UNGASS COUNTRY PROGRESS REPORT
Republic of Armenia

Reporting period: January 2006–December 2007

I. Status at a glance

The Armenia UNGASS Country Progress Report was developed under the overall guidance of the Country Coordination Commission on HIV/AIDS, TB and malaria issues (CCM) in the Republic of Armenia. The CCM is a multisectoral commission including representation of the government, academic sector, international and national NGOs, UN agencies, people living with the diseases, as well as multilateral and bilateral development agencies. The UNGASS reporting process was launched in October, 2007 when the preparatory National broad consultation Workshop has been arranged by the CCM involving all the CCM and UN Theme Group on HIV/AIDS members. During the preparatory workshop the key informants to be interviewed for completion of Parts A and B of the National Composite Policy Index have been selected among the main stakeholders. The first draft version of the Report was disseminated among all interested stakeholders for comments and recommendations and the second one with incorporated notes was presented to the CCM and UN Theme Group members. After the National Consensus Workshop held on December 2007 the final draft was completed and distributed among the CCM and UN Theme Group members for final remarks.

From 1988 to 31 December 2007 538 HIV cases had been registered in the country among the citizens of the Republic of Armenia with 66 new cases of HIV infection registered in 2006 and 109 - in 2007.

Males constitute a major part in the total number of HIV cases - 401 cases (74.5%), females make up 137 cases (25.5%). 538 reported cases include 13 cases of HIV infection among children (2.4%). The overwhelming majority of the HIV-infected individuals (72.1%) belong to the age group of 20-39.

In the Republic of Armenia the main modes of HIV transmission are through injecting drug use (47.4%) and heterosexual practices (45.3%). Besides, there are also registered cases of mother-to-child HIV transmission as well as through blood transfusions and homosexual practices.

If from 1999 to 2005 the HIV infection through the injecting drug significantly prevailed in comparison with the infection through the heterosexual contacts and the ratio was 157 to 85, in the time period of 2006-2007 there is an increasing trend to getting infection through heterosexual contacts. During the last two years the registered cases of HIV transmission through sexual contacts (106) have been higher than cases of HIV transmission through injecting drug use (54). All people infected through injecting drug use were men, while almost all the women (98.4%) were infected through sexual contacts.

AIDS diagnosis was made to 210 patients with HIV, of whom 40 are women and 6 are children. 46 of the AIDS cases were registered - during 2006 and 59 – during 2007. From the beginning of the epidemic 122 death cases have been registered among HIV/AIDS patients (including 19 women and 3 children).

The HIV/AIDS situation assessment has shown that the estimated number of people living with HIV in the country is about 2800.

HIV/AIDS Situational and Response Analyses were conducted in 2006 within the framework of the National Strategic Planning Process. Based on the Situational and Response Analyses the National Strategic Plan on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 was developed and approved by the CCM. The approved National Strategic Plan served as a basis for development of the National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011, which was approved by the Government of Armenia.

II. Overview of the AIDS epidemic

According to the data of Behavioral and Biological HIV Surveillances conducted in October - November 2007, HIV prevalence among IDUs is 6.78% (6.2-7.4% in the 90% of calculated confidence interval); among FSWs is 0.4% (less than 2% calculated in the 90% of confidence interval); HIV prevalence among MSM is 2% (less than 4.5% calculated in the 90% of confidence interval)*.

* - National Center for AIDS Prevention, December, 2007.

III. National Response to the AIDS epidemic

During the period of 2006-2007 the following changes took place HIV/AIDS Situational and Response Analyses were conducted in 2006 within the framework of the National Strategic Planning Process. Based on the Situational and Response Analyses the National Strategic Plan on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 was developed and approved by the CCM. The approved National Strategic Plan served as a basis for development of the National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 which was approved by the Government of Armenia.

Prevention

Since 2006 the programmatic scaling-up of HIV/AIDS prevention projects implemented within the framework of the GFATM supported National AIDS Programme occurred in all activities targeted MARPs, including Injecting Drug Users (IDUs), Men who have Sex with Men (MSM) and Female Sex Workers (FSWs) as well as other key populations, including the mobile population, prisoners, the military and youth.

The VCT network was expanded from 138 VCT sites operated by the end of 2005 to 155 VCT sites established by December 2007.

The Behavior Change Communication strategies are being implemented among all targets groups.

At the same time the expansion of the geographical coverage of the activities has not been increased.

Care/Treatment and Support

Since 2005, when ARV treatment became available in the country all the registered patients who are in need and gave their informed consent receive ART. The country succeeded in ensuring the Universal Access towards ARV treatment. At the time being 79 PLHIV are receiving ARV treatment. The treatment of opportunistic infections, home-based care, cotrimoxazole prophylaxis are being provided to PLHIV.

The Service Delivery Mobile Team was established for providing care and support to HIV/AIDS patients in the country regions and Yerevan through site visits. Four self-help groups have been established. Two of them operate in Yerevan, the capital, one operates in Gyumri and one-in Vanadzor.

Knowledge and Behavior Change

Comparison of the results of behavioural surveillances conducted in 2005 and 2007 reveals that improvement in behavioral indicators among MARPs has been observed in the last two years. In particular, level of knowledge on HIV prevention among IDUs was increased from 60% in 2005 to 68.1% in 2007. Level of knowledge among FSWs and MSM increased from 49% to 54.2% and from 54% to 73.7% respectively. The trend in decrease of risky behavior exhibition is also observed among these groups: percentage of disposable syringes usage among IDUs increased from 95% to 97.5%. The percentage of those surveyed IDUs reported using a condom the last time they had sexual intercourse increased from 25% in 2005 to 56.3% in 2007. The results of the BBS showed also that percentage of FSWs reporting condom use with their most recent client increased from 89.2% in 2005 to 91.2% in 2007 and among MSM the percentage of men reporting condom use the last time they had anal sex with a male partner increased from 30.4% to 83.5% respectively.

The new National Programme on the Response to HIV Epidemic for 2007-2011 developed based on the evidence of National Strategic Plan was approved by the government and is a unified framework for all HIV/AIDS interventions. The targets of the Universal Access towards HIV/AIDS prevention, treatment, care and support are integrated into the approved National AIDS Programme.

The designation of the CCM by the decision of the government as a coordinating body for all activities aimed at implementation of the National AIDS Programme is a significant political support effort towards realization of the UNAIDS “Three Ones” Principles which will allow to ensure avoiding of duplications and overlapping of the activities, as well as will contribute to effective resource mobilization and achieving of the Universal Access targets.
During the reporting period some increase of the State Budget allotments for HIV/AIDS activities is being observed. However, these allotments are far to satisfy the actual needs, and the political commitment is need to be transformed into the financial.

The National Assembly of Armenia has analyzed the existing legal field to identify the norms and regulations which are inconsistent with the National AIDS Control policies and initiated the revision of the existing law on “Prevention of disease caused by Human Immunodeficiency Virus” aimed at improvement and putting in line with the international standards of human rights protection and fulfillment.

The amendments to the existing Law regulating using of psychotropic and narcological substances in medical purposes aimed at introduction of the substitution treatment have been developed and submitted to the National Assembly for approval.
The expansions in the programmatic coverage among all target groups as well as some scaling-up of targeted HIV prevention interventions have been occurred.
The ARV treatment is available in the country for all registered patients who are in need and gave their informed consent to receive ART.

The unified National HIV/AIDS M&E System is not established yet, however the basic principles and the set of the National indicators were developed by the UNAIDS support.

IV. Best Practices

Realization, scaling-up, approaches used and results of Harm Reduction programmes implemented among IDUs within the framework of the GFATM supported National AIDS Programme could be considered as practice which might be shared with other countries.

Before 2004 the country had some experience in harm reduction strategies realization, however, it was mostly pilot short-term interventions.

Results of the Second Generation HIV Surveillance conducted in 2002 which served as an evidence for design and development of the preventive activities showed that HIV prevalence among IDUs was 15% (in the range of 11%-20% estimated in 90% confidence interval). The level of knowledge on HIV prevention issues among IDUs in 2002 was 46%; percentage of disposable syringes usage was 68.5% and only 25% reported consistent condom use.

Since 2004 till present, within the framework of the GFATM-supported National AIDS programme, harm reduction projects have been implemented among IDUs in Yerevan, Kapan, and Gyumri and covered 1200 beneficiaries which makes 60% of the estimated number of the target beneficiaries. These projects are aimed at reducing HIV spread among IDUs through forming their safer behavior, ensuring condoms and disposable injecting equipment accessibility. The projects include needle exchange component, outreach work, peer education, as well as information/education materials dissemination and Behaviour Change Communications strategies applying. Also the VCT services are being provided to IDUs at the sites established in the capital and in the country regions.

The implementation of the above mentioned projects and activities resulted in improvement of both biological and behavioural indicators among the target group.

The results of the Biological and Behavioural HIV Surveillance (BBS) conducted in 2005 showed that HIV prevalence among IDUs was 9.3% (in the range of 8.4%-10.2%, estimated in 90% confidence interval) and the BBS conducted in October-November 2007 revealed the reducing of HIV prevalence to 6.78% (in the range of 6.2-7.4% estimated in the 90% confidence interval). Thus, the implementation of the targeted preventive activities HIV prevalence reduced from 15% to 6.78% during the past 5 years.

Comparison of the results of behavioral surveillances conducted in 2002, 2005 and 2007 reveals that there is strong trend in improvement in level of knowledge of behavioral indicators among IDUs. Level of knowledge on HIV prevention among IDUs was increased from 46% in 2002 to 60% in 2005 and to 67.1% in 2007. Percentage of disposable syringes usage among IDUs increased from 68.5% to 95% in 2005 and makes up 97.1% in 2007. The percentage of those surveyed IDUs reported condom use the last time they had sexual intercourse increased from 25% in 2005 to 56.3% in 2007.

The key factors to which the emphasis should be made and which are contributed to successful implementation of harm reduction projects and achievement of the mentioned results are evidence based programmatic approaches, as well as result-oriented and rational projects management aimed at establishment of trustful relationships between the projects implementing staff and IDUs which ensured the access to this hard-to-reach and marginalized population group. It was mostly achieved through consequent and successive approach in involvement of the representatives of the target group as outreach workers, their training and re-training in working with IDUs and provision them with peer education. Owing to this approach the coverage of harm reduction projects is being expanded from year to year and increased from 20% in 2005 to 60% by the end of 2007.

V. Major challenges and remedial actions

The main challenge remains the ensuring of the sustainability of the financial support to the National HIV Response. The Global Fund's support has greatly contributed to the achievement of the targets of the National AIDS Programme. At the same time the State Budget allotments appropriated for the needs of the National AIDS Programme remain low.

In the existing circumstances achievement and maintenance of the targets of the Universal Access towards HIV/AIDS prevention, treatment, care and support agreed targets wouldn't be possible without further GFATM financial support. The Country National Project Proposal in Support to the National AIDS Programme submitted to the GFATM for R7 financing has been not recommended by the GFATM for funding. This fact is a strong constrain in ensuring the sustainability of the achieved progress in scaling-up, especially taking into consideration the fact that the government has not committed itself to support any interventions among the MARPs within the framework of the National AIDS Programme for 2007-2011.

The GFATM has ranked Armenia as a country eligible for Rolling Continuation Channel (RCC) funding provided by the GFATM and the CCM took decision to apply for RCC for 2008-2013. However, the RCC funding is envisaged to support mainly the ongoing implementing activities and even if the RCC funding for Armenia will be approved by the GFATM the achievement of the rather ambitious targets of the National AIDS Programme which reflect the National targets of the Universal Access towards HIV/AIDS prevention, care and support will become a serious challenge. It is especially obvious since the level of government contribution to the National AIDS Programme remains low and the donor organizations do not envisage provision of support to prevention activities among the MARPs. Moreover, taking into account the time-frame for consideration and approval of the RCC Country Proposals the temporary gap might occur in funding of the National HIV response activities which treats the maintenance of the developed human capacity and results achieved during the past years.

Besides, it should be separately mentioned that US dollar devaluation occurred during the past three years has a significant negative affect on the GFATM-supported National AIDS Programme implementation. In November 2003, at the beginning of the implementation of the GFATM supported National AIDS Programme 1 US dollar was equivalent to 559 AMD, but as of January 2008 US dollar lost its value and equivalent to 307 AMD.

VI. Support from the country’s development partners

In general, National HIV Response is being supported both by domestic, and by donor organizations, including GFATM, UN agencies, and multilateral/bilateral organizations.

Successful realization of the National AIDS Programme which is the key factor in achieving the UNGASS indicators was ensured mostly due to the financial support provided by the GFATM. However, it should be mentioned that the support provided by the GFATM which remains the main donor supporting HIV/AIDS prevention, treatment, care and support and covering approximately 60% of the country response activities will be over in the mid 2008.

It is noteworthy, that even in terms of the on-going GFATM support and other donor organizations funds the financial gap occurred already in 2007 which is presented in the table below:

Total Financial needs of the National AIDS Programme in 2007 (A)	5.087.011
Actual National AIDS Spending (B=B1+B2+B3+B4)	2.476.107
State budget (B1)	400.614
GFATM (B2)	1.380.262
UN agencies (B3)	514.003
International organizations (B4)	181.228
Financial Gap (C=A-B)	2.610.904

The rather ambitious National Programme on the Response to HIV Epidemic for 2008-2012 is costed by the Government of Armenia for 38,8 mln USD. It is required intensify the fundraising and resource mobilization efforts as well as more active involvement of donor organizations in these processes which will contribute to covering of the financial gap and successful realization of the National AIDS Programme which reflect the National targets of the Universal Access towards HIV/AIDS prevention, treatment, care and support.

In particular, the development partners are expected to provide support for expanding of the geographical coverage of targeted activities, for scaling-up HIV prevention activities to ensure reaching of the Universal Access National targets.

Also, the development partners requested to support the establishment of the one National Monitoring and Evaluation System, in particular in finalization of the already started activities and in completion of the works remained unfunded during the past years.

In order to improve the outcomes of provided ARV treatment, as well as to ensure the completed diagnostics of OIs among PLHIV creation ARV drugs resistance detection and bacteriological laboratories is required to be supported.

VII. Monitoring and evaluation environment

The unified National HIV/AIDS M&E System is not established yet, however the basic principles and the set of the National indicators were developed by the UNAIDS support.

At present monitoring and evaluation are being conducting in the following way.

There is a national system of data collection. The data are collected by the National Center for AIDS Prevention (NCAP) of the Ministry of Health. The information about the work of all HIV testing laboratories countrywide is being collected. Monthly, quarterly and annual statistical reports are submitted to the NCAP. The report form has approved by the order of the Minister of Health in 2004, agreed with the State Statistical Council and registered by the Ministry of Justice. The received reports on the results of performed HIV tests include information about the contingent of those tested (including pregnant women, infants born to HIV-infected women, IDUs, MSM, donors, etc.). The obtained information is aggregated by sex, age, place of residence (capital, other cities and rural areas), number of those tested and number of tests performed. The data aggregated by NCAP is submitted to the National Health Care Information Analytic Center and National Statistical Service quarterly and annually. The NCAP has information about the quantity, geographic location and distribution of all VCT sites functioning within the structure of health care system (in antenatal clinics, primary health care system and hospitals), coordinates their work and provides methodological support. VCT sites submit monthly and annual reports to the NCAP according to the “Regulations on organizing and providing HIV VCT in medico-prophylactic institutions” approved by the order the Minister of Health in 2004.

The NCAP laboratory is the only reference laboratory in the country, making the final HIV diagnosis and performing laboratory testing necessary for ARV treatment monitoring. The data on epidemiological situation and ARV treatment monitoring is collected in the NCAP Epidemiological Surveillance Department and Medical Care Department. Information on newly registered HIV and AIDS cases is being provided by the NCAP to the Center of Disease Control of the MoH. Information on HIV/TB co infection cases is being reported to the State Hygienic and Antiepidemiological Inspection of the MoH on quarterly basis.

To assess HIV prevalence among vulnerable populations, as well as for evaluating behavior and awareness indicators, biological and behavioral surveillances are conducted according to the National Strategy of updated system of HIV epidemiological surveillance (second generation surveillance) approved by the order of Ministry of Health in 2001. The National Strategy defines groups for surveillance, periodicity and samples sizes.

Monitoring at the level of projects implemented within the framework of the GFATM-supported programme is conducted by the Principle Recipient (PR) of this Programme. The projects implemented within the framework of the GFATM-supported programme submit quarterly and annual reports to the PR. The PR aggregates the submitted reports, prepares consolidated report and submits it to the CCM, and the GFATM. Besides the above-mentioned data collection method, other sources of information are used for calculating necessary indicators.

Within "Three ones" UNAIDS Key Principles the one agreed AIDS actions framework and one National coordination authority are already established, and one agreed Country Monitoring and Evaluation system is in process of creation. To complete the creation of the M&E system at the national level the technical assistance and capacity building are needed.