

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR ARMENIA

Annual session 2021

Comments by Azerbaijan	UNFPA response to comments
<p>Para 6: As noted in the CCA, in addition to prenatal sex selection, the demographic situation in Armenia is characterized by low fertility, declining numbers of births, high outmigration, and high infertility. The population of Armenia is rapidly ageing. According to the United Nations population projections, the percentage of older people in 2050 will reach around 24 per cent, up from 14.1 per cent (2018). During 1990 to 2018, more than one million people left the country. This emigrant population was much more concentrated in the economically active young adult ages (in the past 10 years the population of 15 -29 olds decreased by a quarter) and largely involved men. The military hostilities in <u>and around</u> the Nagorno-Karabakh <u>region of the Republic of Azerbaijan</u> conflict area have also had an adverse impact on the demographic situation in Armenia, the full extent of which is likely to unfold over the coming years.</p>	<p>Thank you. The comments submitted by the Government of Azerbaijan are noted.</p>
<p>Para 15: Volatile regional dynamics, including regarding <u>the recent escalation in the conflict in and around the</u> Nagorno-Karabakh <u>region of the Republic of Azerbaijan,</u> affects the population and exposes it to various forms of deprivation. The recent large-scale military hostilities in <u>and around</u> the Nagorno-Karabakh <u>region of the Republic of Azerbaijan</u> conflict area caused a massive displacement from the Nagorno-Karabakh <u>region</u> to Armenia, resulting in a humanitarian disaster for tens of thousands women and children. Among the estimated 90,000 displaced people, 88 per cent were women and children who were housed in host communities and collective shelters.</p>	
<p>Para 16: A significant number of the arrivals from Nagorno-Karabakh may not be able to return safely, even now with the ceasefire in place, particularly residents of territories currently under control of Azerbaijan. Tens of thousands of those who arrived have lost their homes and productive assets due to the large-scale military hostilities. The humanitarian needs of women and children need to be prioritized due to their additional vulnerabilities, on the basis of the humanitarian principles of humanity, neutrality, impartiality and independence. Additionally, meeting the psychosocial and</p>	

economic needs of war veterans, including those disabled during the war, and other victims, is an issue of utmost importance.

~~Para 17: Of note, the negotiated comprehensive and sustainable settlement of all remaining core substantive issues of the Nagorno-Karabakh conflict, in line with the basic principles and elements within the framework of the internationally agreed format of the Organization for Security and Co-operation in Europe (OSCE) Minsk Group Co-Chairs, continues to shape the humanitarian-development-peace nexus for the region, including Armenia.~~

Para 32: The country programme will base its interventions on the international and regional human rights standards, taking into account recommendations of the Convention on the Elimination of All Forms of Discrimination against Women and **other international documents**, the universal periodic review, and the human rights agenda and international commitments of Armenia.

Para 43: UNFPA will contribute to the outputs by: (a) revising and operationalizing medical education curricula on reproductive health and rights, in accordance with international standards and a rights-based approach; (b) supporting the Government in strengthening accountability mechanisms for health governance and to initiate community-based processes through CSOs to improve the quality of reproductive healthcare services; (c) advocating for inclusion of a designated health budget line for family planning commodities to reach the furthest behind first; **~~(d) building capacity to implement the Minimum Initial Service Package interventions at the onset of a crisis in areas affected by the Nagorno-Karabakh conflict and integrate them in national disaster risk reduction plans;~~** (e) introducing adolescent health competencies in curricula of health professionals; (f) advocating for investment in adolescents; (g) supporting introduction of adolescent-friendly health services in primary healthcare facilities, especially for adolescents from rural and remote areas; (h) operationalizing school-based healthy lifestyle education, including support to teacher training and development of materials; and (i) supporting revision and realization of the State youth strategy and action plan.