

## UZBEKISTAN

### Follow-Up

#### State Reporting - Action by Treaty Bodies, Including Reports on Missions

CESCR, E/C.12/2007/2 (2007)

SUBMISSION OF REPORTS BY STATES PARTIES IN ACCORDANCE WITH ARTICLES 16 AND 17 OF THE COVENANT

Recommendations for follow-up information or exchanges, made within the context of the consideration of reports under articles 16 and 17 of the Covenant

Annex

FOLLOW-UP BY STATES PARTIES TO THE CONCLUDING OBSERVATIONS OF THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS (status as at 1 September 2007)

State party	Report/summary records/concluding	Follow-up measures requested	Deadline	Action taken
...				
Uzbekistan	E/C.12/UZB/CO/1	The Committee notes the statement of the delegation that a Plan of Action will be adopted as a follow-up to the present concluding observations. In this regard, the State party is encouraged to provide detailed information on the implementation of that Plan and on its practical effects on the enjoyment of economic, social and cultural Rights in the State party, in particular by disadvantaged and marginalized groups. (para. 69)	From 2005	
...				

**Follow-up: State Reporting**  
**Action by State party**

**E/C.12/UZB/CO/1/Add.1 (2006)**

**Comments by the Government of Uzbekistan on the concluding observations of the Committee on Economic, Social and Cultural Rights (E/C.12/UZB/CO/1)**

[3 February 2006]

The Government of Uzbekistan thanks the Committee on Economic, Social and Cultural Rights for its comprehensive and constructive consideration of the initial report of the Republic of Uzbekistan on the implementation of the International Covenant on Economic, Social and Cultural Rights.

The Government is also grateful to the Committee for recognizing that the difficulties of the transitional period and the effects of the Aral Sea ecological catastrophe have inhibited enjoyment of economic, social and cultural rights in the Republic of Uzbekistan.

The concluding observations of the Committee on Economic, Social and Cultural Rights have been widely disseminated and debated at all levels of society, particularly among public bodies, non-governmental non-profit organizations and the media. A national plan of action is being developed to implement these concluding observations.

The Uzbek Government herewith submits its comments on the principal subjects of concern to the Committee.

**10. The Committee notes with regret that no information was provided on specific decisions of domestic courts where reference has been made to the provisions of the Covenant.**

According to current legal practice, the judicial bodies of Uzbekistan, when dealing with specific civil, criminal and administrative cases, cite substantive and procedural provisions of legislative acts of the Republic of Uzbekistan in the fields of civil, criminal and administrative justice that do not conflict with the norms of international law.

The provisions of the International Covenant on Economic, Social and Cultural Rights have been fully incorporated into the national law of Uzbekistan.

**11. The Committee is concerned about the reported lack of independence of the judiciary in the State party.**

The independence of the judiciary is enshrined in the Uzbek Constitution. The following mechanisms are in place to ensure that the courts are genuinely independent:

First, in the context of the ongoing public-law reforms, the existing judicial and legal system is gradually being remodelled. The starting point for the reform is the constitutionally enshrined

principle of the separation of powers and the prohibition on interference in the work of judges, or oversight of their decisions, by the legislature, the executive or any official;

Second, Parliament adopted the revised version of the Courts Act on 14 December 2000, which was an important step in bolstering the independence of the judiciary. The Act outlines the basic principles of the operation and activities of the courts in Uzbekistan and enumerates safeguards of judicial independence, in conformity with the generally accepted principles and norms of international law;

Third, article 67 of the Courts Act states that judicial independence shall consist of:

- The legally prescribed procedure for the selection, appointment and dismissal of judges. The Act specifies that judges shall be recruited primarily from a roster drawn up by judicial qualification boards that select candidates who pass relevant examinations and study set texts. Qualification boards decide on the fitness or otherwise of candidates, and a recommendation on their appointment is transmitted to a Higher Qualification Board for the Selection and Appointment of Judges reporting to the President, whose members include parliamentarians, academic lawyers, law enforcement officers and representatives of non-governmental non-profit organizations. The creation of this Board represented a breakthrough on the very important issue of ensuring that the judiciary consists of qualified, competent judges, who are independent of the bodies and persons involved in their appointment;
- Inviolability of judges, their person, home, place of work, means of transport, communications, correspondence, property and documents. The law lays down a special procedure for criminal, administrative and disciplinary proceedings against judges, and for remanding them in custody;
- A strict procedure for administering justice, regulated by the law of criminal, administrative, civil and economic procedure;
- Confidentiality of judicial deliberations when reaching decisions and the prohibition of requests for disclosure, guaranteed by a procedural rule whereby any such breach of confidentiality shall constitute absolute grounds for the annulment of a decision, verdict or ruling in a given case. Judges may not breach the confidentiality of judicial deliberations or disclose information revealed during closed court hearings;
- The penalties of contempt of court, seeking to influence the outcome of a case or violating judicial inviolability, as stipulated by current administrative and criminal law, specifically chapter 16 of the Uzbek Criminal Code, are offences against justice and as such are criminally punishable;
- The State endeavours to provide judges with a level of financial support and social standing that befits their high status. Pursuant to a decision of the Cabinet of Ministers dated 22 September 2001, a specially authorized body was established under the Ministry of Justice, namely the Department for the Enforcement of Judicial Decisions and the Provision of

Facilities, Equipment and Financial Resources to the Courts. The Department also has local offices.

Fourth, an important component of judicial independence is the principle that judges shall be irremovable for the duration of their mandate to administer justice. Under the Act, article 107 of the Constitution establishes a general, standard five-year mandate for all court judges. However, in many countries judges are appointed or selected for life, up to a statutorily prescribed pension age (for example in the United Kingdom, Greece, Canada, France and Germany), while in others (Japan, Switzerland, and some States of the United States of America) they are appointed or selected for a defined but nevertheless fairly lengthy period, thereby safeguarding their independence. Accordingly, we believe that a statutory extension of the judicial mandate would be a good way of safeguarding the independence of the judiciary.

**12. The Committee notes with regret that the statistical data provided by the State party do not always allow for a clear evaluation of the progressive implementation of the economic, social and cultural rights enshrined in the Covenant.**

We do not understand this comment, because in the form that it was submitted the periodic report contains 25 annexes, and this information was supplemented by the replies to the additional questions formulated by the pre-sessional working group. The oral replies and conference room material distributed to members of the Committee also contained statistical data about the implementation of the Covenant.

**13. The Committee is concerned that the State party has not adhered to the 1951 Convention relating to the Status of Refugees and its Optional Protocol (1967). The Committee is also concerned about the absence of a specific law for the protection of refugees, which may negatively affect the enjoyment of their economic, social and cultural rights.**

The ratification of international treaties lies within the competence of the Uzbek Parliament. Parliament ratifies international treaties on the basis of the national interest and the international obligations of the Republic of Uzbekistan.

To date more than 60 international human rights treaties have been ratified.

A law on refugees is currently being drafted.

The lack of a law on refugees has not stopped the Republic of Uzbekistan from cooperating with the Office of the United Nations High Commissioner for Refugees (UNHCR) or facilitating the return of Tajik refugees from Afghanistan to Tajikistan.

Uzbekistan has always had the greatest respect for the work of UNHCR and international principles and standards regarding the status of refugees. The Uzbek delegation took part in the work of the fifty-sixth session of the Executive Committee of the High Commissioner's Programme (ExCom).

**14. The Committee is concerned that the compulsory residence registration system (*propiska*)**

**limits access to a range of human rights, including economic, social and cultural rights, for individuals who wish to move to another district where they are not registered.**

Pursuant to Presidential Order No. 22-40 of 26 February 1999 on reforming the Uzbek passport system, Uzbek citizens have the right to work in any part of the country and are allowed to choose their place of work. When a citizen finds work in a district where he or she is not registered, he or she must register with the passport service of the district internal affairs authority upon arrival.

Sub-offices of the Ministry of Internal Affairs register citizens by place of residence in order to keep a record of the population and manage migration flows. The system does not limit citizens' freedom of movement.

**15. The Committee is concerned about the revival of traditional stereotypes in relation to the role of women in society and the reappearance of phenomena such as polygamy and forced marriages. It is also concerned about persistent gender inequalities in the State party, particularly in the fields of vocational training, employment, and low representation of women in public life and managerial posts, both in the public and private sectors.**

The Government fundamentally disagrees with the Western view of the role of women in society and apparently favours the revival of traditional stereotypes in relation to women.

The transition period has been characterized by social differentiation and stratification, and the role of women in society is changing as a result. These processes are modifying traditional lifestyles and, on the contrary, are boosting the economic, social and political profile of women.

It is hard to agree with the claim that there are gender inequalities in the field of employment, given that 51 per cent of employed persons in Uzbekistan are women.

Article 18 of the Uzbek Constitution proclaims that all Uzbek citizens have equal rights and freedoms and are equal before the law, without distinction as to sex, race, ethnicity, language, religion, social origin, beliefs or individual and social status.

Moreover, in order to protect women's rights more effectively, ensure their full participation in the social, political, economic and cultural life of the country, and promote the spiritual and intellectual development of women and young people, Presidential Decree No. UP-3434 of 25 May 2004 on additional measures to support the work of the Women's Committee of Uzbekistan lays down the following important goals and activities for the Committee and its local branches:

- Developing and updating practical measures to implement national policy on social and legal support for women, maternal and child welfare, the professional, physical, spiritual and intellectual development of women, raising women's social and political profile, and encouraging their active involvement in State-building;
- Preparing and implementing programmes to promote the employment of women, improve their conditions of work and study, particularly in rural areas, and encourage women to embark on business careers;

- Organizing meaningful activities involving women in rural areas (within families, communities (*mahalla*), workforces and educational institutions) to explain and encourage respect for national religious traditions and promote and protect women's constitutional rights;
- Coordinating activities, interacting with women's non-governmental non-profit organizations and mobilizing their efforts to enhance the role of women in the modernization and democratic revival of society, public life and State-building.

In Uzbekistan there are currently 959 secondary specialized and vocational education institutions, including 77 lycées and 888 vocational colleges, attended by 897,319 students, of whom 466,605 (52 per cent) are female.

More than 70 per cent of vocational college students on courses such as medicine, teaching and the law are female. In addition, there is a special vocational college for women, attended by 550 students, in the Shaikhantakhur district of Tashkent.

Secondary specialized and vocational schools currently employ 54,430 teachers, 31,035 (57 per cent) of whom are women.

More than 60 per cent of senior positions at secondary specialized and vocational schools are held by women.

Polygamy is a criminal offence at Uzbek law (Criminal Code, art. 126), as is forcing a woman to enter into marriage or preventing her from doing so (Criminal Code, art. 136).

According to statistics from the Ministry of Internal Affairs, in 2005 the Ministry's investigative agencies opened no criminal cases in connection with article 126 of the Criminal Code (Polygamy) or article 136 (Forced marriage).

According to information supplied by the Uzbek Supreme Court's judicial statistics department, 14 people were convicted under article 126 of the Criminal Code in 2005.

Article of Criminal Code	Number of convictions				
	2001	2002	2003	2004	2005
Article 126		10	10	11	14

**16. The Committee is concerned that a large part of the working-age population is employed in the informal sector.**

This phenomenon is normal during the changeover from an administrative command economy to a market economy.

The transfer of State enterprises, organizations and institutions to the private sector has led to downsizing. This has adversely affected the social and political situation in the country and fuelled

crimes committed by people out of work. Persons released from places of deprivation of liberty are a particular cause for concern.

In line with the principle that work shall be undertaken voluntarily, and owing to the diversity of the labour market and the emergence of alternative working arrangements, Uzbek citizens are able to perform temporary informal work, i.e. to engage in casual employment. It should be stressed that it is the right of citizens to choose what kind of lawful employment they wish to enter into, and approximately 10,000 people - mainly men of working age - are employed as casual labourers every day in Uzbekistan. In view of the precariousness of casual employment, employment agencies offer casual labourers a range of free services as regards choice of profession, alternative gainful employment and help with finding permanent jobs.

The Ministry of Labour and Social Protection regularly monitors the informal sector and, together with other public authorities and economic management bodies, takes measures to rein it in.

The principal method of curbing the informal sector has been the development of annual employment programmes at local level, as a result of which more than 510,000 new jobs were created in 2005, for example.

**17. The Committee is concerned about the lack of gainful employment opportunities for low-skilled rural inhabitants.**

Cabinet of Ministers Decision No. 607 on measures to expedite the development of private farms in the period 2005-2007 was adopted on 24 December 2004. This Decision develops the programme for the transformation of loss-making, marginally profitable and uneconomic agricultural cooperatives (*shirkat*) into private farms in the period 2005-2007.

The reorganization of agricultural enterprises into private farms and the creation of a market and industrial infrastructure in the countryside are strictly in line with the Private Farms Act, Cabinet of Ministers Decision No. 8 of 5 January 2002 on the reorganization of agricultural enterprises into private farms and Decision No. 476 of 30 October 2003 on implementing the strategic framework for developing private farms in the period 2004-2006.

In 2005 the Ministry of Labour and Social Protection, the Cabinet of Ministers and the provincial authorities undertook a series of measures to find jobs for workers made redundant in the course of restructuring.

**18. The Committee is concerned about the wage gap between women and men. The Committee regrets that no information was provided by the State party on the extent of the problem.**

There is no sex discrimination as regards rates of pay in Uzbekistan. Any such discrimination is subject to criminal prosecution.

**19. The Committee is concerned about the fact that the current minimum wage is insufficient**

**to provide an adequate standard of living for workers and their families. The Committee is further concerned that the minimum wage is not always enforced in practice.**

Article 153 of the Uzbek Labour Code stipulates that remuneration shall be specified by agreement between employer and employee. Remuneration shall not be lower than the prescribed minimum and shall not be subject to any upper limit. The minimum wage policy is enforced rigorously in the official sector of the economy.

Over the past five years, since October 2000, the minimum wage has been raised seven times (from 2,450 to 9,400 sum). It has increased in value by a factor of 3.8.

Year	Month	Minimum wage (sum)
2000	1 October	2 450
2001	1 August	3 430
2002	1 April	3 945
2002	1 August	4 535
2003	1 May	5 440
2004	1 August	6 530
2005	1 May	7 835
2005	1 October	9 400

The current minimum wage is a social benchmark that determines the rate of a number of social benefits. According to the unified pay scale, the coefficient of pay grade 1 is set at 2.56, i.e. the remuneration of the lowest paid category of workers is a little over two and a half times the minimum wage. The base or reference grade of the unified pay scale, equal to the minimum wage, applies in exceptional cases to part-time workers.

**20. The Committee is concerned about the persistent reports on the situation of school-age children obliged to participate in the cotton harvest every year who, for that reason, do not attend school during this period.**

There are no State-run cotton farms in Uzbekistan.

**21. The Committee is concerned about reports on the lack of independence among the trade unions in the State party. The Committee is also concerned that the State party's laws do not provide for the right to strike as a method of settlement of collective disputes.**

Uzbek law guarantees the independence of trade unions.

The function of Uzbekistan's trade unions is to protect the professional, social, economic, spiritual, intellectual and legal interests of their members in accordance with the Uzbek Constitution, the Trade Unions (Rights and Safeguards) Act, generally recognized principles and norms of international law, the Charter of the Federation of Trade Unions of Uzbekistan, the statutes of sectoral trade unions and other legislative instruments that define the legal status of trade unions in society.

The highest-ranking trade union body in Uzbekistan is the Congress, which meets once every five years. Between Congresses, the Federation's business is administered by a Council. For the most part, members of the Council are selected according to the principle of direct and equal representation. The Council appoints a board to give effect to the Federation's decisions and organize its day-to-day activities.

There is one trade union that is not part of the Federation of Trade Unions of Uzbekistan, namely the Navoy Union of Mineworkers and Foundry Workers.

Pursuant to the Trade Unions (Rights and Safeguards) Act, the Voluntary Associations Act, the Nongovernmental Non-profit Organizations Act, the Health and Safety at Work Act, the Employment Act and the Labour Code, trade unions have the following rights:

1. The right to freedom of association;
2. The right to adopt statutes and to plan and organize union activities without interference;
3. The right to protection against dissolution pursuant to an administrative decision;
4. The right to join federations, confederations and international associations;
5. The right to represent and protect workers' interests;
6. The preferential right to conduct collective bargaining;
7. The right of the Council of the Federation of Trade Unions of Uzbekistan to be involved in the drafting of laws and regulations on employment, social and economic issues;
8. The right to protect the right to work and to be involved in national employment policy;
9. The right to monitor observance of labour, employment, and trade union law and to take legal action if appropriate;
10. The right to provide social protection for workers;
11. The right to participate in the settlement of labour disputes and to afford their members legal protection;
12. The right to obtain free information about labour issues and socio-economic development;
13. The right of unfettered access to enterprises where their members are employed;
14. The right to coordinate by-laws on working conditions;
15. The right to approve certain initiatives by employers;
16. The right to hold consultations prior to certain initiatives by employers.

Collective labour disputes concerning the application of labour law or other regulations, including collective bargains and agreements and by-laws adopted pursuant to an agreement between an employer and a trade-union committee or other representative workers' body, may be taken up by the courts. Trade unions have the right to institute legal proceedings in both individual labour disputes (on behalf of a worker) and collective disputes.

However, Uzbek law currently makes no provision for a procedure for settling collective labour disputes about the introduction of new working conditions or the modification of existing conditions.

Uzbek law does not prohibit strike action.

Under article 218 of the Uzbek Criminal Code it is a criminal offence to direct unlawful strike

action.

Pursuant to article 218 of the Code, directing unlawful strike action or obstructing the operation of an enterprise, institution or organization in an emergency is punishable by a fine equivalent to 50-100 times the minimum wage, short-term imprisonment for up to six months or deprivation of liberty for up to five years.

1. The principal and direct target of this crime is public policy with regard to the established procedure for organizing strike action and ensuring the normal operation of enterprises, institutions and organizations in an emergency.

2. The *actus reus* of this offence takes two forms, namely direction of unlawful strike action and obstructing the work of enterprises, institutions and organizations.

A strike is a mass work stoppage with a view to meeting demands of a social, economic or political nature.

Direction of a strike means any action designed to control the course of the strike or the actions of strikers.

Obstruction of the work of enterprises, institutions and organizations means any action designed to impede or disrupt the functions that these structures are responsible for carrying out.

3. An emergency is an obligatory component of the *actus reus* of this offence. Article 93, paragraph 1.15, of the Uzbek Constitution stipulates that it is the prerogative of the President to introduce a state of emergency throughout the country or in specified districts. The proclamation of a state of emergency is a temporary measure taken in exceptional circumstances in the event of a clear external threat, mass disorders, major catastrophes, natural disasters, epidemics and epizootics, for the purpose of protecting public security.

4. The *corpus delicti* is formalized and accordingly the offence is deemed to have been completed as soon as one of the actions referred to in the statutory description has been committed, regardless of the actual consequences or the gravity thereof.

5. The *mens rea* of the offence is characterized by intention.

6. The perpetrator of the offence may be any person who has attained the age of 16. If the perpetrator is an official who has abused his or her official position or exercised his or her authority improperly, the act shall be categorized under article 205 or 206 of the Criminal Code, assuming the appropriate *indicia* are present.

## **22. The Committee is concerned that the low level of pensions and unemployment benefits do not provide for an adequate standard of living.**

As of 1 October 2005, the minimum old-age pension is 18,605 SUM and the minimum wage is 9,400 sum, i.e. the minimum wage is equivalent to 51 per cent of the minimum old-age pension.

Unemployment benefit averaged 28,007 SUM in 2005. The ratio of the average unemployment benefit to the average monthly wage is 36 per cent (28,007:77,759).

**23. The Committee is concerned that social assistance is insufficiently targeted in the State party, given the considerable number of individuals and families living in poverty and the conditions of access to social assistance by particularly vulnerable groups (single mothers, disabled persons, and refugees). In this regard, the Committee takes note of the increasing powers of traditional citizens' organizations (*mahalla*) in allocating social assistance.**

The Government's social policy is intended to curb poverty and boost the incomes of the poorest sections of the community, primarily in rural areas. Across Uzbekistan as a whole, approximately 2.2 out of 5.1 million families (43 per cent) receive various forms of direct State welfare benefits, including 1.1 million families receiving child benefit and more than 0.7 million families receiving childcare benefits in respect of children up to the age of two. Around 300,000 families receive material assistance.

A unique social welfare system for needy families has been created in Uzbekistan. Given that a compulsory declaration of income is not required of Uzbek citizens, the mechanism for identifying low-income families initiated by the President enables benefits and material assistance to be precisely targeted at those genuinely in need. As stated, the central component of this mechanism is the *mahalla*, which is best placed to gauge the true financial situation of every family and openly and publicly decides on the allocation of State social assistance. International experts speak very highly of this arrangement. Today, some 6 per cent of all State disbursements to low-income families are channelled through the *mahalla*.

The Presidential Decree of 13 January 1999 on enhancing the role of self-governing citizens' bodies in targeting social assistance to the public (amended on 17 April 2001), states that:

“In order to further enhance the role of self-governing citizens' bodies in providing social assistance to the public, to ensure that such assistance is better targeted, and to widen the powers and responsibilities of these bodies for the social development of local districts, and taking account of their encouraging track record in delivering targeted social assistance to needy families,

Effective 1 March 1999, self-governing citizens' organizations shall take the following steps, in addition to the social assistance measures they already provide:

Allocate and pay childcare benefits to non-working mothers in respect of children aged under two;

Distribute basic foods to semi-autonomous single pensioners.”

The main criteria for the provision of social assistance to the public by self-governing citizens' organizations are adherence to the principle of social justice, transparent decision-making, proper targeting, avoidance of dependency, and the effective and targeted use of allocated funds.

Some groups (disabled persons, single pensioners and elderly people who do not qualify for a pension, orphans, children from low-income families and other groups) receive special welfare benefits and entitlements, for example subsidized public utilities and transport, admittance to health resorts, winter clothing and free school supplies.

It is estimated that more than 1.2 million citizens and members of their families currently benefit from subsidized public utilities, transport, prosthetic treatment and health and recreation facilities.

The policy of prioritized assistance to socially vulnerable and low-income groups has had a certain levelling effect on personal incomes.

**24. The Committee is concerned about the persistence of domestic violence in the State party. The Committee is also concerned about the lack of specific legislation on domestic violence.**

Domestic violence is a crime under Uzbek law. Specifically, it is an offence contrary to article 99 of the Criminal Code for a mother deliberately to kill her newborn child during or after childbirth.

It is an offence contrary to article 103 of the Criminal Code to incite a person who was not financially or otherwise dependent on the perpetrator to commit suicide, or to attempt to do so, by using cruelty or systematic humiliation and degradation. Paragraph 2 of this article specifies liability for the same offence against a person who was financially or otherwise dependent on the perpetrator.

Chapter II of the Criminal Code specifies liability for crimes against health.

Uzbek law makes no distinction between the victims of these crimes, because the Criminal Code does not differentiate between offences committed in everyday life and in the family. Accordingly, crimes that take place in the family circle are also categorized under specific articles of the Criminal Code.

**25. The Committee is concerned that trafficking in persons is increasing in the State party, that it has now become both a country of origin and destination, as well as a transit point for trafficking in persons. The Committee notes with regret that there is no legislation in the State party that criminalizes trafficking in persons. The Committee is also concerned about the lack of reliable information, including statistics, on the extent of the problem.**

It is an offence contrary to article 135 of the Uzbek Criminal Code to recruit people for the purpose of exploitation (version of the Code dated 29 August 2001).

Article 135 states: “The recruitment, by deception, of persons for sexual or other forms of exploitation is punishable by a fine of between 100 and 200 times the minimum wage, punitive deduction of earnings for up to three years, or short-term imprisonment for up to six months.

The same offence committed:

- (a) As a repeat offence or by a dangerous repeat offender;
- (b) By prior conspiracy among members of a group;

(c) Against a minor;  
is punishable by deprivation of liberty for up to five years.

The same offence committed with the intention of taking said persons outside the Republic of Uzbekistan is punishable by deprivation of liberty for between five and eight years.

Related offences include coercing a woman to engage in sexual intercourse (art. 121), abduction (art. 137) and some others, including fraud (art. 168).

“Recruitment of persons for the purpose of exploitation” is a latent crime that not only impairs the health of those exploited but also violates their rights and freedoms. It also has an adverse effect on foreign perceptions of Uzbekistan and Uzbeks.

Internal affairs investigative agencies investigated 159 crimes in this category in the first nine months of 2005 and 140 in 2004. In 74 of these cases, 89 bills of indictment were drawn up and forwarded to the courts, representing 46.5 per cent of all crimes in this category. In the first nine months of 2004, 71 bills of indictment were drawn up and forwarded to the courts in connection with 65 cases, representing 46.4 per cent of all crimes in this category. Studies have shown that the number of crimes in this category has risen. To prevent and prohibit offences of this kind, appropriate amendments and additions to article 135 of the Criminal Code have been drafted and submitted to the Legislative Chamber of the Parliament (*Oliy Majlis*).

**26. The Committee notes with regret the lack of information about forced evictions and the number of homeless persons in the State party. Additionally, the Committee is aware of the persistent reports that evicted persons generally do not obtain adequate compensation for lost housing or alternative accommodation.**

Issues relating to evictions from residential accommodation (apartments) are dealt with under articles 27, 28, 30, 31, 70 and 71 of the Uzbek Housing Code. Disputes arising in connection with eviction or the allocation of alternative accommodation are settled in the courts.

Official statistics and sociological surveys, including those conducted by international organizations, do not contain any significant findings about homeless people, suggesting that this is not really a problem in Uzbekistan.

According to data from the region with the highest concentration of building and reconstruction projects, it will be noted that more than 94 per cent of people applying for alternative accommodation, plots of land to build their own houses or monetary compensation receive satisfaction. The remaining applications require further study to establish their legitimacy.

In order to respond more effectively to the need for decent accommodation, speed up housing construction programmes - particularly in small towns and rural areas - and introduce an extensive system of long-term low-interest mortgages, a presidential decision on the further development of housing construction and the housing market was promulgated on 16 February 2005. This decision provides for the introduction of a system of long-term low-interest mortgages that would enable people to build their own homes.

The decision approves measures to develop housing construction and the housing market in the period to 2010.

A bill on mortgages and mortgage lending for the construction of residential accommodation is currently at its second reading in Parliament.

**27. The Committee is deeply concerned that 28 per cent of the population - or about 6.7 million people - are living below the poverty line and are unable to meet their basic food needs, two thirds of whom live in rural areas.**

The information about the level of poverty in Uzbekistan cited by the Committee is inaccurate. According to World Bank estimates, the level of poverty in Uzbekistan was 27.5 per cent in 2001 and 26.2 per cent in 2003, which means that some progress has been made in reducing poverty. In 2005 the Uzbek Government drafted an intermediate strategy paper on increasing the prosperity of the population in the period 2005-2010, which sets forth measures to bring down the poverty level to 20 per cent by 2010. This paper has been approved by international financial institutions.

**28. The Committee is concerned about the degree of environmental degradation in the country, which has an extremely negative impact on the health of the whole population, in particular women and children.**

Owing to its geographical and climatic situation, Uzbekistan has been seriously affected by adverse environmental factors, particularly the fragility of arid ecosystems and scarce water resources. Arable land requiring constant irrigation accounts for just 11 per cent of the total area of the country, with limited possibilities for extension. Adverse environmental factors thus take a toll on the resources of agricultural areas. Besides which, Uzbekistan is heavily dependent on neighbouring countries for its water resources.

The Aral Sea crisis is the biggest environmental and humanitarian disaster in recent history, considering that the fourth largest inland sea with a surface area of 68,300 km<sup>2</sup> and a volume of 1,100 km<sup>3</sup> has been steadily degraded in the space of a generation.

Over the past 25 years the sea level has dropped by 22.68 metres or a factor of 1.7 compared with the virtually static level in the period 1900-1960. The volume of water has decreased by 993 km<sup>3</sup> or a factor of 9.6. The surface area has shrunk by 50,100 km<sup>2</sup> or a factor of 2.1.

Thus, by 2005 the Aral Sea has lost four fifths of its volume, its surface area had shrunk by more than two thirds, its level had dropped by 22 metres and salinity levels have increased sixfold to twelvefold. The sea has receded from the shoreline by 100-150 km, leaving behind more than 45,000 km<sup>2</sup> of former seabed.

The drying up of the sea, the river deltas and the adjacent marshlands has had a significant impact on fauna and flora. In the delta of the Amu Darya alone, almost 30,000 hectares of lakes and wetlands have almost completely dried out and turned into salt flats.

Of the 178 animal species that used to live around the lake, just 38 remain. The maze of channels

in the river deltas that were once home to wild boar, deer, water rats and egrets, have now disappeared. Rodents and other desert species have rapidly overrun the denuded seabed and former delta areas. Desertification means that the extensive water-retaining black saxaul forests, tugai forests and reed thickets have been transformed into salt flats where drought-resistant plants have taken root. Over the past century, the tugai forests and thickets of moisture-loving vegetation, which are extremely valuable from the environmental point of view, have shrunk by 90 per cent as a result of human exploitation.

The natural degradation of the Aral Sea region has led to a developing socio-economic crisis.

More than 50 million people currently live in the Aral Sea basin, and the Aral Sea region covers an area of 47,200 km<sup>2</sup>. The change in the environmental situation of the Aral Sea region poses a direct threat to public health. In the past 10 years the incidence of oncological diseases and metabolic disorders has increased sharply. Tuberculosis and anaemia among women have reached epidemic proportions.

Statistics show that the incidence of certain diseases has increased steadily throughout the Republic of Karakalpakstan. Compared to 1990, the following diseases have become more prevalent, particularly among old people: ischaemic heart disease (increase by a factor of 8.7), hypertension (eightfold increase), peptic ulcers (fivefold), stomach cancer (by a factor of 2.2), cholelithiasis (seventeenfold), diseases of the peripheral nervous system (approximately twelvefold), chronic rheumatoid arthritis (by a factor of 3.8), nephritis (eighteenfold) and chronic otitis (by a factor of 8.5).

The Uzbek Government is aware of the reasons for the degradation of the environment and its associated economic, health, social welfare and security problems. It is taking important decisions intended to strike a balance between industry and environmental protection.

Uzbekistan has signed a number of international conventions on environmental protection, thereby demonstrating a serious commitment to fulfilling most of the obligations enshrined in these instruments, including the development of an appropriate strategy, plans of action and research in this field. The policy and the plans are being put into effect.

On 20 September 1995 in Nukus, Central Asian governments, regional experts and academics and international organizations adopted the Declaration by Central Asian States and international organizations on sustainable development issues affecting the Aral Sea basin. The Declaration envisages rigorous adherence to the principle of the sustainable development of the Aral Sea basin and focuses on extremely important issues such as:

- Switching to a more balanced and scientifically-based system of agriculture and forestry;
- Better irrigation through the development of water-saving techniques and the application of modern irrigation and environmental protection technologies;
- Improving arrangements for the comprehensive management of the region's natural resources;

- Developing and implementing a long-term strategy and a programme for managing the Aral Sea crisis on the principles of sustainable development, avoidance of reduction in the living standards of the local population and ultimately ensuring a decent life for future generations.

The environmental policy pursued by the Uzbek Government has improved environmental quality in areas with a high health risk for humans and stabilized ecosystems. Intensive efforts are being made to restore the environment in the Aral Sea region - small local reservoirs and drinking water supply lines are being constructed. Since 1991, the volume of pollutants discharged into the atmosphere has been reduced by a factor of 1.95 nationwide and discharges of contaminated water have been halved. Pesticide use in the last five years has decreased more than fourfold. National conservation areas, parks, wildlife sanctuaries and ecocentres are being developed.

On 31 July 1995 the Cabinet of Ministers adopted a decision on measures to implement the United Nations Children's Fund (UNICEF)/Ecosan Aral Sea Project for Environmental and Regional Assistance (ASPERA). The project was implemented between 1995 and 1998, and included comprehensive immunization of all children under two in the Aral Sea region. A large consignment of medicines, health aids and school supplies was made available.

As part of the national "Year of Health" programme, 11 Ecosan health trains travelled to areas of Uzbekistan affected by environmental problems, primarily the Aral Sea region, equipped with humanitarian supplies worth 311 million SUM destined for local people and community facilities. Teams of doctors on the health trains provided medical consultations to 14,700 people.

Pursuant to section 6, paragraph 78, of the State programme, the Ecosan International Fund, in conjunction with a number of ministries and departments, the Council of Ministers of the Republic of Karakalpakstan, provincial authorities and the authorities in Tashkent have developed and implemented a programme entitled "Industrial and household waste and public health".

By its decision No. 469 of 20 October 2005, the Cabinet of Ministers ratified the Programme of Action to Protect the Environment in the period 1999-2005, Uzbekistan's principal strategy directive in the area of environmental policy.

Pursuant to the programme administered by the National Committee for the Environment, the Ministry of Health, the National Hydrometeorological Service and other relevant ministries have drafted five statutes that have been adopted by Parliament, namely the Environmental Assessment Act (25 May 2000), the Radiation Safety Act (31 August 2000), the National Property Registers Act (15 December 2000), the Waste Products Act (5 April 2002) and the Protected Nature Areas Act (3 December 2004). The Cabinet of Ministers has adopted 32 relevant decisions.

Uzbekistan has developed and is implementing a national programme to halt the use of ozone-depleting substances, a national strategy for moving the country towards a sustainable development model, a national programme of action to combat desertification, a national strategy to curb greenhouse gas emissions, a general procedure for developing and designating protected nature areas, a national standard for environmental education and an environmental education programme.

Concerted efforts have been made to confer the status of protected nature areas on zones of

formation of fresh groundwater deposits. There are 11 nationally significant deposits and 8 of provincial importance.

The necessary groundwork is being laid for Uzbekistan's possible accession to the 1998 Aarhus Convention of the United Nations Economic Commission for Europe (UNECE) on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters.

**29. The Committee is concerned that the transition from a free to a prepaid health system and the introduction of private insurance-based medical care in the State party may impact negatively on low-income groups and the rural population.**

Over the past six years, the implementation of the policy framework and the principal components of the programme to reform the State health-care system has made possible the following developments:

- The health-care system has been placed on a sounder legal footing;
- A completely new, up-to-date and integrated system for dealing with medical emergencies has been organized;
- The primary health-care system has been simplified and its effectiveness enhanced by organizing an extensive network of village medical centres staffed by general practitioners;
- Arrangements have been made to ensure better maternal and child welfare;
- State-guaranteed health care has been combined with a gradual transition to the fee-for-service principle at some medical institutions;
- Public health protection and disease control mechanisms have been established throughout the country.

The establishment of an emergency medical service is a priority goal of the reforms. Over the reporting period, Uzbekistan has managed to develop an integrated national system for providing emergency medical care in difficult and urgent situations.

A National Centre for Emergency Medicine has been established in Tashkent, with branches in all provincial capitals and the city of Nukus. The Centre also has sub-branches in 173 districts, which take the form of standalone emergency units in district and city referral hospitals.

The emergency system currently has 8,232 beds, accounting for 5.9 per cent of the overall capacity of Uzbekistan's medical institutions.

With an eye to developing the facilities of emergency medical units, the authorities are considering a number of foreign investment projects.

By its Decision No. 537 of 2 December 2003 on measures to further improve emergency medical care, the Cabinet of Ministers approved the Regulations governing the Support and Development Fund for the Emergency Medical Service. A Board of Trustees has also been established for the Fund. The Fund began its work on 30 December and 200 million SUM were allocated to it from the Cabinet of Ministers' reserve fund. Moreover, extrabudgetary funds to support and develop the emergency medical service have been established at provincial branches with their own clearing accounts.

In 2004, the Fund's income amounted to 573.8 million SUM, of which 76.7 million were spent on retraining physicians and specialists in leading clinics in the Commonwealth of Independent States (CIS) and other countries; 155.8 million on the purchase of medical equipment and expendable supplies for high-tech medical equipment; and 102.5 million on incentives for emergency medical staff. Outstanding specialists receive bonuses equivalent to 100 per cent of their salary.

Effective 1 January 2004, the base salaries of emergency medical and first aid staff, including technical and ancillary staff, were increased by 15 per cent.

The drive to improve emergency medical care has yielded the following results:

- Prompt emergency medical care is now available to the public throughout Uzbekistan, and the interval between call-out and receiving professional medical attention has been reduced considerably;
- Emergency medical facilities, particularly those at the national and provincial levels, have been supplied with modern diagnostic and medical equipment;
- Emergency medical facilities are much better supplied with medicaments;
- The work of emergency medical facilities has been streamlined;
- Better emergency service is guaranteed through the uptake of progressive and innovative developments in medical science and technology;
- The facilities available to the "03" emergency first aid service, a key component of the emergency medical system, have been improved.

The most important plank of the Government's reform programme is delivery of better primary health services to the rural population. The Ministry of Health is continuing to restructure the network of health-care facilities, and the old five-tier system of primary health care is being replaced by a two-tier system.

Another key objective of the Government's health-care reform programme is to control public health and the epidemiological situation throughout the country.

Better public immunization coverage means that rates of whooping cough and measles have dropped year by year. There have been no recorded cases of polio for more than eight years, and no recorded

cases of diphtheria for the past four years. No cases of tetanus have been recorded at all.

Compared to the previous year, in 2004 there was a steep decline in the incidence of many infectious diseases in Uzbekistan. Rates of typhoid fever, other paratyphoid fevers and meningococcal infections were down, and the incidence of mumps was more than halved. Uzbekistan has prevented the introduction and spread of quarantinable and particularly dangerous infections, in addition to severe acute respiratory syndrome (SARS) and bird flu.

One of the core principles in reforming the health-care system is the establishment of a private sector capable of competing on an equal footing with the public sector.

Pursuant to a decision of the Cabinet of Ministers, a total of 122 health-care facilities administered by the Ministry of Health were scheduled for denationalization and privatization in 2002 and 2003. To date, 119 facilities have been privatized, which means that 97.5 per cent of the privatization plan has been completed. Nearly 1,000 medical facilities were privatized in the period 1994-2004.

The private medical services sector is developing alongside State medical institutions.

Today there are over 1,500 private medical institutions in Uzbekistan, of which some 250 are privatized health facilities and over 1,250 are completely new. More than 1,500 physicians work in private practice.

These changes have led to the emergence of a market for medical services and an alternative to State health care. The population has a choice between State and private medical care.

Pursuant to the Presidential Decree of 10 November 1998 on the national programme to reform the Uzbek health system, free State-guaranteed medical treatment includes emergency care and the services offered by primary health-care facilities and many State medical institutions, principally in rural districts. Treatment will also be provided free of charge in primary health clinics, emergency medical facilities, paediatric and obstetric institutions (except those that charge fees) and institutions specializing in socially significant illnesses. All these medical institutions will provide free and accessible medical treatment to the population.

At institutions financed on a mixed basis providing fee-for-service treatment pursuant to the above-mentioned Decree and Cabinet of Ministers Decision No. 414 of 3 September 1999, treatment shall be provided to the public in strict accordance with the schedule of prices approved by ranking authority. It should be noted that citizens entitled to benefits (disabled persons, orphans, war veterans, etc.) will receive medical treatment free of charge at such institutions on the basis of special medical referrals (warrants). Thus, citizens entitled to benefits will be socially protected and their medical treatment will be underwritten by the State.

The Insurance Business Act, adopted on 5 April 2002, makes provision for voluntary medical insurance.

**30. The Committee is concerned that the annual per capita spending on public health has been in decline despite the rise in GDP.**

For many years, Uzbekistan has undertaken targeted reforms of its health-care system by upgrading the existing infrastructure of medical treatment offered by the primary health network in rural areas, introducing new financing arrangements, decentralizing administration, and taking action to tackle infectious diseases.

In order to implement these initiatives, back in 1992 the Ministry of Health drew up guidelines and took measures to develop health care in the period 1992-1998. In 1998, the national programme for the reform of the health system for the period 1998-2005 was approved by presidential decree.

The State programme sets a number of priorities that need to be executed without delay.

These include the reform of the primary health network, the establishment of an effective State-guaranteed system of emergency medical treatment, the improvement of the health-care system, the establishment of a sustainable and competitive private health-care sector, the reform of the present system for training medical practitioners, the stabilization of public health and disease control throughout the country, and subsequent improvements in maternal and child health services.

In line with the State programme, the Ministry of Health is restructuring the network of health-care facilities. The old cumbersome five-tier system is being replaced by a two-tier system of primary health facilities comprising rural medical centres and district referral hospitals. This is being done by replacing the old primary health worker/midwife stations, rural outpatient clinics and inefficient rural community hospitals by a primary health-care unit that is more attuned to modern needs, namely rural medical centres staffed by general practitioners.

National experience shows that such a system simplifies health management in rural areas, enables allocated budgetary resources to be applied more intelligently and gives patients access to better treatment.

One of the principal aims of health-sector reform is to ensure uniform delivery of all forms of emergency medical assistance.

A core principle of health-care reform is to establish a private sector capable of competing with the public sector on an equal footing.

By 2002 there were 1,598 private health facilities or 11.9 per cent of the total. Some of these were founded on the basis of non-medical facilities, others by privatizing existing health facilities.

In addition, a list has been drawn up of medical institutions that are changing over to a system of mixed financing. These institutions offer treatment on a fee-for-service basis while retaining an element of public funding that enables them to provide free medical treatment to a defined quota of patients and social benefit recipients. The list of socially significant illnesses and categories of persons eligible for guaranteed State medical assistance is set out in Presidential Decree No. UP-2107 of 10 November 1998 and Cabinet of Ministers Decision No. 532 of 2 December 1997.

Health expenditure in Uzbekistan amounted to 3.0 per cent of gross domestic product (GDP) in 2002. This is higher than average for the Central Asian region, but lower than the European

average.

The extensive development of inpatient hospitals has been suspended and the proportion of budget resources spent on such facilities has fallen to 60 per cent, whereas spending on inpatient services has risen to 40 per cent.

Between 1992 and 2002, a total of 102,200 hospital beds were eliminated and 558 inpatient hospitals were either closed or reorganized. The average number of beds per hospital is 138 (as opposed to 183 in 2002). City hospitals, infectious disease and other specialized hospitals, and rural community hospitals have undergone significant changes, the number of beds having been reduced by a factor of between 1.5 and 3.

Whereas 33,071 staff positions were unoccupied in Uzbek medical institutions in 1992, by 2002 that number had fallen to 6,232. Specialist staffing levels have risen from 86.7 per cent to 91.8 per cent, including an increase from 84.5 per cent to 91.3 per cent at outpatient clinics.

In 2002, approximately 1 million patients were treated at private medical institutions.

Measures to denationalize and privatize pharmacies and medical technology facilities have enabled better medical technology, equipment and medicines to be made available to the public and health-care facilities. This has reduced the burden on the national budget. Roughly 10 per cent of all medical services are provided by the private sector.

A significant proportion of the total national budget is spent on promoting public health indirectly in the form of sports facilities in citizens' associations (*mahalla*), schools, colleges, lycées and higher education facilities.

It should be noted that, despite the relative decline in health spending in Uzbekistan, the incidence of epidemic and other infectious diseases has not been allowed to increase. Public immunization campaigns are being carried out. Maternal and infant mortality rates are dropping year by year.

Furthermore, 2005 was declared Year of Health in Uzbekistan at the initiative of the President. This means that the State has focused on promoting decent living conditions for the population, primarily in the health sphere. Accordingly, by order of the President, Uzbek health-care institutions have developed a national programme entitled "Year of Health". The programme outlines a range of specific measures to foster an outlook that promotes a positive and responsible attitude towards health, a healthy lifestyle and the renunciation of bad and unhealthy habits. Measures are envisaged to improve environmental conditions, prevent disease and develop physical education and sport on a mass scale. All these efforts have been undertaken in close coordination with local authorities and other relevant ministries and departments, and they will certainly boost the cause of public health.

Thirty-eight hospitals and sanatoriums were built, extensively repaired, renovated and upgraded in 2005, and 93 clinics were equipped with up-to-date medical equipment.

The commissioning of outpatient clinics capable of handling 10,500 patients at a time, including the network of 210 rural medical centres, will certainly do much to promote health among the

population at large and to prevent disease.

Significantly, thanks to the extensive renovation and upgrading of rural medical centres, additional capacity has been created to provide health services to another 2 million people, and 800,000 Uzbeks have received professional medical treatment.

It must be stressed that the facilities and resources available to medical institutions are being improved not just in the capital Tashkent, but in every province and district of Uzbekistan.

For example, new hospitals have been built in Kagan in Bukhara province and in Yangibazar district in Khorezm province, and a maternity hospital has been built in Bagar district.

The referral hospital in Karauzyak district of the Republic of Karakalpakstan has undertaken extensive construction and repair work, and in many districts of Andizhan, Djizak, Samarkand, Syr Darya and Namangan provinces referral hospitals have been fitted out with equipment that meets modern standards. More than 1.5 billion SUM have been spent on these projects.

Other new facilities include cardiology and specialized urology centres in Karshi, a new branch of Samarkand province emergency medical centre in Akdarya district, sanatoriums for war and labour veterans in Gallyaral district of Djizak province, a new wing of the Chimyon sanatorium in Fergana province, an aquapark for children in Fergana and other medical and social infrastructure facilities.

The referral and local hospitals of the National Centre for Emergency Medicine are equipped with 127 emergency vehicles and modern communications, which obviously enhances their effectiveness.

In order to train professional medical personnel to a modern standard, two medical schools have merged to form Tashkent Medical Academy.

The academy now has an advanced training unit for teachers. In addition, three new medical colleges have been built with capacity for 1,000 students. These will also improve quality of training for medical professionals.

It is also encouraging that significant progress has been made during the Year of Health in fields such as mother and child welfare, reproductive health, family health and enhanced public awareness of medical matters.

Also noteworthy is the fact that, owing to better mother and baby screening, the introduction of mandatory premarital medical examinations, the expanded programme to ensure that children aged 0-12 months are vaccinated by medical visitors, and other important initiatives designed to reduce infant mortality, this index fell by 7.4 per cent compared to the previous year, and maternal mortality fell by 6.8 per cent.

This year the nine modern screening centres located around the country were supplemented by two new facilities in Ugrech and Navoy.

In order to implement the anaemia control programme, production of special iron-enriched flour was

initiated in 2005. Iodine-deficiency prevention programmes have also been developed and introduced.

In 2005 special attention was focused on subpopulations such as the disabled, war veterans, and orphans who are eligible for benefits and free medical treatment under the terms of the Presidential Decree of 10 November 1998 on State health care.

At institutions financed on a mixed basis providing fee-for-service treatment pursuant to the above-mentioned Decree and Cabinet of Ministers Decision No. 414 of 3 September 1999, treatment shall be provided to the public in strict accordance with the schedule of prices approved by the ranking authority. It should be noted that citizens entitled to benefits (disabled persons, orphans, war veterans, pensioners, persons who saw military action in Afghanistan or were associated with the aftermath of the Chernobyl nuclear accident, etc.) will continue to receive medical treatment free of charge at such institutions on the basis of special medical referrals (warrants). Thus, citizens entitled to benefits will be socially protected and their medical treatment will be underwritten by the State.

**31. The Committee is concerned about the high incidence of malnutrition in the State party, in particular in Karakalpakstan.**

The information regarding malnutrition in Uzbekistan has not been corroborated.

**32. The Committee is concerned about persistent reports that, in addition to being a country of transit, the State party is increasingly becoming a country of destination and consumption of illegal drugs, and that illicit preparation, storage and sale of narcotics have been on the rise since 1991.**

According to statistics from the Ministry of Internal Affairs, in the first nine months of 2005 investigators took up 4,798 criminal cases involving the storage, manufacture, use and sale of narcotics (compared to 5,590 similar cases in 2004), and 3,995 cases were referred to the courts (as against 4,801 in 2004). As regards the illicit sale of psychotropic and narcotic substances by a group of persons united in a criminal conspiracy (Criminal Code, art. 273, para. 5), 1,075 cases or 34.1 per cent of the total were referred to the courts (compared to 1,311 in 2004). As regards the illicit manufacture, acquisition or storage of narcotic or psychotropic substances, or related actions, for non-sale purposes (Criminal Code, art. 276), 1,681 cases were referred to the courts compared to 1,941 in 2004. A total of 1,628 drug users were identified in 2005 (40.8 per cent of all cases investigated), as against 1,930 in 2004 (40.2 per cent of all cases investigated).

In the course of various criminal investigations, 308,511.58 grams of narcotic substances were confiscated (449,184.89 in 2004), including 52.6 kg of heroin, 80 kg of opium, 90 kg of marijuana, 78 kg of pot and 7.9 kg of hashish.

**33. The Committee is concerned that the incidence of HIV/AIDS is on the increase in the State party.**

According to the World Health Organization (WHO), the number of people infected with HIV

throughout the world is increasing every day. At the end of 2004 more than 40 million people were living with HIV, of whom 2.9 million died in 2005 alone.

A total of 5,612 persons were infected with HIV in Uzbekistan at the beginning of 2005, 337 of whom have died. Twenty-five people were recorded as HIV-positive in 1999; that number increased to 154 in 2000, 549 in 2001, 981 in 2002, 1,836 in 2003 and 2,016 in 2004.

By region, the total number of recorded HIV infections is as follows:

Tashkent (city): 2,550 (45.4 per cent);  
Tashkent (province): 1,304 (23.2 per cent);  
Andizhan province: 218 (3.8 per cent);  
Bukhara province: 135 (2.4 per cent);  
Namangan province: 46 (0.8 per cent);  
Navoy province: 27 (0.4 per cent);  
Samarkand province: 301 (5.3 per cent);  
Surkhan Darya province: 190 (3.3 per cent);  
Fergana province: 195 (3.4 per cent);  
Syr Darya province: 97 (1.7 per cent);  
Djizak province: 36 (0.6 per cent);  
Kashka Darya province: 70 (1.2 per cent);  
Khorezm province: 60 (1 per cent).

Persons in custodial settings account for 1,787 (32 per cent) of the total number of recorded cases. Men account for 4,609 cases and women for 1,003 cases of HIV infection (82.1 and 17.9 per cent, respectively). Most people infected with HIV are between 25 and 34 years of age.

The principal form of HIV transmission is parenteral, associated with injecting drug use. In the last three years there has been gradual increase in the relative proportion of sexual transmission, thus reflecting the international trend in the spread of HIV/AIDS.

Second-generation HIV epidemiological surveillance was introduced in 2004-2005. According to data supplied by the epidemiological service, the epidemic could soon develop from phase one to phase two, characterized by high HIV prevalence among high-risk populations (injecting drug users, sex workers, prisoners and others).

In accordance with the Prevention of Diseases Caused by the Human Immunodeficiency Virus (HIV Infection) Act adopted in 1999, preventive work targeting high-risk groups and young people is being undertaken within the framework of the Strategic Programme to Prevent the Spread of the HIV/AIDS Epidemic in Uzbekistan in the Period 2003-2006 and the relevant guidelines.

The aforementioned Strategic Programme envisages initiatives to be conducted jointly with all relevant ministries and departments, State, non-governmental and international organizations. New methods of work based on best international practices are being introduced. A network of help points for injecting drug users is now in operation. These facilities offer counselling and personal protective devices. Preventive work is also being carried out among other high-risk groups, with

emphasis on counselling and distribution of condoms. A variety of information and education programmes are being rolled out among young people using interactive teaching techniques and the peer principle.

Symptomatic treatment of HIV-positive and AIDS patients is provided through a network of AIDS centres and specially designated beds at infectious-disease hospitals nationwide. By its Order No. 115 of 17 March 2005, the Ministry of Health approved the National Protocol for the Medical Care of Persons with HIV in Uzbekistan. The Order outlines a framework for specialized antiretroviral therapy. Antiretroviral drugs will be made available under a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, in operation since December 2004.

In May 2003 Uzbekistan made an application to the Global Fund for a grant to implement a programme entitled "Support for national efforts to combat the HIV/AIDS epidemic, with special focus on high-risk groups". The Board of the Global Fund approved this application and awarded a grant of US\$ 24.5 million over five years.

Under the programme, international consultants have been recruited to run training sessions with a view to advancing a variety of educational projects, for example initiatives to minimize the consequences of risky behaviour among affected communities, advocate female condom use, devise peer education programmes to prevent the spread of AIDS among young people, and introduce services attuned to young people's needs.

Uzbek experts and international consultants have jointly formulated a national plan to introduce services designed with young people in mind. Teacher guidelines have been developed on inaugurating peer education programmes for young people and introducing services attuned to young people's needs. A number of items have been developed and printed, for example four different posters and two booklets on the theme of AIDS prevention aimed at young people, booklets targeting at-risk groups, instructions on the use of female condoms, guidelines for peer educators and guidelines for services attuned to young people's needs. All these publicity materials have been disseminated.

Other grant-funded projects focus on sociological research among schoolchildren and children not in formal education to explore their awareness of HIV/AIDS, projects designed to address the needs of people living with HIV/AIDS, organization of locally-based educational programmes for young people, projects to minimize the consequences of risky behaviour among at-risk communities, and outreach campaigns. Behavioural studies have been conducted among risk groups. Uzbek legal experts, with technical assistance from international consultants, have undertaken a review of national legislation in the field of HIV/AIDS and explored ways of connecting with at-risk groups.

Guidelines on the syndromic treatment of sexually transmitted infections have been drawn up and approved by order of the Ministry of Health for use at the new help points. Provisional guidelines on replacement therapy have been drawn up. National conferences have been held on antiretroviral therapy and the syndromic treatment of sexually transmitted infections. Tashkent Narcotic Drug Clinic has facilities that are suitably equipped for replacement therapy. Lists of patients designated for antiretroviral therapy or a combination of replacement and antiretroviral therapy have been compiled. Contracts have now been signed for nine antiretroviral drugs, to be delivered shortly, and

bidding for five more has been reopened. Contracts have been signed to supply methadone and buprenorphine for replacement therapy. Other contracts have been signed to supply drugs to treat sexually transmitted infections. A delivery of condoms is expected by 10 November and a contract has been signed to supply syringes for distribution among high-risk populations.

Computer equipment has been purchased to set up a national monitoring and evaluation network and ensure Internet connectivity for provincial AIDS centres. National monitoring indicators have been developed.

Furniture and air conditioners have been purchased for the help points attached to AIDS clinics in provincial centres, and Polymerase Chain Reaction (PCR) diagnostics kits are currently being procured for the laboratories of the National AIDS Centre. The National AIDS Centre has a fully equipped temperature-controlled storage facility for medicines. Staff are being given appropriate training.

After registering isolated cases of HIV infection among foreigners, the Ministry of Health issued Order No. 454 of 31 May 1989 on the establishment of an AIDS prevention service in Uzbekistan. Uzbekistan has set up 15 AIDS centres, including one at the national level, and 90 diagnostic laboratories, including those attached to AIDS centres. The Prevention of Diseases Caused by the Human Immunodeficiency Virus (HIV Infection) Act was adopted in 1991 (and updated on 19 August 1999), and Cabinet of Ministers Decision No. 298 on measures to reinforce AIDS prevention in Uzbekistan was adopted on 26 June 1992. The Ministry of Health has issued a number of orders designed to prevent HIV/AIDS in Uzbekistan, most recently Order No. 420 of 23 September 2003 on boosting the effectiveness of measures to prevent HIV/AIDS and stave off an epidemic in Uzbekistan. Cabinet of Ministers Decision No. 214 approved the membership of the Subcommission on Coordinating the Strategic Programme to Prevent the Spread of the HIV/AIDS Epidemic in Uzbekistan in the period 2003-2006, which reports to the National Commission for the Control of Epidemics. The Strategic Programme is the principal instrument regulating key activities in the field of HIV/AIDS prevention and control in Uzbekistan over the next five years.

In May 2003, Uzbekistan prepared and presented an application to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. At its scheduled meeting in January 2004, the Board of the Global Fund approved financing for Uzbekistan's proposal and an agreement to award a grant of US\$ 24.5 million was signed in September 2004. US\$ 5.1 million was allocated over the first two years to finance the HIV/AIDS component. In addition, Ministry of Health Order No. 392 of 21 July 2000 provided for 206 "help points" in the Republic of Karakalpakstan, the provinces and Tashkent. The medical staff at these "help points" carry out preventive work among high-risk groups, especially injecting drug users, with a view to reducing the risk of HIV/AIDS infection. Persons whose behaviour exposes them to risk are issued with disposable syringes, condoms and disinfectants free of charge. Pre- and post-test counselling is also available. In 2004, the "help points" were visited by 89,000 persons, and 331,186 syringes and 556,146 condoms were distributed. The help points draw on volunteers they have trained themselves.

**34. The Committee is concerned about the absence of adequate health care and the poor hygienic conditions in prisons that lead to frequent tuberculosis infections of detainees.**

The recent reform of the Uzbek legal system has led to a significant reduction in the size of the prison population.

The penal colonies and remand centres of the penal correction system administered by the Uzbek Ministry of Internal Affairs are not currently overcrowded. The proportion of remand and convicted prisoners is 159 per 100,000 of population, which is among the lowest in the Commonwealth of Independent States.

The reduction and stabilization of the number of convicted prisoners has made it possible to concentrate to a greater degree on improving conditions of detention, prison amenities, food and medical treatment.

It has also been possible significantly to increase the number of double fluorographic examinations to cover the entire prison population, thereby increasing the detection rate.

Rates of disease have been significantly reduced in places of deprivation of liberty, and tuberculosis rates have decreased fourfold since 2002.

Every year, chemoprophylactic measures are taken to prevent the spread of tuberculosis, including the use of isoniasid. To ensure better outpatient treatment of tuberculosis patients at specialized facilities, special medical control boards at local level perform continuous follow-up tests after the initial fluorographic examination.

As a result of efforts by specialists, guidelines have been devised and adopted to control tuberculosis in prisons administered by the Ministry of Internal Affairs. The guidelines are based on the core provisions of the National Strategic Programme to Prevent and Reduce the Incidence of Tuberculosis in Uzbekistan in the Period 2004-2008.

In November 2004 a radically new technique for diagnosing and treating tuberculosis was launched in the Uzbek penal correction system, namely the Directly Observed Treatment, Short-Course (DOTS) strategy, as recommended by WHO.

Pursuant to an intergovernmental understanding, the Government of Germany has agreed to deliver medical equipment and medicines on a humanitarian basis, free of charge, as a result of which 10 laboratories have now been set up in penal institutions in four different provinces of Uzbekistan.

A number of organizations such as the National DOTS Centre, CDC, Project HOPE and the Global Fund are directly involved in training medical staff in Uzbek prisons.

Following release from prison, some tuberculosis patients, in accordance with established procedure, are transferred to local civilian health facilities to continue their DOTS treatment.

Today, therefore, it is already possible to speak of a certain crossover between the penal and civilian health systems.

**35. The Committee is concerned about the frequent use of confinement in psychiatric**

**institutions in the State party, as a means of treatment of mental health problems, without review bodies, including courts, systematically reassessing confinement.**

Placement in medical institutions is effected in accordance with the provisions of the Uzbek Code of Criminal Procedure.

#### **Article 265. Persons committed to medical institutions**

If observation in an inpatient facility is necessary in the course of a medico-legal or forensic psychiatric assessment, a person conducting an initial inquiry, an investigator, a procurator or a court may commit the accused or the defendant to an appropriate facility provided that the offence in question is punishable by deprivation of liberty.

Persons whose mental state precludes their involvement in a criminal case as the accused or the laying of charges against them may also be committed to a psychiatric institution for the purposes of assessment, provided there is sufficient evidence that they have committed a socially dangerous act.

If the statutory deadline for treating an inpatient as a suspect expires prior to the completion of the forensic-psychiatric assessment, the patient must be charged (provided his or her mental state permits), released from the facility, or officially declared a person under investigation and subject to coercive measures of a medical nature.

Victims and witnesses may not be committed to medical institutions for the purposes of assessment, except where they incriminate the suspect, the accused or the defendant in a serious or particularly serious offence as provided for by article 15, paragraphs 4 and 5, of the Criminal Code, and their testimony cannot be reliably verified by other means.

#### **Article 266. Decision or ruling to commit a person to a medical institution**

A person shall be committed to a medical institution on the basis of a decision by a person conducting an initial inquiry or an investigator, if authorized by a procurator, a decision by a procurator or a court ruling.

The decision or ruling to commit a person to a medical institution must indicate the name of the patient and his or her procedural status; the name of the medical institution; if necessary, directions on escorting the person to the said institution; and the decision to impose a pretrial restraining order.

#### **Article 267. Pretrial restraining orders on persons committed to medical institutions**

Accused persons, defendants or persons under investigation and subject to coercive measures of a medical nature who are committed to medical institutions may be remanded in custody as a pretrial restraining measure if the institution in question is suitable for the confinement of remand prisoners. Otherwise the pretrial restraining measure must be abrogated or a more lenient measure must be substituted.

The time spent in a medical institution by an accused person, defendant or person under investigation and subject to coercive measures of a medical nature shall count as time spent on remand.

**Article 268. Duration of confinement in a medical institution**

An accused person, defendant or person under investigation and subject to coercive measures of a medical nature may be committed to a medical institution for no longer than one month.

In exceptional circumstances, and on the basis of a medical opinion formed in the course of an inpatient assessment, this limit may be extended by one month, subject to a decision by a procurator or a ruling by the court handling the case. No further extensions are possible.

**Article 269. Appeals against a decision or ruling to commit a person to a medical institution**

All persons committed to a medical institution for assessment, their counsel or legal representatives may lodge an appeal with a higher-ranking procurator against a decision by a person conducting an initial inquiry, an investigator or a procurator to commit them to a medical institution. Court rulings may be appealed to a higher court.