CENTER FOR REPRODUCTIVE RIGHTS

РОССИЙСКАЯ АССОЦИАЦИЯ «ПЛАНИРОВАНИЕ СЕМЬИ»
THE RUSSIAN ASSOCIATION «FAMILY PLANNING»
РОССИЯ, 127994, г.МОСКВА, ВАДКОВСКИЙ пер., д.18/20 тел.+7(499)973-1559,факс+7(499)973-1917 www.rfpa.ru
18-20 VADKOVSKY per., 127994 MOSCOW, RUSSIA, tel.+7(499) 973-1559, fax +7(499)973-1917 www.rfpa.ru

Secretary, Committee on Economic, Social and Cultural Rights
UNOG-OHCHR
1211 Geneva
Switzerland

April 18, 2011

The Committee on Economic, Social and Cultural Rights

Re: Supplementary Information on Russian Federation, Scheduled for Review by the Committee on Economic, Social and Cultural Rights during its 46th Session

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by the government of the Russian Federation, which is scheduled to be reviewed during the 46th session of the Committee on Economic, Social and Cultural Rights ("the Committee"). The All Russian Family Planning Association, based in Moscow, Russian Federation, and the Center for Reproductive Rights, based in New York, are non-governmental organizations that hope to further the work of the Committee by providing independent information concerning the rights protected in the International Covenant on Economic, Social and Cultural Rights (hereinafter "ICESCR").

Reproductive rights are fundamental to women's health and social equality, and an explicit part of the Committee's mandate under the ICESCR. The commitment of states parties to uphold and ensure these rights deserves serious attention. We hope that the Committee's review will cover several areas of concern related to the status of the reproductive health and rights of women and adolescents in the Russian Federation. This letter is intended to provide a summary of the issues of greatest concern, as well as a list of questions that we hope the Committee will raise with the official delegation from the Russian Federation.

The Right to Reproductive Health Services (Articles 2(2), 3, 10(2), and 12(1) of the ICESCR)

Reproductive health and rights receive broad protection under the ICESCR. Article 12(1) recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."[1] In interpreting the right to health, this Committee, in General Comment 14, has explicitly defined this right to "include the right to control one's health and body, including sexual and reproductive freedom."[2] The Committee defines "[r]eproductive health" to include "the freedom to decide if and when to reproduce and the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning…services that will, for example, enable women to go safely through pregnancy and childbirth."[3] The right to health also contains entitlements, which include "the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health."[4] Articles 2(2) and 3 guarantee all persons the rights set forth in the ICESCR without discrimination, specifically as to "sex,…social origin…or other status."[5] The Committee has

characterized the duty to prevent discrimination in access to health care as a "core obligation" of the state.[6]

The Committee has further asserted that states parties are required to take "measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information."[7] General Comment 14 also specifically states that "[t]he realization of women's right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health."[8]

In its past Concluding Observations, the Committee has urged states parties to adopt and implement national sexual and reproductive health programs.[9] Specifically, the Committee has repeatedly emphasized the need for access to contraception and family planning information and services.[10] The Committee has framed the lack of such access as a violation of the right to health and has noted that a state's failure to ensure access to reproductive health care for women constitutes discrimination in that it deprives them of their ability to fully enjoy their economic, social and cultural rights on an equal basis with men.[11]

We would like to raise four issues of particular concern that reflect shortcomings in the Russian Federation's compliance with the provisions of the ICESCR related to reproductive rights: (1) the lack of access to affordable modern contraceptives; (2) the lack of access to safe, comprehensive abortion services; (3) the absence of mandatory sexuality education in schools; and (4) the issue of HIV/AIDS prevention.

I. Access to Affordable Modern Contraceptives

1. Relevant International Human Rights Standards

The Committee has interpreted the right to health to encompass the right to sexual and reproductive health. It has emphasized that this right entails an obligation on the part of states to ensure that health facilities, goods, and services are available, accessible, and acceptable to all without discrimination.[12] The Committee has underlined the need for states parties to provide a full range of high-quality and affordable family planning services and required states parties to remove all barriers to information in sexual and reproductive health.[13] The Committee has also consistently urged the states parties to address the need for access to contraception and family planning information and services [14] and has framed the lack of such access as a violation of the right to health.[15] The Committee has previously called upon the Russian Federation to "promote awareness of safe contraceptive methods and ensure that abortions are carried out under adequate medical and sanitary conditions."[16]

In addition, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) recently expressed its concern "at the limited access to reproductive and sexual health services [in the Russian Federation], especially in rural areas," noting that "only 27 per cent of women of childbearing age make use of modern methods of contraception."[17] The CEDAW Committee called upon the government of the Russian Federation to strengthen and expand efforts aimed at increasing "knowledge of and access to affordable contraceptive methods throughout the country."[18] Additionally, the CEDAW Committee urged the government "to ensure that women in rural areas do not face barriers and have full access to family-planning information and services."[19] The Committee on the Rights of the Child (CRC Committee) expressed concern that contraceptives are not affordable for adolescents in the Russian Federation and urged the government to implement health services that included "youth-sensitive and confidential counselling and care" in the area of sexual and reproductive health.[20]

Furthermore, the Human Rights Committee has found possible violations of the International Covenant on Civil and Political Rights where women have difficulty accessing contraceptive methods to prevent unwanted pregnancies.[21] It has recognized that women's lack of access to contraceptives, including their high cost, is discriminatory.[22]

2. Lack of Access to Affordable Modern Contraceptives

There is currently no comprehensive sexual and reproductive health strategy in the Russian Federation. Moreover, there is very little official information available about the barriers in the access to contraceptives.[23] The state does not gather comprehensive data on reproductive health indicators, such as contraceptive use and unmet need for contraceptives. The limited data that the state gathers on prevalence of just a few contraceptive methods – namely, combined oral contraception (COC) and intrauterine devices (IUDs) – is insufficient for understanding the reasons behind low usage rates. According to the United Nations Population Fund (UNFPA), the currently stated contraceptive prevalence rate of 49 percent for modern methods is widely believed to be irrelevant as it is based on data collected in a 1996 survey.[24] Unconfirmed current estimates of the prevalence rate are approximately 25 percent, a number UNFPA finds "very low for a middle-income country."[25] The lack of comprehensive data prevents the Russian government to effectively identify measures that should be taken to meet contraceptive needs of women and adolescent girls.

Women and adolescent girls face numerous barriers in the access to contraceptives and contraceptive information in the Russian Federation. One of the major barriers is the lack of qualified medical specialists in the area of reproductive health. Gynecologists lack comprehensive knowledge of and training in modern contraceptive methods. The high cost of modern contraceptives is another major barrier in the access, especially for women from marginalized groups such as low-income women, adolescents and women living in rural areas. Contraception is not covered by the public health insurance scheme, thus their users must pay the full price out of pocket. In addition, the Russian Orthodox Church is an outspoken opponent of any type of contraception. Examples of persisting social and religious obstacles include the view that reproductive health services are a "corruption of the children" and gynecological exams are "molestation".[26] One alarming instance occurred in 2010 when a television program accused a state medical center with youth-friendly reproductive health services of purposeful "reduction of population" and "corruption of Russian children".[27]

II. Access to Safe, Comprehensive Abortion Services

1. Relevant International Human Rights Standards

Access to safe and affordable abortion is a necessary part of comprehensive reproductive health and family planning services. In its emphasis on women's right to health, the Committee underlined the need for states' parties to provide a full range of health care services, including the states' parties' obligation to reduce women's health risks and to lower maternal mortality rates. In several sets of concluding observations, the Committee has expressed concern over the relationship between high rates of maternal mortality and illegal, unsafe and clandestine abortions.[28]

The Committee's Concluding Observations issued to the Russian Federation in 2003 included specific recommendations to improve the status of women's reproductive health. The Committee expressed concerns about the high level of infant and maternal mortality and that unsafe abortions remained a main cause of maternal mortality.[29] In light of this situation, the Committee called upon the State party to

"reinforce its efforts to reduce infant and maternal mortality" and to "ensure that abortions are carried out under adequate medical and sanitary conditions."[30]

Recent developments in the area of reproductive rights in the Russian Federation threaten access to safe abortion services.

2. Lack of Access to Safe, Comprehensive Abortion Services

In Russia, abortion is presently available on request during the first 12 weeks of pregnancy.[31] Abortion is also permittted "at any stage of pregnancy whenever medically indicated and with the woman's consent."[32] A gestational limit of 22 weeks exists for abortion based on four social grounds: (1) when the pregnancy resulted from rape; (2) when the woman is in prison; (3) when the woman's husband is dead or has a disability; and (4) when the woman has no parental rights.[33]

Although abortion remains legally permissible at a woman's discretion under various conditions, in January 2010, the State Duma Committee on the Family, Women, and Children Issues and the Committee on Biomedical Ethics recommended changes to the law that would significantly reduce access to abortion in Russia. The recommendation is based on the false premise that limitations on access to abortion would increase population growth--demographic decline is big concern in the Russian Federation. Specifically, discussions concerning restricting access to abortion include possibly limiting abortion on request period or eliminating it all together to situations when there is a threat to the pregnant woman's life, a pregnancy resulted from rape or incest, or when medical indications exist.

If these or similar amendments are in fact proposed and adopted, these measures will severely restrict women's access to safe abortion services. Moreover, they are in conflict with international human rights and WHO standards, and are inconsistent with the legislation in most other European countries. Without safe and confidential abortion services unavailable to women, the likely ultimate effect would be a return to women seeking unsafe abortions, which will lead to an increase of maternal mortality and morbidity.

In addition, in 2010 the Ministry of Health and Social Development issued guidelines that include an instruction on psychological counseling of pregnant women seeking abortion.[34] The guidelines are biased and do not include complete information on women's lawful choices. The guidelines focus instead on biased information to coerce women to continue unwanted pregnancies, despite women's decisions. Moreover, they are based on the gender stereotypes viewing the primary role of a woman as a mother and that women with an unwanted pregnancy are unable to make responsible decisions about their reproduction.[35] This is violation of their right to informed decision-making and provision of services that respect the dignity of women and their decision-making authority. Thus, the guidelines are in a conflict with the state's obligations under the international human rights treaties, including ICESCR, related to elimination of gender stereotypes in all areas of life including healthcare. Moreover, in its last concluding observations to Russian Federation the CEDAW Committee expressed its concern at the persisting "deep-rooted stereotypes regarding the roles, responsibilities and identities of women and men in all spheres of life" and specifically at "the State party's repeated emphasis on the role of women as mothers and caregivers."[36] As a result, the CEDAW Committee called upon the state party to "put in place without delay a comprehensive strategy, including the review and formulation of legislation and the establishment of goals and timetables, to modify or eliminate traditional practices and stereotypes that discriminate against women."[37]

III. Sexuality Education in Schools

1. Relevant International Human Rights Standards

Sexuality education can strengthen women's health and rights, and can for example contribute to reducing unwanted pregnancies and sexually transmitted infections.[38] Several UNTMBs, including this Committee, have established an international obligation to provide sexuality education in schools, noting that a lack of such education is an obstacle to states' compliance with their treaty obligations to ensure the right to life, health, non-discrimination, education and information.[39] This Committee, in General Comment 14, has stated that the right to health includes "access to health-related education and information, including on sexual and reproductive health."[40] The Committee has also, on multiple occasions, urged states parties to "implement adequate programmes in sexual and reproductive education in national school curricula."[41]

The Committee has recommended to Russian Federation sexual and reproductive health education and/or public awareness campaigns as a means to prevent the spread of HIV/AIDS and other STIs and eliminate discrimination against individuals living with HIV.[42] In addition, the CEDAW Committee has expressed concern that family planning programs are not included in school curricula in the Russian Federation, and has requested that the state party strengthen and expand efforts to increase knowledge about affordable contraceptive methods and the control of sexually transmitted infections, including HIV/AIDS, throughout the country (including in rural areas).[43] Similarly, the CRC Committee has recommended the Russian Federation to ensure access to sex education, including information about contraception and STIs.[44] The Committee has recommended the inclusion of sexual and reproductive health education in schools and the introduction of school health services, including youth-sensitive and confidential counseling and care.[45] It has also recommended that the government launch campaigns and programs to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups.[46]

2. Absence of Sexuality Education in Schools

Sexuality education in Russia is not included in school curriculum.[47] If there is any sexuality education in schools it is provided sporadically by the local NGOs as an extracurricular seminars and trainings[48] and the quality varies widely and the content is influenced by the views of the particular presenters and often by school management. The program educators themselves believe they are not sufficiently informed about sexual and reproductive health issues including contraception, abortion and such, and that they require continuing education courses.[49] The information that is disseminated is often biased, as many of the materials are prepared by the church.[50] The main sources of information about sexual and reproductive health issues for adolescents are internet, television, magazines, newspapers and peers. In rare cases information is provided by parents and/or health professionals.[51]

IV. HIV/AIDS

In keeping with the right to the highest attainable standard of health, as provided in Article 12 of the ICESCR, the Committee has called upon the Russian Federation "to take urgent measures to stop the spread of HIV/AIDS."[52] Specifically, the Committee has urged Russia to take measures to "ensure that all persons know about the disease and how to protect themselves," make methods of protection available at affordable prices, and mount awareness-raising campaigns aimed at preventing discrimination against HIV-positive people.[53]

Russia has the second highest HIV prevalence rate in Eastern Europe and Eurasia with 1.1 percent of the population infected.[54] In 2010, the CEDAW Committee expressed concern that the "proportion of women among early-stage HIV-infected patients has increased annually" and called upon the Russian Federation to increase access to contraceptives and sexuality education, with special attention focused on controlling

HIV/AIDS.[55] Russia has made good progress in increasing the availability of anti-retrovirals, but it is estimated that there are still 70,000 people in need of them.[56]

This concern is heightened by the increase of mother-to-child transmission of HIV in the Russian Federation.[57] During its last review of the Russian Federation, this Committee noted with concern the increasing number of children born of HIV-positive mothers."[58] The CRC Committee has called upon the Russian Federation to increase its efforts to prevent the spread of HIV/AIDS, particularly mother-child transmission, and to guarantee antiretroviral treatment to newborns with HIV-positive mothers.[59] Although the Russian Federation has implemented a program for the prevention of mother-to-child transmission of HIV, the program's effectiveness is very limited among women in the most at-risk populations, who seldom have access to antenatal care services.[60] Moreover, many women are still unaware of the availability of treatment preventing mother-child transmission.[61]

In light of the above, we hope that the Committee will consider addressing the following questions to the government of the Russian Federation:

1. What legislation and policies have been adopted to address the barriers that women and adolescent girls face in accessing comprehensive reproductive health and family planning services as well as information about these services?

2. What measures is the State taking to ensure that women have continued access to safe and legal abortion and will not be forced to resort to illegal and unsafe abortions if proposed restrictions are introduced?

3. What is the unmet need for contraception among women and what governmental efforts are being made to increase access to a wide range of modern contraceptive methods by making them affordable to all and ensuring that they are covered by public health insurance? What specific measures have been taken to improve access to contraceptive information?

4. Comprehensive, unbiased, and scientifically accurate sexuality education is still not systematically offered in the schools. Given this reality, what specific measures have been taken to institute government-sponsored programs such as public awareness campaigns and sexuality education in schools?

5. What measures have been adopted to ensure collection, on a systematic basis, of comprehensive data on reproductive health indicators, such as contraceptive use, and the unmet need for contraception?

6. What measures have been adopted to ensure systematic training of health professionals on sexual and reproductive rights?

There remains a significant gap between the provisions of the International Covenant on Economic, Social and Cultural Rights and the reality of women's reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of women in the past, stressing the need for governments to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Russian government's compliance with the ICESCR. If you have any questions, or would like further information, please do not hesitate to contact us.

Sincerely,

Lyubov Erofeeva
The Director General
All Russian Family Planning Association
lerofeeva@rfpa.ru
+7-499-230-07-83

Adriana Lamačková
Legal Adviser for Europe
Center for Reproductive Rights
alamackova@reprorights.org
+ 44 2 08 249 8372

[1] International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, art. 12(1), G.A. Res.2200A (XXI), U.N. GAOR, Supp. No. 16, U.N. Doc. A/6316 (1966) (entered into force Jan. 3, 1976) [hereinafter ICESCR].

[2] Committee on Economic, Social and Cultural Rights (ESCR Committee), *General Comment No. 14, The Right to the Highest Attainable Standard of Health*, (22nd Sess., 2000), para. 8, U.N. Doc. E/C.12/2000/4 (2000) [hereinafter ESCR Committee, *General Comment No. 14*].

[3] *Id*. note 12 (Defining reproductive health in the context of Art. 12.2 (a), para. 14).

[4] *Id*. para. 8.

[5] ICESCR, *supra* note 1, art. 2(2).

[6] ESCR Committee, *GeneralComment No. 14*, *supra* note 2, para. 19.

[7] *Id*. art. 12.2 (a), para. 14.

[8] *Id*. para. 21.

[9] CENTER FOR REPRODUCTIVE RIGHTS, *Family Planningis a Human Right: Government Duties to Ensure Access to Contraceptive Services and Information*, *in* BRINGING RIGHTS TO BEAR 9 (2008) [hereinafter *Family Planning is a Human Right*, BRB]. *See, e.g.*, ESCR Committee, *Concluding Observations: Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); *People's Republic of China–Hong Kong Special Administrative Region*, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Guatemala*, para. 43, U.N. Doc. E/C.12/1/Add.93 (2003); *Kuwait*, para. 43, U.N. Doc. E/C.12/1/Add.98 (2004); *Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001); *Yemen*, para. 34, U.N. Doc. E/C.12/1/Add.92 (2003).

[10] *Family Planning is a Human Right*, BRB, *supra* note 9, at 9. *See e.g.*, ESCR Committee, *Concluding Observations*: *Armenia*, para. 15, U.N. Doc. E/C.12/1/Add.39 (1999); *Cameroon*, para. 25, U.N. Doc. E/C.12/1/Add.40 (1999); *Chile*, para. 54, U.N. Doc. E/C.12/1/Add.105 (2004); *Dominican Republic*, para. 22, U.N. Doc. E/C.12/1/Add.6 (1996); *Honduras*, para. 27, U.N. Doc. E/C.12/1/Add.57 (2001); *Lithuania*, para. 50, U.N. Doc. E/C.12/1/Add.96 (2004); *Paraguay*, para. 16, U.N. Doc. E/C.12/1/Add.1(1996); *Poland*, para. 12, U.N. Doc. E/C.12/1/Add.26 (1998); *Saint Vincent and the Grenadines*, para. 12, U.N. Doc. E/C.12/1/Add.21, (1997).

[11] CENTER FOR REPRODUCTIVE RIGHTS, *Preventing Maternal Mortality and Ensuring Safe Pregnancy: Government Duties to Ensure Pregnant Women's Survival and Health*, *in* BRINGING RIGHTS TO BEAR 11 (2008). *See e.g.*, ESCR Committee, *Concluding Observations: Dominican Republic*, para. 15, U.N. Doc. E/C.12/1/Add.16 (1997).

[12] ESCR Committee, *General Comment No. 14*, *supra* note 2, para. 12.

[13] *Id*. paras. 14, 21.

[14] *Family Planning is a Human Right*, BRB, *supra* note 9, at 9. *See e.g.*, ESCR Committee, *Concluding Observations: Armenia*, para. 15, U.N. Doc. E/C.12/1/Add.39 (1999); *Cameroon*, para. 25, U.N. Doc. E/C.12/1/Add.40 (1999); *Dominican Republic*, para. 15, U.N. Doc. E/C.12/1/Add.16 (1997); *Dominican Republic*, para. 22, U.N. Doc. E/C.12/1/Add.6 (1996); *Honduras*, para. 27, U.N. Doc. E/C.12/1/Add.57 (2001); *Paraguay*, para. 16, U.N. Doc. E/C.12/1/Add.1 (1996); *Poland*, para. 12, U.N. Doc. E/C.12/1/Add.26 (1998); *Saint Vincent and the Grenadines*, para. 12, U.N. Doc. E/C.12/1/Add.21 (1997).

[15] *Family Planning is a Human Right*, BRB, *supra* note 9, at 9.

[16] ESCR Committee, *Concluding Observations*: *Russian Federation*, para. 63, U.N. Doc. E/C.12/1/Add.94 (2003).

[17] Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Concluding Observations*: *Russian Federation*, para. 38, U.N. Doc. CEDAW/C/USR/CO/7 (2010).
[18] *Id*. para. 39.
[19] *Id*.
[20] Committee on the Rights of the Child (CRC), *Concluding Observations*: *Russian Federation*, paras. 55-56, U.N. Doc. CRC/C/RUS/CO/3 (2005).
[21] Human Rights Committee, *General Comment No. 28*, *Equality of Rights Between Men and Women*, para. 239, U.N. Doc. CCPR/C/21/Rev/1/Add/10 (2000).
[22] *See, e.g.*, Human Rights Committee, *Concluding Observations*: *Poland*, para. 11(b), U.N. Doc. CCPR/C/79Add.110 (1999).
[23] UNITED NATIONS POPULATION FUND (UNFPA), A REVIEW OF PROGRESS IN MATERNAL HEALTH IN EASTERN EUROPE AND CENTRAL ASIA 86-87 (2010), *available at* http://unfpa.dexero.com/webdav/site/eeca/shared/documents/publications/2010/MaternalHealthPublicationSecondEditon%20A.pdf [hereinafter UNFPA, A REVIEW OF PROGRESS].
[24] *Id*. at 86.
[25] *Id*.
[26] INTERNATIONAL PLANNED PARENTHOOD FEDERATION, UNDERSTANDING YOUNG PEOPLE'S RIGHT TO DECIDE: IPPF MEMBER ASSOCIATION SURVEY 3 (2010), [hereinafter IPPF, UNDERSTANDING YOUNG PEOPLE'S RIGHT TO DECIDE].
[27] *Id*. at 4-5.
[28] *See, e.g.*, ESCR Committee, *Concluding Observations: Benin*, para. 23, U.N. Doc. E/C.12/1/Add.78 (2002); *Brazil*, para. 27, U.N. Doc. E/C.12/1/Add.87 (2003); *Cameroon*, para. 25, U.N. Doc. E/C.12/1/Add.40 (1999); *China*, para. 36, U.N. Doc. E/C.12/1/Add.107 (2005); *Mauritius*, para. 15, U.N. Doc. E/C.12/1994/8 (1994); *Mexico*, para. 29, U.N. Doc. E/C.12/1/Add.41 (1999); *Mexico*, para. 25, U.N. Doc. E/C.12/MEX/CO/4 (2006); *Nepal*, para. 32, U.N. Doc. E/C.12/1/Add.66 (2001); *Panama*, para. 20, U.N. Doc. E/C.12/1/Add.64 (2001); *Paraguay*, para. 21, U.N. Doc. E/C.12/PRY/CO/3 (2008); *Russian Federation*, para. 35, U.N. Doc. E/C.12/1/Add.94 (2003); *Senegal*, para. 26, U.N. Doc. E/C.12/1/Add.62 (2001).
[29] ESCR Committee, *Concluding Observations*: *Russian Federation*, para. 35, E/C.12/1/Add.94 (2003).
[30] *Id*. para. 63.
[31] Основ законодательства Российской Федерации об охране здоровья граждан [Fundamental Legislation on Public Health Care] 1993, No. 5487-1, art. 36 (Russ.).
[32] *Id*.
[33] О перечне социальных показаний для искусственного прерывания беременности [on the List of Social Indications for Induced Termination of Pregnancy], 2003, Decree No. 485 (Russ.). (In 2003, access to abortion was restricted by a decree reducing the social indicators permitting abortion until the 22nd week from 13 to 4. The grounds eliminated include abortion based on the woman's income, marital status, unemployment, refugee status, or number of children.).
[34] Министерство здравоохранения и социалного развития Российской Федерации, *Психологическое доабортное консультирование*, 2010, No. 15-0/10/2-9162 (Russ.).
[35] *Id*.
[36] CEDAW Committee, *Concluding Observations: Russian Federation*, para. 20, U.N. Doc. CEDAW/C/USR/CO/7 (2010).
[37] *Id*. para. 21.
[38] *See* Human Rights Committee, *Concluding Observations*: *Lithuania*, para. 12, U.N. Doc. CCPR/CO/80/LTU; ESCR Committee, *Concluding Observations*: *Poland*, para. 20, U.N. Doc. E/C.12/1/Add.26 (1998).
[39] *See, e.g.*, Human Rights Committee, *Concluding Observations*: *Poland*, para. 9, U.N. Doc. CCPR/CO/82/POL (2004); *see also*, CEDAW Committee, *Concluding Observations*: *Burundi*, para. 62, U.N. Doc. A/56/38 (2001); *Republic of the Congo*, para. 228, U.N. Doc. A/55/38 (2000); *Jamaica*, para. 224, U.N. Doc. A/56/38 (2001); *Kazakhstan*, para. 106, U.N. Doc. A/56/38 (2001); *Lithuania*, para. 25, CEDAW/C/LTU/CO/4 (2008); *Slovakia*, para. 19, CEDAW/C/SVK/CO/4 (2008); *see also*, CRC, *Concluding Observations*: *Bhutan*, para. 45, U.N. Doc. CRC/C/15/Add.157 (2001); *Cambodia*, para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); *Comoros*, para. 36, U.N. Doc. CRC/C/15/Add.141 (2000); *Egypt*, para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); *see also*, ESCR Committee, *Concluding Observations*: *Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); *China*, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Poland*, paras. 28, 50, U.N. Doc. E/C.12/1/Add.82 (2002); *Senegal*, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001); *Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001).

[40] ESCR Committee, *General Comment No. 14*, *supra* note 2, para. 11.
[41] ESCR Committee, *Concluding Observations*: *Poland*, para. 31, U.N. Doc. E/C.12/POL/CO/5 (2009). *See also, e.g.*, ESCR Committee, *Concluding Observations*: *Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); *China*, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Poland*, paras. 28, 50, U.N. Doc. E/C.12/1/Add.82 (2002); *Senegal*, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001); *Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001).
[42] ESCR Committee, *Concluding Observations*: *Russian Federation*, para. 62, U.N. Doc. E/C.12/1/Add.94 (2003).
[43] CEDAW Committee, *Concluding Observations*: *Russian Federation*, paras. 38-39, CEDAW/C/USR/CO/7 (2010).
[44] CRC: *Concluding Observations*:*Russian Federation*, para. 48, U.N. Doc. CRC/C/C15/Add.110 (1999).
[45] CRC, *Concluding Observations*: *Russian Federation*, para. 56, CRC/C/RUS/CO/3 (2005).
[46] *Id*. para. 61(g).
[47] UNFPA, A Review of Progress, *supra* note 23, at 87.
[48] IPPF, UNDERSTANDING YOUNG PEOPLE'S RIGHT TO DECIDE, *supra* note 26, at 5.
[49] STATUS PRAESENS, No. 1 [4] (2011), *available at* http://praesens.ru/assets/files/pdf/SP1-4_inet.pdf.
[50] *Id*.
[51] IPPF, UNDERSTANDING YOUNG PEOPLE'S RIGHT TO DECIDE, *supra* note 26, at 5.
[52] ESCR Committee, *Concluding Observations*: *Russian Federation*, para. 62, U.N. Doc. E/C.12/1/Add.94 (2003).
[53] *Id*.
[54] UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), RUSSIA: HIV/AIDS PROFILE (2010), *available at* http://www.usaid.gov/our_work/global_health/aids/Countries/eande/russia_profile.pdf [hereinafter USAID, HIV/AIDS PROFILE].
[55] CEDAW Committee, *Concluding Observations*: *Russian Federation*, paras. 38-39, U.N. Doc. CEDAW/C/USR/CO/7 (2010).
[56] UNFPA, REPORT CARD: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN 3, *available at* http://www.unfpa.org/hiv/docs/report-cards/russia.pdf [hereinafter UNFPA, REPORT CARD].
[57] CRC, *Concluding Observations*: *Russian Federation*, para. 60, CRC/C/RUS/CO/3 (2005).
[58] ESCR Committee, *Concluding Observations*: *Russian Federation*, para. 34, U.N. Doc. E/C.12/1/Add.94 (2003).
[59] CRC, *Concluding Observations*: *Russian Federation*, para. 61(b, c), CRC/C/RUS/CO/3 (2005).
[60] USAID, HIV/AIDS PROFILE, *supra* note 54.
[61] UNFPA, REPORT CARD, *supra* note 56, at 4.