

## Armenia Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**Describe the process used for NCPI data gathering and validation:**

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 draft Report was developed with the participation of interested governmental, non-governmental and international organizations, based on the results of the interviews with key informants, and analysis of the existing information. The draft Report was disseminated among all the interested stakeholders for their comments and recommendations, which were presented at the Consensus Workshop, held on 21 March 2012. The Report was finalized at the Consensus Workshop.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

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**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

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#### NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Hasmik Harutyunyan / MOH GF PCT manager	Yes	Yes	Yes	Yes	Yes	Yes
National AIDS Center	Samvel Grigoryan / Director of the National AIDS Center	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Ara Hovhannisyan / Chief Specialist of Medical Provision Unit of Criminal- Executive Department	Yes	Yes	No	Yes	No	No
Ministry of Education and Science	Anahit Muradyan / Leading Specialist of the Secondary Education Department	Yes	Yes	Yes	Yes	No	No
Ministry of Sport and Youth Affairs	Ruzanna Hakobyan / Department of Youth Policy	Yes	Yes	No	Yes	No	No
Ministry of Territorial Administration	Samvel Mikaelyan / Chief specialist of Territorial Administration and Development Department	Yes	Yes	Yes	Yes	No	No

#### NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNAIDS	Naira Sargsyan / Social mobilization and partnership adviser	Yes	Yes	Yes	Yes	Yes
Real World, Real People NGO	Hovhannes Madoyan / Member of NGO	Yes	Yes	Yes	Yes	Yes
WVA	Arax Hovhannisyan // Health programme	Yes	Yes	Yes	Yes	Yes
AIDS Prevention Union NGO	Aram Manukyan / Member of NGO	Yes	Yes	Yes	Yes	Yes
Public Information and Need of Knowledge NGO	Mamikon Hovsepyan / President	Yes	Yes	Yes	Yes	Yes

Mission East	Yelena Amirkhanyan / PRIU	Yes	Yes	Yes	Yes	Yes
UMCOR	Viktoria Avakova /	Yes	Yes	Yes	Yes	Yes
Women Resource Center	Anush Poghosyan	Yes	Yes	Yes	Yes	Yes

## A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2012-2016

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

The Strategic Plan to respond to the HIV, 2012-2016 envisages ensuring continuity of the treatment, care and prevention activities, expanding their geographical coverage, and enlarging target populations. That is primarily aimed to ensure universal access to HIV treatment, care and prevention.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	No
Yes	No
No	No
No	No
Yes	Yes

**Other [write in]:**

Ministry of Justice

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

No

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

People who inject drugs, sex workers, men who have sex with men, the mobile population, refugees, prisoners, especially vulnerable young people and most at risk adolescents, young people aged 15 - 24 are the target populations in Armenia.

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

Yes

1.7

**1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:**

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

All activities implemented within the framework of the National Programme on the Response to the HIV epidemic in Armenia are being coordinated by the Country Coordination Mechanism for HIV/AIDS, TB and malaria Programs (CCM) in the Republic of Armenia established in 2002 and reformed in 2011. The CCM is a multi-sectoral commission including representation of the government, academic sector, local and international NGOs, faith-based organizations, UN agencies and bilateral development partners, private sector, and also people living with the diseases. 29 members of the current CCM include 11 representatives of governmental sector, 4 representatives of UN agencies and bilateral development partners, 13 civil society representatives, including 6 of local NGOs (two of which represent people living with the diseases), 5 of international NGOs, 1 representative of academic sector, 1 representative of faith-based organizations, and 1 representative of private sector. Thus, among 29 CCM members about a half (44.8%) represent civil society. The CCM vice-chair is a representative of the Armenian Red Cross Society, representing non-governmental sector. The National Strategic plan on the Response to HIV Epidemic in the Republic of Armenia for 2012-2016 (which is the multi-sectoral strategy/action framework) has been discussed with the participation of the interested national stakeholders. The civil society representatives have taken an active part in the proposals and activities development process, making comments and recommendations to strengthen the response, especially in parts referring to activities targeted at the key populations at higher risk and PLHIV.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**

Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

N/A

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

N/A

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

Yes

**Other [write in]:**

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

Yes

**Other[write in below]:**

-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**

No

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**

Yes

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

Yes

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current and Future Needs

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**

Yes

**(b) IF YES, is coverage monitored by population groups?:**

Yes

**IF YES, for which population groups?:**

The programme coverage has been monitored per each target population group, including PWID, SWs, MSM, the mobile population, prisoners, young people and pregnant women.

**Briefly explain how this information is used:**

This information is used for reviewing the aspects of preventive activities, for developing new approaches and activities, for changing of their geographical coverage and of the extent of beneficiaries' involvement.

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

HIV and AIDS programme coverage is being monitored at the level of cities and towns, where the projects are being implemented.

**Briefly explain how this information is used:**

This information is used for changing and reallocation of geographical coverage.

**5.4. Has the country developed a plan to strengthen health systems?:**

No  
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

10  
**Since 2009, what have been key achievements in this area:**  
In 2010-2011 HIV biological and behavioural surveillance surveys of different quality were conducted in the Republic of Armenia among various populations, which fitted with the international best practices and approaches in conducting similar surveys. Unlike the surveys conducted previously, they were combined with the surveys for other blood-borne infections and some STIs. Those surveys were conducted in compliance with the up-to-date methodology and strategies, taking into account the recommendations provided by International organizations having relation to biological and behavioural surveillance, including UNAIDS and WHO. In 2010 the study on estimating the size of populations of sex workers, men who have sex with men, and injecting drug users was conducted. In 2011 the HIV Prevention Response and Modes of Transmission Analysis was conducted. In 2011 the HIV Data Triangulation for Public Health Actions in the Republic of Armenia was conducted. In 2011 the HIV Situation and Response Analyses were conducted within the framework of the Strategic Planning Process.

**What challenges remain in this area:**

## A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

During the last 12 months high-ranking officials from the Ministries of Health, Finance, and Justice as well as representatives from other governmental sector were actively involved in the process of identification and discussion priority areas for the development of the National Strategic Plan on AIDS&HIV, 2012-2016. In addition, some changes in the relevant legislation have been adopted aimed to protect the rights of people living with HIV and reduce stigma associated HIV. In particular: • HIV/AIDS has been removed from the list of the diseases that prohibits persons who are infected from entry into Armenia; • Prohibition for PLHIV to hold positions in the diplomatic and the police service systems has been repealed; • HIV/AIDS has been removed from the list of diseases that deny a person the right to adopt children, or accept children into his/her family for bringing them up and assuming guardianship.

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

H.Kushkyan, the Minister of Health of the Republic of Armenia

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

29 members

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

13 representatives

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

1 PLHIV

**Include the private sector?:**

Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

Yes

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

The main achievements are: raising funds required for implementation of the National AIDS Programme (GFATM Rolling Continuation Channel (RCC) HIV Proposal), coordination of activities on HIV prevention, treatment, care and support, excluding duplications.

**What challenges remain in this area:**

Launching of the unified national Monitoring and Evaluation system.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

41.6%

5.

**Capacity-building:**

No

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

Yes

**IF YES, name and describe how the policies / laws were amended:**

The Law of the Republic of Armenia on Making Amendments and Supplements to the Law On prevention the disease caused by Human Immunodeficiency Virus" of the Republic of Armenia was approved by the National assembly of the Republic of Armenia on 19 March 09 and ratified by the President of the Republic of Armenia on 06 April 09. The made amendments and supplements are focused on protection of human rights. As a result, the Law has been brought into consistency with the existing international guidelines on human rights. In particular, the number of groups subject to mandatory HIV testing has been reduced to a considerable extent, the Article, defining conditions of entry to Armenia of foreign citizens and stateless persons (foreign citizens and stateless persons applying for Armenian entry visas for a period exceeding three months were obliged to present an HIV testing certificate), has been repealed. Also, the provision of the Article defining the implications of detecting HIV in the body of a foreign citizen or a stateless person (if the presence of HIV in the body of a foreign citizen or stateless person who is in the territory of the Republic of Armenia was confirmed, he/she was subject to administrative deportation from the Republic of Armenia) has been repealed.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

According to Article 14.1 of the Constitution of the Republic of Armenia: "Everyone shall be equal before the law. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal and social circumstances shall be prohibited." The Republic of Armenia has ratified a number of international conventions, including Conventions on the Elimination of All Forms of Discrimination against Women, on the Elimination of All Forms of Racial Discrimination, which are the integral part of the Armenian legislation. Article 4 of the Law of the Republic of Armenia "On Medical Care and Services to the Population" defines that everyone has a right to receive medical care and services in the Republic of Armenia irrespective of his/her nationality, race, sex, language, religion or belief, age, health status, political or any other opinion, social origin, property or other circumstances. Currently the draft law of the Republic of Armenia "On equal rights of women and men" is pending.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

Article 18 of the Constitution of the Republic of Armenia defines that everyone shall be entitled to effective legal remedies to protect his/her rights and freedoms before judicial as well as other public bodies. Everyone shall have a right to protect his/her rights and freedoms by any means not prohibited by the law. Everyone shall be entitled to have the support of the Human Rights' Defender for the protection of his/her rights and freedoms on the grounds and in conformity with the procedure prescribed by law. Everyone shall in conformity with the international treaties of the Republic of Armenia be entitled to apply to the international institutions protecting human rights and freedoms with a request to protect his/her rights and freedoms. According to Article 143 of the Criminal Code of the Republic of Armenia direct or indirect violation of human rights and freedoms of citizens, on the grounds of a citizen's nationality, race, sex, language, religion, political or other views, social origin, property or other circumstances, which damaged the citizen's legal interests, is punished with a fine or with imprisonment for up to 2 years.

**Briefly comment on the degree to which they are currently implemented:**

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

- People who inject drugs :**
- 
- Prison inmates:**
- 
- Sex workers:**
- 
- Transgendered people:**
- 
- Women and girls:**
- 
- Young women/young men:**
- 
- Other specific vulnerable subpopulations [write in below]:**
- 

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

## A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

- Abstain from injecting drugs:**
- Yes
- Avoid commercial sex:**
- Yes
- Avoid inter-generational sex:**
- No
- Be faithful:**
- Yes
- Be sexually abstinent:**
- Yes
- Delay sexual debut:**
- Yes
- Engage in safe(r) sex:**
- Yes
- Fight against violence against women:**
- No
- Greater acceptance and involvement of people living with HIV:**
- Yes
- Greater involvement of men in reproductive health programmes:**
- No
- Know your HIV status:**
- Yes
- Males to get circumcised under medical supervision:**
- No
- Prevent mother-to-child transmission of HIV:**
- Yes
- Promote greater equality between men and women:**
- No
- Reduce the number of sexual partners:**
- Yes
- Use clean needles and syringes:**
- Yes
- Use condoms consistently:**
- Yes
- Other [write in below]:**
- 

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:



Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

No

**Secondary schools?:**

Yes

**Teacher training?:**

No

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:**

Yes

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:**

Yes

**Briefly describe the content of this policy or strategy:**

The strategy implementation envisages identifying target populations, revealing the factors specifying their risk behaviour, developing and pilot pre-testing the key messages, identifying channels for changing unfavorable attitude and risk behaviour, adapting means, channels most effective in changing risk behaviors. Approaches and strategies of other preventive health interventions (HIV preemption programmes, harm reduction programmes, substitution treatment programmes among the key or other vulnerable sub-populations) have been developed based on international best practices in these fields.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	No	Yes	Mobile population, Young people
Yes	No	No	No	Yes	-
Yes	Yes	Yes	No	Yes	Mobile population, Young people
Yes	No	No	No	Yes	-
No	No	No	No	No	Young people
Yes	Yes	Yes	No	Yes	Mobile population, Young people
Yes	Yes	Yes	No	Yes	Mobile population, Young people
No	No	No	No	No	-

**3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:**

9

**Since 2009, what have been key achievements in this area:**

Among the key achievements there are provision of methadone treatment (in prisons as well), introduction of the “Healthy Life Style” training course in the curricula of secondary and senior schools, which is taught for 8-9 and 10-11 grades. The training course includes separate chapters related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits. HIV programme coverage and HIV prevention targeted interventions have been expanded in all the target populations. HIV counselling and testing system, which is integrated mainly into the healthcare system, has been expanded and strengthened. Behavioural change communication strategies have been implemented among the target populations. Currently, HIV prevention programmes implemented among the key populations at higher risk are being scaled up with the GFATM support. The amount of beneficiaries involved is being increased.

**What challenges remain in this area:**

Lack of continuous training of specialists for providing “Healthy Life Style” training course. Shortage of HIV prevention programs conducted among the general population.

**4. Has the country identified specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

The needs were determined based the Situational and Response Analyses conducted within the framework of the HIV/AIDS National Strategic Planning.

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Agree

**Harm reduction for people who inject drugs:**

Strongly Agree  
**HIV prevention for out-of-school young people:**  
 Disagree  
**HIV prevention in the workplace:**  
 N/A  
**HIV testing and counseling:**  
 Agree  
**IEC on risk reduction:**  
 Agree  
**IEC on stigma and discrimination reduction:**  
 Agree  
**Prevention of mother-to-child transmission of HIV:**  
 Strongly Agree  
**Prevention for people living with HIV:**  
 Strongly Agree  
**Reproductive health services including sexually transmitted infections prevention and treatment:**  
 Strongly Agree  
**Risk reduction for intimate partners of key populations:**  
 Disagree  
**Risk reduction for men who have sex with men:**  
 Agree  
**Risk reduction for sex workers:**  
 Agree  
**School-based HIV education for young people:**  
 Agree  
**Universal precautions in health care settings:**  
 Strongly Agree  
**Other[write in]:**  
 -

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

ARV treatment and treatment monitoring, diagnostics, prevention, and treatment of opportunistic diseases, the patients follow-up, provision of psychological and social support, provision of home-based care.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

ARV treatment is accessible for all the HIV patients having indications who gave his/her informed consent to receive the treatment. Medical Mobile Team has been set up and is operating to make the services on HIV/AIDS treatment, care and support accessible for HIV patients residing in marzes. In-patient treatment of opportunistic diseases is provided within the state basic benefit package. Management of coinfections, in particular of HIV/TB co-infection as well as the system of referral of patients with coinfections have been improves. System of referral of PWID for receiving substitution treatment is functioning. ARV treatment is accessible for prisoners. Substitution treatment has been introduced for prisoners also. Training course is provided for health care workers of various graduate educations, addressing the issues of HIV infection, ARV treatment, opportunistic diseases prevention, HIV laboratory diagnostics. It is planned to expand, under GFATM grant, ARV treatment, management of HIV/TB coinfection, laboratory diagnostics infrastructures, which would allow providing relevant services to meet the growing needs for treatment and diagnostics.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

N/A

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

N/A

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Agree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

No

**Please clarify which social and economic support is provided:**

-

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

Yes

**IF YES, for which commodities?:**

Condoms

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

9

**Since 2009, what have been key achievements in this area:**

ARV treatment is accessible for all the HIV patients having indications who gave their informed consent to receive the treatment. Medical Mobile Team is operating to provide care and support to HIV patients in Yerevan city, the capital and marzes.

**What challenges remain in this area:**

Among the main challenges there are ensuring sustainability and continuity of the implemented activities, uninterrupted supply with drugs, test-kits, consumables, necessity of Ols diagnostics improvement, absence of possibility for determination of drug resistance and the implied problems.

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

Yes

**IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

**IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:**

Yes

**IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

No

**IF YES, what percentage of orphans and vulnerable children is being reached? :**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

5

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

In Progress

Briefly describe any challenges in development or implementation:

-

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**

-

**A data analysis strategy:**

-

**A data dissemination and use strategy:**

-

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

-

**Guidelines on tools for data collection:**

-

3. Is there a budget for implementation of the M&E plan?:

In Progress

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

The key obstacle in the field is the absence of the National Monitoring and Evaluation Plan.

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

Yes

**In the National HIV Commission (or equivalent)?:**

-

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

Head of M&E Unit	-	Yes	2010
M&E specialist	-	Yes	2010
M&E specialist	-	Yes	2010
M&E specialist	-	Yes	2010
IT specialist	-	Yes	2010
Technical worker	-	Yes	2010

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-	-	-	-
---	---	---	---

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

-

Briefly describe the data-sharing mechanisms:

-

What are the major challenges in this area:

-

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

No

**6. Is there a central national database with HIV- related data?:**

Yes

**IF YES, briefly describe the national database and who manages it.:**

The national system of data collection is functioning in the country. The data are collected by the National Center for AIDS Prevention of the Ministry of Health of the Republic of Armenia. The information about the work of all HIV testing laboratories countrywide is collected. The received reports on the performed HIV tests results include the information about the contingent of those tested (including pregnant women, infants born to HIV-infected women, PWID, MSM, donors, etc.). The submitted 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 new HIV/AIDS cases registered are analyzed according to sex, age, mode of HIV transmission, place of residence, probable place of HIV acquiring, etc.

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

Yes, all of the above

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

-

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

Yes

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

M&E data were used in the process of the National Strategic Planning Process.

9. In the last year, was training in M&E conducted

**At national level?:**

No

**At subnational level?:**

No

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

27

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

No

**10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Establishing the national M&E Unit and ensuring its functioning.

**What challenges remain in this area:**

-

## **B - I. CIVIL SOCIETY INVOLVEMENT**

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

4

**Comments and examples:**

Civil society was participated in public hearings at National Assembly. Civil Society was involved in discussion of speech of

prime minister of Health at high level meeting.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**

4

**Comments and examples:**

The civil society representatives were involved in the development and approval of the National Programme on the Response to the HIV Epidemic in 2011. The Budget development is planned in 2012.

3.

**a. The national HIV strategy?:**

4

**b. The national HIV budget?:**

0

**c. The national HIV reports?:**

4

**Comments and examples:**

The National HIV Budget discussion is planned in 2012.

4.

**a. Developing the national M&E plan?:**

4

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**

:

-

**c. Participate in using data for decision-making?:**

3

**Comments and examples:**

The National monitoring and evaluation plan has not been developed yet, however, monitoring and evaluation activities have been implemented at the level of various NGOs-implemented projects. Though, civil society representatives were involved in the development of the National monitoring and evaluation Plan which is in the development stage. There is no M&E committee/working group.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

4

**Comments and examples:**

The organizations, dealing with provision of services to PLHIV, implement care and support projects and provide HIV prevention to the mobile populations. There are organizations dealing with most at risk population and other groups but there is no representation of women’s issues as vulnerable issues. And now one faith-based organization has been involved in HIV Response as well.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**

4

**b. Adequate technical support to implement its HIV activities?:**

4

**Comments and examples:**

International organizations provide technical assistance to NGOs working in the field of HIV/AIDS. No mechanism is available in the country for assessing the needs for technical assistance. There is a need for technical assistance, capacity building, as well as for proper distribution and mobilization of the resources.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**

51-75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

51-75%

**Sex workers:**

>75%

**Transgendered people:**

>75%

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

51-75%

**Clinical services (ART/OI)\*:**

&lt;25%

**Home-based care:**

51-75%

**Programmes for OVC\*\*:**

&lt;25%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

There are more organizations dealing with most at risk population involved, especially raised the quality of the work with MSM/TG and quantity of organizations dealing with MSM/TG issues in Yerevan and in the regions.

**What challenges remain in this area:**

-

**B - II. POLITICAL SUPPORT AND LEADERSHIP**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

No

**B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

According to Article 14.1 of the Constitution of the Republic of Armenia: “Everyone shall be equal before the law. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal and social circumstances shall be prohibited.” The Republic of Armenia has ratified a number of international conventions, including Conventions on the Elimination of All Forms of Discrimination against Women, on the Elimination of All Forms of Racial Discrimination, which are the integral part of the Armenian legislation. Article 4 of the Law of the Republic of Armenia “On Medical Care and Services to the Population” defines that everyone has a right to receive medical care and services in the Republic of Armenia irrespective of his/her nationality, race, sex, language, religion or belief, age, health status, political or any other opinion, social origin, property or other circumstances. Currently the draft law of the Republic of Armenia “On equal rights of women and men” is pending.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

**Briefly comment on the degree to which they are currently implemented:**

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

2.1. IF YES, for which sub-populations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

**Briefly describe the content of these laws, regulations or policies:**

Article 271 of the Criminal Code of the Republic of Armenia provides for the punishment with a fine in the amount of up to 200 minimal salaries or with arrest for the term of up to 2 months for use of narcotic drugs without medical permission. The person who surrenders drugs is exempted from criminal liability. Based on internal regulations MSM people do not serve in the army if they come out with their status and being exempt from military service as a person with mental disorder. Sex work is not legal in Armenia and it is being punished with administrative penalty.

**Briefly comment on how they pose barriers:**

This Law envisages two different kinds of punishment for the same deed (use of narcotic drugs), therefore different approaches can be applied to a person.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

RA Criminal code: Crimes against sexual immunity and sexual freedom. ARTICLE 131. KIDNAPPING Explicit or hidden kidnapping by means of deception, abuses of confidence, threat or use of force are subject to imprisonment for the term of 2 to 5 years if crime characteristics envisaged by Article 218 of this Code are not manifested. ARTICLE 132. HUMAN TRAFFICKING AND EXPLOITATION Human trafficking - recruitment, transportation, transfer, harboring, or receipt of persons for the purposes of exploitation, as well as exploitation of persons or bringing to a position of exploitation by means of the threat or use of force not dangerous for the life or health, or by other means of compulsion, kidnapping, fraud or abuse of confidence, abuse of power or of a position of vulnerability, or achieving the consent of the person having control over the situation by means of giving and receiving of payments or benefits - is punished with imprisonment for 5 to 8 years, confiscation of property or without that, with deprivation of the right to hold certain positions or practice certain activities for the term of up to 3 years, or without that.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

One of the strategies of developing multisectoral response to HIV, envisaged by the National AIDS Programme (approved by the decree N 398-N of 1 March 2007 of the Government of the Republic of Armenia) is to review the existing HIV/AIDS-related law, bringing it into consistency with the relevant international guidelines for effective response to the AIDS epidemic in the country.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**

Yes



**IF YES, briefly describe this mechanism:**

There are "Legal Clinic for Most at Risk Population". The cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations (SW, MSM, IDU) is recorded, documented and address within the "Legal Clinic" project, in the scopes of which all the above mentioned procedures are followed by a mechanism of as quick as possible contact with the victim of a particular case, which is followed by legal consulting with the victim and suggesting all the possible and reasonable solutions to a particular case. Each case is documented separately according to an ad hoc prepared beneficiary blanks with appropriate coding of beneficiaries of different vulnerable groups, as the principle of confidentiality is considered to be the most important factor during documentation of each of the cases.

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
Yes	-	-
Yes	-	-

**If applicable, which populations have been identified as priority, and for which services?:**

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes  
**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes  
**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes  
**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

Equal access to HIV prevention, treatment, care and support in the country is ensured by the decree N 398-N of 1 March 2007 of the Government of the Republic of Armenia, in accordance to which the National AIDS Programme envisages universal access to HIV prevention, treatment, care and support.

8.1 <b>8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:</b> No
---

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

No <b>10. Does the country have the following human rights monitoring and enforcement mechanisms?:</b> <b>a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:</b> Yes <b>b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:</b> No <b>IF YES on any of the above questions, describe some examples:</b> -
---

<b>11. In the last 2 years, have there been the following training and/or capacity-building activities:</b> <b>a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:</b> Yes <b>b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:</b> Yes
--

<b>12. Are the following legal support services available in the country?:</b> <b>a. Legal aid systems for HIV casework:</b> Yes <b>b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:</b>
--

No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

No

**Other [write in]:**

Peer education among youth Advocacy campaigns

**14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

Relevant amendments made to a number of legal acts allow to avoid violation of the rights of PLHIV and to eliminate their stigma and discrimination. In particular: • HIV/AIDS has been removed from the list of diseases that prohibits foreign citizens and stateless persons who are infected from entry into the Republic of Armenia. • The restrictions have been removed for PLHIV to hold positions in the police and diplomatic services systems. • HIV/AIDS has been removed from the list of diseases that deny a person the right to adopt children, or accept children into his/her family for bringing them up and assuming guardianship.

**What challenges remain in this area:**

**15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

**What challenges remain in this area:**

1. Article 49 of the Law of the Republic of Armenia on On Narcotic Drugs and Psychotropic Substances regulates key issues of providing medical assistance to PWID, including mandatory treatment. However, the mentioned provisions do not define clearly the conditions of providing mandatory treatment to PWID. Lack of defining the conditions of mandatory treatment provision to PWID could hinder the effective treatment of PWID. 2. There are no legal acts in the legislation field of the Republic of Armenia regulating the response to HIV (preventive and harm reduction activities, procedure of voluntary counseling and testing for HIV) in criminal-executive institutions.

## **B - IV. PREVENTION**

**1. Has the country identified the specific needs for HIV prevention programmes?:**

Yes

**IF YES, how were these specific needs determined?:**

The needs of HIV preventive projects were assessed during 2011-2012 national strategic planning process.

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Disagree

**HIV prevention for out-of-school young people:**

N/A

**HIV prevention in the workplace:**

N/A

**HIV testing and counseling:**

Disagree

**IEC on risk reduction:**

Disagree

**IEC on stigma and discrimination reduction:**

Disagree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Strongly Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Disagree

**Risk reduction for intimate partners of key populations:**

N/A

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

-

**2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

Among the key achievements there are provision of methadone treatment, introduction of the “Healthy Life Style” training course in the curricula of secondary and senior schools, which is taught for 8-9 and 10-11 grades. The training course includes separate chapters related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits. There is no case of HIV transmission through donated blood from 2001 until now. No case of HIV has been registered among children born to women provided with PMTCT.

**What challenges remain in this area:**

Estimated size of key populations changed, and there is no resources for scaling up.

## **B - V. TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

ARV treatment and treatment monitoring, diagnostics, prevention, and treatment of opportunistic diseases, the patients follow-up, provision of psychological and social support, provision of home-based care.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

ARV treatment is accessible for all the HIV patients having indications who gave his/her informed consent to receive the treatment. Medical Mobile Team has been set up and is operating to make the services on HIV/AIDS treatment, care and support accessible for HIV patients residing in Marzes (the country administrative divisions). In-patient treatment of opportunistic diseases is provided within the state basic benefit package. Management of coinfections, in particular of HIV/TB co-infection as well as the system of referral of patients with coinfections. Stable system of referral of PWID for receiving substitution treatment is functioning. ARV treatment is accessible for prisoners. Substitution treatment has been introduced for prisoners also. Training course is provided for health care workers of various graduate educations, addressing the issues of HIV infection, ARV treatment, opportunistic diseases prevention, HIV laboratory diagnostics. It is planned to expand, within GFATM grant, ARV treatment, management of HIV/TB coinfection, laboratory diagnostics infrastructures, which would allow providing relevant services in the conditions of increasing needs for treatment.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

N/A

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

N/A

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Disagree

**TB infection control in HIV treatment and care facilities:**

Disagree

**TB preventive therapy for people living with HIV:**

Strongly Disagree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

ARV treatment is accessible for all the HIV patients having indications who gave his/her informed consent to receive the treatment. Medical Mobile Team is operating to provide care and support to HIV patients in Yerevan city, the capital and Marzes.

**What challenges remain in this area:**

Among the main challenges there are ensuring sustainability and continuity of the implemented activities, uninterrupted supply with drugs, test-kits, consumables, ensuring necessity of the activities expanding, necessity of OIs diagnostics improvement, absence of possibility for determination of drugs resistance and the implied problems.

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

No

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

0

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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Source URL: <http://aidsreportingtool.unaids.org/20/armenia-report-ncpi>