8

¹⁷⁰ UN Protocol to Prevent, Suppress and Punish Trafficking in Persons.

Azerbaijan is a source and a transit country for trafficking for the purposes of commercial sexual exploitation and forced labour. Women and children from Azerbaijan are mainly trafficked to Turkey, the United Arab Emirates, Russia, and Iran for the purpose of sexual exploitation. Some women and children are also trafficked internally for sexual exploitation and forced labor, including forced begging. According to the data provided to the Special Rapporteur on Violence Against Women by the Ministry of Internal Affairs, 704 cases of trafficking of women were reported between 1 January 2011 and 30 November 2013.¹⁷¹ Trafficking of women and girls is increasing. The first National Action Plan on Combatting Human Trafficking in Azerbaijan was adopted in 2004.¹⁷²

The Law on Combatting Human Trafficking was adopted in 2005.¹⁷³

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2015, the CEDAW Committee welcomed legislative and policy measures undertaken by the Government and programmes aimed at ensuring the effective protection of women and girls who are victims of trafficking, but expressed concern that:

- The State party remains a country of origin, transit and destination of trafficking in women and girls for purposes of sexual exploitation and forced labour;
- The implementation of the policy framework on national referral mechanism to combat human trafficking continues to be weak;
- The Criminal Code lacks specific provisions that prohibit pornography involving children, including girls, and that legal entities cannot be held criminally liable for such offences under national law;
- State recovery and reintegration measures are limited to victims of trafficking and do not adequately take into account the needs of women and girls exploited in pornography and girls victims of sale and prostitution;
- There are no official statistics on street children, particularly girls, who are highly vulnerable to human trafficking; and
- No research is available on the root causes of prostitution in the country (2015, para. 24)

The Committee called on the State party to:

- Provide local Commissions on the Affairs and Human Rights of Minors with the necessary human, financial and technical resources enabling them to identify, respond to and prevent cases of women and girls being sold into prostitution, or subjected to organ trafficking and slave labour; Empower or re-structure the national child protection system to implement the core aspects of the child protection policy, particularly for girls (*CEDAW Committee (2015), para. 24(a)*)
- Ensure full implementation of the policy framework on national referral mechanism to combat human trafficking (*CEDAW Committee (2015), para. 24(b)*)
- Amend legal provisions to criminalize pornography with the involvement of children, particularly girls, and establish criminal liability of legal entities for such cases (*CEDAW Committee (2015), para. 24(c)*)
- Ensure that State recovery and reintegration measures take into account the needs of children victims of sale, prostitution and pornography offences, particularly girls (*CEDAW Committee (2015), para. 24(d)*)
- Improve data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection (*CEDAW Committee (2015), para. 24(e)*)
- Conduct research on the factors driving women into prostitution, and increase the availability of rehabilitation/reintegration programmes and centres for women and girls wishing to leave prostitution. (*CEDAW Committee (2015), para. 24(f)*)

¹⁷¹ Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Azerbaijan. 2 June 2014.

¹⁷² National Action Plan on combating human trafficking in Azerbaijan approved with the Decree of the President of the Republic of Azerbaijan dated 6 May 2004

¹⁷³ The Law of the Republic of Azerbaijan on Combating Human Trafficking, 28 June 2005, 958-IIQ.

Government actions

The second National Action Plan on Combating Human Trafficking in Azerbaijan (2009-2013) contains an impressive list of policy measures addressing the provision of physical, psychological and social rehabilitation, safe living conditions, medical examination and treatment, access to translation services, legal representation in courts, ensuring access to education as well as vocational training and labor market, etc.¹⁷⁴ A new National Action Plan on Combating Human Trafficking in Azerbaijan (2014-2018)¹⁷⁵ was approved in July 2014. The Program on Social Rehabilitation and Reintegration of the Children Victims of Human Trafficking¹⁷⁶ was adopted in 2014.

To ensure further compliance with its obligation to criminalize trafficking, a series of amendments were introduced to the Criminal Code in 2005.¹⁷⁷ With the changes made to the Criminal Code in 2013 the definition of human trafficking in the Criminal Code was brought into compliance with international law.¹⁷⁸ To strengthen the implementation mechanism a series of orders was issued by the Cabinet of Ministers: Rules of National Referral Mechanism for victims of human trafficking (11 August 2009);¹⁷⁹ Rules (indicators) on Identifying Victims of Human Trafficking (3 September 2009);¹⁸⁰ Rules on Placing and Keeping the Children Victims of Human Trafficking in Shelters (19 November 2009);¹⁸¹ Rules on repatriation of victims of human trafficking (10 September 2013).¹⁸²

Discrepancies

The implementation of the above policies and procedures is limited. There is limited urgency applied to the identification and protection of victims and prosecution of perpetrators. Service personnel have limited capacity to assist victims.

Sustainable mechanisms for rehabilitation and reintegration of victims are also overlooked. The shelters, especially in regions outside of Baku, are not of adequate quantity and quality to render immediate protection to the victims.

Mechanisms for rehabilitation and reintegration of victims are limited to victims of trafficking and do not adequately take into account the needs of women and girls exploited in pornography and girls who are victims of sale and prostitution.

The local and national child protection system should be strengthened in order to effectively combat the worst forms of child labor, particularly trafficking of girls.

Article 171-1 on circulation of child pornography¹⁸³ of the Criminal Code lacks a specific provision prohibiting pornography involving children, including girls. The Criminal Code does not establish criminal liability of legal entities for child pornography.

There is no official data on street children, particularly girls, who are highly vulnerable to human trafficking.

There is no comprehensive research on the root causes of prostitution in the country.

¹⁷⁴ National Action Plan on Combating Human Trafficking in Azerbaijan for 2009-2013 approved with the Decree of the President of the Republic of Azerbaijan dated 6 February 2009.

¹⁷⁵ The National Action Plan was approved with the Decree of the President of the republic of Azerbaijan dated 24 July 2014.

¹⁷⁶ The Program was approved with the Decision of the Cabinet of Ministers of the Republic of Azerbaijan, 6 February, 2014, No 37.

¹⁷⁷ Law of the Republic of Azerbaijan on making Amendments and Changes to some legislative acts of the Republic of Azerbaijan, 30 September 2005, No 1020-IIIQD.

¹⁷⁸ The Law of the Republic of Azerbaijan on making Changes to the Criminal Code of the Republic of Azerbaijan, 19 April 2013, 610-IVQD.

¹⁷⁹ Rules of National Referral Mechanism for victims of human trafficking approved with the Decision No 123 of the Cabinet of Ministers of the Republic of Azerbaijan, August 11, 2009. («İnsan alveri qurbanları ilə bağlı Milli İstiqamətləndirmə Məxanizmi Qaydaları»nın təsdiq edilməsi barədə Azərbaycan Respublikasının Nazirlər Kabinetinin Qərarı)

¹⁸⁰ Rules (indicators) on Identifying Victims of Human Trafficking approved by the Decision No 131 of the Cabinet of Ministers, 3 September, 2009. («İnsan alveri qurbanlarının müəyyən edilməsi Qaydaları (indikatorları)»nın təsdiq edilməsi barədə Azərbaycan Respublikası Nazirlər Kabinetinin Qərarı.)

¹⁸¹ Rules on Placing and Keeping the Children Victims of Human Trafficking in Shelters approved with the Decision No 180 of the Cabinet of Ministers of the Republic of Azerbaijan, 19 November, 2009. («İnsan alverinin qurbanı olmuş uşaqların sığınacaqda yerləşdirilməsi və saxlanılması Qaydaları»nın təsdiq edilməsi barədə Azərbaycan Respublikasının Nazirlər Kabinetinin Qərarı.)

¹⁸² Rules on repatriation of victims of human trafficking approved with the Decision No 252 approved by the Cabinet of Ministers of the Republic of Azerbaijan, 10 September, 2013. («İnsan alveri qurbanlarının repatriasiya Qaydaları»nın təsdiq edilməsi barədə Azərbaycan Respublikası Nazirlər Kabinetinin Qərarı.)

¹⁸³ Article 171-1 was added to the Criminal Code of the Republic of Azerbaijan in accordance with the Law of the Republic of Azerbaijan dated 29 June 2012, No 408-IVQD

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the CEDAW Committee:

- Provide local Commissions on the Affairs and Human Rights of Minors with the necessary human, financial and technical resources enabling them to identify, respond to and prevent cases of women and girls being sold into prostitution, or subjected to organ trafficking and slave labour; Empower or re-structure the national child protection system to implement the core aspects of the child protection policy, particularly for girls (*CEDAW Committee (2015), para. 25(a)*)
- Ensure full implementation of the policy framework on national referral mechanisms to combat human trafficking (*CEDAW Committee (2015), para. 25(b)*)
- Amend legal provisions to criminalize pornography with the involvement of children, particularly girls, and establish criminal liability of legal entities for such cases (*CEDAW Committee (2015), para. 25(c)*)
- Ensure that State recovery and reintegration measures take into account the needs of children victims of sale, prostitution and pornography offences, particularly girls (*CEDAW Committee (2015), para. 25(d)*)
- Improve data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection (*CEDAW Committee (2015), para. 25(e)*)
- Conduct research on the factors driving women into prostitution, and increase the availability of rehabilitation/reintegration programmes and centres for women and girls wishing to leave prostitution. (*CEDAW Committee (2015), para. 25(f)*)

Indicators to monitor progress

- Has the Government provided local Commissions on the Affairs and Human Rights of Minors with the necessary human, financial and technical resources enabling them to identify, respond to and prevent cases of women and girls being sold into prostitution, or subjected to organ trafficking and slave labour? (*CEDAW Committee (2015), para. 25(a)*)
- Has the Government undertaken any measures to empower or re-structure the national child protection system to implement the core aspects of the child protection policy, particularly for girls? (*CEDAW Committee (2015), para. 25 (a)*)
- Has the legislative and policy framework to address trafficking been implemented? (*CEDAW Committee (2015), para. 25(b)*)
- Has the provision of Criminal Code on pornography with the involvement of children been amended to prohibit pornography with the involvement of children? (*CEDAW Committee (2015), para. 25(c)*)
- Has the Criminal Code been amended to define criminal liability of legal entities for cases of pornography with the involvement of children? (*CEDAW Committee (2015), para. 25(c)*)
- Has the Government ensured that state recovery and reintegration measures take into account the needs of children victims of sale, prostitution and pornography offences, particularly girls? (*CEDAW Committee (2015), para. 25(d)*)
- Is there data collection on the situation of street children, particularly girls, including systematic sex-disaggregated data collection? (*CEDAW Committee (2015), para. 25(e)*)
- Has research been conducted on the factors driving women into prostitution? (*CEDAW Committee (2015), para. 25(f)*)
- What sustainable measures have been adopted to increase the availability of rehabilitation/reintegration programmes and centres for women and girls wishing to leave prostitution? (*CEDAW Committee (2015), para. 25(f)*)

SEX WORKERS

Health and human rights considerations

The terms “sex work” and “sex workers” describe the practices of, and the people engaged in, exchanging sexual services for money or goods, either regularly or occasionally.¹⁸⁴ However, “sex workers” as a descriptive term does not always convey the multitude of people doing sex work or exchanging sexual services for money or goods, as many people may not necessarily call themselves by this term, or have a desire to have this “identity.” Moreover, people in sex work may work full-time, part-time, seasonally, or in combination with other livelihood activities. The term sex work/sex worker is used by UNAIDS and other agencies in preference to prostitution/prostitute to avoid the stigma associated with the latter terms. The persons involved in sex work can be male, female or transgender.

Various factors increase the risk of exposure to HIV and other sexually-transmitted infections among sex workers, including multiple non-regular partners and more frequent sexual intercourse. However, sex workers can substantially reduce the risk of HIV transmission, both from clients and to clients, through consistent and correct condom use. Particular initiatives can be helpful to improve access of sex workers to sexual and reproductive health care information and services. Sex workers can also be vulnerable to sexual violence.

In some countries, national laws, regulations and policies regarding sexual and reproductive health information and services make specific provisions in respect of sex workers. For example, they may aim to increase condom use by sex workers and their clients, coverage of STI management and treatment among sex workers and their partners, and information and education provision for sex workers in respect of, among others, contraception and STI and HIV prevention and treatment. In some countries, this may be done on a compulsory basis because of perceived higher risks, however this may have the unintended consequences of driving people further from care and services.

The situation in Azerbaijan

There are no reliable estimates of the number of female sex workers in Azerbaijan. The law requires a fine for anyone delivering sexual services for money.¹⁸⁵ According to a survey of 300 sex workers undertaken in 2011, there was a 0.7 per cent prevalence of HIV; 12 per cent HIV testing; 33.3 per cent HIV programme coverage; and 53 per cent condom use. All of these statistics were improvements on a similar survey undertaken two years previously, but poor compared to other countries in the region.¹⁸⁶

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

Neither the UPR Working Group nor the CEDAW Committee made recommendations to the Government of Azerbaijan on the subject of sex workers.

Government actions

Research for this report did not find significant measures undertaken by the Government in recent years.

Discrepancies

There is no reliable data on sex workers. Although sex work is not criminalized in Azerbaijan, police frequently

¹⁸⁴ This definition of sex work is drawn from UNAIDS Guidance note on HIV and sex work. Geneva, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2009.

¹⁸⁵ Call for Healthy Lifestyle, Submission for Consideration at the 44th Session of the CEDAW: Concerns Facing Women Drug Users and Sex Workers in Azerbaijan, July 2009. Available at: http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/CivicOrganization_Azerbaijan44.pdf

¹⁸⁶ European Centre for Disease Prevention and Control, Thematic Report: Sex Workers (2012). Available at: <http://www.ecdc.europa.eu/en/publications/Publications/dublin-declaration-sex-workers.pdf>

conduct raids. Forced testing for HIV is reportedly common among sex workers.¹⁸⁷ Sex workers “regularly confront discrimination from representatives of medical facilities and are forced to hide the nature of their work and behavior from doctors, which limits their access to information about protecting their health.” Out of fear of having their status as a sex worker disclosed, many do not seek healthcare except in emergencies: 40 per cent reported turning to healthcare services only for pregnancy and labour and 15.8 per cent only for urgent care.¹⁸⁸

Recommendations

- The Government should collect data on the SRHR of sex workers (*additional recommendation*)
- The Government should adopt measures to prevent discrimination and stigma against sex workers in healthcare contexts, including raising awareness amongst health professionals (*additional recommendation*)
- The Government should take actions to halt the practice of police raids (*additional recommendation*)
- The Government should prohibit involuntary testing for HIV amongst sex workers, as this constitutes discrimination (*additional recommendation*)

Indicators to monitor progress

- Has the Government collected data on the SRHR of sex workers? (*additional recommendation*)
- Has the Government adopted measures to prevent discrimination and stigma against sex workers in healthcare contexts, including raising awareness amongst health professionals? (*additional recommendation*)
- Has the Government taken actions to halt the practice of police raids? (*additional recommendation*)
- Has the Government prohibited involuntary testing for HIV amongst sex workers? (*additional recommendation*)

IDP AND REFUGEE WOMEN

Health and human rights considerations

The Refugee Convention and Refugee Protocol define a refugee as “any person who: owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”¹⁸⁹ IDPs are defined as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.”¹⁹⁰

IDP and refugee women are often at risk of violence, unwanted pregnancy and sexually transmitted infections including HIV/AIDS. They often have poorer access to healthcare, including sexual and reproductive healthcare. SRH related rights articulated in the CEDAW and ICESCR, such as the right to health, apply to all, irrespective of nationality or citizenship. In its General Recommendation on women and health the CEDAW Committee confirmed that particular attention should be given to the health needs and rights of marginalized groups such as IDP and refugee women.¹⁹¹

¹⁸⁷ The Center “Women and Modern World” et al, Report on Azerbaijan at the Fourth Round of the Universal Periodic Review 2009. Available at <http://www.womenmw-az.org/reports.htm>

¹⁸⁸ Call for Healthy Lifestyle, Submission for Consideration at the 44th Session of the CEDAW: Concerns Facing Women Drug Users and Sex Workers in Azerbaijan, July 2009. Available at: http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/CivicOrganization_Azerbaijan44.pdf

¹⁸⁹ UN General Assembly, Convention Relating to the Status of Refugees, 28 July 1951, United Nations, Treaty Series, vol. 189, p. 137; UN General Assembly, Protocol Relating to the Status of Refugees, 31 January 1967, United Nations, Treaty Series, vol. 606, p. 267.

¹⁹⁰ United Nations (UN) Office for the Coordination of Humanitarian Assistance, Guiding Principles on Internal Displacement, New York: UN, 2000, Introduction, Para. 2.

¹⁹¹ UN Committee on the Elimination of Discrimination Against Women, General Recommendation no. 24 (Article 12: Women and Health), 1979, New York, doc. A/54/38

The situation in Azerbaijan

There are around 597,000 IDPs in Azerbaijan who were forcibly evicted from Nagorno-Karabakh region and seven surrounding districts occupied by the Armenian military forces in the early 1990s. IDP and refugee women that had to flee their homes as a consequence of this conflict registered higher prevalence rate of intimate partner violence (26%), compared to respondents never subjected to forced displacement (20%).¹⁹²

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

In 2009, the CEDAW Committee recommended that the Government:

- *“Continue the implementation of targeted measures for refugee women and girls and internally displaced women and girls, with specific timetables, in order to improve access to education, employment, health and housing and to monitor their implementation.” (2009, para. 38)*

In 2015, the CEDAW Committee recommended that the Government:

- *The State Party should adopt temporary special measures targeting disadvantaged and marginalized groups of women, including rural women, women with disabilities, internally displaced women, refugees and older women, evaluate the impact of such measures and make its findings, including gender-relevant statistics, available to the public (2015, para. 19)*

In 2013, the CESCR recommended that the Government of Azerbaijan:

- *“Take measures to guarantee access to sexual and reproductive health services, in particular in rural and remote areas, including to refugees, asylum seekers, internally displaced persons (IDPs) and stateless persons” (para. 34)*
- *“Provide in its next periodic report information on the prevalence of underage marriage in the country, disaggregated by different ethnic and religious groups, IDPs and by urban and rural areas” (para. 19)*

Government actions

IDPs receive free healthcare, and healthcare centres have been constructed in new settlements. Awareness about HIV/AIDS is relatively high among IDPs.¹⁹³

Discrepancies

IDPs complain that in some instances they have to pay for the healthcare services provided, especially for surgeries. In addition, many living along the line of contact live far from full-fledged care facilities.¹⁹⁴

A UNHCR report from 2009 reports that “condom distribution is nonexistent and no reliable data on IDPs living with HIV/AIDS exists. Further research on sexually transmitted diseases among the IDP population would shed more light on the prevalence of these diseases and help to formulate strategies for solutions, given the stigma which surrounds this issue.”¹⁹⁵

¹⁹² Ibid, p. 23.

¹⁹³ UNHCR, Azerbaijan: Analysis of Gaps in the Protection of Internally Displaced Persons (October, 2009). Available at : <http://www.unhcr.org/4bd7edbd9.pdf>

¹⁹⁴ Tackling Azerbaijan's IDP Burden, Crisis Group Europe Briefing N°67, 27 February 2012

¹⁹⁵ UNHCR, Azerbaijan: Analysis of Gaps in the Protection of Internally Displaced Persons (October, 2009). Available at : <http://www.unhcr.org/4bd7edbd9.pdf>

Recommendations

The following recommendations primarily call for laws, policies and other measures that respond to ongoing discrepancies between the situation in Azerbaijan and the key relevant recommendations of the UPR Working Group and the CEDAW Committee. Some additional recommendations are also made:

- The Government should gather data on the SRHR of IDP and refugee women, including in respect of violence, early marriage, the prevalence of HIV/AIDS and other sexually transmitted infections, maternal health and abortion (*CEDAW (2015), para. 19, and additional recommendation*).
- The Government should ensure the security of internally displaced women and girls and adopt measures for their protection, in particular in case of violence. The Government should place more emphasis on prevention of violence against internally displaced women and girls and prosecute perpetrators (*CEDAW Committee (2015) para. 13(a)*)
- The Government should ensure that internally displaced women and girls have adequate access to health care services, education, as well as freedom of movement (*CEDAW Committee (2015), para. 13(c)*)
- The Government should adopt temporary special measures targeting internally displaced women and refugees, evaluate the impact of such measures and make its findings, including gender-relevant statistics, available to the public (*CEDAW Committee (2015), para. 19*)
- The Government should ensure access to modern methods of family planning for IDPs and refugees (*additional recommendation*)

Indicators to monitor progress

- Has the Government gathered data on the SRHR of IDP and refugee women, including in respect of violence, early marriage, the prevalence of HIV/AIDS and other sexually transmitted infections, maternal health and abortion? (*CEDAW (2015), para. 19, and additional recommendation*).
- Has the Government adopted temporary special measures targeting internally displaced women and refugees? (*CEDAW Committee (2015), para. 19*)
- Has the Government adopted policies and programmes to improve geographic and financial access to healthcare, including for sexual and reproductive health, for IDPs and refugee women? (*CEDAW(2015), para. 13(c)*)
- Has the Government ensured the security of internally displaced women and girls and adopted specific measures for their protection, in particular in case of violence? (*CEDAW Committee (2015), para. 13(a)*)
- Has the Government adopted policies and programs with emphasis on prevention of violence against internally displaced women and girls and prosecute perpetrators? (*CEDAW Committee (2015), para. 13(a)*)
- Has the Government taken measures to ensure access to modern methods of family planning for IDPs and refugees? (*additional recommendation*)

WOMEN WITH DISABILITIES

Health and human rights considerations

An estimated 10 per cent of the world population lives with some form of a disability. Persons with disabilities have the same sexual and reproductive health needs as other people. However, they often face barriers to information and services.¹⁹⁶ It has to be mentioned that the services and information can often be easily made accessible to people with disabilities.

The Convention on the Rights of Persons with Disabilities includes an obligation on States parties to “Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes” (article 25.a).

¹⁹⁶ WHO and UNFPA, Promoting Sexual and Reproductive Health for Persons with Disabilities: WHO/UNFPA Guidance Note, 2009.

It also requires States to provide medical and other services which are accessible to people with disabilities (article 9); guarantee equality and non-discrimination (article 5); collect research and data to enable them to develop and implement appropriate policies (article 31); and promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs (article 29.b).

The situation in Azerbaijan

The SRHR of women with disabilities is not among the priority issues addressed by the Government. Legislation on equality and non-discrimination does not explicitly prohibit discrimination on grounds of disability. Legislation does not offer specific provisions on the SRHR of women with disabilities. Disability has not been taken as a disaggregation criteria for the SRHR data collected through various state and NGO-led research in the country.

UPR Working Group and CEDAW Committee recommendations to the Government of Azerbaijan

CEDAW Committee in its Concluding Observations in 2015 expressed its concern that temporary special measures have been underutilized by the State Party to accelerate de facto equality and to address the situation of disadvantaged and marginalized women who are subjected to intersecting forms of discrimination, such as rural women, women with disabilities, internally displaced women, refugees and older women (2015, para. 18). The Committee recommended that:

- *The State Party should adopt temporary special measures targeting disadvantaged and marginalized groups of women, including rural women, women with disabilities, internally displaced women, refugees and older women, evaluate the impact of such measures and make its findings, including gender-relevant statistics, available to the public (CEDAW Committee (2015), para. 19).*

In 2014, the Committee on the Rights of Persons with Disabilities reviewed Azerbaijan's initial report under the Convention on the Rights of Persons with Disabilities, and issued the following recommendations:

- *The Committee recommends that the State party adopt effective and specific measures to guarantee equality and to prohibit multiple forms of discrimination against women and girls with disabilities. The Committee encourages the State party to adopt a twin-track approach to mainstreaming a disability perspective into its gender legislation and policy, including with respect to addressing violence against women and ensuring effective access to information and services on sexual and reproductive health; and to facilitate advocacy by and on behalf of women and girls with disabilities. In this regard, the Committee encourages the State party to ensure that the National Activity Plan on the Enhancement of the Efficiency of Human Rights and Freedoms addresses the rights of women and girls with disabilities (para. 17).*

Recommendations

- The State Party should adopt temporary special measures targeting disadvantaged and marginalized groups of women, including rural women, women with disabilities, internally displaced women, refugees and older women, evaluate the impact of such measures and make its findings, including gender-relevant statistics, available to the public (CEDAW Committee (2015), para. 19)
- Legislation on equality and non-discrimination should be amended to expressly include disability (additional recommendation)
- The Government should initiate research on the SRHR of women with disabilities (additional recommendation)
- The Government should ensure that data on SRHR is disaggregated on grounds of disability (additional recommendation)

- The Government should ensure that the SRHR of women with disabilities are protected in all relevant laws, regulations and policies (*additional recommendation*)
- The Government should actively ensure the participation of women with disabilities in the development and implementation of SRHR laws and policies (*additional recommendation*)

Indicators to monitor progress

- Has the Government adopted temporary special measures targeting women with disabilities? (*CEDAW Committee (2015), para. 19*)
- Has the Government amended legislation on equality and non-discrimination to expressly include disability? (*additional recommendation*)
- Has the Government initiated research on the SRHR of women with disabilities? (*additional recommendation*)
- Has the Government ensured that data on SRHR is disaggregated on grounds of disability? (*additional recommendation*)
- Has the Government ensured that the SRHR of women with disabilities are protected in all relevant laws, regulations and policies? (*additional recommendation*)
- Has the Government actively ensured the participation of women with disabilities in the development and implementation of SRHR laws and policies? (*additional recommendation*)

CONCLUSION

Over the past decade, the Government of the Republic of Azerbaijan has taken a range of important initiatives that help implement its SRHR obligations under international human rights treaties such as the CEDAW. Most notably, the Government has adopted a number of important laws and regulations. Other key laws have been drafted but have not yet been implemented. There is also a range of policies that contribute to SRHR. In almost all areas, statistics show some progressive improvement in SRH outcomes.

Yet progress is uneven. As this report has highlighted, there is particularly slow progress in relation to issues such as use of modern methods of contraception, access to information on sexual and reproductive health including family planning, and gender stereotyping including its manifestations such as sex-selective abortions. Cross-cutting issues of concern include poor SRH outcomes and access for vulnerable groups including rural populations, particular regions and IDPs and refugees. Addressing the legal, policy and programme barriers identified in this report and implementing the recommendations will help improve SRHR outcomes.

There is limited data on some issues and particularly on the SRHR of certain marginalized groups, such as trafficked women, IDP and refugee women, etc.. Although this report has not focused on the SRHR of disabled people, there is also very little data on this group. Data collection, and research into the SRHR of these marginalized groups, will be an essential step in order to improve their SRHR. The involvement of marginalized groups, through participation and enhanced accountability, can also play a role in improving SRHR in the country.

Examining barriers through the prism of international human rights law helps to identify actions that need to be taken to improve SRHR. The Ministry of Health has a key role to play, but other Ministries, such as the Ministries of Finance and Education, also have an important contributions to make, as does the State Committee for Family, Women and Children's Affairs and the Commissioner for Human Rights.

The Government's progress in meeting the recommendations identified in this report should be regularly monitored on an annual basis. When new recommendations are issued by the UPR Working Group or the CEDAW Committee, the selection of indicators should be reviewed in order to ensure that it takes into account the most recent sets of recommendations.

ANNEX 1: CONCLUSIONS AND/OR RECOMMENDATIONS CONTAINED IN THE REPORT OF THE WORKING GROUP ON THE UNIVERSAL PERIODIC REVIEW: AZERBAIJAN, 5 JULY 2013, A/HRC/24/13

109. The following recommendations will be examined by Azerbaijan which will provide responses in due time, but no later than the twenty-fourth session of the Human Rights Council in September 2013:

109.1. Sign and ratify the new Optional Protocol to the Convention on the Rights of the Child on a communications procedure (Slovakia);

109.2. Consider the possibility of ratifying the Convention on the Protection of All Persons from Enforced Disappearance (CPED) (Argentina);

109.3. Ratify CPED (Brazil, Chile);

109.4. Ratify CPED and recognize the competence of the Committee to receive and examine communications from individuals or those coming from other States (France);

109.5. Ratify CPED, the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Rome Statute of the International Criminal Court (ICC) (Spain);

109.6. Become a party to CPED, the Rome Statute of the ICC and the Convention against Discrimination in Education (Montenegro);

109.7. Take all necessary steps to fully commit to end impunity for international crimes by acceding to the Rome Statute of the ICC and to fully align its national legislation with all obligations under the Rome Statute (Sweden);

109.8. Consider the possibility of ratifying the Rome Statute and fully align its national legislation with the obligations under that instrument, including by incorporating provisions to investigate and prosecute genocide, crimes against humanity and war crimes by the national courts (Uruguay);

109.9. Ratify the Rome Statute of the ICC (Romania); accede to the Rome Statute of the ICC (Chad);

109.10. Accede to the Rome Statute of the ICC and to the Agreement on the Privileges and Immunities of the ICC (Costa Rica);

109.11. Ratify the Rome Statute of the ICC and extend an open invitation to the special procedures (Guatemala);

109.12. Ratify the Rome Statute and ensure that it is fully implemented in national legislation (Switzerland);

109.13. Take steps to fully implement the ratified international instruments (Kazakhstan);

109.14. Continue its ongoing review of national laws to ensure that they are in line with its international human rights law obligations (Turkmenistan);

109.15. Continue to harmonize its domestic legislation with the international human rights treaties to which it is a party and with the recommendations issued by the Treaty Bodies (Nicaragua);

109.16. Consider reviewing its domestic legislation on migration with the aim of aligning it with the international laws and standards (Philippines);

109.17. Continue the efforts made in the implementation of the recommendations made in the first UPR, as well as the current UPR (Libya);

109.18. Continue its valuable contributions for the strengthening of inter-civilization and inter-cultural dialogue (Pakistan);

109.19. Maintain its effective cooperation with the Council's special procedure mandate holders (Egypt); continue its existing fruitful cooperation with the system of United Nations human rights mechanisms (Pakistan); continue its fruitful cooperation with United Nations human rights mechanisms, including the special procedures (Russian Federation);

109.20. Extend a standing invitation to all thematic special procedures (Montenegro); issue a standing invitation to United Nations rapporteurs (Hungary);

109.21. Invite the Special Rapporteur on the rights to freedom of peaceful assembly and of association to visit the country (Austria);

109.22. Pursue the implementation of legislative reforms (Saudi Arabia);

109.23. Adopt the relevant legal texts and set up monitoring mechanisms to ensure their implementation (Saudi Arabia);

109.24. Continue with its adoption of relevant normative legal acts aimed at upholding the constitutional rights and liberties of the citizens of Azerbaijan, as well as the establishment of control measures for their efficient realization (Nigeria);

109.25. Continue to improve national laws and institutions, in particular in the field of protecting the human rights of women and children (Afghanistan);

109.26. Revise the Law on non-governmental organizations to comply fully with international human rights law (Austria);

109.27. Revise the 2009 Law on non-governmental organizations so as to ensure that it complies with international human rights law (Ireland);

109.28. Harmonize national legislation governing registration and funding of NGOs with the Venice Commission recommendations, with a view to ensuring a free and open space for its civil society (Slovakia);

109.29. Work with the legislature, as well as domestic and international organizations, to amend legislation in order to promote a flourishing civil society (United States of America);

109.30. Continue the efforts to strengthen the national institutions for the promotion and protection of human rights and freedoms (Uzbekistan);

109.31. Enhance the role of the Ombudsman and take measures providing for the effective implementation of its functions as a national preventive mechanism in accordance with the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Bulgaria);

109.32. Continue to pay attention to the protection of political rights and civil freedoms (Yemen);

109.33. Continue to intensify its efforts in further strengthening the good governance and rule-based state with more focus on capacity-building for national agencies and law enforcement authorities on human rights protection and promotion (Viet Nam);

109.34. Continue the practice of implementing the National Action Programme aimed at improving the human rights situation on the ground (Turkmenistan);

- 109.35. Involve all stakeholders, including civil society in the implementation of the National Action Plan, in order to ensure its success (United Arab Emirates)
- 109.36. Continue its efforts to effectively implement its existing National Action Programmes and enforce legislation recently adopted (Cambodia);
- 109.37. Continue its efforts to effectively implement its Development Plan on Social Protection (Djibouti);
- 109.38. Continue efforts to increase the human rights culture in its society through the training and capacity-building of law enforcement and the judicial system in the field of human rights (Malaysia);
- 109.39. Continue its efforts in the field of human rights education and training (Morocco);
- 109.40. Continue the awareness-raising campaign on human rights education (Myanmar);
- 109.41. Redouble its efforts to intensify human rights education and training of law enforcement officers, teachers and civil servants (Republic of Korea);
- 109.42. Continue to take sustained measures to incorporate elements of human rights education in the training of law enforcement agencies (Pakistan);
- 109.43. Step up its efforts to enhance human rights education and training of law enforcement personnel, teachers and other civil servants (Philippines);
- 109.44. Further carry out public-awareness campaigns on human rights, in particular with respect to the empowerment of women rights (Cambodia);
- 109.45. Continue with its socio-economic actions to combat poverty (Senegal);
- 109.46. Continue to work to ensure sustainable economic and social development, eradicate poverty and establish a solid material basis for the full enjoyment of human rights for all the population (China);
- 109.47. Continue implementing and promoting the programme for special social assistance and other social poverty-reduction programmes (Cuba);
- 109.48. Pursue the implementation of effective legal and practical measures to protect the rights of children (Serbia);
- 109.49. Continue to strengthen its efforts to safeguard and advance the rights of its children (Brunei Darussalam);
- 109.50. Adopt all types of measures to ensure universal birth registration for all children, regardless of the circumstances in which they were born or the civil or immigration status of their parents, while also facilitating the registration of children of underage mothers or mothers living in rural areas (Uruguay);
- 109.51. Continue its ongoing efforts to fight corruption and to enhance the transparent and efficient nature of the State Agency for Public Services and Social Innovations (ASAN) (Turkey);
- 109.52. Cooperate with civil society in the monitoring of the implementation of its anti-corruption legislation at all levels (Austria);
- 109.53. Continue implementing measures to combat corruption (Serbia);
- 109.54. Continue strengthening international cooperation in its fight against corruption (Angola);
- 109.55. Further enhance gender equality, including by taking appropriate administrative or legal measures, as well as allocating adequate resources to empower women (Thailand);

109.56. Take all possible measures to eliminate stereotypes and practices which contribute to discrimination against women (Democratic People's Republic of Korea);

109.57. Continue efforts to ensure gender equality and advancement of women, in line with national policies and laws (Sri Lanka);

109.58. Adopt temporary special measures in areas which women are underrepresented and accelerate the advancement of women (Republic of Moldova);

109.59. Further enhance the measures to combat discrimination against women and children in vulnerable situations (Myanmar);

109.60. Intensify efforts aimed at promoting and protecting the rights of women, combating domestic violence and promoting gender equality (Nigeria);

109.61. Further secure promotion and protection of the rights of women, combat against domestic violence and guarantee gender equality (Kazakhstan);

109.62. Continue its efforts to guarantee equality between women and men, and ensure the empowerment of women (Egypt);

109.63. Promote gender equality and combat discrimination against women (Iraq);

109.64. Create public policies for equality of opportunities and affirmative action to combat the low participation of women in public life, especially in decision-making bodies, including Parliament, the Government, the diplomatic service, regional and local municipalities and the upper level of the judiciary (Ecuador);

109.65. Continue its efforts to enhance its domestic framework on the protection of the rights of women and further encourage women to participate actively in the economy and public life (Singapore);

109.66. Continue efforts to achieve full respect for the human rights of women, particularly those related to combating violence and segregation in the labour market, which implies differential access between men and women to occupations and jobs that play a decisive role in the quality of employment offered to women (Paraguay);

109.67. Continue to take further measures to enhance women's access to education, health and employment opportunities (Pakistan);

109.68. Promptly take all appropriate measures and/or public policies to eliminate all forms of discrimination against migrant workers, especially women and ensure that they can exercise and enjoy their human rights in all areas on an equal footing with nationals (Ecuador);

109.69. Ensure the non-discriminatory approach, particularly in employment, education and housing as well as access to justice of the undocumented and irregular migrants (Indonesia);

109.70. Provide more effective powers to the person primarily responsible for the national preventive mechanism against human rights violations and make it possible for her to monitor all State organs (Hungary);

109.71. Enact a law that incorporates the obligation to carry out independent investigations and punish those who commit acts of torture (Mexico);

109.72. Continue to take all necessary measures to eradicate the practice of ill-treatment of prisoners, excessive force and the use of torture in detention centres and internment centres whether these be temporary or permanent in nature (Spain);

109.73. Ensure that all allegations of torture are effectively and impartially investigated and ensure that perpetrators are punished accordingly (Costa Rica);

109.74. Guarantee and make systematic the use of independent and impartial investigations into alleged cases of torture (France);

109.75. Establish appropriate mechanisms to ensure prompt, effective, independent and impartial investigations into all allegations of torture and other ill-treatment at remand and detention facilities, and to ensure that perpetrators are held accountable (Ireland);

109.76. Ensure that all allegations of torture are promptly, impartially and effectively investigated, and similarly all incidents of death in custody are thoroughly and impartially investigated, and those found responsible are prosecuted and punished accordingly (Poland);

109.77. Ensure that all allegations of ill-treatment are subject to an effective, independent and impartial investigation (Switzerland);

109.78. Continue its close cooperation with the various Committees of the Council of Europe dedicated to the protection of human rights and the fight against torture (Paraguay);

109.79. Take adequate measures for the safety of civil society, including political activists and journalists; conduct impartial, thorough and effective investigations into all cases of attacks, harassment, and intimidation against them and bring perpetrators of such offenses to justice (Canada);

109.80. Comprehensively implement the laws and consider formulating a national action plan to further ensure women's rights, including on combating violence against women (Indonesia);

109.81. Adopt the necessary measures to ensure an adequate implementation of reforms in the area of gender violence (Spain);

109.82. Strengthen measures to combat violence against women and children (Senegal);

109.83. Take further measures to develop an effective implementation and monitoring mechanism for the law on domestic violence, especially to grant access to justice for women victims of violence and guarantee their protection (Italy);

109.84. Further step up efforts with a view to preventing and eliminating trafficking in persons, including considering the possibility of inviting the Special Rapporteur on trafficking in persons, especially women and children (Belarus);

109.85. Enforce the legislation on trafficking; implement the action plan to combat human trafficking; investigate, prosecute and punish traffickers (Republic of Moldova);

109.86. Provide all the support to the Inter-Agency Council to enable it to implement the National Directive Mechanism Rules regarding victims of human trafficking (United Arab Emirates);

109.87. Continue its efforts to combat human trafficking and provide assistance to victims, especially women and children (Singapore);

109.88. Prevent and eliminate child sex tourism and strengthen international cooperation (Republic of Moldova);

109.89. Adopt the draft Law on protection of children from corporal punishment (Brazil);

109.90. Continue with its efforts through the Justice Reform Support Programme to strengthen institutions in the field of human rights (Nigeria);

- 109.91. Implement the regulations recently adopted with regard to property rights, and ensure that they are fully implemented by the competent judicial bodies (France);
- 109.92. Ensure that due legal process, including transparency during police investigations is afforded to all, including those critical of the Government (Australia);
- 109.93. Establish an independent medical legal institute to ensure that investigations into allegations of ill-treatment are carried out in an objective and impartial manner (Belgium);
- 109.94. Continue its ongoing efforts to improve prison conditions for detainees (Burundi);
- 109.95. Give consideration to incorporating the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders, also known as the "Bangkok Rules", to its internal rules and regulations for the treatment of women prisoners (Thailand);
- 109.96. Reform the juvenile justice system in accordance with, among others, the Convention on the Rights of the Child, the Beijing Rules and Riyadh Guidelines (Uruguay);
- 109.97. Ensure that the draft law on juvenile justice and the draft law on prohibition of corporal punishment of children is adopted and implemented in line with international standards (Hungary);
- 109.98. Strengthen the institutional measures in the field of human rights within the framework of the National Action Programme and the Justice Reform Support Programme (Kazakhstan);
- 109.99. Establish specialized juvenile courts and provide training to enforcement and judicial officers working on juvenile cases on international standards and guidelines on juvenile justice (Czech Republic);
- 109.100. Adopt urgent measures to eradicate the practice of unregistered marriages, through public awareness campaigns in order to ensure that no marriage takes place before the legal age of marriage (Uruguay);
- 109.101. Implement measures to prevent sex-selective abortions, and conduct educational campaigns about gender roles and the value of women and girls (Slovenia);
- 109.102. Continue the realization of measures aimed at promoting tolerance, including religious tolerance, as well as continue its contribution to the dialogue among civilizations at the international level (Russian Federation);
- 109.103. Reform its legal framework on freedom of religion by streamlining, facilitating and increasing the transparency of the registration process for religious organizations, including eliminating the obligation for religious groups to seek prior authorization to gather, and removing limitations on the printing, import and distribution of religious materials (Canada);
- 109.104. Increase action aimed at ensuring the promotion of freedom of religion for all confessions throughout the country (Italy);
- 109.105. Ensure the full enjoyment of the right to freedom of expression in line with country's international commitments (Slovakia);
- 109.106. Guarantee the rights to freedom of expression, association and peaceful assembly particularly by allowing peaceful demonstrations in line with the obligations stemming from the International Covenant on Civil and Political Rights (Switzerland);
- 109.107. Put in place additional and fitting measures to ensure respect for freedom of expression and of the media (Cyprus);

109.108. Ensure that Azerbaijani media regulations uphold diversity among media outlets, as per international standards and best practices (Cyprus);

109.109. Expand media freedoms across print, online and, in particular, broadcast platforms, notably by ending its ban on foreign broadcasts on FM radio frequencies and eliminating new restrictions on the broadcast of foreign language television programs (Canada);

109.110. Take effective measures to ensure the full realization of the right to freedom of expression, including on the Internet, of assembly and of association as well as to ensure that all human rights defenders, lawyers and other civil society actors are able to carry out their legitimate activities without fear or threat of reprisal (Czech Republic);

109.111. Ensure that human rights defenders, lawyers and other civil society actors are able to carry out their legitimate activities without fear or threat of reprisal, obstruction or legal and administrative harassment (Sweden);

109.112. Put an end to direct and indirect restrictions on freedom of expression and take effective measures to ensure the full realization of the right to freedom of expression and of assembly (Poland);

109.113. Ensure the full exercise of freedom of expression for independent journalists and media, inter alia, by taking into due consideration the recommendations of the Council of Europe Commissioner for Human Rights (Italy);

109.114. Ensure that journalists and media workers are able to work freely and without governmental intimidation (Germany);

109.115. Ensure that journalists and writers may work freely and without fear of retribution for expressing critical opinions or covering topics that the Government may find sensitive (Slovenia);

109.116. Protect and guarantee freedoms of expression and association in order to enable human rights defenders, NGOs and other civil society actors to be able to conduct their activities without fear of being endangered or harassed (France);

109.117. Strengthen measures to guarantee a safe and conducive environment for the free expression of civil society (Chile);

109.118. Remove all legislative and practical obstacles for the registration, funding and work of NGOs in Azerbaijan (Norway);

109.119. Ensure that all human rights violations against human rights defenders and journalists are investigated effectively and transparently, with perpetrators being promptly brought to justice, including pending unresolved cases requiring urgent attention (United Kingdom);

109.120. Ensure prompt, transparent and impartial investigation and prosecution of all alleged attacks against independent journalists, ensuring that the media workers do not face reprisals for their publications (Slovakia);

109.121. Review legal and administrative requirements for the registration of NGOs, which would simplify the process and encourage the independence of civil society representatives (Mexico);

109.122. Eliminate the practice of unlawful postponement and of refusal to register NGOs, including international NGOs and those critical of the Government and defending human rights (Germany);

109.123. Lift administrative restrictions on NGOs and peaceful demonstrators; refrain from imposing charges on peaceful demonstrators; refrain from acts leading to the closure of NGOs or the suspension of their peaceful activities, and instead promote a meaningful political dialogue that allows and embraces diverging views, including those of human rights defenders, NGOs, journalists, political activists and others (Netherlands);

109.124. Thoroughly and transparently investigate and prosecute all alleged incidents of pressure in the form of harassment and lawsuits of journalists, editors and human rights defenders (Norway);

109.125. Release individuals incarcerated for publicly expressing their opinions and ensure due process for other detainees (United States of America);

109.126. Reform its defamation legislation in conformity with article 19 of the International Covenant on Civil and Political Rights (ICCPR), investigate all incidents of intimidation and violence against journalists and bring perpetrators to justice (Austria);

109.127. Abolish relevant articles of the criminal code which effectively serve as defamation provisions (Norway);

109.128. Refrain from initiating defamation lawsuits against civil society activists and journalists, and put an end to the practice of detaining these individuals engaging in the exercise of their legal civil and political rights (Canada);

109.129. Refrain from imposing excessive fines on media outlets for defamation, while working to adopt the law on defamation, which abolishes criminal liability for defamation and insult (Netherlands);

109.130. Ensure that obligations regarding freedom of assembly and freedom of expression, to which Azerbaijan committed on becoming a member of the Council of Europe, are implemented consistently and transparently (Australia);

109.131. Redouble its efforts to guarantee the freedom of association, also by improving the environment for NGOs to freely carry out their activities (Italy);

109.132. Review regulations, policies and practices in accordance with article 21 of the ICCPR (Uruguay);

109.133. Respect in law and in practice international standards for freedom of peaceful assembly, and open a dialogue with civil society representatives to establish a list of sites, in particular in the centre of Baku, where demonstrations can take place freely (France);

109.134. Alleviate administrative procedure for peaceful assemblies and adopt effective measures to prevent use of force against peaceful protestors by the law enforcement personnel (Slovakia);

109.135. Guarantee the freedom of assembly and work with organizers to ensure that peaceful protests and demonstrations are allowed to take place within central Baku (United Kingdom);

109.136. Permit peaceful protests to occur throughout the country, including in Baku city centre, and fully investigate the allegations of harassment of legal professionals representing peaceful demonstrators (United States of America);

109.137. Allow protest actions in Baku city in accordance with Resolution 1917 of January 2013 of the Parliamentary Assembly of the Council of Europe (Germany);

109.138. That any sanctions for violations be proportionate and not create undue obstacles to freedom of assembly (Hungary);

109.139. Ensure the participation of the various political movements in the electoral process and put in place plural and autonomous observation mechanisms that are integrated by citizens (Mexico);

109.140. Carry out free and fair elections consistent with the expectations of the international election monitoring community (Australia);

109.141. Set priorities and provide adequate resources for enhancing the protection and promotion of the rights to education, health care and social welfare, especially those of vulnerable groups such as women, children, ethnic minorities, migrants and people with difficulties (Viet Nam);

109.142. Take measures to further develop the health-care system, especially in rural areas (Sri Lanka);

109.143. Increase its efforts and resources towards strengthening the health-care system, especially in rural areas (Algeria);

109.144. Take more effective measures in the field of health and the right to education (Iraq);

109.145. Continue to further promote access to and quality of health facilities and services, particularly in providing efficient care for children and mothers (Brunei Darussalam);

109.146. Make further efforts to implement the national strategy on reproductive health and set standards for maternal health (Bahrain);

109.147. Further protect and promote the right to safe drinking water and sanitation (Egypt);

109.148. Intensify efforts to improve and ensure access to education for all children and to include human rights subjects in the school curricula (Malaysia);

109.149. Increase its investment into education and health to ensure better education and health services for the whole population in particular in rural areas (China);

109.150. Establish a clear legal definition of disability (Spain);

109.151. Redouble efforts to implement the National Action Plan to set up social institutions in order to create further opportunities of work for persons with disabilities to improve standards of employment and integrate them in the labour market (Bahrain);

109.152. Consider strengthening measures aimed at the protection and integration of persons with disabilities, especially children with disabilities (Argentina);

109.153. Strengthen measures already adopted with regard to the rights of children with disabilities (Spain);

109.154. Undertake further measures to protect social rights, including the rights of children, women and persons with disabilities (Uzbekistan);

109.155. Continue the efforts aiming at further promoting the rights of persons with disabilities and increasing their employment and their integration to the labour market (Algeria);

109.156. Consider setting up a mechanism to protect unaccompanied minor refugees (State of Palestine);

109.157. Pursue its substantial efforts to alleviate the suffering and to improve the living conditions of IDPs and refugees (Turkey);

109.158. Continue to address issues pertaining to IDPs, in line with the relevant state programmes (Sri Lanka).

ANNEX 2: CONCLUDING OBSERVATIONS OF THE COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN: AZERBAIJAN, 2009

1. The Committee considered the fourth periodic report of Azerbaijan (CEDAW/C/AZE/4) at its 892nd and 893rd meetings, on 24 July 2009. The Committee's list of issues and questions is contained in CEDAW/C/AZE/Q/4 and the responses of the Government of Azerbaijan are contained in CEDAW/C/AZE/Q/4/Add.1.

Introduction

2. The Committee expresses its appreciation to the State party for its fourth periodic report, which followed the Committee's former guidelines for the preparation of reports and took into account the Committee's previous concluding observations. The Committee also commends the State party for the written replies to the list of issues and questions raised by the pre-session working group and for the oral presentation and responses to the questions posed by the Committee. The Committee notes with appreciation the information material prepared by the State Committee for Family, Women and Children's Affairs related to gender equality distributed to Committee members.

3. The Committee commends the State party for having sent a high-level delegation, headed by the Chairperson of the State Committee for Family, Women and Children's Affairs, which included three deputy ministers, members and specialists from various ministries and Government offices. The Committee appreciates the constructive dialogue that took place between the delegation and the members of the Committee.

Positive aspects

4. The Committee welcomes the acceptance by the State party in May 2008 of the amendment to article 20, paragraph 1, of the Convention, concerning the meeting time of the Committee.

5. The Committee commends the State party for acceding, in January 2009, to the Convention on the Rights of Persons with Disabilities and its Optional Protocol.

6. The Committee welcomes the adoption by the State party of the national plan of action on family and women's issues (2009-2012).

7. The Committee welcomes the adoption, since the consideration of the combined second and third periodic reports, of the following national plans and programmes aimed at combating violence against women, including domestic violence, and trafficking in human beings:

(a) The programme of the Republic of Azerbaijan on combating domestic violence in democratic society (2007);

(b) The "XXI century without violence against women" project (2008-2009), conducted in cooperation with the United Nations Population Fund (UNFPA), addressing domestic violence and early marriages;

(c) The regional United Nations project "Combating gender-based violence in the South Caucasus" (2008);

(d) The project for the elimination of sexual violence among internally displaced persons and refugees (2008);

(e) The awareness-raising campaign on violence against women (2008-2009);

(f) The awareness-raising campaigns on the fight against violence and trafficking in human beings (2007-2009);

(g) Survey on the prevalence, roots and consequences of violence against women (2008).

8. The Committee welcomes the presidential decree on the reform of the judicial system, which has considerably improved women's access to justice.

9. The Committee notes with appreciation that the second phase of the State programme on poverty reduction and sustainable development (2008-2015) fully incorporates a gender component.

10. The Committee welcomes the affirmative action policy addressing women's unemployment, especially those in need of social protection, and notes, in particular, the introduction of a quota system targeting mothers of young children, single mothers and mothers of large families, as well as women caring for children with disabilities.

Principal areas of concern and recommendations

11. While recalling the State party's obligation to systematically and continuously implement all the provisions of the Convention, the Committee views the concerns and recommendations identified in the present concluding observations as requiring the State party's priority attention between now and the submission of its next periodic report. Consequently, the Committee calls upon the State party to focus on those areas in its implementation

activities and to report on actions taken and results achieved in its next periodic report. It also calls upon the State party to submit the present concluding observations to all relevant ministries and to the Parliament so as to ensure their full implementation.

Parliament

12. While reaffirming that the Government has the primary responsibility and is particularly accountable for the full implementation of the State party's obligations under the Convention, the Committee stresses that the Convention is binding on all branches of Government, and it invites the State party to encourage its Parliament, in line with its procedures, where appropriate, to take the necessary steps with regard to the implementation of these concluding observations and the Government's next reporting process under the Convention.

Visibility of the Convention and its Optional Protocol

13. The Committee commends the State party for its sustained efforts in providing training programmes to the judiciary on the Convention and its Optional Protocol. The Committee notes, however, that the provisions of the Convention and its Optional Protocol, as well as the Committee's general recommendations and the views adopted on individual communications and complaints, may not be adequately known across all the branches of Government, including among law enforcement personnel and women themselves.

14. The Committee encourages the State party to continue to promote knowledge and understanding of the Convention and gender equality through training programmes on the Convention and its Optional Protocol, as well as the Committee's general recommendations and the views adopted on individual communications and complaints, in particular for the legal profession, the police and other law enforcement officials, including Government officials, and political parties. The Committee also recommends that the State party design and implement awareness-raising campaigns targeting women, including rural women, in order to raise their knowledge of their rights under the Convention and its Optional Protocol and thus enhance their capacities to exercise these rights.

Discriminatory laws

15. The Committee notes with appreciation the information provided by the head of the delegation that the Parliament will consider an amendment to the Family Code at its session in the third quarter of 2009 in order to equalize the minimum legal age for marriage to 18 for both women and men. It remains concerned, however, about the different minimum age of marriage for women and men, which is set at 17 years for women.

16. The Committee urges the State party to speedily enact the amendment to the Family Code in order to equalize the minimum age of marriage for women and men to 18, in accordance with article 16 of the Convention and the Committee's general recommendation No. 21.

Temporary special measures

17. The Committee takes note of the historical reasons put forward by the State party to explain its underutilization of temporary special measures in accordance with article 4, paragraph 1, of the Convention and the Committee's general recommendation No. 25, and welcomes the change of the State party's position in that regard, as demonstrated by the inclusion of a specific provision on the application of temporary special measures in the gender equality law. The Committee is, however, concerned that temporary special measures have been underutilized by the State party as a matter of general policy to accelerate the achievement of de facto equality between women and men in all areas of the Convention and to improve the implementation of women's rights, in particular with regard to the participation of women in politics and in decision-making positions. The Committee also notes a lack of clear understanding in the State party of the concept of temporary special measures, as stipulated in article 4, paragraph 1, of the Convention and further explained in the Committee's general recommendation No. 25.

18. The Committee encourages the State party to introduce programmes to familiarize all relevant officials with the concept of temporary special measures, as described in article 4, paragraph 1, of the Convention, and as interpreted in the Committee's general recommendation No. 25. The Committee recommends that the State party adopt temporary special measures in various forms in areas in which women are underrepresented or disadvantaged and allocate additional resources where needed to accelerate the advancement of women. The Committee also recommends that the State party broaden the scope of its provision on the application of temporary special measures in order to encourage their use in both the public and private sectors.

Stereotypes, cultural practices

19. The Committee reiterates its concern about the deep-rooted patriarchal attitudes subordinating women and the strong stereotypes regarding their roles and responsibilities in the family and society, which constitute a significant impediment to the implementation of the Convention and are a root cause of women's disadvantaged position in political life, the labour market, education and other areas.

20. The Committee calls upon the State party to intensify its efforts, in particular in rural areas, to bring about change in the widely accepted attitudes leading to the subordination of women and the stereotypical roles applied to both sexes. Such measures should include awareness-raising and educational campaigns targeting, inter alia, community leaders, parents, teachers, officials and young girls and boys, in accordance with the obligations under articles 2 (f) and 5 (a) of the Convention. The Committee also recommends that the State party continue to encourage the mass media to promote changes in attitude with regard to the roles and responsibilities of women and men, including by promoting non-stereotypical and positive images of women and the value of gender equality for society as a whole.

Violence against women

21. The Committee commends the various measures undertaken by the State party to raise awareness about and to combat and eliminate violence against women, and takes note of the information provided by the head of the delegation that the draft law on domestic violence will be considered by the Parliament at its session in the third quarter of 2009. The Committee remains concerned about the lengthy process for the adoption of this law and about the prevalence of violence perpetrated against women and girls in Azerbaijan, including domestic violence and other forms of sexual abuse. The Committee is concerned that such violence appears to be at times socially legitimized by a culture of silence and impunity and is socially accepted. It is also concerned about the lack of sufficient shelters and a comprehensive network of referral and rehabilitation centres for victims of violence. It remains concerned that the definition of rape in the Criminal Code is based on the use of force, rather than on lack of consent. The Committee regrets the lack of information regarding convictions and penalties in cases involving violence against women and the lack of statistics provided on the incidence of various forms of violence against women.

22. The Committee urges the State party to accelerate the adoption of the draft law on domestic violence and to ensure that it contains provisions pertaining to sexual violence within the family. The Committee requests the State party to continue its efforts to combat violence against women and girls, in particular domestic violence. It recommends that the State party pursue its public awareness campaigns to combat all forms of violence against women through the media and education programmes. It calls upon the State party to ensure that women and girls who are victims of violence have access to immediate means of redress and protection, including protection orders and the availability of a sufficient number of adequate shelters in all regions. The Committee recommends that legal aid continue to be made available to all victims of violence, including through the establishment of legal aid clinics, especially in rural areas. It also requests the implementation of training for the judiciary and public officials, in particular law enforcement personnel, health- service providers and community development officers, in order to ensure that they are sensitized to all forms of violence against women and girls and can provide adequate gender-sensitive support to victims. The Committee calls on the State party to amend its Criminal Code. It reiterates its previous recommendation that the State party should conduct research on the prevalence, causes and consequences of all forms of violence against women, including domestic violence, to serve as the basis for comprehensive and targeted intervention.

Trafficking

23. While welcoming the broad range of measures introduced by the State party to combat human trafficking, including the 2008 order requiring all law enforcement personnel to refer trafficking cases to the anti-trafficking unit, the Committee is concerned about the growth of this phenomenon and the fact that there are insufficient measures to address the main causes of trafficking, especially in the context of the conflict with the neighbouring country. Furthermore, the Committee remains concerned about the lack of shelters for the victims, as well as the stigma these women often face, which may hamper their reintegration into society.

24. The Committee calls upon the State party to continue its efforts to ensure that legislation on trafficking is fully enforced and that the action plan and other measures to combat human trafficking are fully implemented and that their impact is regularly monitored and evaluated. The Committee urges the State party to systematically investigate, prosecute and punish traffickers. Furthermore, it recommends that the State party continue its efforts to ensure the rehabilitation and social integration of victims of trafficking, including through the establishment of

additional shelters. In line with its previous recommendation, the Committee calls upon the State party to address the root causes of trafficking, thereby eliminating the vulnerability to exploitation by traffickers.

Exploitation of prostitution

25. The Committee regrets the limited data on the scope of exploitation of prostitution of women, including with regard to efforts addressing the social and economic factors leading to prostitution and the measures to support women who wish to leave prostitution.

26. The Committee urges the State party to conduct research on the exploitation of prostitution of women to serve as the basis for comprehensive and targeted intervention. It requests the State party to strengthen measures aimed at addressing the factors driving women and girls into prostitution, to put services in place for the rehabilitation and reintegration into society of women and girls involved in prostitution and to support women who wish to leave prostitution.

Political participation and participation in public life

27. While noting the organization of meetings and seminars aimed at improving the participation of women in politics, the Committee is concerned that these may not be sufficient to bring a significant change in the proportion of women putting themselves forward as candidates for the upcoming 2009 municipal elections and the 2010 national parliamentary elections. The Committee remains concerned about the very low participation of women in political and public life, especially their severe underrepresentation in decision-making bodies, including the Parliament, the Government, the diplomatic service, regional and local municipalities and the higher level of the judiciary. The Committee regrets the absence of temporary special measures to increase women's participation in political and public life.

28. The Committee calls on the State party to address the underlying causes of the low participation and underrepresentation of women in political and public life by implementing national awareness-raising campaigns about the importance of women's participation in public and political life, specifically in rural areas. The Committee encourages the State party to consider the use of temporary special measures in accordance with article 4, paragraph 1, of the Convention and the Committee's general recommendations Nos. 25 and 23. It also calls on the State party to establish benchmarks or increased quotas in the application of such measures.

Education

29. While noting the significant improvement in women's and girls' access to education, the Committee regrets the lack of correlation between women's education levels and their economic opportunities. The Committee notes with concern that women continue to be concentrated in traditional female education subjects and that they are underrepresented at the decision-making levels in the area of education and in academia as professors, senior lecturers and researchers.

30. The Committee recommends that the State party's education policy include measures to encourage girls and women to seek education and training in non-traditional fields, which may give them access to employment in flourishing areas of the economy. The Committee recommends that the State party consider the adoption of temporary special measures, in accordance with article 4, paragraph 1, of the Convention, to accelerate women's representation in decision-making positions at all levels of education and to increase the number of women undertaking doctoral studies and holding positions in the highest levels of academia, as research specialists, including in non-traditional fields.

Employment

31. The Committee welcomes the introduction of measures in the employment strategy of the State party to promote gender equality in the labour market. It remains concerned, however, about the persistence of both vertical and horizontal gender segregation within the labour market, the high unemployment rate of women and the concentration of women in lower-paying sectors, such as health care, education and the informal sector. While welcoming the fact that flexible forms of work for women are envisaged in the second stage of the Employment Strategy (2008-2015), it is concerned that existing measures are insufficient to enable women to reconcile their family and professional responsibilities. The Committee expresses particular concern at the persistence of the wage gap, which remains very wide in certain industries, and at the lack of compliance of the provisions contained in the Labour Code and in the Gender Equality Act of 2006 with the principle of equal pay for equal work as set out in article 11 (d) of the Convention.

32. The Committee urges the State party to increase its efforts to eliminate occupational segregation and to ensure equal opportunities for women and men in the labour market. It calls upon the State party to continue

to adopt temporary special measures in order to ensure de facto equal opportunities at all levels for women in the labour market. The Committee further recommends the adoption and implementation of measures allowing for reconciliation of family and professional responsibilities, including provision of affordable childcare, and that equal sharing of domestic and family tasks between women and men be promoted. The Committee also recommends that the State party bring the Labour Code and the Gender Equality Act into compliance with article 11 of the Convention without delay and duly implement pay equity (equal pay for work of equal value) in line with the Committee's general recommendation No. 13 and the Equal Remuneration Convention (No. 100) of the International Labour Organization. It recommends that a monitoring mechanism be established to ensure the enforcement of the principle of equal pay for work of equal value.

Health care for women

33. While noting the various efforts made by the State party to improve reproductive health care for women, including through the adoption of the national strategy on reproductive and sexual health (2008-2015) and the State programme for the protection of mother and child health (2006-2010), the Committee remains concerned at the insufficient access to adequate general health-care services and reproductive health-care services for women, especially for those living in rural and remote areas, and internally displaced and refugee women. In particular, the Committee is gravely concerned about the high and increasing rate of maternal mortality in the State party. It is alarmed by the steep decrease in the use of contraceptives since the international community suspended its supply in 2004 and by the consequent rise in the rate of abortions, which appears to be the most widespread method of family planning within the State party.

34. The Committee recommends that the State party continue to take all appropriate measures to improve women's access to general health care and to reproductive health-care services in particular. It calls on the State party to prioritize decreasing maternal mortality rates by establishing adequate obstetric delivery services run by qualified medical personnel and by providing adequate prenatal care to all women. The Committee recommends that family planning and reproductive health education be widely promoted and targeted at girls and boys, with special attention being paid to the prevention of sexually transmitted diseases and HIV/AIDS. The Committee also recommends that the State party implement its undertaking to include a comprehensive range of contraceptives in the basic list of medicines of the Ministry of Health.

Vulnerable groups of women

35. While welcoming all the measures undertaken by the State party to improve the situation of vulnerable groups of women, the Committee remains concerned about the situation of girls and women in rural areas in terms of their adequate access to justice, health care, education, credit facilities and community services.

36. The Committee recommends that the State party continue to pursue its efforts in promoting gender equality through its national development plans and policies. It also recommends that the State party modify existing gender- role stereotypes through awareness-raising campaigns targeted at community and religious leaders, teachers, parents, girls and boys. The State party is encouraged to enhance the participation of rural women in decision-making at the local, regional and national levels through training. The Committee requests the State party to include in its next report sex-disaggregated data and information on the de facto situation of rural women of all ages in the areas of land ownership, income-generating activities, health and education, and the concrete measures taken by the State party in that respect, including results achieved.

37. The Committee welcomes the State programme on the improvement of living conditions and on increasing the employment of refugees and internally displaced persons, as well as the fact that the 2007 programme on combating domestic violence includes a broad range of measures targeting refugees and internally displaced persons. The Committee further welcomes the information provided by the State party concerning the decrease of the poverty rate among internally displaced persons, the improvement in their living conditions and the reduction in their unemployment rate, with refugees and internally displaced women provided with jobs and resettled in fully equipped new settlements. The Committee remains concerned that refugee and internally displaced women and girls remain in a vulnerable and marginalized situation, especially in rural areas, with regard to access to education, employment, health, including psychosocial support, and housing. It is further concerned at the limited involvement and consultation of internally displaced women in the planning and implementation of the policies and programmes addressing their needs.

38. The Committee reiterates its previous recommendation that the State party continue the implementation of targeted measures for refugee women and girls and internally displaced women and girls, with specific timetables,

in order to improve access to education, employment, health and housing and to monitor their implementation. It recommends that the State party fully implement the recommendations made by the Representative of the Secretary-General on the human rights of internally displaced persons requesting the State party to ensure the timely consultation of internally displaced persons during the next phase of rehabilitation of urban collective centres, paying particular attention to the full participation of women as a means of empowerment. The Committee requests the State party to report on the results achieved in improving the situation of these groups of women and girls in its next periodic report.

Family relations

39. The Committee is concerned at the persistence of early and unregistered religious marriages in the State party and at the lack of statistical data in this area.

40. The Committee urges the State party to continue to implement awareness-raising campaigns and work with religious authorities in order to prevent early marriages and to ensure that all marriages are properly registered. The Committee reiterates its previous recommendation that the State party include in its next report information on marriages in Azerbaijan of girls under age 18 and on religious or traditional marriages, including their prevalence and trends over time, and their legal status.

Data collection and analysis

41. While acknowledging the efforts of the State party to improve its data collection with the assistance of UNFPA in the area of violence against women, the Committee regrets that the report contains insufficient statistical information on the situation of women in all areas covered by the Convention.

42. The Committee calls upon the State party to strengthen its system of data collection, including through the use of measurable indicators to assess trends in the situation of women and progress towards women's de facto equality. It invites the State party, if necessary, to seek international assistance for the development of such data-collection and analysis efforts. The Committee also requests the State party to include in its next report statistical data and analysis, disaggregated by sex and by rural and urban areas, indicating the impact of policy and programmatic measures and the results achieved.

Preparation of next report

43. The Committee encourages the State party to establish an ongoing process of regular consultation and collaboration with non-governmental organizations on matters relating to the implementation of the Convention. The Committee also recommends that the State party engage in ongoing and systematic consultations with a broad range of women's non-governmental organizations on all issues pertaining to the promotion of gender equality, including with regard to the follow-up to the Committee's concluding observations and in the preparation of future reports.

Beijing Declaration and Platform for Action

44. The Committee urges the State party to utilize fully in its implementation of its obligations under the Convention, the Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women, held in Beijing in 1995, which reinforce the provisions of the Convention, and requests the State party to include information thereon in its next periodic report.

Millennium Development Goals

45. The Committee emphasizes that full and effective implementation of the Convention is indispensable for achieving the Millennium Development Goals. It calls for the integration of a gender perspective and explicit reflection of the provisions of the Convention in all efforts aimed at the achievement of the Goals and requests the State party to include information thereon in its next periodic report.

Ratification of other treaties

46. The Committee notes that States' adherence to the nine major international human rights instruments enhances the enjoyment by women of their human rights and fundamental freedoms in all aspects of life. Therefore, the Committee encourages the State party to ratify the treaty to which it is not yet a party, namely, the International Convention for the Protection of All Persons from Enforced Disappearance.

Dissemination of the concluding observations

47. The Committee requests the wide dissemination in the State party of the present concluding observations in order to make the people, including Government officials, politicians, parliamentarians and women's and human rights organizations, aware of the steps that have been taken to ensure de jure and de facto equality of women, as well as the further steps that are required in that regard. The Committee requests the State party to continue to disseminate widely, in particular to women's and human rights organizations, the Convention, its Optional Protocol, the Committee's general recommendations, the Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century".

Follow-up to concluding observations

48. The Committee requests the State party to provide, within one year, written information on the steps undertaken to implement the recommendations contained in paragraphs 16 and 22 above.

Technical Assistance

49. The Committee recommends that the State party avail itself of technical assistance in the development and implementation of a comprehensive programme aimed at the implementation of the above recommendations and the Convention as a whole. The Committee also calls upon the State party to strengthen further its cooperation with the specialized agencies and programmes of the United Nations system, including the United Nations Development Programme, the United Nations Development Fund for Women, the United Nations Children's Fund, the United Nations Population Fund, the World Health Organization, the Office of the United Nations High Commissioner for Human Rights, and the Statistics Division and the Division for the Advancement of Women in the Department of Economic and Social Affairs.

Date of next report

50. The Committee requests that the State party respond to the concerns expressed in the present concluding observations in its next periodic report in accordance with article 18 of the Convention. The Committee invites the State party to submit its fifth periodic report by 9 August 2013.

ANNEX 3: CONCLUDING OBSERVATIONS OF THE COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN: AZERBAIJAN, 2015

A. Introduction

2. The Committee appreciates that the State party submitted its fifth periodic report. It also appreciates the State party's written replies to the list of issues and questions raised by its pre-session working group. It welcomes the constructive dialogue with the delegation, the oral presentation of the delegation and the further clarifications provided in response to the questions posed orally by the Committee during the dialogue.
3. The Committee commends the high level State party delegation which was headed by Ms Hijran Huseynova, Chairperson of the State Committee for Family, Women and Children Affairs and included 6 Deputy Ministers, namely Internal Affairs, Health, Labour and Social Protection, Economy and Industry, Youth and Sports, and Education; the Deputy Chair of the State Committee on Statistics; representatives from the Ministries of Justice and Finance, as well as the Permanent Representative of Azerbaijan to the United Nations Office at Geneva.

B. Positive Aspects

4. The Committee welcomes the progress achieved since the consideration in 2009 of the State party's fourth periodic report (CEDAW/C/AZE/CO/4) in undertaking legislative reforms, in particular the adoption of:
 - (a) The Law on Amendments to the Family Code, setting the minimum age of marriage at 18 for both women and men, in 2011;
 - (b) Amendments to the Criminal Code criminalizing trafficking, including a provision on forced and child marriages (art.176-1), in 2011;
 - (c) The Law on Prevention of Domestic Violence, in 2010
5. The Committee welcomes the State party's efforts to improve its institutional and policy framework aimed at accelerating the elimination of discrimination against women and promoting gender equality, such as the adoption of the following:
 - (a) State programme on social rehabilitation and reintegration of children victims of human trafficking, in 2014;
 - (b) Strategic Plan of the Ministry of Health 2014-2020, providing for accessibility of modern methods of contraception, in 2014;
 - (c) Development strategy "Azerbaijan: Vision 2020", which makes gender equality a cross-cutting goal, endorsed in 2012;
 - (d) Third National Action Plan (2014-2018) on combating trafficking in human beings.
6. The Committee welcomes the fact that, in the period since the consideration of the previous report, the State party has ratified or acceded to the following international and regional instruments:
 - (a) ILO Convention No. 156, 1981 on Equal Opportunities and Equal Treatment for Men and Women Workers: Workers with Family Responsibilities; and
 - (b) ILO Convention No. 183, 2000 on the Revision of the Maternity Protection Convention, in 2011.

C. Principle areas of concern and recommendations National Assembly (Milli Majlis)

7. The Committee stresses the crucial role of the legislative power in ensuring the full implementation of the Convention (see the statement by the Committee on its relationship with parliamentarians, adopted at the forty-fifth session, in 2010). It invites the National Assembly, in line with its mandate, to take necessary steps regarding the implementation of the present concluding observations between now and the next reporting period under the Convention.

Visibility of the Convention and the Optional Protocol

8. The Committee acknowledges the 2 decisions of the Ganja Court of Appeal where references were made to the Convention - cases of Ahmadov and Mammadov - as reflected in the Replies of Azerbaijan to the List of issues. However, it remains concerned about the lack of visibility and direct application of the Convention and that there are still few cases involving sex- and gender-based discrimination in the national courts.
9. The Committee recommends that the State party:
- (a) Raise awareness among women about their rights under the Convention and on the procedures under the Optional Protocol thereto;
 - (b) Encourage women to report cases of sex- and gender-based discrimination to the relevant judicial and quasi-judicial bodies;
 - (c) Further strengthen legal education and capacity building programmes for judges, prosecutors and lawyers on the Convention, the Optional Protocol, the Committee's General Recommendations and the Committee's views on individual communications and inquiries, to enable them to invoke and/or refer to the provisions of the Convention directly to interpret national legislation in line with the Convention.

Participation of women in peace process

10. The Committee appreciates the State Party's efforts to involve more women in peacebuilding initiatives and commends the establishment of the Regional Congress of South Caucasian Women for that purpose. The Committee welcomes the recognition by the State party's delegation of the importance of developing a national action plan to implement Security Council resolution 1325 (2000). The Committee regrets that no time frame has been given for the adoption of the National Action Plan.
11. The Committee urges the State party to establish a clear time frame to develop and adopt a National action plan to implement Security Council resolution 1325 (2000), in cooperation with representatives of women's organizations, and:
- (a) Take into consideration the full spectrum of the Security Council's agenda on women, peace and security as reflected in Council resolutions 1820 (2008), 1888 (2009), 1889 (2009) and 2122 (2013), as well as General Recommendation No. 30 (2013) on women in conflict prevention, conflict and post-conflict situations;
 - (b) Ensure the participation of women as negotiators and mediators in all peace negotiations efforts including those initiated by third-party States participating in conflict-resolution processes, either individually or as members of international organizations; and
 - (c) Provide leadership training to women in order to ensure their effective participation in conflict resolution and post-conflict political processes.

Internally displaced women and girls

12. The Committee notes the State programmes implemented over the past years aiming at supporting internally displaced persons, the majority of whom are women and girls. It remains concerned, however, about their living conditions and high unemployment rate, as well as their lack of income generating opportunities. It is concerned that internally displaced women and girls face a high risk of domestic violence, early and forced marriages, labour exploitation and trafficking, poverty, as well as discrimination in access to education, health care, and participation in political and public life. The Committee is further concerned at the limited involvement and consultation of internally displaced women in the planning and implementation of policies and programmes aimed at addressing their needs.
13. The Committee recommends that the State party:
- (a) Ensure the security of internally displaced women and girls and adopt measures for their protection, in particular in case of violence. Place more emphasis on prevention of violence against internally displaced women and girls and prosecute perpetrators;
 - (b) Allocate adequate resources to meet the needs of internally displaced women, in particular their access to adequate income generating and education opportunities for themselves and their children; and
 - (c) Ensure that internally displaced women and girls have adequate access to health care services, education, as well as freedom of movement.

National machinery for the advancement of women

14. The Committee notes with concern that despite support from national political leadership, efforts by the State Committee for Family, Women and Children's affairs to promote the advancement of women are hampered by an unclear and fragmented mandate as well as a lack of authority to effectively ensure government-wide mainstreaming of gender equality perspective in all policy-making processes. The Committee is further concerned that gender focal points in the relevant government institutions are not positioned at decision-making levels, have not been established in all regions and are unable to effectively promote a gender perspective in all legislation, policies programmes and projects. The Committee is also concerned that there is still no national plan of action to promote gender equality and to address the gaps between de jure and de facto equality.

15. The Committee recommends that the State party:

- (a) Strengthen the capacity of the State Committee for Family, Women and Children's Affairs by upgrading it to a fully-fledged Ministry in order to improve its effective functioning as a national machinery responsible for the advancement of women and the full implementation of the Convention; establish clear terms of reference for gender focal points in government institutions, and provide them with adequate human, financial and technical resources;
- (b) Adopt a National Action Plan on gender equality and the advancement of women, taking into account, inter alia, recommendations in the present concluding observations; and
- (c) Develop focused terms of reference for gender focal points in all regions and branches and ensure that they occupy decision-making positions.

Non-governmental organizations and women human rights defenders

16. The Committee notes with concern that a series of legislative amendments passed in 2014 potentially affect the ability of independent NGOs to operate in the country. While the regulation and transparency of funding is necessary, the Committee is of the view that some of these amendments may negatively impact on the activities of non-governmental and civil society organizations, in particular women's organizations, and unduly restrict their operations. The Committee is also concerned at reports of restrictions in the work of women journalists and human rights defenders, including some cases of arrest and detention.

17. The Committee urges the State party to:

- (a) Review the legislative amendments and ensure that they do not adversely affect the activities of non-governmental and civil society organizations, in particular women's organisations, and ensure an enabling environment in which women's organizations can be freely established and may freely operate and mobilise resources;
- (b) Ensure full respect for the rights of women journalists and human rights defenders.

Temporary special measures

18. The Committee is concerned that despite the provision in Article 3.2.6 of the Law on Guarantees of Gender Equality, temporary special measures have been underutilized by the State Party to accelerate de facto equality and to address the under representation of women in public and political life as well as the situation of disadvantaged and marginalized women who are subjected to intersecting forms of discrimination, such as rural women, women with disabilities, internally displaced women, refugees and older women.

19. The Committee recommends that the State party adopt temporary special measures, including quotas, in accordance with article 4 (1) of the Convention and in line with the Committee's General Recommendation No. 25, 2004 on the subject, as part of a necessary strategy to accelerate the achievement of substantive equality of women and men. It also recommends that the State party adopt temporary special measures targeting disadvantaged and marginalized groups of women, including rural women, women with disabilities, internally displaced women, refugees and older women, evaluate the impact of such measures and make its findings, including gender-relevant statistics, available to the public.

Stereotypes and harmful practices

20. The Committee notes with concern that despite its recommendations contained in its previous concluding observations (CEDAW/C/AZE/CO/4, para. 20), patriarchal attitudes and stereotypes regarding the roles and

responsibilities of women and men in the family and in society remain deeply rooted, as partly reflected in son-preference leading to a high adverse sex-ratio of new-born children of 116 boys to 100 girls. The Committee notes that stereotypes are exacerbated by educational materials and portrayal of women in the media which replicates existing stereotypes of the dominant position of men in Azerbaijani society and undermines women's social status, their equal participation in public life as well as their under-representation in paid employment.

21. The Committee urges the State party to:

- (a) Adopt, without delay, a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son-preference;
- (b) Vigorously address the stereotypes underlying son-preference by intensifying efforts to educate women and men, including public officials, and raise their awareness of existing sex-based stereotypes that persist in all spheres of society, with a view to eliminating them;
- (c) Raise awareness of the media, including radio, television and printed media, on the need to eliminate gender stereotypes by portraying positive images of women as active participants in social, economic and political life;
- (d) Regularly monitor and review the measures taken to eliminate gender stereotypes in order to assess their impact.

Violence against women

22. The Committee welcomes the information provided by the State party's delegation concerning the current consideration by the Ministers' Cabinet of the National Strategy on Prevention of Domestic Violence and the National Action Plan on Prevention of Domestic Violence, and the establishment of an on-line database on violence against women. The Committee remains concerned, however, at the:

- (a) Lack of implementation of the Law on prevention of domestic violence, as reflected by the modest number of reported cases and long-term and short-term protection orders issued;
- (b) Lack of systematic data collection on domestic violence;
- (c) Limited number of support and referral centres for victims of domestic violence, which are mainly run by NGOs;
- (d) Few State-funded shelters for women victims of domestic violence, currently only 3, under the authority of the Ministry of Social Affairs and Labour Protection;
- (e) Delay in the ratification of the Council of Europe Convention on Preventing and Combating Violence against

Women and Domestic Violence.

23. Recalling its General Recommendation No. 19 (1992) on violence against women, the Committee urges the State party to:

- (a) Adopt without delay the National Strategy on Prevention of Domestic Violence and the National Action Plan on Prevention of Domestic Violence, and allocate adequate resources for their implementation;
- (b) Put in place a system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim;
- (c) Establish state-funded support and referral centres for victims of violence throughout the country, and strengthen cooperation with relevant non-governmental organizations in this respect;
- (d) Increase the number of state-funded shelters for women victims of violence especially in the regions, and establish a 24/7 national helpline for victims; and
- (e) Set a timeframe for the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.

Trafficking and exploitation of prostitution

24. The Committee notes with appreciation the legislative and policy measures and programmes aimed at ensuring the effective protection of women and girls who are victims of trafficking. The Committee however is concerned that:

- (a) The State party remains a country of origin, transit and destination of trafficking in women and girls for purposes of sexual exploitation and forced labour;
- (b) The implementation of the policy framework on national referral mechanism to combat human trafficking continues to be weak;
- (c) The Criminal Code lacks specific provisions that prohibit pornography involving children, including girls, and that legal entities cannot be held criminally liable for such offences under national law;
- (d) State recovery and reintegration measures are limited to victims of trafficking and do not adequately take

- into account the needs of women and girls exploited in pornography and girls victims of sale and prostitution;
- (e) There are no official statistics on street children, particularly girls, who are highly vulnerable to human trafficking; and
- (f) No research is available on the root causes of prostitution in the country.
25. The Committee recommends that the State party:
- (a) Provide local Commissions on the Affairs and Human Rights of Minors with the necessary human, financial and technical resources enabling them to identify, respond to and prevent cases of women and girls being sold into prostitution, or subjected to organ trafficking and slave labour; Empower or re-structure the national child protection system to implement the core aspects of the child protection policy, particularly for girls;
- (b) Ensure full implementation of the policy framework on national referral mechanism to combat human trafficking;
- (c) Amend legal provisions to criminalize pornography with the involvement of children, particularly girls, and establish criminal liability of legal entities for such cases;
- (d) Ensure that State recovery and reintegration measures take into account the needs of children victims of sale, prostitution and pornography offences, particularly girls;
- (e) Improve data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection; and
- (f) Conduct research on the factors driving women into prostitution, and increase the availability of rehabilitation/reintegration programmes and centres for women and girls wishing to leave prostitution.

Participation in political and public life

26. The Committee welcomes the information provided by the State party's delegation with regard to the increase in the number of women holding positions at municipal level to 35 percent in 2014, and on the presidential special order on appointment of women to the position of Deputy Heads of executive power in the regions. The Committee is concerned, however, that women remain significantly underrepresented in national and local legislative bodies, in the Government, and the civil service, in particular in senior and decision-making positions.
27. The Committee recommends that the State party ensure the full and equal participation of women in political and public life and in the civil service, especially at senior and decision-making levels. In particular, it recommends that the State party introduce mandatory quotas for women candidates on electoral lists of political parties or introduce an alternative system that will ensure that women account for at least 30 per cent of those elected; and adopt other temporary special measures, in accordance with article 4, paragraph 1, of the Convention and General Recommendation no. 25 (2004) of the Committee, such as a gender parity system for appointments and accelerated recruitment of women in senior positions.

Education

28. The Committee welcomes the high literacy rates among women and men, as well as the official enrolment rate of girls in secondary education. However, it remains concerned at the:
- (a) Low secondary school attendance rate among girls in rural areas and in refugee/IDPs settlements, as well as the actual drop-out rate of girls at the secondary level of education, owing in part to child marriage;
- (b) Lower admission rate of women compared to men to undergraduate study programmes;
- (c) Stereotypical choices of educational fields, which translate in the concentration of women in traditionally female-dominated professions in areas such as health care and the service industry;
- (d) Continued existence of gender stereotypes in educational materials; and
- (e) Absence of women's rights and gender equality as mandatory subjects in school curricula and in professional training for teachers.
29. The Committee recommends that the State party:
- (a) Take all necessary measures to reduce the school drop-out rate among girls, including by preventing child marriages;
- (b) Take the necessary actions, including the use of temporary special measures, in accordance with article 4 and the Committee's General Recommendation No. 25, 2000 on temporary special measures, to increase the participation of women and girls in institutions of higher education, e.g. through the provision of scholarships;
- (c) Step up career guidance activities to encourage girls and young women to choose non-traditional fields of studies and career paths;

- (d) Undertake a revision of school books and other teaching materials and remove, as a matter of priority, any discriminatory gender stereotypes; and
- (e) Introduce mandatory education on women's rights and gender equality in school curricula and in professional training for teachers at all levels of education.

Employment

30. The Committee notes the official statistical data on low unemployment rates for women. It is nevertheless concerned about continued horizontal and vertical segregation in the labour market where women are concentrated in low-paid and informal jobs, the wide gender wage gap, the lack of childcare facilities, and lower pension benefits for women as compared to men.

31. The Committee recommends that the State party:

- (a) Take measures to increase the participation of women in formal employment and strengthen efforts aimed at eliminating structural inequalities and occupational segregation of women and men, both horizontal and vertical;
- (b) Adopt measures to implement the principle of equal pay for work of equal value in order to narrow and close the gender wage gap, while regularly reviewing the wages of men and women in all sectors;
- (c) Facilitate the reconciliation of professional and private life for women and men, including by expanding the number of childcare facilities and introducing compulsory paternity leave;
- (d) Address the adverse impact of career-breaks related to child bearing, part-time employment and the gender pay gap on women's pensions and other social security benefits.

Health

32. The Committee notes the efforts of the State party to improve access to affordable health care services for all citizens. However, it remains concerned about inadequate state expenditures on health, women's limited decision-making powers concerning their health status, discrepancies between the official indicators of maternal mortality and the related international estimates; infant mortality, particularly the difference between indicators of under-five child mortality for boys and girls revealed in the Azerbaijan Demographic and Health Survey 2011; high rates of anaemia among women; utilization of abortions as a major means of family planning, including a high number of sex-selective abortions and forced abortions; very low use of modern contraceptive methods; poor health care infrastructure, especially in the rural areas, and inadequate skills of service providers. The Committee is also concerned at the absence of a law on sexual and reproductive health.

33. The Committee urges the State party to improve women's access to high-quality health care, in line with its General Recommendation No. 24 (1999) on women and health, and take measures to:

- (a) Intensify the efforts aimed at the reduction of maternal mortality through, inter alia, the provision of accurate information on the prevalence rates, the definition and measurement of the phenomenon;
- (b) Ensure the quality of antenatal, delivery and new-born care in order to lower maternal and neonatal mortality;
- (c) Promote family planning and reproductive health education through, inter alia, age appropriate sex education at schools;
- (d) Promote use of modern contraceptives among the population including through introduction of modern contraceptives into the Essential Drug List of the Ministry of Health;
- (e) Adopt without further delay the Law on Reproductive Health of the Population and Family Planning;
- (f) Adopt the Law on Food Fortification to address micronutrient deficiencies in women and children;
- (g) Ensure wider coverage with PMTCT (prevention of mother to child transmission) programmes and services especially in rural areas; and
- (h) Conduct awareness raising campaigns to ensure elimination of social stigma related to HIV.

Economic empowerment of women

34. The Committee is concerned that women face discrimination in their economic empowerment and are exposed to many difficulties in accessing credit due to traditional stereotypes of the role of women as a supplementary earner, lack of appropriate skills and institutional barriers that discourage women from accessing bank loans.

35. The Committee recommends the State party to increase its efforts at encouraging and supporting women's economic empowerment and entrepreneurship, especially among rural women, including by providing access to

credit, land and other resources, and training in microenterprise development and management, and monitor the impact of these initiatives on women.

Rural women

36. The Committee is concerned about the limited access by rural women to land, related resources, as well as social and health services, economic opportunities, new technologies and participation in political and public life, including in decision-making processes at the community level. The Committee is also concerned about the lack of childcare facilities in rural areas, and of shelters and other services provided to victims of domestic violence.

37. The Committee recommends that the State party ensure that rural women have adequate access to land, related resources, as well as social, health and other basic services and economic opportunities, new technologies as well as equal opportunities for women to participate in political and public life, in particular in decision-making processes at the community level. It recommends that the State party ensure the availability of childcare facilities and shelters for victims of domestic violence in rural areas.

Family Relations and Early Marriages

38. The Committee welcomes the equalization of the minimum legal marriage age for both women and men at 18 years. However, the Committee remains concerned at the rising level of child marriages, the lack of their reflection in official statistics and the lack of investigation and prosecution of such cases. The Committee is further concerned at the persistence of unregistered religious marriages (“Kabin”) which leave women and children with no legal protection. It is also concerned at the current marital property regime, which does not include intangible property such as pension rights within the marital property to be equally distributed upon divorce.

39. The Committee urges the State party to:

- (a) Prevent early and child marriages through monitoring of school drop-out of girls as well as by systematic investigation, prosecution and punishment of all those involved by law enforcement agencies [in line with GR 31];
- (b) Take all necessary measures to enforce the prohibition on conducting religious marriages (“Kabin”) without the prior formal registration, as well as to safeguard the rights of girls and women in unregistered marriages and their children [in line with GR 29]
- (c) Take the legislative measures necessary to recognize intangible property, such as pension and insurance benefits, as part of the joint property to be divided upon divorce.

Beijing Declaration and Platform for Action

40. The Committee calls upon the State party to utilize the Beijing Declaration and Platform for Action, in its efforts to implement the provisions of the Convention.

Millennium Development Goals and the post-2015 development framework

41. The Committee calls for the integration of a gender perspective, in accordance with the provisions of the Convention, into all efforts aimed at the achievement of the Millennium Development Goals and into the post-2015 development framework.

Dissemination

42. The Committee recalls the obligation of the State party to systematically and continuously implement the provisions of the Convention. It urges the State party to give priority attention to the implementation of the present concluding observations and recommendations between now and the submission of the next periodic report. The Committee therefore requests the timely dissemination of the concluding observations, in the official language(s) of the State party, to the relevant state institutions at all levels (national, regional, local), in particular to the Government, the ministries, the Parliament and to the judiciary, to enable their full implementation. It encourages the State party to collaborate with all stakeholders concerned, such as employers’ associations, trade unions, human rights and women’s organisations, universities and research institutions, media, etc. It further recommends that its concluding

observations be disseminated in an appropriate form at the local community level, to enable their implementation. In addition, the Committee requests the State party to continue to disseminate the CEDAW Convention, its Optional Protocol and jurisprudence, and the Committee's General Recommendations to all stakeholders.

Technical Assistance

43. The Committee recommends that the State party link the implementation of the Convention to its development efforts and that it avail itself of regional or international technical assistance in this respect.

Ratification of other treaties and human rights instruments

44. The Committee notes that the adherence of the State party to the nine major international human rights instruments would enhance the enjoyment by women of their human rights and fundamental freedoms in all aspects of life. The Committee therefore encourages the State party to consider ratifying the International Convention for the Protection of All Persons from Enforced Disappearance, to which it is not yet a party, as well as the Optional Protocol to the Convention on the Rights of the Child on a communications procedure.

Follow-up to concluding observations

45. The Committee requests the State party to provide, within two years, written information on the steps undertaken to implement the recommendations contained in paragraphs 15 (a) and (b), and 23 above.

Preparation of the next report

46. The Committee invites the State party to submit its sixth periodic report in March 2019.

47. The Committee requests the State party to follow the "Harmonized guidelines on reporting under the international human rights treaties, including guidelines on a common core document and treaty-specific documents" (HRI/MC/2006/3 and Corr.1).

ANNEX 4: CONCLUSIONS AND RECOMMENDATIONS OF THE REPORT OF THE SPECIAL RAPPORTEUR ON VIOLENCE AGAINST WOMEN, ITS CAUSES AND CONSEQUENCES: ADDENDUM, MISSION TO AZERBAIJAN. 2 JUNE 2014.

80. The Special Rapporteur acknowledges the State's commitment to the promotion and protection of human rights and the adoption of specific legal measures to achieve gender equality and non-discrimination. However, she expressed concerns at the lack of or limited implementation of laws relating to all forms of violence against women. The Special Rapporteur observed that violence against women was widely accepted within the society and to some extent by women themselves thereby further perpetuating traditional patriarchal values, and consequently impunity for crimes against women.

81. Although the majority of interviewees acknowledged that violence against women was widespread, the Special Rapporteur noted that the actual extent of the phenomenon was very difficult to assess, due, inter alia, to the lack of reliable information, the underreporting of cases, the focus on mediation and reconciliation in matters involving violations of women's rights, and poor implementation of laws that must address the issue of accountability. State responsibility to act with due diligence to eliminate violence against women, is an obligation under international human rights law, which the Government committed to.

82. The Special Rapporteur also noted the lack of specific implementation mechanisms and strategies which would provide a framework for action, and which would define clearly the roles of each stakeholder in duly promoting and protecting women's rights, including monitoring and evaluation mechanisms. Existing programmatic initiatives and actions have proven not to be effective responses to the violations of women's rights. Many of the activities undertaken are not sustainable and include one-off events or activities; they do not include gender specificity and display a lack of special measures for women. The Special Rapporteur highlights the necessity to develop holistic solutions to address the empowerment of women, while acknowledging and addressing the social, economic and cultural barriers that are a reality in the lives of women in Azerbaijan.

83. The Special Rapporteur would like to address the following recommendations to the Government of Azerbaijan:

A. Law and policy reforms

84. The Special Rapporteur recommends that the Government:

- (a) Ensure that all concerned stakeholders duly implement existing legislation relating to the promotion and protection of women's rights, in particular the Law on Gender Equality and the Law on the Prevention of Domestic Violence, as well as all relevant provisions of the Criminal Code and the Criminal Procedural Code;
- (b) Ensure the prompt adoption of the Draft Law on Reproductive Health;
- (c) Develop and implement a comprehensive multi-sectoral national strategy on combating violence against women, combining prevention and protection programmes, as provided in the Law on Prevention of Domestic Violence, including:
 - (i) The establishment of free, sustainable and state supported services for women victims of violence including a free 24/7 helpline, emergency shelters and support centres, legal and medical assistance, psycho-social support and rehabilitation measures accessible to all women in the country, without discrimination;
 - (ii) Ensuring that concrete targets and indicators are developed for the effective implementation of the strategy. Establish an independent national inquiry mechanism to review the current situation and address the remaining challenges with regard to the fulfilment of women's human rights, including the elimination of violence against women;
- (d) Undertake a mapping of the roles and responsibilities of all concerned stakeholders in the protection chain;
- (e) Implement existing guidelines and protocols to ensure the operationalization of the protection system;
- (f) Establish coordination mechanisms among State entities, in particular ministries responsible for gender-related issues, to ensure a consistent approach and effective implementation of programmes;
- (g) Ensure that police stations and courts count with duly trained human resources and sufficient women officers;

- (h) Introduce special temporary measures to achieve substantive equality in the areas where women are underrepresented and disadvantaged, through the introduction, for instance, of quotas to foster increased participation of women in the political life and in decision-making positions of the Government;
- (i) Introduce special temporary measures to foster the advancement of women in employment;
- (j) Ensure sustainable support to income-generating activities for women, including marginalized women, in particular IDP women and women with disabilities;
- (k) Ensure the development of a comprehensive strategy regarding IDPs that includes the possibility of development, thus enhancing the prospects of IDP women to find a meaningful solution to their precarious situation. The desire for a political resolution to the occupation of land and the need for voluntary return as the preferred solution, must be respected, but not to the detriment of women's development. In this regard, the Special Rapporteur further recommends that the international community intensify efforts aimed at the speedy resolution of the issue of the occupation of land, in accordance with the norms and principles of international law and the provisions stipulated in GA resolution 62/243;
- (l) Ensure that women with disabilities have access to appropriate services and opportunities;
- (m) Create an independent national women's human rights institution;
- (n) Ensure that NGOs working in the promotion and protection of women's rights can perform their work without any form of restrictions, harassment or reprisals related to their activities.

B. Accountability

85. The Special Rapporteur recommends that the Government:

- (a) Take effective measures to ensure access to justice and effective redress for all women victims of violence and ensure an appropriate response from all concerned stakeholders (police, justice, local authorities, health and social services);
- (b) Ensure that all allegations of violence against women are properly investigated by the police;
- (c) Ensure that police and justice officers are trained to identify and assist the victims and act in a professional and non-judgemental manner;
- (d) Ensure that cases of violence against women are promptly and adequately dealt by the police, the judiciary and the concerned social services;
- (e) Ensure that short term or long term protection orders are issued when appropriate;
- (f) Ensure that perpetrators are brought to justice and duly punished if found responsible;
- (g) Establish a monitoring system on the implementation of judicial decisions on cases related to violence against women and ensure that victims have prompt access to effective remedies;
- (h) Ensure that State authorities who fail to respond are held accountable for failure to protect and prevent;
- (i) Ensure that women and family members intending to report cases of violence do not face any act of intimidation, threat or harassment, and that protection is provided free of cost for the victim, if necessary.
- (j) Ensure legal, housing, security and financial assistance measures for victims of violence that enable them to pursue accountability for crimes.
- (k) Ensure that religious leaders and parents involved in cases of early/forced marriages are duly prosecuted.

C. Societal transformation, including awareness raising, addressing gender stereotypes and women's empowerment

86. The Special Rapporteur recommends that the Government:

- (a) Include in the national strategy on combating violence against women comprehensive prevention measures based on:
 - (i) Training programmes for police and judicial officers as well as social workers handling cases of violence against women;
 - (ii) Awareness-raising activities involving a wide spectrum of actors from both governmental and non-governmental sector, targeting community and religious leaders, as well as men and family members in order to combat subordinating and stereotypical attitudes. The initiatives should take into account the local cultural and socio-economic contexts;
 - (iii) Targeted actions aiming at removing the barriers that prevent women from disclosing violence, and eliminate stigma related to victims of violence who resort to public services for protection and support;

- (iv) A countrywide campaign, with a special focus on rural areas, to increase women legal literacy, through outreach/education on women's rights, in particular on the nature of legal protection provided to women victims of violence under the legislation;
- (v) Gender sensitive programs in the school curricula tackling issues such as early/forced marriages, school dropouts, violence in the family and in the community, discrimination issues;
- (vi) The revision of school textbooks and materials replicating gender stereotypes;
- (vii) Designing the education policy of the country so as to enable women to access education and training in fields which benefits them as regards employment opportunities in the flourishing sectors of the economy;
- (viii) Training and sensitizing media on issues related to women's rights and violence against women in particular, so as to contribute to changing cultural and social beliefs, based on patriarchal norms that perpetuate harmful stereotypes and myths about women;

D. Statistics and data collection

87. The Special Rapporteur recommends that the Government:

- (a) Ensure consistent data collection and analysis on violence against women, through the establishment of a standardised and centralised information system that receives information from the police, justice, health and social services. Data, on the victim and the perpetrator, should be disaggregated by sex, age, relationship, disability and other relevant characteristics;
- (b) Develop a system for monitoring school dropout rates of girl children, in particular in regions with a high percentage of child marriages;
- (c) Conduct regular analysis of data, to understand the different trends and evolutions of manifestations of violence against women, including marginalised women such as IDP women, women with disabilities and same sex relationship and transgendered women;
- (d) Undertake regular monitoring on the level of women's representation in the political sphere but also in the judiciary, the law enforcement sector and the public sector in general;
- (e) In cooperation with civil society organizations, develop monitoring and evaluation tools to assess progress in eradicating violence against women and integrate such tools in the design of relevant schemes and programmes.



ANNEX 5: MONITORING CHART ON AZERBAIJAN'S PROGRESS REGARDING IMPLEMENTATION OF TREATY BODY RECOMMENDATIONS ON SRHR

FAMILY PLANNING	
UPR Working Group Recommendation (2013)	109.146. Make further efforts to implement the national strategy on reproductive health and set standards for maternal health (Bahrain);
CEDAW Committee recommendations (2009 and 2015)	<p>(2009)</p> <p>33. The Committee urges the State party to improve women's access to high-quality health care, in line with its General Recommendation No. 24 (1999) on women and health, and take measures to:</p> <p>(c) Promote family planning and reproductive health education through, inter alia, age appropriate sex education at schools;</p> <p>(d) Promote use of modern contraceptives among the population including through introduction of modern contraceptives into the Essential Drug List of the Ministry of Health;</p> <p>(e) Adopt without further delay the Law on Reproductive Health of the Population and Family Planning;</p>
	<p>(2015)</p> <p>13. The Committee recommends that the State party:</p> <p>(c) Ensure that internally displaced women and girls have adequate access to health care services, education, as well as freedom of movement.</p> <p>37. The Committee recommends that the State party ensure that rural women have adequate access to land, related resources, as well as social, health and other basic services and economic opportunities, new technologies as well as equal opportunities for women to participate in political and public life, in particular in decision-making processes at the community level. It recommends that the State party ensure the availability of childcare facilities and shelters for victims of domestic violence in rural areas.</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Contraceptive prevalence rate for modern and traditional methods (disaggregated by, for example, age, marital status, urban/rural status, ethnicity, region, and income) (CEDAW Committee (2009), para 34)	According to the DHS 2011, the contraceptive prevalence rate among currently married women was 54.9 per cent, a slight increase from 51.1 per cent reported in the DHS 2006. However, between 2006 and 2011, the use of modern methods of contraception remained unchanged at 13.9 per cent amongst currently married women.	Demographic and Health Surveys (2006, 2011)	Ministry of Health
Unmet need for family planning (disaggregated by, for example, age, marital status, urban/rural status, ethnicity, region, and income) (CEDAW Committee (2009), para 34)	The unmet need for contraception among currently married women has declined from 23 per cent in 2006 to 5.5 per cent in 2011. According to the DHS 2011, the figure for unmet need is 7.2 percent among married women aged 15-49. The highest level of unmet need is 13.5 per cent in Lankaran, compared to the lowest, 2.5 per cent, in Absheron.	Demographic and Health Surveys (2006, 2011)	Ministry of Health
Has the Draft Law on Protection of Reproductive Health of the Population and Family Planning been adopted? (CEDAW Committee (2015), para. 33(e))	No	-	National Parliament, Ministry of Health
What laws, policies and other measures are being put in place to increase women's access to general and reproductive healthcare, including for vulnerable groups such as those living in rural and remote areas, IDPs, refugees, asylum seekers and stateless persons? (CEDAW Committee (2009), para. 34). This may include measures to address barriers such as cost (including formal and informal payments), distance, a lack of suitable transport, a lack of female providers, women not wanting to go alone, women feeling that they need to seek permission.	The Instruction on organization of antenatal care in woman consultations, ambulatory-policlinic medical institutions has been approved with the Decision No 02, dated February 3, 2014 of the Collegium of the Ministry of Health of the Republic of Azerbaijan (MOH). The protocols on Reproductive Health and Family Planning have been approved and their implementation is compulsory for all medical institutions.	The protocols of the MOH on Reproductive Health and Family Planning http://isim.az/az/reports/5	Ministry of Health

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>What laws, policies and other measures are being put in place to increase demand for modern contraceptive use? E.g., family planning counseling for individuals and couples to support contraceptive choice, measures to make contraceptives more affordable, public awareness and education campaigns on family planning, including contraception, that reach the population, including younger women, those living in rural areas, women with lower levels of education and those from poorer households. (CEDAW Committee (2009), para. 34); (2015) para. 33(d))</p>	<p>The Instruction on organization of antenatal care in woman consultations, ambulatory-policlinic medical institutions was approved with the Decision No 02, dated February 3, 2014 of the Collegium of the Ministry of Health of the Republic of Azerbaijan (MOH). The protocols on Reproductive Health and Family Planning have been approved and their implementation is compulsory for all medical institutions.</p>	<p>The protocols of the MOH on Reproductive Health and Family Planning http://isim.az/az/reports/5</p>	<p>Ministry of Health</p>
<p>Percentage of the budget allocated to healthcare (Special Rapporteur on the right to health, para. 58.a)</p>	<p>Budget allocated for health is 3.7% of the state budget for 2015. The state budget is 777.7 million AZN. 4.4 million AZN is allocated for protection of mothers and children.</p>	<p>State Budget of the Republic of Azerbaijan http://www.maliyye.gov.az/sites/default/files/2015_teqdimat_t%20%284%29.pdf</p>	<p>Ministry of Finance, Ministry of Health</p>
<p>Has the Government implemented the mandatory health insurance programme in line with the right to health? (SR right to health, para. 58.i)</p>	<p>The mandatory public health insurance programme provided for under the Law on Medical Insurance (1999) has not yet been implemented. However, the most recent national development strategy 'Azerbaijan: Vision 2020' envisions the full coverage of the population with the mandatory health insurance by 2020. This programme could serve to address the barrier of cost, including as a result of informal payments.</p>	<p>Legal and policy framework on insurance schemes http://www.maliyye.gov.az/node/924</p>	<p>Ministry of Finance</p>
<p>Has the State collected data on infertility? (additional indicator)</p>	<p>No</p>	<p>-</p>	<p>Ministry of Health, State Statistical Committee</p>
<p>Has a screening programme for cervical cancer been developed and implemented? What is its coverage? (additional indicator)</p>	<p>No</p>	<p>-</p>	<p>Ministry of Health</p>

ABORTION

<p>UPR Working Group Recommendation (2013)</p>	<p>09.101. Implement measures to prevent sex-selective abortions, and conduct educational campaigns about gender roles and the value of women and girls (Slovenia);</p>
<p>CEDAW Committee recommendations (2009 and 2015)</p>	<p>(2009) 33. The Committee urges the State party to improve women's access to high-quality health care, in line with its General Recommendation No. 24 (1999) on women and health, and take measures to:</p> <ul style="list-style-type: none"> (a) Intensify the efforts aimed at the reduction of maternal mortality through, inter alia, the provision of accurate information on the prevalence rates, the definition and measurement of the phenomenon; (b) Ensure the quality of antenatal, delivery and new-born care in order to lower maternal and neonatal mortality; (c) Promote family planning and reproductive health education through, inter alia, age appropriate sex education at schools; (d) Promote use of modern contraceptives among the population including through introduction of modern contraceptives into the Essential Drug List of the Ministry of Health; (e) Adopt without further delay the Law on Reproductive Health of the Population and Family Planning; (g) Ensure wider coverage with PMTCT (prevention of mother to child transmission) programmes and services especially in rural areas.
	<p>(2015) 13. The Committee recommends that the State party:</p> <ul style="list-style-type: none"> (c) Ensure that internally displaced women and girls have adequate access to health care services, education, as well as freedom of movement. <p>37. The Committee recommends that the State party ensure that rural women have adequate access to land, related resources, as well as social, health and other basic services and economic opportunities, new technologies as well as equal opportunities for women to participate in political and public life, in particular in decision-making processes at the community level. It recommends that the State party ensure the availability of childcare facilities and shelters for victims of domestic violence in rural areas.</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Abortion rate (CEDAW Committee, para. 34)	17.5 abortions per 1,000 women aged 15-49 (2010); 31 abortions per 1,000 women aged 15-49 (2012)	Database of the State Statistical Committee http://www.stat.gov.az/indexen.php	Ministry of Health, State Statistical Committee
Sex ratio at birth (UPR Working Group, para. 109.101)	The analysis of the statistical data on SRB demonstrates that the ratio of male to female population had been within the normal biological range up until early 1990s. The skewed indicators started to be observed thereafter with occasionally as high deviations as 118 men to 100 women and very minor decline (116) in the recent years: 105-106 males to 100 females (until early 1990s); 116 male to 100 females (2014)	Database of the State Statistical Committee http://www.stat.gov.az/indexen.php	State Committee for Family, Women and Children's Affairs, Ministry of Health, Ministry of Justice, Ministry of Labor and Social Protection of the Population, State Statistical Committee
Has the state undertaken any awareness-raising activities and public information campaigns to educate women and men, including public officials to address son-preference? (UPR Working Group, para. 109.101; CEDAW Committee (2015), para. 21(b))	The State Committee for Family, Women and Children Affairs organized several public awareness campaigns on the causes and consequences of sex-selective abortions	Programme documents, publications and reports of the State Committee for Family, Women and Children's Affairs www.scfwca.gov.az	State Committee for Family, Women and Children's Affairs
Has the state developed and adopted a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son-preference? (CEDAW Committee (2015), para. 21(a))	The Draft Law on Protection of Reproductive Health and Family Planning prohibits sex selective abortions, with the exception of when there is a possibility of high risk of genetic disorders because of the sex. The Law is pending approval by the National Parliament of the Republic of Azerbaijan. The Ministry of Labor and Social Protection of the Population drafted the State Programme on Demography and Population Development for 2015-2025. The draft State Programme includes a separate chapter to address sex-selective abortions.	The draft State Programme on Demography and Population Development http://www.mlspp.gov.az/az/pages/373	Cabinet of Ministers, Ministry of Labor and Social Protection of the Population, State Committee for Family, Women and Children Affairs
Has the State undertaken any measures to ensure that medical abortions up to 12-14 weeks of gestation use vacuum aspiration rather than dilation and curettage? (additional recommendation)	Although there is a clinical protocol on safe abortions, dilation and curettage is still widely used.	Clinical Protocol on Safe Abortions http://www.isim.az/upload/File/reports/84_tehlikesiz_abort.pdf	Ministry of Health

MATERNAL HEALTH

<p>UPR Working Group Recommendation (2013)</p>	<p>109.145. Continue to further promote access to and quality of health facilities and services, particularly in providing efficient care for children and mothers (Brunei Darussalam); 109.146. Make further efforts to implement the national strategy on reproductive health and set standards for maternal health (Bahrain);</p>
<p>CEDAW Committee recommendations (2009 and 2015)</p>	<p>(2009) 33. The Committee urges the State party to improve women's access to high-quality health care, in line with its General Recommendation No. 24 (1999) on women and health, and take measures to: (a) Intensify the efforts aimed at the reduction of maternal mortality through, inter alia, the provision of accurate information on the prevalence rates, the definition and measurement of the phenomenon; (b) Ensure the quality of antenatal, delivery and new-born care in order to lower maternal and neonatal mortality; (c) Promote family planning and reproductive health education through, inter alia, age appropriate sex education at schools; (d) Promote use of modern contraceptives among the population including through introduction of modern contraceptives into the Essential Drug List of the Ministry of Health; (e) Adopt without further delay the Law on Reproductive Health of the Population and Family Planning; (f) Adopt the Law on Food Fortification to address micronutrient deficiencies in women and children; (g) Ensure wider coverage with PMTCT (prevention of mother to child transmission) programmes and services especially in rural areas; and (h) Conduct awareness raising campaigns to ensure elimination of social stigma related to HIV.</p> <p>(2015) 13. The Committee recommends that the State party: (c) Ensure that internally displaced women and girls have adequate access to health care services, education, as well as freedom of movement.</p> <p>37. The Committee recommends that the State party ensure that rural women have adequate access to land, related resources, as well as social, health and other basic services and economic opportunities, new technologies as well as equal opportunities for women to participate in political and public life, in particular in decision-making processes at the community level. It recommends that the State party ensure the availability of childcare facilities and shelters for victims of domestic violence in rural areas.</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Maternal mortality ratio (disaggregated by age, urban/rural, education and wealth quintile) (CEDAW Committee (2009), para. 34)</p>	<p>According to international estimates, the MMR in Azerbaijan reduced significantly from 37 deaths per 100,000 live births in 1995 to 26 per 100,000 live births in 2013. However, this is still a high ratio, compared to the average 16 deaths per 100,000 live births in the industrialized world. National statistics are rather different: maternal mortality ratio reduced from 18.5-14.5 deaths per 100,000 live births between 2003 and 2013. This discrepancy is due to different definitions and inaccurate reporting. Not all national agencies use the ICD-10 definition, some still use the ICD-9 definition of maternal mortality as being from 13th week of gestation until the 14th day after childbirth.</p>	<p>Database of the State Statistical Committee http://www.stat.gov.az/source/demography/</p>	<p>Ministry of Health</p>
<p>Percentage of women who attended antenatal care at least four times during their pregnancy (disaggregated by age, urban/rural, education and wealth quintile) (CEDAW Committee (2009) para. 34, UPR Working Group, para. 109.146)</p>	<p>The coverage of antenatal care has improved but it is still low: in 2011 66.1 per cent of women attended antenatal care at least four times during their pregnancy, as recommended by the WHO. This included 77.2 per cent for urban areas and 48.3 per cent for rural areas.</p>	<p>Demographic and Health Surveys (2006, 2011)</p>	<p>Ministry of Health</p>
<p>Has the government put in place and implemented concrete policy measures to ensure that the factors contributing to high mortality rates are effectively addressed? (CEDAW Committee (2009), para. 34, UPR Working Group, para. 109.146)</p>	<p>There is no specific separate maternal health or maternal mortality reduction strategy. However, a new State Program on Advancement of Health of Mother and Child (2014-2020), stipulating a range of measures to protect maternal health in pregnancy, childbirth and post-partum period, was approved on 13 June 2014. The major goals of the State Programme have been specified as follows: improving the quality of health services and building the capacities of health personnel for improved health protection for mothers and children, continuing reforms in the field of perinatal healthcare, application of international criteria of the live birth definition, improving the material and technical basis of obstetric services, improving the quality and effectiveness of the health services provided to the new-born, infants, and other children, and increased awareness raising on reproductive health and family planning among the population. Key actions that concern maternal mortality reduction include the establishment of 22 maternity hospitals, and 152 facilities providing consultancy services on reproductive health to women. This will improve access to and quality of maternal healthcare.</p>	<p>Program of Measures for Protection of Health of Mothers and Children approved with the Decision No 211 of the Cabinet of Ministers of the Republic of Azerbaijan as of 15 September 2006. WHO, Azerbaijan: Maternal and Perinatal Health Profile (updated). http://www.who.int/maternal_child_adolescent/epidemiology/profiles/maternal/aze.pdf</p>	<p>Ministry of Health</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Has the government adopted and implemented a strategy that guarantees that pregnant women receive at least four antenatal appointments (CEDAW Committee (2009), para. 34) and iron supplementation (additional indicator)	According to the clinical protocol of the Ministry of Health, women with a normal pregnancy should have seven antenatal care visits. A sizeable minority of women do not attend four antenatal appointments, in line with the recommendations of the WHO. Many women do not receive iron supplements during pregnancy. The Law on Food Fortification to address micronutrient deficiencies in women and children has not yet been adopted.	Clinical protocol on antenatal care for the pregnant women http://www.adhti.edu.az/articles/klinik_protokol/65_Antenatal_qulluq2_W.pdf National Parliament www.meclis.gov.az	Ministry of Health
Has the government undertaken policy and other measures to ensure good quality maternity care? (CEDAW Committee (2009), para. 34, UPR Working Group, paras. 109.145 and 109.146)	A new State Program on Advancement of Health of Mothers and Children (2014-2020), stipulating a range of measures to protect maternal health in pregnancy, childbirth and post-partum period, was approved on 13 June 2014.	The State Program of Measures for Protection of Health of Mothers and Children approved with Decision No 211 of the Cabinet of Ministers of the Republic of Azerbaijan as of 15 September 2006.	Ministry of Health, Cabinet of Ministers
Has the government harmonized its measurement of maternal mortality with internationally recognized methodologies? (additional indicator)	There is no specific separate maternal health or maternal mortality reduction strategy. The significant difference between official and international definitions of maternal mortality, together with the different methodologies and techniques used in collecting and evaluating the data, makes the use of maternal mortality data very difficult. Available maternal mortality data do not distinguish between causes of maternal death. The measurement and definition of maternal mortality may not conform to international standards.	-	Ministry of Health, Cabinet of Ministers
Has the Law on Food Fortification been adopted? (CEDAW Committee (2015), para. 33)	No	-	Ministry of Health, National Parliament
Has the government ensured wider coverage of PMTCT (prevention of mother to child transmission) programmes and services? (CEDAW Committee (2015), para. 33)	There is an adequate coverage of PMTCT. In 2011, it was reported that there were about 1000 women aged 15 or over living with HIV in Azerbaijan. In 2010-11 there were 48 pregnant women discovered to be living with HIV. In the same period, 21 of these women's children were discovered to be living with HIV. The total number of children who had been registered as being infected from their mothers as of 1 January 2011 was 32. However, in recent years, testing has more frequently revealed HIV during pregnancy, rather than during birth or after – the proportion of pregnant women living with HIV whose HIV positive status was revealed before giving birth rose from 62.1 in 2008 to 81.2 per cent in 2011. This is a result of wider coverage of PMTCT programming.	UNAIDS Azerbaijan Report on the progress regarding global measures to address AIDS: Azerbaijan Republic (2012) available at: http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_AZ_Narrative_Report_per_cent5B1_per_cent5D.pdf	Ministry of Health

VIOLENCE AGAINST WOMEN

<p>UPR Working Group Recommendation (2013)</p>	<p>109.81. Adopt the necessary measures to ensure an adequate implementation of reforms in the area of gender violence (Spain); 109.82. Strengthen measures to combat violence against women and children (Senegal); 109.83. Take further measures to develop an effective implementation and monitoring mechanism for the law on domestic violence, especially to grant access to justice for women victims of violence and guarantee their protection (Italy);</p>
<p>CEDAW Committee recommendations (2009 and 2015)</p>	<p>(2009) 22. The Committee urges the State party to accelerate the adoption of the draft law on domestic violence and to ensure that it contains provisions pertaining to sexual violence within the family. The Committee requests the State party to continue its efforts to combat violence against women and girls, in particular domestic violence. It recommends that the State party pursue its public awareness campaigns to combat all forms of violence against women through the media and education programmes. It calls upon the State party to ensure that women and girls who are victims of violence have access to immediate means of redress and protection, including protection orders and the availability of a sufficient number of adequate shelters in all regions. The Committee recommends that legal aid continue to be made available to all victims of violence, including through the establishment of legal aid clinics, especially in rural areas. It also requests the implementation of training for the judiciary and public officials, in particular law enforcement personnel, health- service providers and community development officers, in order to ensure that they are sensitized to all forms of violence against women and girls and can provide adequate gender-sensitive support to victims. The Committee calls on the State party to amend its Criminal Code. It reiterates its previous recommendation that the State party should conduct research on the prevalence, causes and consequences of all forms of violence against women, including domestic violence, to serve as the basis for comprehensive and targeted intervention.</p> <p>(2015) 23. Recalling its General Recommendation No. 19 (1992) on violence against women, the Committee urges the State party to: (a) Adopt without delay the National Strategy on Prevention of Domestic Violence and the National Action Plan on Prevention of Domestic Violence, and allocate adequate resources for their implementation; (b) Put in place a system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim; (c) Establish state-funded support and referral centres for victims of violence throughout the country, and strengthen cooperation with relevant non-governmental organizations in this respect; (d) Increase the number of state-funded shelters for women victims of violence especially in the regions, and establish a 24/7 national helpline for victims; and (e) Set a timeframe for the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Proportion of women aged 15-49 who have ever experienced physical or sexual violence from an intimate partner (disaggregated by region, IDP/refugee status) (CEDAW Committee, (2015), para. 23(b))</p>	<p>The survey findings show that almost a quarter (24 per cent) of women had suffered from non-partner and intimate violence since 15 years of age, and that women were more likely to suffer violence from an intimate partner or close family member. 15 per cent of respondents had suffered from physical violence, whilst a quarter of ever-partnered women had been subject to emotional abuse by an intimate partner during their lifetimes. Less than one per cent of women exposed to intimate partner violence reported the use of formal services for protection against partner abuse.</p>	<p>National Survey Report on Violence Against Women in Azerbaijan (UNFPA, 2011)</p>	<p>State Committee for Family, Women and Children's Affairs, Ministry of Internal Affairs, Ministry of Health, State Statistical Committee</p>
<p>Number of incidents of sexual violence reported to law enforcement or health professionals in the past five years (CEDAW Committee (2009), para. 22)</p>	<p>Violence against women is widespread in Azerbaijan, both within public and private spheres. According to a recent estimate, from 1 January 2011 to November 2013, there were 4,053 reported cases of domestic violence and 9,140 cases of violence against women in the community. According to statistics provided by the State Statistical Committee, there were thirteen reported rapes and attempted rapes in 2013, however it is important to emphasize that women often do not report rape, including when committed by a spouse or partner.</p>	<p>The database of the State Committee for Family, Women and Children's Affairs, State Statistical Committee, Ministry of Health, Ministry of Internal Affairs, Ministry of Justice</p>	<p>State Committee for Family, Women and Children's Affairs, Ministry of Internal Affairs, Ministry of Health, Ministry of Justice, State Statistical Committee</p>
<p>Have the Criminal and Criminal Procedural Codes been revised to include provisions on the particular needs and rights of women facing domestic violence? (CEDAW Committee (2009), para. 22)</p>	<p>No</p>	<p>-</p>	<p>National Parliament</p>
<p>Has the definition of rape been changed in the Criminal Code to non-consent? (CEDAW Committee (2009), para. 22)</p>	<p>No</p>	<p>-</p>	<p>National Parliament</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Has the Law on Prevention of Domestic Violence been amended to ensure that mediation and reconciliation do not prevail over the protection of women's human rights? (CEDAW Committee, para. 22; SRVAW, para. 81)</p>	No	-	National Parliament
<p>Has the Government approved and adopted a comprehensive multi-sectoral national strategy including the draft National Action Plan on combating violence against women, combining prevention and protection programmes, as provided in the Law on Prevention of Domestic Violence? (UPR Working Group paragraphs 109.81 and 109.83; SRVAW, para. 84.c)</p>	No	-	State Committee for Family, Women and Children's Affairs, Cabinet of Ministers
<p>Have State-funded public support/referral centers for victims of domestic violence been put in place throughout the country to provide them with legal and medical assistance, psychological rehabilitation, social protection and allowances, and emergency shelter, among others, on a no cost basis? (CEDAW Committee (2009), para. 22; SRVAW, para. 84(c)(i))</p>	<p>The Ministry of Labor and Social Protection established a Commission for Accreditation of Non-Governmental Support Centers for Victims of Domestic Violence with the Order of November 19, 2013. At the moment the Commission has granted accreditation to eight non-governmental support centers – 5 in Baku, 2 in Ganja and 1 in Sumgayit. These support centers function with the support of the Ministry of Labor and Social Protection of Population and the Council on State Support to NGOs under the Auspices of the President of the Republic of Azerbaijan (the NGO State Support Council). However, given the lack of adequate policy measures and financial resources the vast majority of these centers is not in a capacity to provide a full-fledged spectrum of protective and rehabilitative services to the women victims of domestic violence.</p>	<p>The rules and regulations issued by the Ministry of Labor and Social Protection of the Population http://www.mlsp.gov.az/az/pages/284</p> <p>The database of the State Committee for Family, Women and Children's Affairs http://scfwca.gov.az/?page_id=874</p>	<p>Ministry of Labor and Social Protection of the Population, State Committee for Family, Women and Children's Affairs</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Are there systematic efforts towards societal transformation to address traditional gender roles and stereotypes limiting the personal, social, economic, and political freedom of women, which are consistent and systematic and target all population groups including the most vulnerable groups of the women? (CEDAW Committee (2015), para. 21(d); SRVAW para. 86)</p>	<p>No</p>	<p>-</p>	<p>State Committee for Family, Women and Children's Affairs, Ministry of Education</p>
<p>Is there systematic and ongoing data collection on violence against women, including qualitative and quantitative data? (CEDAW Committee (2015), para. 23(b))</p>	<p>The national survey on domestic violence against women was undertaken in 2008 by the Government and the UNFPA. The survey provides data on the prevalence rates, root causes, and consequences of violence against women as well as women's coping strategies. No follow-up surveys have since been held with the use of the same methodology.</p>	<p>National Survey Report on Violence Against Women in Azerbaijan (UNFPA, 2011)</p>	<p>State Committee for Family, Women and Children's Affairs, State Statistical Committee</p>
<p>Is there a chapter on domestic violence in the most recent DHS survey? (CEDAW Committee (2009), para. 22; SRVAW, paragraphs 87(a)-87(d))</p>	<p>Although there was a chapter on domestic violence in DHS 2006, the chapter was removed in DHS 2011.</p>	<p>Demographic and Health Surveys (2006, 2011)</p>	<p>Ministry of Health</p>
<p>Has the Government developed a national databank, hosting a standardized and centralized information system, to incorporate information on the cases of violence occurring as well as any follow-up action and results? (CEDAW Committee (2009), para. 22, SRVAW, paragraphs 85(f)-85(g), 87(a))</p>	<p>The State Committee for Family, Women and Children's Affairs is currently working on the development of the databank hosting a standardized and centralized information system, to incorporate information on the cases of violence occurring as well as any follow-up action and results.</p>	<p>The database of the State Committee for Family, Women and Children's Affairs http://scfwca.gov.az/?page_id=874</p>	<p>State Committee for Family, Women and Children's Affairs</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Has the Government established a State-funded network of shelters to accommodate the victims of violence through necessary refuge, protection and rehabilitation? (CEDAW Committee (2015), para. 23(c); SRVAW, para.84(c)(1))</p>	<p>No. The Ministry of Labor and Social Protection established a Commission for Accreditation of Non-Governmental Support Centers for Victims of Domestic Violence with the Order of November 19, 2013. At the moment the Commission has granted accreditation to eight non-governmental support centers – 5 in Baku, 2 in Ganja and 1 in Sumgayit. These support centers function with the support of the Ministry of Labor and Social Protection of the Population and the Council on State Support to NGOs under the Auspices of the President of the Republic of Azerbaijan (the NGO State Support Council). However, given the lack of adequate policy measures and financial resources the vast majority of these centers is not in a capacity to provide a full-fledged spectrum of protective and rehabilitative services to the women victims of domestic violence. The 3 NGOs providing inter alia sheltering services to the victims of violence and functioning under the authority of the Ministry of Labor and Social Protection of the Population with the financial support of the NGO State Support Council and international donor agencies are providing a set of services to the victims of human trafficking and children victims of domestic violence. The “Clean World” Public Union in Baku functions to accommodate the victims of domestic violence alongside the victims of human trafficking. The shelter at the Azerbaijan Children Union in Baku accommodates child victims of domestic violence and the shelter at the “Temas” Public Union in Ganja is also mainly for the victims of human trafficking.</p>	<p>The rules and regulations issued by the Ministry of Labor and Social Protection of the Population http://www.mlsp.gov.az/az/pages/284 http://www.mlsp.gov.az/az/pages/284</p>	<p>Ministry of Labor and Social Protection of the Population</p>
<p>Has a 24/7 national helpline for the victims of domestic violence been launched? (CEDAW Committee (2009), para. 22; SRVAW, para.84(c)(1))</p>	<p>No</p>	<p>-</p>	<p>State Committee for Family, Women and Children's Affairs, Ministry of Labour and Social Protection of Population</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Have the process and mechanisms for issuing the long- and short-term protection orders stipulated in the Law on Prevention of Domestic Violence (art.10) been operationalized? (CEDAW Committee (2009), para. 22; SRVAW para. 85(e))</p>	<p>The process and mechanism of issuing the long- and short-term protection orders stipulated in the Law on Prevention of Domestic Violence is not well-developed yet. The problem is also complicated by the fact that long-term protection orders can only be issued if and when perpetrators violate a short-term order, and since local executive bodies rarely issue short-term orders, courts almost do not de facto issue long-term protection orders. As mentioned above, there were 3 court cases on long-term protection orders in 2013; and one case in 2014. All 4 cases had place in Baku.</p>	<p>The registries of the Ministry of Internal Affairs, Ministry of Justice, local executive authority bodies.</p>	<p>Ministry of Internal Affairs, Ministry of Justice, local executive authority bodies</p>
<p><i>Human resources:</i></p> <ul style="list-style-type: none"> - Has the State ensured that duly trained human resources are available to identify and assist the victims and act in a professional and non-judgmental manner? (CEDAW Committee (2009), para. 22; SRVAW, paragraph 85(a)-85(d)) - Have efforts been made to increase the number of women officers at police stations and courts? (CEDAW Committee (2009), para. 22, SRVAW, para. 84(g)) - Are there adequately trained social workers in a capacity to provide holistic and targeted social rehabilitation support to the women victims of violence and their families? (CEDAW Committee (2009), para. 22) 	<p>Although series of awareness raising sessions have been held for the service personnel of justice, law enforcement and health institutions, these events do not qualify as either pre or in-service trainings. Thus, there is still a lack of resources in this process. While the number of women at police stations and courts has increased, it is not satisfactory to accommodate the needs of women victims of DV and their family members.</p>	<p>Training curricula for the service providers (health, justice, social protection, law enforcement)</p>	<p>Ministry of Internal Affairs, Ministry of Justice, Ministry of Health, Ministry of Labour and Social Protection of the Population</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Has the Government developed mandatory and voluntary prevention programmes to work with perpetrators of domestic violence? (additional indicator)</p>	<p>On December 19, 2011, the Cabinet of Ministers adopted the Rules guiding organization of the prophylactic registry of the persons committing domestic violence and correctional-preventive work with them. However, it is not being implemented.</p>	<p>Rules and regulations of the responsible Government agencies</p>	<p>Ministry of Internal Affairs, Ministry of Justice, Ministry of Health, local executive authority bodies</p>
<p>Are there mechanisms and procedures to ensure the participation of women survivors of violence in the formulation, implementation and monitoring of strategies and programmes on violence against women? (additional indicator)</p>	<p>No</p>	<p>-</p>	<p>State Committee for Family, Women and Children's Affairs</p>
<p>Has the Government ratified the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence? (CEDAW Committee (2015), para. 23(e))</p>	<p>No</p>	<p>-</p>	<p>National Parliament, State Committee for Family, Women and Children's Affairs</p>
<p>Has the government set a timeframe for the ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence? (CEDAW Committee (2015), para.23 (e))</p>	<p>No</p>	<p>-</p>	<p>National Parliament, State Committee for Family, Women and Children's Affairs</p>
<p>What further legal, policy, budgetary and other measures have been taken by the Government to address violence against women? (additional indicator)</p>	<p>The National Strategy and National Action Plan on Prevention of DV is still not approved which impedes the development of effective national implementation framework to provide the victims of DV with the necessary protection measures.</p>	<p>-</p>	<p>State Committee for Family, Women and Children's Affairs, Cabinet of Ministers, Ministry of Finance</p>

EDUCATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

UPR Working Group Recommendation (2013)	-
CEDAW Committee recommendations (2009 and 2015)	(2015) 33. The Committee urges the State party to improve women's access to high-quality health care, in line with its General Recommendation No. 24 (1999) on women and health, and take measures to: (c) Promote family planning and reproductive health education through, inter alia, age appropriate sex education at schools;

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Has the Government developed and fully implemented a national strategy or plan to ensure access to comprehensive and accurate education on sexual and reproductive health and rights both in and out of schools? (CEDAW Committee (2009), para. 34) Please take into account the following considerations:</p> <ul style="list-style-type: none"> - Is education on sexual and reproductive health and rights set out as mandatory and provided throughout schooling in an age-appropriate manner? - Does the content of programs follow international human rights norms and comprehensive sexuality education guidelines developed by UNESCO? - Are there restrictions, e.g. parental authorization? - Are programs available to disabled children in a manner that is accessible to them? (CEDAW Committee (2009), para. 34) 	No. Education on sexual and reproductive health and rights is not included in either formal or informal education curriculum , The issue is, however, being currently considered by the Ministry of Education.	-	Ministry of Education, Ministry of Health
To what extent has the Government developed curricula and teacher-training material on education on sexual and reproductive health and rights? (CEDAW Committee (2009), para. 34)	Education on sexual and reproductive health and rights is not included in either formal or informal education curriculum , The issue is, however, being currently considered by the Ministry of Education.	-	Ministry of Health, Ministry of Education
Are existing teachers and students of pedagogy taught about teaching education on sexual and reproductive health and rights? Are they sensitized to the various needs of students and on the importance of scientific accuracy free from myths and stereotypes? (CEDAW Committee (2009), para. 34)	No	-	Ministry of Education, Ministry of Health
What measures has the state taken to ensure that religious, social or other beliefs, practices and institutions do not impede individuals' access to comprehensive education on sexual and reproductive health and rights? (CEDAW Committee (2009), para. 34)	Education on sexual and reproductive health and rights is not included in either formal or informal education curriculum.	-	Ministry of Health, Ministry of Education

HIV/AIDS

UPR Working Group Recommendation (2013)	-
CEDAW Committee recommendations (2009 and 2015)	<p>(2015)</p> <p>33. The Committee urges the State party to improve women's access to high-quality health care, in line with its General Recommendation No. 24 (1999) on women and health, and take measures to:</p> <p>(h) Conduct awareness raising campaigns to ensure elimination of social stigma related to HIV.</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Number of women, and pregnant women, known to be living with HIV/AIDS (CEDAW Committee, (2015), para. 33(h))	In 2013, there were 41 49 people living with HIV registered in treatment institutions. In 2011, it was reported that there were about 1000 women aged 15 or over living with HIV in Azerbaijan. In 2010-11 there were 48 pregnant women discovered to be living with HIV.	Data provided by the State Statistical Committee.	Ministry of Health
Number of cases of MTCT of HIV (CEDAW Committee (2015), para 33)	In 2010-11 there were 48 pregnant women discovered to be living with HIV. In the same period, 21 of these women's children were discovered to be living with HIV. The total number of children who had been registered as being infected from their mothers as of 1 January 2011 was 32. However, in recent years, testing has more frequently revealed HIV during pregnancy, rather than during birth or after – the proportion of pregnant women living with HIV whose HIV positive status was revealed before giving birth rose from 62.1 in 2008 to 81.2 per cent in 2011. This is a result of wider coverage of PMTCT programming. In 2011, 74.2 per cent of pregnant women living with HIV received antiretroviral therapy, and 88.5 per cent of their children were tested within two months of birth.	Data provided by the State Statistical Committee	Ministry of Health

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>What percentage of women of reproductive age has heard of HIV/AIDS? (Disaggregated by age, education, wealth quintile, urban/rural residence) (CEDAW Committee (2015), para 33(h))</p>	<p>Only one fifth of women in Azerbaijan have comprehensive knowledge about HIV/AIDS prevention and transmission. 71.5 per cent of women aged 15-49 have heard of AIDS, but only 50.1 per cent of 15-19 year-olds have heard of it (DHS 2011). Urban female respondents (78 per cent) to the DHS were more likely to have heard of AIDS than rural respondents (60.3 per cent). Education and wealth also affect correct and comprehensive knowledge of AIDS, and there is regional variation (DHS 2011). 35.9 percent of women said that they knew of a place where one can get an HIV test (DHS 2011).</p>	<p>Demographic and Health Surveys (2006, 2011)</p>	<p>Ministry of Health,</p>
<p>What percentage of women of reproductive age has comprehensive knowledge about transmission and prevention of HIV? (Disaggregated by age, education, wealth quintile, urban/rural residence) (CEDAW Committee (2015), para 33(h))</p>	<p>71.5 per cent of women aged 15-49 have heard of AIDS, but only 50.1 per cent of 15-19 year-olds have heard of it. Urban female respondents (78 per cent) to the DHS were more likely to have heard of AIDS than rural respondents (60.3 per cent). Education and wealth also affect correct and comprehensive knowledge about AIDS, and there is regional variation (DHS 2011). 35.9 percent of women said that they knew of a place where one can get an HIV test (DHS 2011).</p>	<p>Demographic and Health Surveys (2006, 2011)</p>	<p>Ministry of Health</p>
<p>To what extent has the state developed and implemented effective public information campaigns that inform how to protect oneself from HIV and which counter the stigma and discrimination faced by persons living with HIV/AIDS? (CEDAW Committee (2015), para 33(h))</p>	<p>The Ministry of Health organized public information campaigns in Baku and regions. There is an anonymous hotline at the Ministry of Health providing information on HIV. The Government reports that some information sessions on HIV prevention have been conducted amongst vulnerable groups.</p>	<p>Information portal of the Ministry of Health http://www.sehiyye.gov.az/</p>	<p>Ministry of Health</p>
<p>What measures has the state taken to eliminate discrimination against people living with HIV? (additional indicator)</p>	<p>The DHS 2011 revealed a problem of stigma and discrimination relating to HIV/AIDS: “9.2 per cent of women say that they would not want to keep secret that a family member was infected with the AIDS virus and 44.6 per cent of women say they would be willing to care for a family member with the AIDS virus in their home. In contrast, only 21.8 per cent of women say that an HIV-positive teacher should be allowed to continue teaching and only 21.3 per cent of women would buy fresh food from a shopkeeper with HIV.”</p>	<p>Demographic and Health Surveys (2006, 2011)</p>	<p>Ministry of Health, Ministry of Education, State Committee for Family, Women and Children’s Affairs</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>What measures has the State taken to eliminate involuntary or punitive measures in HIV testing, prevention, or treatment programs, such as the involuntary HIV testing of pregnant or high-risk groups? (additional indicator)</p>	<p>HIV testing of pregnant women is often carried out without their consent. Forced testing enforced by law enforcement bodies is common among marginalized populations, such as sex workers, injecting drug users and men who have sex with men. Article 38-4 of the Code of Administrative Offences states that if a person, who had sexual intercourse with a person and who is infected with a STI or HIV, refuses testing, he/she will be subject to administrative penalty of 80-120 AZN.</p>	<p>-</p>	<p>Ministry of Health</p>
<p>To what extent has the State developed and implemented a national strategy or plan aimed at ensuring prevention, treatment, and control of HIV, including by ensuring access to prevention and treatment programs (including programs to reduce parent-to-child transmission)?</p>	<p>The National Strategic Plan on Prevention of the HIV Infection and National Program on HIV/AIDS prevention and control are still pending. It is currently under consideration at the Cabinet of Ministers.</p>	<p>-</p>	<p>Ministry of Health, Cabinet of Ministers</p>
<p>Is access to antiretrovirals free in practice? (additional indicator)</p>	<p>In 2010, a new Law on Prevention of Spread of the Diseases caused by AIDS was adopted. It guarantees free access to health care and medicines of citizens, stateless persons and foreigners with legal permanent residence in Azerbaijan infected with AIDS. Medical testing for AIDS is also free at state medical institutions (Article 4.0.6). However, NGOs working in the field of HIV prevention report that people living with HIV have to pay for treatment as the therapy is limited.</p>	<p>UNAIDS Azerbaijan Report on the progress regarding global measures to address AIDS: Azerbaijan Republic (2012) available at: http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_AZ_Narrative_Report_per_cent5B1_per_cent5D.pdf</p>	<p>Ministry of Health</p>

GENDER STEREOTYPING

UPR Working Group Recommendation (2013)	-
CEDAW Committee recommendations (2009 and 2015)	<p>(2015) 21. The Committee urges the State party to:</p> <ul style="list-style-type: none"> (a) Adopt, without delay, a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son-preference; (b) Vigorously address the stereotypes underlying son-preference by intensifying efforts to educate women and men, including public officials, and raise their awareness of existing sex-based stereotypes that persist in all spheres of society, with a view to eliminating them; (c) Raise awareness of the media, including radio, television and printed media, on the need to eliminate gender stereotypes by portraying positive images of women as active participants in social, economic and political life; (d) Regularly monitor and review the measures taken to eliminate gender stereotypes in order to assess their impact. <p>(2015) 15. The Committee recommends that the State party:</p> <ul style="list-style-type: none"> (b) Adopt a National Action Plan on gender equality

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>What actions has the Government taken to revise the content of school teaching materials and the curriculum to address gender stereotyping? (CEDAW Committee (2009), para. 20)</p>	<p>No</p>	<p>UNDP/SCFWCA, Azerbaijan Human Development Report Gender attitudes in Azerbaijan: trends and challenges (Baku, Azerbaijan, 2007); UNFPA/SCFWCA National Survey Report on Violence Against Women in Azerbaijan (Baku, Azerbaijan, 2011); UNFPA/SCFWCA, Qualitative Assessment of Violence Against IDP Women in Azerbaijan (Baku, Azerbaijan, 2011); UNFPA/SCFWCA School curriculum/textbooks</p>	<p>State Committee for Family, Women and Children's Affairs, Ministry of Education</p>
<p>Has the Government encouraged the mass media to promote changes as regards the roles and images of men and women? (CEDAW Committee (2009), para. 20)</p>	<p>No</p>	<p>Education curriculum of media personnel</p>	<p>National TV and Radio Council, National Press Council, State Committee for Family, Women and Children's Affairs</p>
<p>Has the Government undertaken any measures to draft and adopt a multi-sectorial Plan of Action aimed at eliminating the phenomenon of son preference (CEDAW Committee (2015), para. 21(a))</p>	<p>Although the National Action Plan on Gender Equality is still not available, the Ministry of Labour and Social Protection of Population drafted the State Programme on Demography and Protection of Population for 2015-2025. The State Programme includes some paragraphs on combating sex-selective abortions.</p>	<p>The draft State Programme on Demography and Population Development http://www.mlsp.gov.az/az/pages/373</p>	<p>State Committee for Family, Women and Children's Affairs, Ministry of Labour and Social Protection of the Population</p>

PRIVACY AND CONFIDENTIALITY

UPR Working Group Recommendation (2013)	-
CEDAW Committee recommendations (2009 and 2015)	-

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Have laws regarding privacy and confidentiality been implemented in practice? (additional indicator)	The Constitution, Law on Obtaining Information, and Law on Personal Data guarantee the rights to privacy and confidentiality. Article 53 of the Law on Protection of Population's Health (26 June 1997) provides for privacy and confidentiality.	National Parliament www.meclis.gov.az	Ministry of Internal Affairs, State Committee for Family, Women and Children's Affairs, Local executive authority bodies

PARTICIPATION

<p style="text-align: center;">UPR Working Group Recommendation (2013)</p>	<p>109.64. Create public policies for equality of opportunities and affirmative action to combat the low participation of women in public life, especially in decision-making bodies, including Parliament, the Government, the diplomatic service, regional and local municipalities and the upper level of the judiciary (Ecuador);</p> <p>109.65. Continue its efforts to enhance its domestic framework on the protection of the rights of women and further encourage women to participate actively in the economy and public life (Singapore);</p>
<p style="text-align: center;">CEDAW Committee recommendations (2009 and 2015)</p>	<p>(2015)</p> <p>9. The Committee recommends that the State party:</p> <ul style="list-style-type: none"> (a) Raise awareness among women about their rights under the Convention and on the procedures under the Optional Protocol thereto; (b) Encourage women to report cases of sex- and gender-based discrimination to the relevant judicial and quasi-judicial bodies; (c) Further strengthen legal education and capacity building programmes for judges, prosecutors and lawyers on the Convention, the Optional Protocol, the Committee's General Recommendations and the Committee's views on individual communications and inquiries, to enable them to invoke and/or refer to the provisions of the Convention directly to interpret national legislation in line with the Convention. <p>17. The Committee urges the State party to:</p> <ul style="list-style-type: none"> (a) Review the legislative amendments and ensure that they do not adversely affect the activities of non-governmental and civil society organizations, in particular women's organisations, and ensure an enabling environment in which women's organizations can be freely established and may freely operate and mobilise resources; (b) Ensure full respect for the rights of women journalists and human rights defenders.

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Has the government implemented the law on public participation? (UPR 109.26-28)	The Law entered into force on June 1, 2014. The Cabinet of Ministers adopted the relevant Regulations for implementation of the Law.	The Law on public participation http://www.president.az/articles/10814 Regulations for the implementation of the Law http://www.cabmin.gov.az/?/az/pressreliz/view/1355/	Cabinet of Ministers, NGO State Support Council
What measures have been put in place to ensure the active and meaningful participation of groups in a particular situation of marginalization and exclusion, including but not limited to adolescents? (CEDAW Committee, para. 14; UPR 109.26-28)	-	-	Central and local executive authority bodies
What measures have been put in place to enhance women's participation in public life, especially in decision-making bodies, including Parliament, the Government, the diplomatic service, regional and local municipalities and the upper level of the judiciary (UPR 109.64-109.65)	The law on the Provisions of Gender Equality was adopted in 2006. However, there is no an effective implementation framework including the respective policy documents. Hence, in practice women continue to be underrepresented in state structures. In the context of civil society, there are around sixty non-governmental women's organizations working for the promotion and protection of women's rights.	-	Cabinet of Ministers State Committee for Family, Women and Children's Affairs
Has the Government collected data on participation? (additional indicator)	There is limited data available on participation. From the research undertaken for this report, it appears that there was limited participation of rights-holders in the planning, development, implementation and monitoring of relevant laws, policies, and programmes.	-	State Committee for Family, Women and Children's Affairs, State Statistical Committee, Cabinet of Ministers

DATA COLLECTION

UPR Working Group Recommendation (2013)	-
CEDAW Committee recommendations (2009 and 2015)	<p>(2009)</p> <p>42. The Committee calls upon the State party to strengthen its system of data collection, including through the use of measurable indicators to assess trends in the situation of women and progress towards women’s de facto equality. It invites the State party, if necessary, to seek international assistance for the development of such data-collection and analysis efforts. The Committee also requests the State party to include in its next report statistical data and analysis, disaggregated by sex and by rural and urban areas, indicating the impact of policy and programmatic measures and the results achieved.</p>
	<p>(2015)</p> <p>23. Recalling its General Recommendation No. 19 (1992) on violence against women, the Committee urges the State party to:</p> <p>(b) Put in place a system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim;</p> <p>25. The Committee recommends that the State party:</p> <p>(e) Improve data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Has the State party strengthened its system of data collection, including through the use of measurable indicators to assess trends in the situation of women and progress towards women's de facto equality. (CEDAW Committee (2009), para 42)</p>	<p>Health data, which is an essential element for accountability, is published annually by the Statistical Department of the Ministry of Health. It includes: 1) morbidity specified by type of disease; 2) mortality specified by causes of death; 3) infant deaths, including perinatal and early neonatal deaths; 4) maternal mortality specified by cause of death; 5) data on maternal and health services; and 6) the number of health facilities, medical personnel, hospital beds, and length of the average hospital stay</p>	<p>DHS reports, Database of the State Statistical Committee http://www.stat.gov.az/source/demography/</p>	<p>State Statistical Committee, State Committee for Family, Women and Children's Affairs, Ministry of Health</p>
<p>Has data been collected on street children? (CEDAW Committee (2015), para. 25(e))</p>	<p>Limited data are available</p>	<p>Database of the State Statistical Committee http://www.stat.gov.az/</p>	<p>Ministry of Internal Affairs, State Statistical Committee, State Committee for Family, Women and Children's Affairs</p>
<p>Has the Government undertaken measures to improve systematic data collection on domestic violence? (CEDAW Committee (2009), para. 22(b))</p>	<p>In 2011, the National Survey Report on Violence Against Women in Azerbaijan (2008) was published. The report provides reliable and representative data on violence against women in the country, and provides an important evidence base for targeted policies and programmes. No follow-up surveys have since been held with the use of the same methodology.</p>	<p>National Survey Report on Violence Against Women in Azerbaijan (UNFPA, 2011), Database of the State Statistical Committee http://www.stat.gov.az/</p>	<p>State Statistical Committee, State Committee for Family, Women and Children's Affairs</p>
<p>Has the Government undertaken measures to put in place a system of comprehensive data collection on all forms of violence against women, disaggregated by age, urban and rural areas, and relationship between the perpetrator and the victim? (CEDAW Committee, para. 23(b))</p>	<p>In 2011, the National Survey Report on Violence Against Women in Azerbaijan (2008) was published. The report provides reliable and representative data on violence against women in the country, and provides an important evidence base for targeted policies and programmes. No follow-up surveys have since been.</p>	<p>National Survey Report on Violence Against Women in Azerbaijan (UNFPA, 2011) Database of the State Statistical Committee http://www.stat.gov.az/</p>	<p>State Statistical Committee, State Committee for Family, Women and Children's Affairs</p>

ACCOUNTABILITY

UPR Working Group Recommendation (2013)	-
CEDAW Committee recommendations (2009 and 2015)	-

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Has the state adopted time limits in respect of administrative or judicial safeguards in cases, such as abortion, or domestic violence, where time is critical? (additional indicator)	The Courts shall consider an application on issuing of long-term protective order within 3 days. Complaint on domestic violence shall be considered and decided within 5 days.	Civil Procedural Code (Art. 355-3) http://www.e-qanun.az/code/9 Rules of the Cabinet of Ministers for handling referrals of cases of domestic violence where the acts are not regarded as of a criminal nature (24 February 2012) http://www.e-qanun.az/framework/23241	Cabinet of Ministers, State Committee for Family, Women and Children's Affairs
How many cases on SRHR have been decided by the courts? (additional indicator)	Not available	-	-
What activities have been undertaken by the Commissioner for Human Rights in respect of SRHR? (additional indicator)	The Commissioner for Human Rights covers some issues concerning SRHR in the framework of her mandate. This includes active participation in the development of the legal and policy framework on reproductive health as well as consideration and handling of the applications from the persons facing violations of their sexual and reproductive health rights.	Annual reports of the Commissioner for Human Rights http://ombudsman.gov.a/view.php?lang=az&menu=125	The Commissioner for Human Rights (Ombudsman)

ADOLESCENTS/EARLY MARRIAGE

UPR Working Group Recommendation (2013)	109.100. Adopt urgent measures to eradicate the practice of unregistered marriages, through public awareness campaigns in order to ensure that no marriage takes place before the legal age of marriage (Uruguay);
CEDAW Committee recommendations (2009 and 2015)	<p>(2015) 39. The Committee urges the State party to:</p> <p>(a) Prevent early and child marriages through monitoring of school drop-out of girls as well as by systematic investigation, prosecution and punishment of all those involved by law enforcement agencies [in line with GR 31];</p> <p>(b) Take all necessary measures to enforce the prohibition on conducting religious marriages (“Kabin”) without the prior formal registration, as well as to safeguard the rights of girls and women in unregistered marriages and their children [in line with GR 29]</p> <p>(c) Take the legislative measures necessary to recognize intangible property, such as pension and insurance benefits, as part of the joint property to be divided upon divorce.</p>

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Number of reported early marriages (per year) (CEDAW Committee (2009), para. 40)	-	-	State Committee for Family, Women and Children’s Affairs, State Statistical Committee
Has the Government undertaken public awareness campaigns, including in rural areas, in order to ensure that no marriage takes place before the legal age of marriage? (CEDAW Committee (2009), para. 40; UPR Working Group, para. 109.100)	The State Committee for Family, Women and Children’s Affairs, the Office of the Commissioner for Human Rights, international organizations and civil society organizations have run series of educational and awareness raising campaigns to prevent the phenomenon of early marriages.	Information portal of the State Committee for Family, Women and Children’s Affairs www.scfwca.gov.az	Ministry of Education State Committee for Family, Women and Children’s Affairs

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
Are early/forced marriages included in gender-sensitive programmes in school curricula? (CEDAW Committee (2009), para. 40; UPR Working Group, para. 109.100)	No	-	Ministry of Education State Committee for Family, Women and Children's Affairs
Has the Government undertaken necessary measures to enforce the prohibition on conducting religious marriages ("Kabin") without prior formal registration, as well as to safeguard the rights of girls and women in unregistered marriages and their children? (CEDAW Committee (2015),para. 39(c))	The Government has taken important measures to address early marriage, including raising the age of marriage to eighteen for both men and women (2011).	Family Code of Azerbaijan Republic	Cabinet of Ministers, Ministry of Internal Affairs, State Committee for Family, Women and Children's Affairs
To what extent has the state implemented appropriate sensitization and training programmes for police, prison officers, border guards, immigration officers and other law enforcement personnel? (UPR Working Group 2011, para. 96.7)	The government bodies including the State Committee for Family, Women and Children's Affairs, the Office of the Commissioner for Human Rights, international organizations and civil society organizations have run some educational and awareness raising campaigns to prevent the phenomenon of early marriages.	Information portal of the State Committee for Family, Women and Children's Affairs www.scfwca.gov.az	Ministry of Justice, Ministry of Internal Affairs, State Committee for Family, Women and Children's Affairs
To what extent has the State developed public information campaigns to counter homophobia and transphobia among the general public and targeted anti-homophobia campaigns in schools? (additional indicator)	-	-	State Committee for Family, Women and Children's Affairs, Ministry of Education

TRAFFICKED WOMEN

<p>UPR Working Group Recommendation (2013 unless otherwise stated)</p>	<p>-</p>
<p>CEDAW Committee recommendations (2009 and 2015)</p>	<p>(2015) 25. The Committee recommends that the State party:</p> <ul style="list-style-type: none"> (a) Provide local Commissions on the Affairs and Human Rights of Minors with the necessary human, financial and technical resources enabling them to identify, respond to and prevent cases of women and girls being sold into prostitution, or subjected to organ trafficking and slave labour; Empower or re-structure the national child protection system to implement the core aspects of the child protection policy, particularly for girls; (b) Ensure full implementation of the policy framework on national referral mechanism to combat human trafficking; (c) Amend legal provisions to criminalize pornography with the involvement of children, particularly girls, and establish criminal liability of legal entities for such cases; (d) Ensure that State recovery and reintegration measures take into account the needs of children victims of sale, prostitution and pornography offences, particularly girls; (e) Improve data collection on the situation of street children, particularly girls, to ensure systematic sex-disaggregated data collection; and (f) Conduct research on the factors driving women into prostitution, and increase the availability of rehabilitation/reintegration programmes and centres for women and girls wishing to leave prostitution.

Indicators to track the progress	Current status of measures to track progress	Verification sources	Responsible agency
<p>Has the legislative and policy framework to address trafficking been implemented? (CEDAW Committee (2015), para. 25(b))</p>	<p>The first National Action Plan on Combatting Human Trafficking in Azerbaijan was adopted in 2004. The Law on Combatting Human Trafficking was adopted in 2005. The second National Action Plan on Combating Human Trafficking in Azerbaijan (2009-2013) contains an impressive list of policy measures addressing the provision of physical, psychological and social rehabilitation, safe living conditions, medical examination and treatment, access to translation services, legal representation in courts, ensuring access to education as well as vocational training and labor market, etc. A new National Action Plan on Combating Human Trafficking in Azerbaijan (2014-2018) was approved in July 2014. The Program on Social Rehabilitation and Reintegration of the Children Victims of Human Trafficking was adopted in 2014. To ensure further compliance with its obligation to criminalize trafficking, a series of amendments were introduced to the Criminal Code in 2005. With the changes made to the Criminal Code in 2013 the definition of human trafficking in the Criminal Code has brought into compliance with international law. To strengthen the mechanism of implementation, a series of orders were issued by the Cabinet of Ministers: Rules of National Referral Mechanism for victims of human trafficking (11 August 2009); Rules (indicators) on Identifying Victims of Human Trafficking (3 September 2009); Rules on Placing and Keeping the Children Victims of Human Trafficking in Shelters (19 November 2009); Rules on repatriation of victims of human trafficking (10 September 2013). Series of referral and support centers were also launched: The MIA's Office on Combating Human Trafficking, the MIA's support foundation for the victims of human trafficking, the MIA's 24/7 hotline to assist the victims of human trafficking, the MIA's shelter for the victims of human trafficking.</p>	<p>The information portal of the MIA's Office on Combating Human Trafficking http://iaqmi.gov.az/</p>	<p>Ministry of Internal Affairs</p>
<p>What sustainable measures have been adopted to rehabilitate and reintegrate victims of trafficking? (CEDAW Committee (2015), para. 25(f))</p>	<p>A new National Action Plan on Combating Human Trafficking in Azerbaijan (2014-2018) was approved in July 2014. The Program on Social Rehabilitation and Reintegration of the Children Victims of Human Trafficking was adopted in 2014. To strengthen the mechanism of implementation, a series of orders was issued by the Cabinet of Ministers: Rules of National Referral Mechanism for victims of human trafficking (11 August 2009); Rules (indicators) on Identifying Victims of Human Trafficking (3 September 2009); Rules on Placing and Keeping the Children Victims of Human Trafficking in Shelters (19 November 2009); Rules on repatriation of victims of human trafficking (10 September 2013). Series of referral and support centers were also launched: The MIA's Office on Combating Human Trafficking, the MIA's support foundation for the victims of human trafficking, the MIA's 24/7 hotline to assist the victims of human trafficking, the MIA's shelter for the victims of human trafficking.</p>	<p>The information portal of the MIA's Office on Combating Human Trafficking http://iaqmi.gov.az/</p>	<p>Ministry of Internal Affairs</p>
<p>What measures have been taken within the child protection system to address the trafficking of girls? (additional indicator)</p>	<p>The Program on Social Rehabilitation and Reintegration of Child Victims of Human Trafficking was adopted in 2014.</p>	<p>The information portal of the MIA's Office on Combating Human Trafficking http://iaqmi.gov.az/</p>	<p>Ministry of Internal Affairs, Head Prosecutor Office, State Committee for Family, Women and Children's Affairs</p>

