



# Economic and Social Council

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## Committee on Economic, Social and Cultural Rights

### Forty-seventh session

#### Summary record of the 40th meeting

Held at the Palais Wilson, Geneva, on Monday, 21 November 2011, at 10 a.m.

*Chairperson:* Mr. Pillay

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*The meeting was called to order at 10 a.m.*

### **Consideration of reports**

**(a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant** *(continued)*

*Initial report of Turkmenistan* (continued) (E/C.12/TKM/1; E/C.12/TKM/Q/1 and Add.1; HRI/CORE/TKM/2009)

1. *At the invitation of the Chairperson, the delegation of Turkmenistan took places at the Committee table.*

2. **Mr. Arniyazov** (Turkmenistan), replying to questions raised at the previous meeting, said that his Government was cooperating with other countries, relevant bodies and international organizations to combat trafficking in persons. In December 2007, the Majlis (Parliament) had adopted the Suppression of Trafficking in Persons Act, in order to harmonize Turkmen law with important international and regional instruments, provide State guarantees for the freedom of the individual and protect society from trafficking in persons. The Act made specific provision for protection and rehabilitation of victims of trafficking. His country had also ratified many international instruments concerning women's and children's rights, including the Convention on the Rights of the Child, the United Nations Convention against Transnational Organized Crime, its Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and its Protocol against the Smuggling of Migrants by Land, Sea and Air. The 2010 amendments to the Criminal Code had included the introduction of a section on human trafficking and exploitation, as detailed in paragraph 22 of the written replies (E/C.12/TKM/Q/1/Add.1). The Ministry of Internal Affairs worked to prevent trafficking, as also explained in that paragraph. It was assisted by the Ministry of National Security, which identified links between international terrorist organizations and organized criminal groups involved in human trafficking. Diplomatic missions and consular services abroad safeguarded the rights and interests of Turkmen nationals who became victims of trafficking in another State and helped them return to Turkmenistan. The State Border Guard Service and the State Migration Service were also directly involved in combating trafficking in persons. Since the entry into force of the amended Criminal Code, some 11 cases of human trafficking had been recorded. The perpetrators had been sentenced in accordance with the law and the victims had been given assistance with social rehabilitation. In 2010, in cooperation with the International Organization for Migration (IOM), the Government had opened a rehabilitation centre in Ashgabat for women and child victims of human trafficking. Information on Turkmen citizens who had been victims of trafficking abroad reached the law enforcement agencies through several channels, including the IOM and non-governmental organizations (NGOs). The victims were met at Ashgabat airport by representatives of international organizations and law enforcement agencies in order to guarantee their protection.

3. The Ministry of Health was responsible for the treatment and rehabilitation of drug addicts. The national programme to combat illegal drug trafficking and assist persons dependent on narcotic and psychotropic substances 2011–2015 had been adopted by presidential decree in June 2011. The programme provided for the treatment and rehabilitation of drug addicts, who were placed in treatment centres that were under the jurisdiction of the Ministry of Internal Affairs. In June 2011, a delegation from the International Committee of the Red Cross (ICRC) had visited one such centre and had reported to the Ministry that the state of affairs in the centre was satisfactory. The Government had introduced new, modern measures for the identification of illegal drug trafficking at border crossings.

4. Studies had demonstrated that there was complete freedom of religion and belief in his country. Since the entry into force of the 2003 Freedom of Religion and Religious Organizations Act, some 108 such organizations had registered, including several of the Christian faith. The religious majority respected all minority religions; there was no discrimination in Turkmenistan on the basis of religion or belief. The Gengesh (council for religious affairs) took part in different religious events and strove to raise awareness of the country's legislation concerning religions among registered and non-registered religious organizations. The Gengesh provided support for visits from foreign religious leaders of different faiths that were represented in his country.

5. **Ms. Sysoyeva** (Turkmenistan) said that accurate data on the level of poverty would be provided in the second periodic report. The data would be based on the results of a survey of 2,400 households that had been conducted in October 2011, in cooperation with the World Bank. The final results of the survey should be available in April 2012.

6. **Mr. Shaliyev** (Turkmenistan) said that the Drinking Water Act, adopted by the Majlis in September 2010, established State guarantees for the provision of drinking water, as detailed in paragraph 23 of the written replies. Significant budgetary resources were being allocated to laying water pipelines to facilitate the provision of clean drinking water to every dwelling in the country. An international call for tenders for water purification facilities had yielded attractive bids from Austria and Germany.

7. Under article 46 of the 2004 Land Code, land could be leased for agricultural and food production or allocated for the construction of offices, factories, industrial plants and housing for periods of up to 5 or 40 years. Anyone wishing to obtain land for a purpose other than agriculture had to submit their business plan and project details to the Ministry of Agriculture. Between 2008 and 2011, some 970 individuals had been allocated land for up to 40 years and over 750 for up to 5 years. Favourable terms were available to local and foreign entities, notably the provision that no rent was payable for the first 15 years. The aim of those terms was to attract foreign investment and promote local entrepreneurship, as well as generating employment.

8. Replying to a question on budgetary issues, he said that some 39 per cent of the 2012 budget would be allocated to education, almost 13 per cent to health, and between 4 and 5 per cent to culture. On average, the 2012 budget was some 10 per cent higher than that of 2011.

9. **Ms. Agayeva** (Turkmenistan) said that a comprehensive reproductive health strategy aimed at protecting the health of mothers and newborns had been launched for the period 2011–2015, coordinated by the National Reproductive Health Care Centre. In cooperation with the United Nations Population Fund (UNFPA) reproductive health centres had been established throughout the country to ensure pregnant women had access to the services of midwives and gynaecologists. Family planning services and 10 free types of contraceptive methods were provided. Doctors were encouraged to specialize as family physicians. The centres supplied information to the public and organized information sessions for women, scheduled at convenient times to promote participation. The health centres also provided sexual and reproductive health services to adolescents and men.

10. Between 2008 and 2010, with a view to protecting the health of women and children, laws had been adopted on the promotion of breastfeeding, protection against radiation, sanitary health and food quality standards. In cooperation with international partners including the World Health Organization (WHO) an early childhood development programme had been launched to: improve care for newborns and register all births; eliminate anaemia by promoting the use of iodized salt and flour enriched with iron and folic acid; and prevent non-infectious diseases. In the area of reproductive health, efforts

were under way to prevent cervical cancer, HIV/AIDS, tuberculosis and malaria. She noted that Turkmenistan was currently considered by WHO to be free of malaria.

11. The State provided free health services to pregnant women and mothers and children up to the age of 3. Contraceptive services and abortion services were likewise provided. Women who were pregnant or had young children enjoyed guarantees of extra leave in their place of employment. Social benefits for large families had been increased. The number of beds available in hospital maternity wards and birth centres had been increased to 3,300 between 2005 and 2010. As a result of such improvements, the birth rate had increased by 35 per cent during that same period. In 2008 nearly 94 per cent of women had received qualified medical care during childbirth; by 2010 that figure had risen to 99.8 per cent.

12. In 2009 the number of births by caesarean section, at 5.4 per cent, had been within WHO norms. Maternal mortality had dropped from 15.5 per 100,000 live births in 2005 to 6.9 in 2010, consistent with the relevant Millennium Development Goal, and the survival rate for underweight babies had improved. Such successes could be attributed to full medical coverage, post-natal care, universal prenatal care and improvements in economic conditions and the status of women.

13. Her Government would continue to strengthen and expand medical services for pregnant women, childbirth and newborns. More gynaecologists and birth attendants would be trained and efforts to improve the quality of equipment available for reproductive services and further expand the network of birth centres would likewise continue. Screening of pregnant women for anaemia, HIV/AIDS, risk of miscarriage, blood incompatibility, infections, cervical cancer, venereal diseases, etc. would be strengthened with a view to ensuring as high a rate as possible of successful births. Facilities for mammograms and diagnostic biopsies would be expanded. Girls aged 15 and 16 would be vaccinated for human papilloma virus (HPV). Early detection of osteoporosis would allow for hormone treatment and dietary changes to slow the spread of that disease.

14. A new ultrasound laboratory had been built in the reproductive health centre in the capital. In cooperation with international partners, a genetics laboratory would also be established to diagnose genetically inherited diseases. Mothers and newborns were monitored for six weeks after birth to guard against the development of Type 2 diabetes. Abortion services were available free of charge, up to a maximum of the twenty-third week of pregnancy. Her Government was trying to lower the abortion rate and had reduced it by half. The average gap between pregnancies was currently 2.5 years.

15. Artificial reproduction services and counselling were available to men and women, including single women and persons suffering from cancer. The names of donors were kept confidential. Provision of insemination services or implantation of eggs outside the official State health system were criminal offences. Medical sterilization could occur only in State facilities and was available to women over 35 who had at least three children, or if deemed medically necessary.

16. Infant mortality had dropped by 35 per cent between 2000 and 2010. Efforts to reduce maternal and infant mortality undertaken in cooperation with international partners included the expansion of the number of birth centres, the upgrading of existing centres and the use by all households of iodized salt and enriched flour in an effort to avoid anaemia. Newborns were vaccinated against hepatitis B and polio and approximately 99 per cent of children were vaccinated against rubella, measles, diphtheria and mumps. Women were free to choose their doctor and the facility where they would receive care. When women prisoners were released from prison their medical files were incorporated into the national health records system.

17. Family doctors were provided with training on sexually transmitted infections and, with the assistance of UNFPA, more information was being made available to women on sexual and reproductive health, family planning, venereal diseases and infertility. A strategy to increase awareness of sexually transmitted infections among adolescents had been launched in 2008 and special clinics for youth had been established.

18. In rural areas there were 1,643 health-care centres as well as 64 district hospitals; ambulance services were also available. The staff of those centres received training in sexual and reproductive health issues and were encouraged to train in midwifery and gynaecology. Educational programmes were provided to rural women to encourage sexual and reproductive health and healthy lifestyles. Three new hospitals and 24 rural health centres were being built. The network of primary health centres and hospitals was being expanded and seven district hospitals were being modernized.

19. Currently medical care was provided free of charge to pregnant women and children up to the age of 14. The well-developed network of health-care centres, which provided a full range of health services, including screening, treatment, sexual and reproductive care and prevention of disease, ensured that the entire population had access to quality health care. The Ministry of Health listed drugs that could be provided free of charge or at a discount to insured persons. Pursuant to a presidential decree issued in 2005, tenders for the supply of prescription drugs were issued and purchases made from reputable suppliers, mostly in Europe. Care for tuberculosis and cancer sufferers was provided free of charge.

20. It was illegal for a health-care professional to refuse to provide health care to a sick or injured person. Complaints in that regard were received by a special commission including representatives of the Ministry of Health, the institution concerned and trade unions, which reviewed the circumstances and made recommendations to resolve the issue and prevent a recurrence. In order to further modernize the health-care system, and pursuant to a presidential decree of 2010 on e-government, in 2011 the Ministry of Health had been one of the first ministries to launch an electronic record-keeping system in health facilities in the capital, an initiative that would be extended throughout the country.

21. **Mr. Geldimammedov** (Turkmenistan) said that, in keeping with the importance his Government attached to the promotion of children's rights, education reforms had been undertaken in cooperation with international partners, including United Nations agencies, in order to promote early childhood development and prepare children for school, strengthen certification standards for schools, promote healthy lifestyles and encourage children's participation in society. His Government was cooperating with the European Union (EU) to strengthen professional and vocational training and for example with the German Ministry of Education in such areas as: programmes for gifted children; improvements in secondary-level education; and exchange of educational materials. There were also ongoing cooperation programmes with Japan, the Republic of Korea and Turkey, as well as with private mechanisms including the Fulbright Program.

22. Numerous visiting professors from other countries taught in Turkmen universities and Turkmenistan participated in the EU Tempus and Erasmus Mundus programmes to promote higher education, through which students were able to study abroad in Europe and Central Asia for a year. Turkmenistan had also organized the international student Olympics for computer science, biology and chemistry and later that month would host an international conference on teaching that would be attended by more than 400 teachers and professors, including over 100 from abroad, as well as more than 40 companies working in the educational field.

23. Providing vocational training for young people to prepare them for the labour market was a priority of the Government's educational policy. The 63 State vocational schools offered 12- to 18-month courses on such subjects as construction, communications,

the oil and gas industries, the chemical and petrochemical industries, the textiles industry, agriculture, water, transport and energy and trade. They also provided retraining for the unemployed, funded by the State. The number of students had increased steadily, from 14,000 in 2008 to 33,000 in 2011. Turkmenistan had recently benefited from EU funding of €3 million for a three-year vocational training programme.

24. As school was compulsory until the age of 16, the school enrolment rate was high and the dropout rate low, with only illness or family circumstances preventing school attendance. The Government would continue its efforts to achieve full enrolment. The children of poor families received special benefits and reductions to help them attend school. Moreover, enrolment and all textbooks were free and school meals were heavily subsidized. The number of higher education establishments was increasing, with student numbers rising from 17,000 in 2007 to 23,700 in 2010. Several measures had been adopted to raise the number of female students, with marked success, even in the traditionally male-dominated areas of study such as technology, agriculture, oil and gas engineering and the military.

25. Access to higher education was through competitive examination organized and strictly monitored by a State commission composed of representatives from different ministries, teachers and university lecturers. An appeals process existed to deal with disputes over examination results or failure to secure a university place. Turkmen students studying abroad had the same rights and obligations as those studying in Turkmenistan, including the obligation to complete their military service, which they were allowed to undertake after completing their studies.

26. The number of schools was actually on the increase, rising from 1,711 in 2007 to 1,730 in 2010. Since 2007, 77 new kindergartens, schools, universities and children's recreational centres had been built and others modernized. In 2011 alone, 29 secondary schools, 38 preschool establishments, 3 universities and 2 children's centres had been built. All schools had modern computer and media equipment, with access to the Internet.

27. Since 2008 it had been Government policy for students to spend 10 years in compulsory primary and secondary education and 5 years in higher education, increasing to 6 years for medicine and art. To ensure quality of education, the workload of schoolteachers had been reduced to 24 teaching hours per week and that of university lecturers to 850 teaching hours per academic year.

28. **Mr. Arniyazov** (Turkmenistan) said that legislation in force established guarantees on the right to property and land ownership. In cases of compulsory land purchase, property owners would be compensated in full if their property was requisitioned by the State, although if property rights were violated, any right to compensation would be rendered invalid. A housing cooperative owning a property subject to a compulsory land purchase order would be duly compensated and, in the case of private individuals, the State was required to rehouse the persons involved or, if that was not possible, to build a new home for them no smaller than their original home and of equivalent quality and value. Most property and land ownership issues were resolved through the relevant State institutions, but citizens also had the right to file a complaint with the prosecutor's office. On 24 June 2011, the President had established a special inter-ministerial commission to consider complaints from citizens whose homes had been subject to compulsory land purchase and/or demolition orders.

29. **Ms. Babayeva** (Turkmenistan), responding to questions raised on article 15, concerning cultural rights, said that all Turkmen citizens had access to the Internet, either at home, via Internet-enabled mobile phones through cellular networks, in educational establishments, or in Internet cafes available in public places such as cinemas, concert halls and libraries. In 2009, the National Library of Turkmenistan had introduced public access

to the Internet, which had brought the added benefit of attracting more visitors to the library –65,040 in 2011 as against 36,100 in 2009. In addition, library staff were connected via the Internet to libraries in many other countries and to the Library Assembly of Eurasia.

30. Creating favourable conditions for the preservation, development and promotion of the history, culture, language, traditions and customs of all ethnic and national groups in Turkmenistan was a Government priority. Its aim was to foster mutual understanding among peoples and eliminate all forms of discrimination against national or ethnic minorities. As outlined in paragraphs 32 and 33 of the State party's written replies, there had been a variety of programmes, initiatives and events that had been very successful in helping to achieve the Government's aim. They included the establishment of a department for the culture of minority groups living in Turkmenistan and the organization of numerous singing and dancing events, cultural days and creative activities throughout the country. An annual competition was held for people involved in literature, culture and the arts, and representatives of ethnic groups were often among the prize-winners. In fact, the 2011 prize had gone to a writer of Russian origin living in Turkmenistan. Culture and arts facilities had been opened throughout Turkmenistan, including in rural areas, such as museums, libraries, theatres, concert halls and clubs equipped with modern facilities and media equipment, all of which played a major role in promoting the rich historical and cultural heritage of the country. Turkmenistan television broadcast programmes in seven languages and several periodicals were published in the State language, English and Russian. Furthermore, Turkmenistan had signed a number of cooperation agreements in the fields of culture, the arts, science, education, the media, sport and humanitarian issues with countries including Uzbekistan, Turkey, Tajikistan and India.

31. **Mr. Geldimammedov** (Turkmenistan) said that private schools were allowed under the law and vulnerable groups, including refugees, had full education rights. In 2011, all pupils beginning primary school had received a laptop computer as a means of introducing them to information technology. The admission process for higher education was closely monitored and any cases of corruption or bribery were severely punished.

32. **Ms. Shin** asked if sexual and reproductive health education was also available to boys and men and if the State party had reviewed labour regulations that prohibited women from entering certain professions.

33. **Mr. Sadi** asked what role civil society played in combating trafficking in persons and whether the small number of prosecutions for that offence meant that cases went unreported. He wondered why the ICRC rather than the United Nations Office on Drugs and Crime had visited the country's drug addiction centre. Was addiction considered a health problem or an offence? He asked which of the 25 registered religious groups received Government support and how prevalent interfaith marriages were.

34. **Mr. Riedel** asked the State party to include in subsequent periodic reports yearly statistical breakdowns of progress in secondary and tertiary health care. He asked for additional information on the health of female inmates, in particular concerning sexually transmitted diseases, and on the elaboration and review of the list of free medicines.

35. **Mr. Kerdoun** asked if all Turkmen citizens were entitled to higher education and whether the secondary-school diploma was enough for admission or whether students had to sit the entrance examination.

36. **Mr. Marchán Romero** asked if there was any specific legislation regarding the registration of ethnic minorities.

37. **Ms. Barahona Riera** requested further details on sex education for men and the voluntary medical insurance scheme, specifically which health-care provisions were public and which private.

38. **Mr. Abashidze**, noting inconsistencies between the report and the delegation's replies as to the number of schools, asked whether the number was in fact increasing or decreasing. He wondered if students with disabilities had particular privileges in terms of admission to establishments of higher education or if selection criteria were uniform. He also questioned why the State did not simply provide school meals free of charge instead of requiring a token payment.

39. **Mr. Arniyazov** (Turkmenistan) said that trafficking in persons was not an acute problem in Turkmenistan and there had not been a single reported incident involving a child. Interfaith marriages did occur and the Gengesh attached to the Office of the President provided a range of assistance to religious groups and events. The recent Correctional Code laid down several health-care requirements, including a medical examination upon arrival in prison and regular check-ups during incarceration. Under the Legal Situation of Foreign Nationals in Turkmenistan Act, all foreign nationals had equal rights irrespective of their origin, social status, wealth, race, ethnic origin, sex, language, political views, religious beliefs, nature and type of occupation, place of residence or other considerations. Students with disabilities could be admitted to university without sitting the competitive examination.

40. **Ms. Sysoyeva** (Turkmenistan) said that Turkmenistan was applying international standards with regard to women in the labour market. The new Labour Code set limitations on dangerous, strenuous or night-time work for women but otherwise permitted them to work in most sectors. Changes were being considered to allow shift work for women with children under the age of 3.

41. **Ms. Agayeva** (Turkmenistan) said that there was reproductive health education for boys and men. The voluntary medical insurance scheme provided a 90 per cent reduction on medicines and a 50 per cent reduction on medical services, and mandatory insurance was being considered. Although priority had been given to primary health care, Ashgabat did have specialized centres where diagnosis and treatment were dispensed using the latest technology. Since the introduction of the National Safe Motherhood Programme, close male relatives were increasingly involved in the birthing process, and paternity leave was available. WHO had found that the diagnosis and treatment of tuberculosis in prisons was up to standard. Drug abuse efforts took a preventive stance in which civil society was very much involved and there was a major undertaking to establish rehabilitation centres.

42. **Mr. Shaliyev** (Turkmenistan) said that there were plans to cover the full cost of school meals.

43. **Mr. Geldimammedov** (Turkmenistan) said that, since the 2007/08 academic year, safe and healthy lifestyle classes had been introduced into the curriculum as early as the first year of primary school, as well as sexual and gender equality education for older pupils.

44. **Ms. Agayeva** (Turkmenistan) said that the list of services offered free of charge had been adopted in 2003 and had not been reviewed since 2010. The list of medicines was reconsidered annually and procurement tenders were issued twice a year.

45. **Mr. Geldimammedov** (Turkmenistan) said that all persons holding a diploma of secondary education could sit the university competitive examination and the results determined their admission.

46. **Mr. Arniyazov** (Turkmenistan) said that drug abuse was considered an illness, and therefore Government action was geared towards treatment. In keeping with Turkmenistan's open-door policy, it had acceded to the request by the ICRC to visit the drug addiction centre.

47. **The Chairperson** urged the State party to submit subsequent reports on time, to include disaggregated data and to take full account of its obligations under the Covenant in carrying out its reforms.

*The meeting rose at 1 p.m.*