

1. CHILD RIGHTS AND EDUCATION

1.1. No significant progress towards the implementation of recommendations from the second cycle of UPR was made, specifically related to the persisting issues in regards to the protection of children's rights.ⁱ

2. CHILD PROTECTION AND JUSTICE FOR CHILDREN

2.1. The number of criminal cases against children almost doubled during 2016-2018.ⁱⁱ In about 22% of the cases, the perpetrator of violence against children was a family member. Only 69 criminal cases against 73 persons went to the court with the bill of indictment.

2.2. Though Armenia has adopted and ratified the UN Convention on the Rights of the Child and a number of UN human rights conventions, the country still does not have a comprehensive system for child rights protection to ensure children's social, economic, and cultural rights. Interagency cooperation for the protection of the rights of children is weak or missing. Armenia is not a member state to the Lanzarote Convention, and the mechanism for the protection of a child witnesses and victim of crime is not adopted. The procedure of interviewing children, collecting and processing evidence from them has not received required attention in the overall law-enforcement system and often victimises children. Community based social and rehabilitation services for children in conflict with the law is weak. Armenia still needs to develop effective juvenile justice mechanisms.

2.3. Regarding poverty and multiple deprivation of a child, Armenian government has failed to institute a stand-alone mechanism for the assessment of child vulnerability, instead, it uses family poverty as an indicator. Such a generic approach does not allow the development of an individualised support mechanism to help a child to overcome her/his vulnerability.

3. Recommendations

3.1. Adopt an independent mechanism for the assessment of poverty and multiple deprivation of children separate from the family poverty assessment;

3.2. Ratify Lanzarote Convention. Create an integrated database of children in conflict with law. Establish and develop community based social and rehabilitation services for children in conflict with the law and children subjected to domestic violence.

4. RIGHT TO EDUCATION

4.1. Armenia recorded regress in education attainment and other educational aspects according to the World Bank Human Capital Index 2018.ⁱⁱⁱ Children in Armenia complete 11.1 years of general education by age 18, but when the years of schooling are adjusted to the quality of learning it is equivalent to 7.9, resulting in a learning gap of 3.2 years. There is also a lack of functional literacy among 10% of young people aged 19-20.^{iv}

4.2. Education attainment of children is linked to the social status of the family and is particularly affected by poverty. Children from non-poor families are more likely to access quality education and get better life conditions and career prospects than their peers from poor families. In 2016 – 2017 academic year, 274 children dropped out of school;^v 65% of the cases were due to social-economic reasons. Non-poor families in Armenia spend 2-3 times more on public education of their children than poor families. Private tutoring is essential for admission to the university, and students from poor families spend only 11.1% of their education expenses on private tutoring. As

a result, in 2017, the gross enrolment rates of children from poor households in higher education was only 29%; children from extremely poor families do not enter tertiary level of education.

4.3. Armenia adopted inclusive education as a state policy in 2014. However, the quality and capacity of inclusive schools and supporting institutions remains inadequate. Inclusive education funding mechanism does not guarantee quality inclusion of children with special needs in education. The assessment system of special needs in education reinforces the labelling of children and represents an additional barrier for inclusion. The needs of children from various vulnerable groups, such as children from poor or socio-economically vulnerable families, from rural areas, ethnic minorities, girls, are not considered and included in formal assessment. There are no effective and systemic measures to counter bullying that affects primarily children from vulnerable groups.

5. Recommendations

- 5.1. Introduce transitional measures, such as organisation of extra-curricular, catch-up classes, tutoring, learning materials, to compensate the knowledge gap among students lacking functional literacy so that in the course of the next 3-5 years, performance of rural and urban children, those living in poverty, as well as other affected groups is improved;
- 5.2. Revise the mechanisms of assessment and funding of special needs in education so that wider needs in education are targeted and adequately addressed within inclusive education policy framework, and quality support to children with special need in education is provided within mainstream schools;
- 5.3. Adopt provisions in the laws on Education and General education to ensure gender-sensitive and non-discriminative teaching, as well as improve the content of textbooks and other learning materials licensed by the state authorised bodies to mainstream gender equality and promote zero tolerance towards any types of discrimination.
- 5.4. Improve the system of identifying and referring children that dropped out of education by: a) adopting the Government Decree on Identifying, Registering, and Referring Children that Dropped out of Compulsory Education; b) defining the list of cases and/or scenarios to be considered as dropped out of education; c) maintaining reliable statistics to monitor dropout cases.

6. HEALTH AND SOCIAL RIGHTS

6.1. The state has not undertaken significant efforts towards the implementation of recommendations received during the second cycle of the UPR. Along with the obligations to protect social right, little progress was registered in the fields of mental health deinstitutionalisation, confidentiality and personal data protection, access to strong opioids for palliative care.^{vi}

7. RIGHT TO HEALTH

7.1. The government has announced a number of large-scale reforms in the healthcare sector, including legislative and systemic changes to improve treatment outcomes and the quality of medical services. However, the activities undertaken to ensure in practice the right to enjoy the highest attainable standard of physical and mental health have not been sufficient.^{vii} Studies^{viii} conducted by civil society show lingering problems with the affordability and accessibility, violations of patients' and providers' rights, and unfavourable working conditions for the medical personnel preventing effective enjoyment of the right to health.

7.2. The right to privacy protects persons from unwanted intrusion into their personal life. The Law on Personal Data Protection states that "personal data shall be processed for legitimate and specified purposes and may not be used for other purposes without consent,"^{ix} however, there are frequent violations of patient's right to confidentiality, right to information and right to give informed and free consent raising ethical issues and hindering many patients' access to medical services, particularly those from vulnerable groups.

7.3. Aiming to improve transparency, registration preciseness and decrease paperwork, in 2017, the United Information System of Electronic Healthcare (E-health) launched in Armenia as a comprehensive and synchronous data-transmission platform for clinical, administrative and financial data. E-health also raises concerns about respect for the right to confidentiality of patients, because of missing legal regulations on electronic data protection in medical institutions, corresponding provisions in the contracts of medical staff and system operators.

8. Right of access to medical services

8.1. In 2015, the right to preservation of health was prescribed in the Constitution of Armenia delineating that the law shall define the list of free basic medical services and provision procedures.^x Currently, there is no law defining such a list. Instead, the government issued the decree No. 318-N guaranteeing free medical services for a list of vulnerable groups. The decree does not provide a specified list of free-of-charge services. This impreciseness between paid and state-funded services puzzles both patients and healthcare providers contributing to corruption risks and inequity.

8.2. There are geographical imbalances in terms of access and quality of healthcare for persons living in rural or remote areas. Especially in winter, the ambulances or the medical personnel of primary healthcare services (policlinics, ambulatories, emergency) face difficulties in reaching out to population due to unfavourable road conditions and long distances.^{xi} Given the absence of specialised doctors, medical equipment and supplies in rural areas, patients have to travel to the capital city, which implies additional costs for them and hinders the implementation of the right to health.

8.3. Medical services remain inaccessible for the patients unable to visit healthcare institutions due to their health condition or social problems.^{xii} Patients with physical disability who require assistance

and cannot move around independently in healthcare facilities face challenges in accessing healthcare services due to the absence of necessary accommodations and equipment (ramps, elevators).^{xiii}

9. Recommendations

- 9.1. Adopt a law defining the list of free-of-charge medical services, the list of their beneficiaries, and provision procedures;
- 9.2. Review the deployment map of medical institutions and redistribute them in accordance with the number of population and medical personnel;
- 9.3. Use incentives and other methods to increase the number of medical personnel in rural or remote areas;
- 9.4. Improve and ensure geographic and physical accessibility of health services, particularly in remote areas, including access to facilities, medical equipment and essential medication;
- 9.5. Adopt a law on E-health system to ensure mechanisms for electronic data protection.

10. Palliative care

- 10.1. Several legal acts and amendments on palliative care were adopted in Armenia in recent years, and the domestic legislation no longer contains any obstacles to the provision of pain management using narcotic drugs. Still, palliative care and pain management remain inaccessible for the population.^{xiv} The main obstacles to the adequate delivery of palliative care are the lack of institutionalised education and training for medical personnel and insufficient prescription of pain relief medication.^{xv} Police continues the illegitimate control over prescription process and access to patients' personal data (including photos and passport registration in the police), violating the right to privacy, the right to confidentiality and the rights of medical providers. The number of licenced pharmacies selling narcotic drugs in Armenia is insufficient (3% out of 2,295 pharmacies), creating issues of geographic access and financial affordability for the patients living in rural and remote areas.^{xvi}

11. Recommendations

- 11.1. Increase investment in prevention, education and information programs about palliative care pain management to ensure quality palliative care delivery in the country;
- 11.2. Scale up home based care and inpatient units in all regions of Armenia to meet the palliative care needs;
- 11.3. Ensure the right of patients to privacy and confidentiality;
- 11.4. Cease police interference into opioids prescription process;
- 11.5. Ensure physical accessibility of oral morphine and other pain medication in all the regions of Armenia.

12. Right to health of persons living with HIV

- 12.1. As of 31 March 2019, there were 3,444 registered cases of HIV among citizens of Armenia.^{xvii} Activities aimed at protecting the health of persons living with HIV are regulated by international and local protocols based on evidence-based medicine,^{xviii} and the Republic of Armenia Law on Prevention of the Disease Caused by the Human Immunodeficiency Virus.^{xix} However, certain health services are not available to persons living with HIV due to stigma and discrimination against such persons, the geographic inaccessibility of services, and unprofessional conduct of the medical personnel. Under the law, AIDS Prevention Center operates in Armenia in

order to prevent and monitor HIV/AIDS. The Center is located in Yerevan, which creates geographic access and financial affordability problems for the citizens living outside the capital.

12.2. According to the survey by the National Consortium to Counter HIV and media articles on discrimination,^{xx} persons living with HIV are most discriminated in medical institutions. Medical personnel violate the ethics often by treating persons living with HIV disrespectfully and disclosing their HIV status without patient's knowledge and consent.

12.3. Women living with HIV face double discrimination, especially in terms of violations of sexual and reproductive health rights. According to the Minister of Health Decree 77-N (28 November 2013),^{xxi} obstetrical and gynaecological medical services are provided mostly on territorial basis, but women living with HIV prefer not to exercise this right, because other rights (privacy, confidentiality, non-discrimination) are violated when they attempt to exercise their sexual and reproductive rights. Under Article 11 of the Law on Medical Care and Services for the Population, persons that have a disease posing a threat to the surroundings (the list includes HIV)^{xxii} are entitled to free-of-charge state-guaranteed medical services, including the treatment in institutions providing specialised medical care and services, which are designated for such purposes. The only specialised centre, as mentioned, is located in Yerevan.

13. Recommendations

13.1. Create a mechanism for regional medical institutions to participate in HIV/AIDS prevention and monitoring processes;

13.2. Carry out regular training on human rights, HIV/AIDS, and discrimination for the staff of regional medical institutions;

13.3. Adopt the Law on Discrimination, prohibiting discrimination against persons living with HIV and providing additional protection mechanisms for women with HIV;

13.4. Define "medical secrecy" in the Armenian legislation.

14. Mental health

14.1. Psychiatric care is still mainly provided in specialised mental health institutions. Besides psychotropic medicines, the care lacks services, such as psychosocial and community-based support. The mental health system still contains elements of outdated models and practices, including easy and frequent hospitalisation of people with mental health conditions, overmedication and long-term confinement based on labels such as "chronic patients". In several institutions, patients remain confined for long periods of time not because they need to be hospitalised but because there are no care structures at the community level.^{xxiii} Many patients undergo compulsory treatment in psychiatric hospitals, which they cannot challenge on their own: there are no direct mechanisms for an affected individual to seek review of hospitalisation. A court decision on their release might be sought only by the hospitals.

14.2. Under the current legislation, persons with mental health problems can be recognised legally incapable and become deprived of the possibility to exercise their rights fully and properly and to make decisions about their life independently. There are no effective mechanisms for restating person's legal capacity. The court trials of cases challenging person's legal incapability fail to ensure the "equality of arms," and a guardian is appointed for the person declared legally incapable without consulting with them. This regulation was found unconstitutional and needs a revision in line with CRPD standards.^{xxiv}

15. Recommendations

- 15.1. Ratify the Second Optional Protocol to the International Covenant on Civil and Political Rights and the remaining optional protocols on individual complaints procedures of the international human rights treaties;
- 15.2. Stop prioritising investments in large psychiatric hospitals and residential institutions for people with mental health conditions and scale up investments in alternative mental health services and support models that respect the dignity and autonomy of users of services and empower them;
- 15.3. Repeal laws and prohibit detention, including involuntary hospitalisation and forced institutionalisation, and non-consensual psychiatric treatment on the grounds of impairment; introduce a provision for a periodic review of involuntary civil hospitalisation at least once every six months.
- 15.4. Revise the Civil and Civil Procedure Codes to abolish regulations allowing deprivation of legal capacity and develop supported decision-making mechanisms in line with CRPD principles.

16. Children's rights to health

- 16.1. Government Decree 318-N defines the rights of certain specified groups to receive state-guaranteed free-of-charge and concessional medical care and services. In practice, though, parents very often have to pay for the medical care and services provided to their children. The legal acts often do not clarify the list of state-funded and paid services. This causes the aforementioned violations.
- 16.2. Visits of the Human Rights Defender have revealed that because of limited space in premises, juveniles with mental health issues are placed in the same rooms with adult patients of the same sex.^{xv} There is a plan to open a children's mental health ward adjunct to the National Center for Mental Health Preservation, with both inpatient and outpatient facilities. This indicates that there is a plan to provide children's psychiatric care and services in a specialised hospital, which contradicts the policy of deinstitutionalisation.

17. Recommendations

- 17.1. Following the Constitutional provision, adopt a law defining the list of free-of-charge medical services, list of their beneficiaries, and provision procedures;
- 17.2. Implement effective control and quality assurance mechanisms to improve the transparency of provided accessible, affordable, free-of-charge, and concessional medical care and services (including medication provision) to children under the age of seven and children with disabilities under the age of eighteen;
- 17.3. Abandon the legacy of outdated policies and services reliant on large psychiatric hospitals and long-term care institutions and develop mechanisms for deinstitutionalising children's mental health services;
- 17.4. Develop the field of child psychiatry, organise the treatment and care of children with mental health issues in general hospitals, by developing the capacity of medical personnel.

18. ENVIRONMENT

- 18.1. The waste from metal mines causes serious environmental disasters and health problems for the affected communities with a disproportionate increase in cancer cases among the population. Heavy metals and dioxins have been found in land, foodstuffs and in human

organisms. In the town of Akhtala (Lori marz), there are children with a large amount of lead in their blood.^{xxvi}

19. Recommendations

- 19.1. The Ministry of Health should carry out full-scale studies in the areas adjacent to metal mines to assess the impact of heavy metals on people's health;
- 19.2. The Ministry of Health should be involved in the expertise and licensing process along with other decision makers.

20. LABOR RIGHTS

- 20.1. Workers across different industries have been facing massive labour rights violations. The annual reports of the Human Rights Defender, along with the civil society monitoring reports point out a variety of violations pertinent to the right to adequate compensation, right to form a trade union, prohibition of discrimination. Some mass violations of labour rights were registered during 2017 Parliamentary elections. Civil society reports revealed how the authorities intimidated the principals of public schools to secure votes for the ruling party.^{xxvii} In another example, the audio recording of the staff meeting in the chain of “SAS” supermarkets, owned by a former MP, showed how the employees of the company were threatened to lose their jobs in case they failed to collect votes for a certain candidate. No steps were taken by the former authorities to investigate these cases. Moreover, school principals sued the NGO leader for defamation after the abuses were made public.
- 20.2. Armenia lacks effective Labour inspection to oversee the protection of workers’ rights. The existing inspection body adjacent to the government oversees only the health and safety conditions in the workplace, not covering the whole spectrum of labour rights prescribed by the law. The existing Labour Code does not protect the workers from arbitrary dismissal, harassment and discrimination in workplace. The safeguards for exercising the workers’ rights to strike and freedom of association are significantly compromised in the law. The Labour Code is vague concerning the question whether employees can create new trade unions or join the existing trade unions in their respective sectors.

21. Recommendations

- 21.1. Establish an independent and effective Labour Inspection in compliance with the standards of the ILO Convention No. 81;
- 21.2. Revise the Labour Code in line with the international labour rights standards;
- 21.3. Eliminate the limitation that requires an employment contract with the same employer as a condition for the creation of a trade union;
- 21.4. Expand the list of entities, having the right to organise a strike, the list should include the Strike Committee elected directly at the Congress of Employees and trade unions operating in the sector.

22. Migrants’ rights

- 22.1. The immigration of foreigners to Armenia increases dramatically every year. In comparison to 2015, in 2018 the number of obtained temporary residency permits increased by 50%.^{xxviii} The stocks of immigrants have changes too, involving a larger number of labour migrants. Despite these radical changes, migration policy lingers to address the new developments. Labour migrants are invisible in the statistics and migration policy. The key migration policy documents—

The State Migration Strategy 2017-2021 and The Strategy of Integration of Refugees, Asylum Seekers and Foreign Immigrants—do not address immigration and labour migration. With the exception for limited groups, labour migrants are required a work permit. There are no functioning mechanisms for obtaining it. These policy gaps increase the risk of labour migrants' exploitation and human rights violations. Poor governance of immigration also strikes public concern and tension.

23. Recommendations

- 23.1. Incorporate into the State Migration Strategy 2017-2021 a chapter on immigration management with particular stress on labour migration;
- 23.2. Develop legal mechanisms regulating labour migration, work permit, and protection of labour migrants' human rights.

24. REFUGEE HOUSING

- 24.1. The problem of housing of refugees lingers, posing an obstacle to their integration in society. The assistance provided by the state for this purpose is extremely limited, and does not meet the existing demand. The refugees' housing problem is addressed on a short-term rent subsidisation programs funded by international and local organisations and charity initiatives. Temporary and limited monetary assistance to refugees (approximately 125 USD for housing for 9 months) and the policy gap in addressing refugees' socioeconomic integration place the refugees at high risk of poverty and social insecurity.

25. Recommendations

- 25.1. Develop and implement mechanisms to provide long-term solutions for the housing problems of refugees;
- 25.2. Revise the refugee integration policy of Armenia and the mechanisms for its implementation;
- 25.3. Document cases of discrimination against refugees and violation of their rights in the spheres of labour rights, healthcare and interactions with law-enforcement bodies, and provide remedies;
- 25.4. Investigate the cases of fraud, blackmail and coercion in housing provision and ensure compliance of provided housing with international standards.

26. ELDERLY SOCIAL PROTECTION

- 26.1. Armenia has an ageing population, with 11.33% of the total population aged 65 years and over, and older people make up the highest percentage (13.8 %) in the total number of poor people in Armenia. Poverty makes the socio-economic situation of the elderly critical, affecting their food security and health status. In addition to the economic vulnerabilities, they often suffer from chronic diseases or physical disabilities, live on their own and have problems accessing available services. The current social service system is unable to fully address the socio-psychological, legal, health and housing needs of the elderly. Social services are largely provided in urban communities serving a limited number of elderly and being unavailable for rural communities.

27. Recommendation

- 27.1. Adopt Article 23 of the Revised European Social Charter and undertake the commitments prescribed therein for safeguarding social protection of the elderly;
- 27.2. Ensure geographically proportional distribution and availability of social services for the elderly people;
- 27.3. Develop and implement mechanisms to ensure a longer working life for the elderly, including mechanisms for lifelong learning.

ⁱⁱUPR Armenia Midterm report prepared by a group of civil society organisations, April, 2018, http://www.osf.am/wp-content/uploads/2019/07/UPR_MTR_ENG_13.04.2018.pdf.

ⁱⁱⁱ Overall, there were 317 criminal cases investigated in 2018, 265 cases in 2017 and 200 in 2016.

^{iv} See, Human Capital Index: Country briefs and data, <http://www.worldbank.org/en/publication/human-capital#Data>

^v World Development Report 2019: The Changing Nature of Work, page 82, Figure 4.6.

^{vi} National Center for Educational Technologies dataset.

^{vii} UPR Armenia Midterm report prepared by a group of civil society organisations, April, 2018, http://www.osf.am/wp-content/uploads/2019/07/UPR_MTR_ENG_13.04.2018.pdf.

^{viii} See the provisions in Article 12 of the International Covenant on Economic, Social and Cultural Rights, <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>.

^{ix} Center for rights development NGO, based on the analysis of focus group discussion held in March-April 2019 with groups of patients eligible to receive state-guaranteed health services, unpublished study.

^x See Chapter 2, Basic principles for processing personal data, Article 4, Principle of lawfulness, http://www.foi.am/u_files/file/Personaldataprotectionlaw_ENG.pdf.

^{xi} See Article 85 in the Constitution of the Republic of Armenia, <https://www.arlis.am/DocumentView.aspx?DocID=102510>.

^{xii} In an attempt to slightly mitigate the problem, a medical helicopter was introduced to provide emergency transportation for the patients receiving government-supported medical care.

^{xiii} Journalists' Club Asparez and Transparency International Anticorruption Center, *Monitoring report of ambulance and polyclinic services*, 2016 (in Armenian) <https://transparency.am/files/publications/1515577747-0-615102.pdf>

^{xiv} Center for rights development NGO, based on the analysis of focus group discussion held in March 2019 with persons with disabilities, unpublished study.

^{xv} Life without pain initiative, *Report on palliative care*, 2018 (in Armenian), <https://issuu.com/stopthepain/docs/report2018>

^{xvi} Although around 27 to 28 kg of morphine-equivalent opioid pain medication is required annually to ensure adequate pain management for those in need, Armenia has in recent years not used even a quarter of its quotas submitted to INCB. 0.622 kg of morphine was imported in 2018.

^{xvii} Report on the volume of imported and used narcotic substances, 2018 (in Armenian), <https://bit.ly/30r868l>.

^{xviii} AIDS Prevention National Centre of Armenia, Statistical information on the state of HIV/AIDS in Armenia, http://www.arm aids.am/statistics/stat_2019/stat_april_2019.html.

^{xix} See the official manuals of the AIDS Prevention National Centre of Armenia (in Armenian), http://www.arm aids.am/main_menu/informations/specialists.html.

^{xx} See the Law on the Prevention of the Disease Caused by the Human Immunodeficiency Virus, 1997 (in Armenian), <https://www.arlis.am/DocumentView.aspx?DocID=120793>.

^{xxi} See the articles published in Armenian media on the discrimination of persons with HIV:

- <https://med.news.am/arm/news/21496/5-virabuyzhic-4-y-hrazharvel-e-virahatel-miav-ov-pacientin-inchu-e-havastanum-anhrazhesht-miav-unecox-mardkanc-handep-khtrakanutyam-dem-orenqy.html>
- https://hetq.am/hy/article/98577?fbclid=IwAR1f05qetH6GpZolNP77YC12KTGvOvsLpsT7IF7Mj6-xtvPs-pnfzxSSlls#_ _AG1wv4OI.facebook
- <https://med.news.am/arm/news/19641/miav-ov-hivandneri-stigmatizacian-bardacnum-e-nranc-het-ashkhatanqy%E2%80%A4-erevanum-anckacvum-e-miavorenq-janqery-hamazhoxovy.html>

^{xxii} Order N 77 of the RA Minister of Health, 28 November 2013 (in Armenian), <https://www.arlis.am/DocumentView.aspx?docid=104881>.

^{xxiii} The RA Government decision N 1286 27 December 2001 (in Armenian), <https://www.arlis.am/DocumentView.aspx?DocID=82483>.

^{xxiv} Dainius Pūras, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Preliminary observations, 5 October 2017, Yerevan.

^{xxv} Republic of Armenia Constitutional Court, decision SDV-1197, 07 April 2015.

^{xxv} RA Human Rights Defender, Ad hoc public report on ensuring rights of persons with mental health problems in psychiatric organizations, 2018 (in Armenian)

<http://www.ombuds.am/resources/ombudsman/uploads/files/publications/c843a936b2869da845a2307c5fa218ca.pdf>.

^{xxvi} Ruzanna Grigoryan and others, Risk factors for children’s blood lead levels in metal mining and smelting communities in Armenia: a cross-sectional study, BMC Public Health, 2016, 16:945,

<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-3613-9?fbclid=IwAR3dji-cBeFd9I7Azev2ROLE7EJh-CW4n3ZuusAMZnG9NRy-2DF3uP4rbSk>

^{xxvii} Misuse of Administrative Resources in Schools and Kindergartens by the RPA, <https://fip.am/en/803>.

^{xxviii} Information received from independent researcher Alina Poghosyan, research on migrants in Armenia, 2018, calculations based on the yearly statistics provided by the Passport and Visas Department of RA.

^{xxix} National Statistical Yearbook 2017, <https://www.armstat.am/file/doc/99504343.pdf>, p. 27

^{xxx} National Statistical Service , https://www.armstat.am/file/article/poverty_2017_english_2.pdf, p.49