UNGASS COUNTRY PROGRESS REPORT
Republic of Armenia

Reporting period: January 2008 - December 2009

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II. Status at a glance

a) The inclusiveness of the stakeholders in the report writing process

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 process of the Report development started in November 2009. On 3 February 2010 CCM arranged the Preparatory Workshop attended by all the members of CCM, the CCM Working Group on HIV/AIDS and UN HIV/AIDS Theme Group. At the Workshop the key informants to be interviewed for completion of Parts A and B of the National Composite Policy Index were selected. The draft Report was developed with the participation of interested governmental, non-governmental and international organizations, based on the results of the Preparatory Workshop, 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 1 March 2010. The Report was finalized at the Consensus Workshop.

The following agencies/organizations participated in the process of the report preparation:

Governmental Sector:

- Ministry of Defence of the Republic of Armenia
- Ministry of Education and Science
- Ministry of Finance of the Republic of Armenia
- Ministry of Foreign Affaires
- Ministry of Health of the Republic of Armenia
- Ministry of Justice of the Republic of Armenia
- Ministry of Labour and Social Affairs
- Ministry of Sport and Youth Affairs of the Republic of Armenia
- Police of the Republic of Armenia

Non-governmental sector:

- “Real World, Real People” NGO
- “Positive People Armenian Network” NGO
- “Armenian Red Cross Society” NGO
- “AIDS Prevention, Education and Care” NGO
- “Antidrug civil union” NGO
- “Armenian National AIDS Foundation”
- “Education in the Name of Health Prevention” NGO
- “AIDS Prevention Union” NGO
- “Public Information and Need of Knowledge” NGO

International Organizations

- UNAIDS
- UNFPA
- UNICEF
- UNDP
- UNHCR
- WHO
- ICRC
- IFRC

Non-governmental organizations

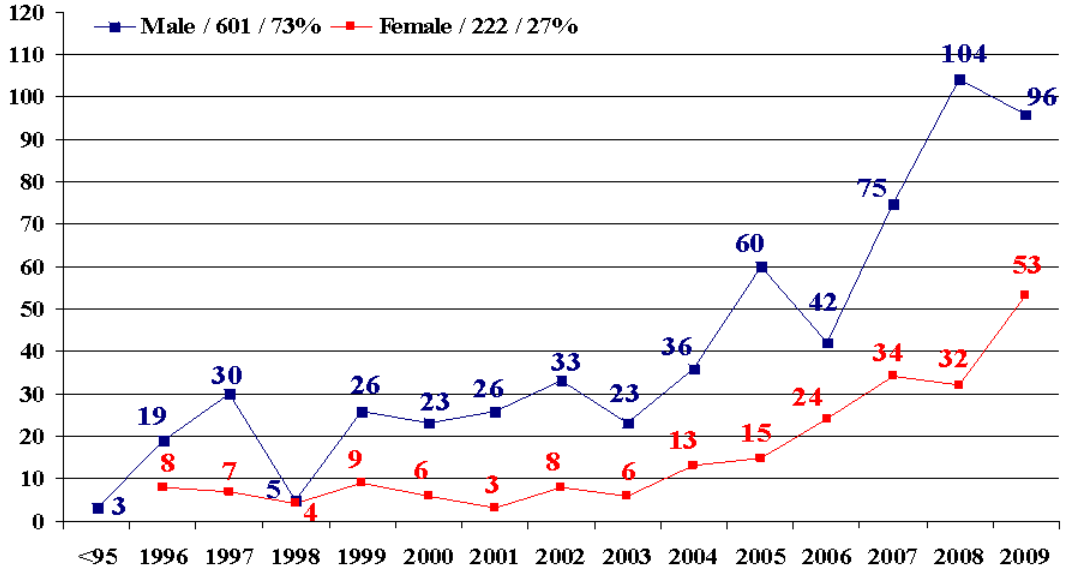
- Open Society Institute
- UMCOR Armenia
- “World Vision - Armenia”

b) The status of the epidemic

The problem of HIV/AIDS is important for Armenia. In Armenia registration of HIV cases started in 1988. From 1988 to 31 December 2009 823 HIV cases had been registered in the country among the citizens of the Republic of Armenia with 149 new cases of HIV infection registered during 2009. 285 HIV cases were registered in the country among the citizens of the Republic of Armenia within the reporting period.

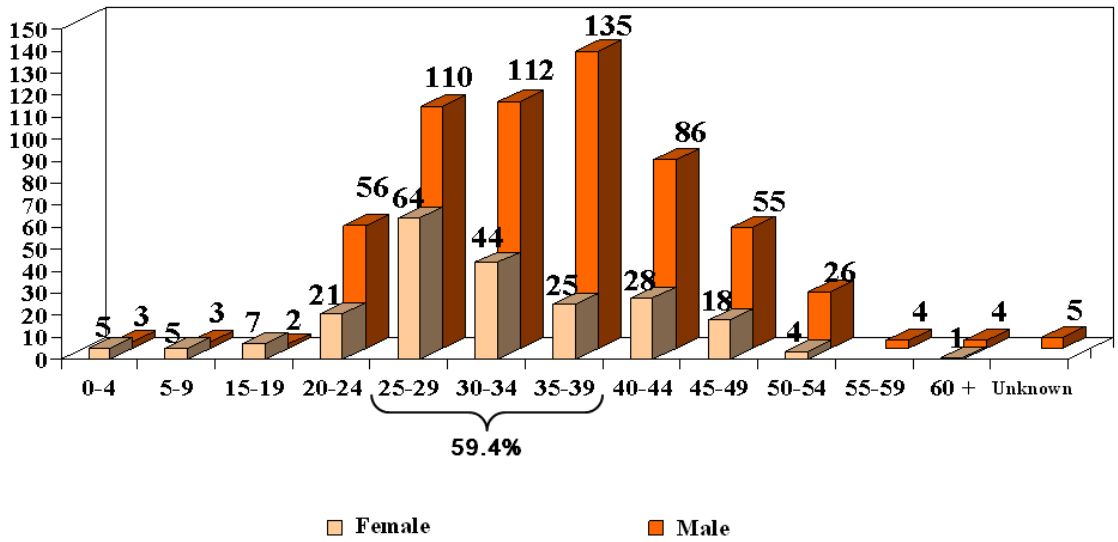
Males constitute a major part in the total number of HIV cases - 601 cases (73%), females make up 222 cases (27%). 823 reported cases include 16 cases of HIV infection among children (1.9%).

Allocation of HIV cases by gender and by years of registration, December 31, 2009



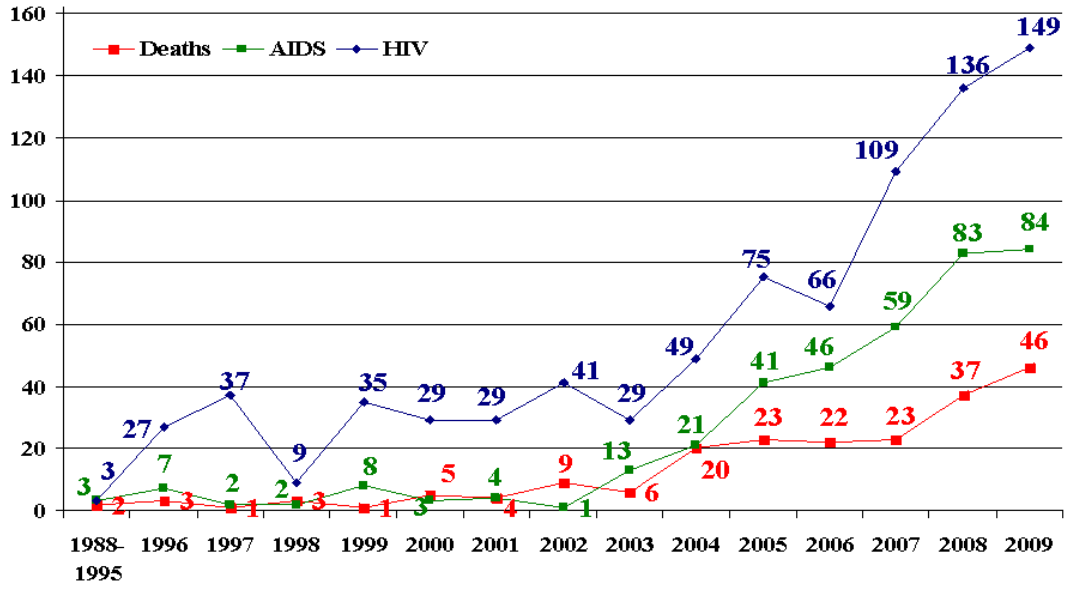
AIDS diagnosis was made to 377 patients with HIV, of whom 88 are women and 8 are children. From the beginning of the epidemic 205 death cases have been registered among HIV/AIDS patients (including 35 women and 4 children).
60% of the HIV-infected individuals belong to the age group of 25-39.

Allocation of HIV cases by age groups and sex, December 31, 2009



In the history of the HIV epidemic in Armenia, the largest number of HIV cases (149) was registered in 2009. Also, 84 AIDS diagnoses were made in 2009 and 46 death cases were registered among the HIV/AIDS patients. 136 HIV cases, 83 AIDS cases, 37 death cases were registered in 2008. More than 34% of all the HIV registered cases and 44% of the AIDS cases have been diagnosed within 2 recent years.

Dynamics of HIV/AIDS and death cases by years, December 31, 2009



An increase in the number of registered HIV cases observed in recent years is associated with scaling up laboratory diagnostics capacities, increasing accessibility to HIV testing and establishing a VCT system. As a result, the number of performed HIV tests has been increased and HIV detectability has been improved. Also, the efficiency of the epidemiological surveillance system has been increased.

An increase in the number of registered AIDS cases is associated with scaling up laboratory capacities for diagnostics of AIDS and AIDS-indicator diseases. Improvement of AIDS diagnostics is also associated with the raising the level of HIV/AIDS-related knowledge among health care workers through their relevant training provided by the National AIDS Center.

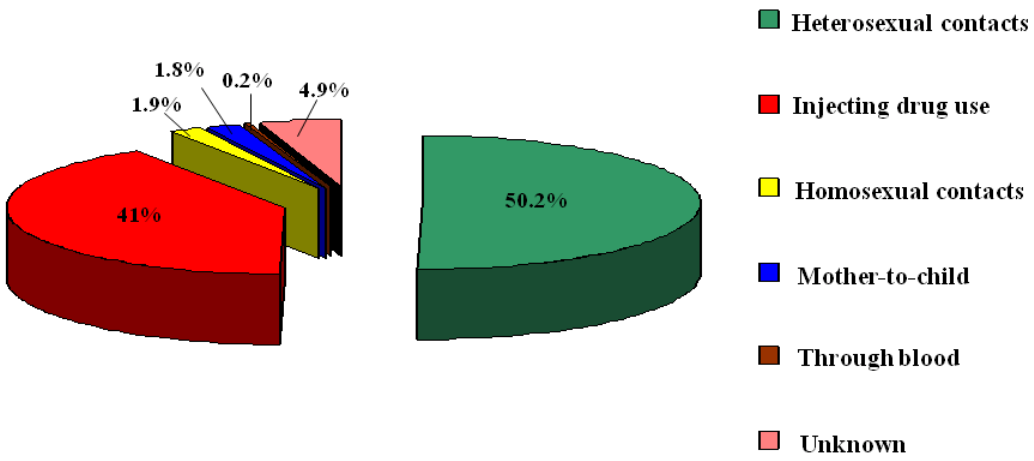
The number of new cases of HIV infection and AIDS has been increased also due to the fact that in recent years, more Armenian citizens with HIV diagnosis and clinical symptoms have been returning to Armenia from CIS countries (particularly from the Russian Federation).

In the Republic of Armenia the main modes of HIV transmission are through heterosexual practices (50.2%) and injecting drug use (41%). In addition, there are also registered cases of HIV transmission through homosexual practices, as well as mother-to-child HIV transmission and through blood transfusions.

According to the HIV infection transmission modes, the percentage ratio of HIV carriers in Armenia is as follows:

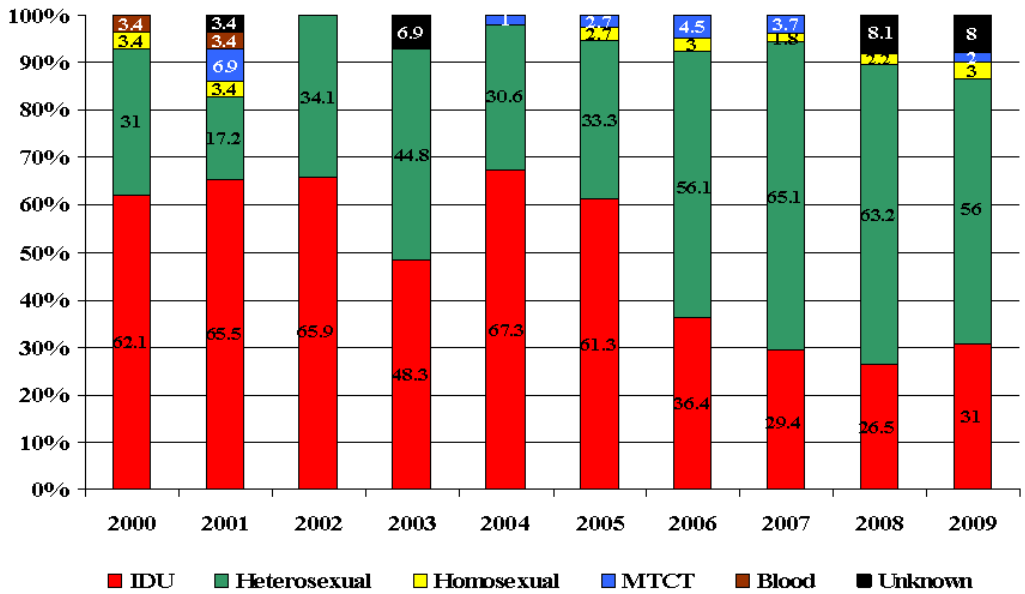
Transmission through heterosexual practices	50.2%
Transmission through injecting drug usage	41.0%
Transmission through homosexual practices	1.9%
Mother-to-child transmission	1.8%
Transmission through blood	0.2%
Unknown	4.9%

Allocation of HIV cases by modes of transmission, December 31, 2009



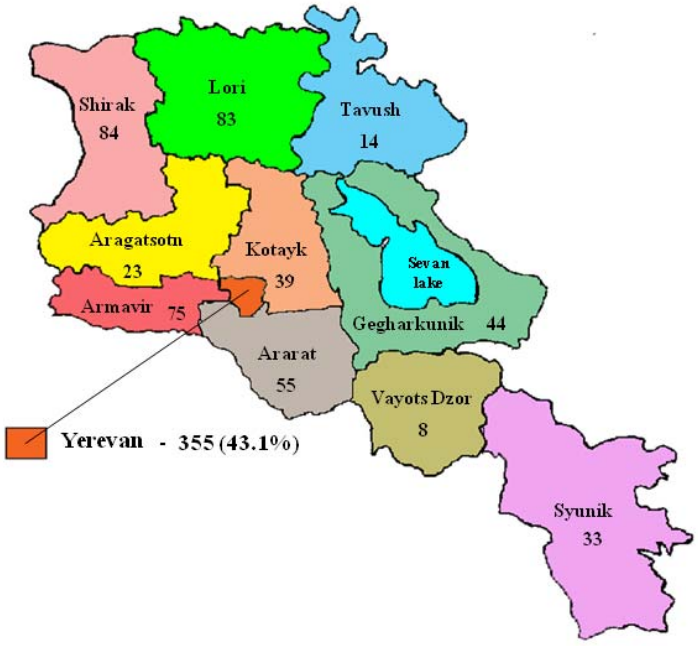
All the individuals infected via injecting drug use were men, while almost all the women (98%) were infected through sexual contacts. The analysis of the HIV cases registered in Armenia in 2000-2009 shows that in recent years the percentage ratio of main modes of HIV transmission has changed in the country. Thus, if before 2005 the number of cases of transmission through injecting drug use made up more than a half of all the registered cases, so starting from 2006 the percentage of heterosexual mode of transmission in all registered HIV cases has been significantly increased.

Allocation of HIV cases by modes of transmission, 2000-2009



HIV cases were registered in all marzes (the country regional units) and in Yerevan (the capital). The maximum number of HIV cases was reported in Yerevan, the capital: 355 cases, which constitute 43.1% of all the registered cases. The number of the registered HIV cases per 100,000 population shows the highest rate in Yerevan - 32.2, followed by Shirak, Lori, Armavir marzes with the rates of 29.8, 29.2, 27 respectively.

Allocation of the registered HIV cases by regions, December 31, 2009



The number of the registered HIV cases per 100 000 population	
Yerevan	32.2
Shirak	29.8
Lori	29.2
Armavir	27.0
Syunik	21.6
Ararat	20.1
Gegharkunik	18.4
Aragatsotn	16.5
Vayots Dzor	14.3
Kotayk	14.2
Tavush	10.4
Total	25.6

Armenia has joined all the International initiatives taken in the field of HIV/AIDS. Having adopted UNGASS Declarations of Commitment, Armenia committed itself to develop strategic programmes and ensure multisectoral response to the HIV epidemic in the country, to monitor regularly the progress in implementing the agreed-on commitments, to ensure universal access to HIV/AIDS prevention, treatment, care and support by 2010, to halt and begin to reverse the spread of HIV/AIDS by 2015.

Prioritizing the issue of responding to HIV/AIDS and being consistent with the commitments undertaken by signing the Declarations, the Government of the Republic of Armenia approved the National Programme on HIV/AIDS Prevention for 2002-2006, aimed at reducing the spread of HIV infection in the country and the National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011, aimed at forming effective response to the HIV epidemic. The strategies and activities of the National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 to HIV epidemic are related to the following 6 key sections:

1. Development of multisectoral response to HIV
2. HIV Prevention
3. Treatment, Care and Support
4. Monitoring and Evaluation
5. Management, Coordination and Partnership
6. Financing and financial resources mobilization

The Programme beneficiaries

- people living with HIV (including HIV-infected pregnant women and infants born to them, PLHIV family members)
- injecting drug users (IDUs)
- commercial sex workers (CSWs)
- men who have sex with men (MSM)
- prisoners
- migrants and refugees
- youth
- general population

All the activities implemented in the field of HIV and AIDS in the country are coordinated by the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria issues (CCM) in the Republic of Armenia. The main goals of CCM Armenia are coordination of HIV/AIDS, TB and malaria-related activities, implemented by governmental, nongovernmental and international organizations, as well as by civil society; developing HIV, TB and malaria preventive activities, forming multisectoral response; ensuring more active participation of NGOs, people living with or affected by the diseases, community representatives, international organizations in HIV, TB and malaria prevention activities; carrying out monitoring and evaluation.

CCM is a multisectoral committee, which includes 38 members representing governmental sector (19 members), academic sector (1 member), UN agencies, bi- and multilateral development partners (5), representatives of local and international NGOs (11 members) as well as 2 people living with or affected by the diseases.

In 2008-2009 CCM Armenia held 10 meetings and took 185 decisions.

According to the CCM annual workplans, PRs of the GFATM-supported Programmes present their reports on the progress of the programmes implementation at the CCM meetings, where they are discussed. Also, the reports of the Ministries, of the Health Care and Social Insurance Departments of marzes on the implemented and planned activities within the framework of the GFATM-supported National HIV/AIDS, TB and Malaria Programmes presented and discussed at the CCM meetings. The reports of GFATM-supported Programmes PRs and of UN agencies are periodically presented and discussed at the CCM meetings. Governmental and nongovernmental organizations, UN agencies, bi- and multilateral development partners develop their annual plans in consistency with the National AIDS Programme and submit them for the CCM discussion.

CCM Armenia has Working Groups on HIV/AIDS and TB. The work performed by the CCM Working Groups is aimed to provide, under the overall guidance of CCM and coordination of the CCM Secretariat, technical support to CCM for effective coordination of the national response to HIV and TB. Each of the CCM Working Groups includes 3 representatives from the Ministry of Health, 3 representatives from local NGOs and 3 representatives from international organizations.

The considerable step forward, made in the country in the field of the existing legislation within the reporting period, was 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 approved by the National Assembly of the Republic of Armenia on 19 March 2009.

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.

d) UNGASS indicator data in an overview table

	Indicators	**Costs**	**Year**
1	Domestic and international AIDS spending by categories and financing sources	796,904,127 AMD	2008
		835,933,124 AMD	2009
2	National Composite Policy Index	Parts A and B	2009
3	Percentage of donated blood units screened for HIV in a quality assured manner	100%	2009
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	31.6%	2008
		50.7%	2009
5	Percentage of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission	60%	2008
		-	-
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	-	-
7	Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know the results	-	-
8	Percentage of IDUs that have received an HIV test in the last 12 months and who know the results	22.5%	2007
8	Percentage of CSWs that have received an HIV test in the last 12 months and who know the results	18.4%	2007
8	Percentage of MSM that have received an HIV test in the last 12 months and who know the results	5.0%	2007
9	Percentage of IDUs reached with HIV prevention programmes	54.3%	2007
9	Percentage of CSWs reached with HIV prevention programmes	40.8%	2007
9	Percentage of MSM reached with HIV prevention programmes	10.0%	2007
10	Percentage of 0-17 years old orphans and vulnerable children whose households received free basic external support in caring for the child	-	-
11	Percentage of schools that provided life skills-based HIV education within the last academic year	-	-
12	Current school attendance among orphans and among non-orphans aged 10–14	-	-
13	Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	36.43%	2007
14	Percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	68.1%	2007
14	Percentage of MSM who both correctly identify ways of	73.7%	2007

	preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		
14	Percentage of CSWs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	54.2%	2007
15	Percentage of young women and men who have had sexual intercourse before the age of 15	3.1%	2007
16	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	Male 9.1%	2005
17	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	Male 78.3%	2005
18	Percentage of CSWs reporting the use of a condom with their most recent client	91.2%	2007
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	83.5%	2007
20	Percentage of IDUs reporting the use of a condom with their most recent client	56.25%	2007
21	Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	95.0%	2007
22	Percentage of young women and men aged 15–24 who are HIV infected	0.01%	2009
23	Percentage of IDUs who are HIV infected	6.8%	2007
23	Percentage of CSWs who are HIV infected	0.4%	2007
23	Percentage of MSM who are HIV infected	2.0%	2007
24	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	76.7%	2009
25	Percentage of infants born to HIV-infected mothers who are infected	-	-

III. Overview of the AIDS epidemic

In 2009 estimations and projections related to the HIV infection were conducted in Armenia within the framework of the “HIV epidemic estimation and projection” process initiated and supported by UNAIDS. Those estimations showed that there are 2300 people living with HIV in Armenia, and HIV prevalence among people aged above 15 is 0.12%.

No behavioural and biological HIV surveillance or other surveillances, which would have characterized the HIV epidemic, were conducted in the country within the reporting period. Thus, the results of the surveillances conducted in 2007, remain as those characterizing the epidemic. According to the data of behavioural 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 CSWs 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). The above-mentioned data demonstrate that the HIV epidemic in Armenia is in concentrated state.

IV. National response to the AIDS epidemic

The strategies of the national response to AIDS are presented in the National Programme on the Response to the HIV Epidemic in the Republic of Armenia for 2007-2011. The activities implemented within the framework of those strategies are funded by the Global Fund to fight AIDS, TB and Malaria, through allocations from the State Budget and financial support provided by other donor organizations.

The National AIDS Spending Assessment (NASA) resource tracking methodology suggested by UNAIDS, was not yet introduced in the country, when the Report was being developed.

For that reason, the data on expenditures made in the field of HIV/AIDS in 2008-2009 by the organizations implementing and/or financing HIV/AIDS programmes are used to estimate the AIDS spending indicator. The data were reported by completing the National Funding Matrix. According to the collected data, the total of AIDS Spending made in Armenia in 2008 amounted to AMD 796,904,127, and in 2009 – AMD 835,933,124. The sum of allocations from the State Budget made up 21.4% of the total AIDS spending in 2008 and 27.5% in 2009.

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Table AIDS spending in the Republic of Armenia in 2008 and 2009 by financial sources (AMD)

	2008		**2009**	
	Absolute number	**%**	**Absolute number**	**%**
State Budget	170,273,500	21.4%	229,825,400	27.5%
GFATM	453,305,226	56.9%	431,635,840	51.6%
UN agencies	73,675,600	9.2%	89,629,966	10.7%
International organizations	99,649,802	12.5%	84,841,918	10.2%
Total	**796,904,127**	**100%**	**835,933,124**	**100%**

Prevention

HIV/AIDS prevention activities, implemented within the framework of the GFATM-supported National AIDS Programme among 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 were in progress in the reporting period. Programmatic coverage has been expanded and targeted HIV prevention interventions have been scaled up among all the target groups.

The HIV Counselling and Testing System in Armenia, which is mainly integrated in the existing health care system, has been expanded and strengthened.

The Behaviour Change Communication strategies are being implemented among all the target groups.

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

As far back as 2005 the immunological laboratory infrastructure was established based on Haematology Center and laboratories in 9 Marzes to prevent HIV transmission through donated blood and blood products. Those laboratories are provided with high quality test-kits.
Starting from 2009 substitution treatment for IDUs has been provided in the country.

Care/treatment and support

In 2005 antiretroviral treatment (ART) was initiated for 20 patients with HIV in Armenia within the framework of ensuring universal access to HIV treatment, care and support. As of 31 December 2009 ART was being provided to all the patients with HIV in need, who gave their consent for the treatment receiving (totally 179 patients, of whom 9 are children). 140 patients were provided with opportunistic infections (OI) treatment and prophylaxis in 2008, and 159 patients - in 2009. The patients' follow up includes regular monitoring of CD4 cell count and viral load, as well as complete blood count, blood biochemistry testing, diagnostics of OIs and of viral Hepatitis. The National AIDS Center and NGOs provide social, psychological and legal support to people living with HIV within the framework of provision of care and support to them. Information Centers and self-help groups have been established for people living with HIV and those providing care for them. The treatment, care and support medical mobile team is functioning for increasing access to treatment and care on sites.

HIV and TB interprogramme collaboration has been developed. The National Protocol for Management of Tuberculosis and HIV co infection has been developed and approved by the order of the Ministry of Health of Armenia. Patients' referral procedure has been developed and introduced - all the patients with HIV are referred for TB testing, all patients with TB are provided with HIV counselling and testing. Also, epidemiological surveillance for HIV/TB co infection has been improved.

Knowledge and behaviour change

Behaviour Change Communication strategies are being implemented among all the target groups. However, the expansion of the geographical coverage of the HIV/AIDS preventive interventions has not taken place. Taking into account that no behavioural surveillance was conducted in the reporting period in the country, the reported knowledge and behaviour indicators are those obtained from the most recent behavioural surveillance, carried out in 2007.

V. Best practice

The Law "On prevention the disease caused by Human Immunodeficiency Virus" of the Republic of Armenia, adopted by the National Assembly of the Republic of Armenia on 03 February 1997, defines the procedures of prevention, diagnostics and control of the disease caused by Human Immunodeficiency Virus, as well as organizational, legal, economic and financial principles of prevention of disease caused by Human Immunodeficiency Virus.

A number of challenges were faced throughout the period passed of time passed since the Law was adopted.

In particular:

- Article 7 of the Law defined that foreign citizens and stateless persons that have applied for Republic of Armenia entry visas for a period exceeding three months shall present an HIV testing certificate in accordance with the procedure approved by the Republic of Armenia Government. In case of failing to present a certificate, such foreign citizens and stateless persons were obliged, within a month, to undergo the HIV laboratory test in the territory of the Republic of Armenia.
- Article 11 of the Law defined population groups subject to mandatory medical testing, including pregnant women, persons returning from official, business, and private trips from outside of the Republic of Armenia that lasted more than three months, persons with STIs, drug addicts, and others.

The mentioned Articles were not in consistency with a number of internationally recognized conventions (Universal Declaration of Human Rights, the 1951 Refugees Convention), the Law of the Republic of Armenia on Refugees, as well as International Guidelines on HIV/AIDS and Human Rights adopted by the United Nations.

The above-mentioned documents call upon the international community to prohibit any discrimination based on suspected or real HIV status. The International Guidelines on HIV/AIDS and Human Rights define that there is no public health rationale for restricting liberty of movement on the grounds of HIV status. In addition The Guidelines do not justify mandatory HIV-testing, and they claim that that public health and criminal legislation should prohibit mandatory HIV-testing of targeted groups, including vulnerable groups.

Taking into consideration the above-mentioned, and prioritizing the necessity of improvement of HIV/AIDS-related legislation in the country, the Standing Committee on Health Care, Maternity and Childhood issues of the National Assembly of the Republic of Armenia jointly with the National Center for AIDS Prevention and UNAIDS, with participation of the interested stakeholders, organized a number of discussions, which resulted in developing the draft amendments to the Law. The amendments were based on some international documents, in particular, the International Guidelines on HIV/AIDS and Human Rights. They were reflected in 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 approved by the National Assembly of the Republic of Armenia on 19 March 2009. The Law of 2009 envisages repealing the Articles of the Law of 1997 defining conditions of entry to Armenia of foreign citizens and stateless persons, as well as the implications of detecting HIV in the body of a foreign citizen or a stateless person.

The Law amendments define the procedures of providing HIV testing and counselling, taking into account the importance of pre- and post-test counselling for increasing access to health care services, for raising awareness of people living with HIV, for preventing HIV transmission from them, for early detection of those HIV-infected.

The amended Law defines population groups subject to mandatory medical testing based on internationally recognized requirements and public health rationale, as well as population groups subject to provider-initiated HIV testing and counselling. In addition, every person can undergo HIV voluntary counselling and testing, including anonymous testing under the condition of maintaining confidentiality. The made amendments and supplements are very important for the respect and protection of human rights.

VI. Major challenges and remedial actions

The following are the major challenges related to HIV prevention, follow up for patients with HIV/AIDS, ART provision and monitoring, sustainability and continuity of care and support provision, increasing universal access:

1. ensuring sustainability and continuity of the key activities
2. ensuring necessity of the activities expanding
3. uninterrupted and timely supply with drugs, test-kits and consumables
4. necessity of OIs diagnostics improvement
5. absence of possibility for determination of antiretroviral drugs resistance and sensitivity and the implied problems.

VII. Support from the country's development partners

In general, the National Response on AIDS is supported from the state financial sources, as well as from the financial sources donor organizations, including GFATM, UN agencies, and multilateral/bilateral organizations.

Successful implementation of the National AIDS Programme, which is the key prerequisite to achieving the UNGASS targets, was ensured mostly through the financial support provided by the GFATM. It should be mentioned that GFATM has been the main donor supporting the National AIDS Programme and covering about 60% of the country response on AIDS.

It is necessary to continue putting forth efforts to raise funds, and more actively involve donor organizations into that process, which would promote bridging the financial gaps and successful implementation of the National AIDS Programme, which is an important prerequisite to achieving universal access to HIV prevention, treatment, care and support.

Receiving support from the country's development partners is envisaged for expanding HIV/AIDS-related services, as well as for expanding geographical coverage of the activities implemented to ensure universal access to HIV prevention, treatment, care and support.

VIII. Monitoring and Evaluation

Starting from 2007 until present no significant changes have been made in the field of Monitoring and Evaluation in the country. Within the "Three ones" UNAIDS Key Principles the one agreed AIDS actions framework and one National coordination authority are already established, and the establishment of the agreed Country Monitoring and Evaluation system is in progress. It is planned to complete the establishment of the country-level M&E system within the framework of the GFATM-supported programme with the technical support of UNAIDS.

At present monitoring and evaluation is being conducted in the following way. 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 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 health care facilities 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 at the NCAP Epidemiological Surveillance Department and Medical Care Department. Information on newly registered HIV and AIDS cases is provided by NCAP to the Center of Disease Control of the MoH of the Republic of Armenia. Information on HIV/TB co infection cases is being reported to the State Hygienic and Antiepidemiological Inspection of the MoH of the Republic of Armenia on quarterly basis.

To assess HIV prevalence among various vulnerable populations, their risk behaviours and awareness, biological and behavioural surveillances are conducted.

Monitoring of the 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 CCM and GFATM.

In addition to the above-mentioned data collection method, other sources of information are used for calculating necessary indicators.

Appendix 1

Consultation/preparation process for the Country Progress Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1. Which institutions/entities were responsible for filling out the indicator forms?		
a) NAC or equivalent	Yes √	No
b) NAP	Yes	No
c) Others (please specify)	Yes	No
2. With inputs from		
Ministries:		
Education	Yes √	No
Health	Yes √	No
Labour	Yes √	No
Foreign Affaires	Yes √	No
Others (please specify)	Yes √	No
Sport and Youth Affairs		
Finance		
Defense		
Policy		
Justice		
Civil society organizations	Yes √	No
People living with HIV	Yes √	No
Private sector	Yes	No √
United Nations organizations	Yes √	No
Bilaterals	Yes	No √
International NGOs	Yes √	No
Others (please specify)	Yes	No
3. Was the report discussed in a large forum?	Yes √	No
4. Are the survey results stored centrally?	Yes √	No
5. Are data available for public consultation?	Yes √	No
6. Who is the person responsible for submission of the report and for follow-up, if there are questions on the Country Progress Report?		

Name / title: Samvel Grigoryan, Director of the National Center for AIDS Prevention of the Ministry of Health, CCM Secretary

Date: _____

Signature: _____

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NATIONAL COMPOSITE POLICY INDEX (NCPI) QUESTIONNAIRE

PART A

(to be administered to government officials)

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 √	No	Not Applicable (N/A)

Period covered: 2007-2011

IF NO or NOT APPLICABLE, briefly explain why.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. How long has the country had a multisectoral strategy?

Number of Years: Republic of Armenia has the approved multisectoral strategy/action framework already 8 years, since 2002.

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

Sectors	Included in strategy		Earmarked budget	
Health	Yes √	No	Yes √	No
Education	Yes √	No	Yes √	No
Labour	Yes √	No	Yes	No √
Transportation	Yes	No √	Yes	No √
Military/Police	Yes √	No	Yes	No √
Women	Yes	No √	Yes	No √
Young people	Yes √	No	Yes √	No
Justice	Yes √	No	Yes √	No

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 target populations, settings and cross-cutting issues?

Target populations		
a. Women and girls	a. Yes	No √
b. Young women/young men	b. Yes √	No
c. IDUs	c. Yes √	No
d. MSM	d. Yes √	No
e. CSWs	e. Yes √	No
f. Orphans and other vulnerable children	f. Yes √	No
g. Mobile population	g. Yes √	No
h. Prisoners	h. Yes √	No
Settings		
h. Workplace	h. Yes √	No
i. Schools	i. Yes √	No
j. Prisons	j. Yes √	No
Cross-cutting issues		
k. HIV/AIDS and poverty	k. Yes √	No
l. Human rights protection	l. Yes √	No
m. Involvement of people living with HIV	m. Yes √	No
n. Addressing stigma and discrimination	n. Yes √	No
o. Gender empowerment and/or gender equality	o. Yes	No √*
**HIV/AIDS Situational and Response Analyses which were conducted in 2006 within the framework of the National Strategic Planning Process and were aimed at identification of the key areas and populations to whom the evidence based strategies should be addressed have not identified gender issues as the component which requires separate targeted strategy. All strategies were developed owing from the approach of ensuring gender equality and equal access.*		

1.4. Were target populations identified through a needs assessment?

Yes √	No

IF YES, when was this needs assessment conducted?

Year: 2006

IF NO, explain how were target populations identified?

1.5. What are the identified target populations for HIV programmes in the country? injecting drug users, female sex workers, men who have sex with men, the mobile population, prisoners, especially vulnerable young people and most at risk adolescents, young people aged 15 - 24 are the target populations in Armenia.

1.6. Does the multisectoral strategy include an operational plan?

Yes √	No

1.7. Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes √	No
b. Clear targets or milestones?	Yes √	No
c. Detailed budget for each programmatic area?	Yes √	No
d. An indication of funding sources to support programme implementation?	Yes √	No
e. A monitoring and evaluation framework?	Yes √	No

1.8. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?

Active involvement √	Moderate involvement	No involvement

IF active involvement, briefly explain how this was organized:

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 Commission on HIV/AIDS, TB and malaria issues (CCM) in the Republic of Armenia established in 2002. 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. 38 members of the CCM include 19 representatives of governmental sector (50%), 1 representative of academic sector (3%), 5 (13%) representatives of international sector (UN and bilateral development agency) and 11 (29%) - of non-governmental sector (international and national NGOs) and 2 (5%) people living with or affected by the diseases. Thus, among 38 CCM members 50% represents non-governmental sector. In 2008 - December 2009 the President of the Armenian Red Cross Society, representing nongovernmental sector was the Chair of the CCM Armenia. Starting from 23 December 2009, the CCM Armenia has been chaired by the Minister of Labour and Social Affairs of the Republic of Armenia, representing governmental sector.

The National Strategic plan on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 and the National Programme on Response to HIV Epidemic (which is the multisectoral strategy/action framework) have been discussed and approved by the CCM members, including representatives of the non-governmental sector. 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 most-at-risk Populations and PLHIV.

IF NO or MODERATE involvement, briefly explain why this was the case:

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

Yes √	No

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

Yes, all partners √	Yes, some partners	No

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why.

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 √	No	N/A

2.1 **IF YES**, in which specific development plan(s) is support for HIV integrated?

National Development Plan	Yes	No	N/A √
Common Country Assessment / UN Development Assistance Framework	Yes √	No	N/A
Poverty Reduction Strategy	Yes √	No	N/A
Sector-wide approach	Yes	No	N/A √

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

HIV-related area included in development plan(s)		
HIV Prevention	Yes √	No
Treatment for opportunistic infections	Yes √	No
Antiretroviral therapy	Yes √	No
Care and support (including social security or other schemes)	Yes √	No
AIDS impact alleviation	Yes √	No
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes	No √
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support	Yes	No √
Reduction of stigma and discrimination	Yes √	No
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes	No √

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

Yes	No √	N/A

3.1 **IF YES,** to what extent has it informed resource allocation decisions?

Low *High*

0 1 2 3 4 5

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 √	No

4.1 **IF YES**, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes √	No
Condom provision	Yes √	No
HIV testing and counselling	Yes √	No
Sexually transmitted infection services	Yes	No √
Treatment	Yes	No √
Care and support	Yes	No √

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g., indicate if HIV testing is voluntary or mandatory etc):

HIV counselling and testing for the uniformed services in Armenia is provided entirely on a voluntary basis.

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes √	No

5.1 **IF YES,** for which subpopulations?

Women	Yes	No √
Young people	Yes	No √
IDUs	Yes	No √
MSM	Yes	No √
CSWs	Yes	No √
Prison inmates	Yes √	No
Refugees, national minorities	Yes	No √

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Armenia has joined all the conventions of UN and European Union on Elimination of Discrimination, as well as ILO Convention N111 Convention concerning Discrimination in Respect of Employment and Occupation. The principles of those conventions are reflected in the appropriate in-country acts of the law.

According to the 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.”

According to Article 3 of the Law of the Republic of Armenia on citizenship of the Republic of Armenia, citizens of the Republic of Armenia are equal before the law, irrespective of the basis of the acquisition of the citizenship, nationality, race, sex, language, religion, political and other opinions, social origin, property or other status, have all rights, freedom and obligations set forth in the Constitution and laws.

The Criminal Code of the Republic of Armenia defines that direct or indirect breach of the human rights and freedoms of citizens, for reasons of the citizen's nationality, race, sex, language, religion, political or other views, social origin, property or other statuses, which damaged the citizen's legal interests, is punished with a fine, or with imprisonment.

Every resident of Armenia has possibility to alert on exhibition of discrimination and on violation of the human rights to authorized authority or judicial authority.

As a result of amendments made in 2005 to the Constitution of the Republic of Armenia, starting from 01 July 2006 physical and legal entities, have also received the right to appeal to the Constitutional Court and challenge the constitutionality of a law provision applied by the final judicial act.

Law on the Human Rights Defender of the Republic of Armenia was adopted on 21 October 2003. According to the Article 2 of the Law, the Human Rights Defender (hereinafter referred to as the Defender) is an independent and unaltered official, who protects the human rights and fundamental freedoms violated by the state and local self-governing bodies or their officials. Any physical entity can appeal to the Defender who is recognized as a National Preventive Mechanism provided by the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Briefly comment on the degree to which these laws are currently implemented:

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes	No √

6.1 **IF YES**, for which subpopulations?

Women	Yes	No
Young people	Yes	No
IDUs	Yes	No
MSM	Yes	No
CSWs	Yes	No
Prison inmates	Yes	No
Migrants/mobile populations	Yes	No

IF YES, briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes √	No

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes √	No

7.2 Have the estimates of the size of the main target populations been updated?

Yes √	No

7.3 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 √	Estimates of current needs only	No

7.4 Is HIV programme coverage being monitored?

Yes √	No

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

Yes √	No

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

Yes √	No

IF YES, for which population groups?

The programme coverage has been monitored per each target population group, including IDUs, CSWs, MSM, 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 geographical coverage and of the extent of beneficiaries' involvement.

(c) Is coverage monitored by geographical area?

Yes √	No

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.

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes √	No

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8	9 √	10

Since 2007, what have been key achievements in this are:

In 2008 the study was conducted among the mobile population to reveal exhibitions of risk behaviours among them, to explore HIV preventive activities conducted among them. As a result, relevant recommendations were developed for reducing migrants' vulnerability to HIV and risk for acquiring and transmitting HIV.

In 2008 the sizes of IDUs, CSWs and MSM populations were estimated for better policy, programme planning and management.

What are remaining challenges in this area:

II. POLITICAL SUPPORT

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

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

President/Head of government	Yes	No √
Other high officials	Yes √	No
Other officials in regions and/or districts	Yes √	No

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (i.e., National AIDS Council or equivalent)?

Yes √	No

IF NO, briefly explain why not and how AIDS programmes are being managed:

IF YES, when was it created?

Year: 2002

IF YES, who is the Chair?

Name: Mkhitar Mnatsakanyan Position/Title: *Minister of Labour and Social Affairs*

IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes √	No
have active government leadership and participation?	Yes √	No
have a defined membership? ***IF YES***, how many members? 38	Yes √	No
include civil society representatives? ***IF YES***, how many? 19	Yes √	No
include people living with HIV? ***IF YES***, how many? 2	Yes √	No
include the private sector?	Yes	No √
have an action plan?	Yes √	No
have a functional Secretariat?	Yes √	No
meet at least quarterly?	Yes √	No
review actions on policy decisions regularly?	Yes √	No
actively promote policy decisions?	Yes √	No
provide opportunity for civil society to influence decision-making?	Yes √	No
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes √	No

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 √	No	N/A

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, GFATM RCC HIV Bridge Funding I, GFATM RCC HIV Bridge Funding II, GFATM Round 8 TB Proposal), coordination of activities on HIV/AIDS prevention, treatment, care and support, excluding duplications.

Briefly describe the main challenges:

Absence of 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?

Percentage: 0%

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes √	No
Technical guidance	Yes √	No
Procurement and distribution of drugs or other supplies	Yes	No √
Coordination with other implementing partners	Yes √	No
Capacity-building	Yes	No √

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

Yes √	No

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes √	No

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:

Overall, how would you rate political support for the HIV programme in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7√	8	9	10

Since 2007, what have been key achievements in this area:

What are remaining challenges in this area:

III. Prevention

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

Yes √	No	N/A

1.1 **IF YES**, what key messages are explicitly promoted?

√ Check for key message explicitly promoted

a. Be sexually abstinent	√
b. Delay sexual debut	√
c. Be faithful	√
d. Reduce the number of sexual partners	√
e. Use condoms consistently	√
f. Engage in safe(r) sex	√
g. Avoid commercial sex	√
h. Abstain from injecting drugs	√
i. Use clean needles and syringes	√
j. Fight against violence against women	
k. Greater acceptance and involvement of people living with HIV	√
l. Greater involvement of men in reproductive health programmes	
m. Males to get circumcised under medical supervision	
n. Know your HIV status	√
o. Prevent mother-to-child transmission of HIV	√

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

Yes √	No

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes √	No	N/A

2.1 Is HIV education part of the curriculum in

primary schools?	Yes	No √
secondary schools?	Yes √	No
teacher training?	Yes	No √

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes √	No

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

Yes √	No

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

Yes √	No

IF NO, briefly explain:

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

√ Check which specific populations and elements are included in the policy/strategy

	IDUs	**MSM**	**CSWs**	**Clients of sex workers**	**Prison inmates**	**Mobile populations**	**Young People**
Targeted information on risk reduction and HIV education	√	√	√		√	√	√
Stigma & discrimination reduction	√	√	√		√	√	
Condom promotion	√	√	√		√	√	√
HIV testing & counselling	√	√	√		√	√	
Reproductive health, including STI prevention & treatment							√
Vulnerability reduction (e.g.	N/A	N/A		N/A	N/A	N/A	N/A

income generation)							
Drug substitution therapy	√	N/A	N/A	N/A	N/A	N/A	N/A
Needle & syringe exchange	√	N/A	N/A	N/A	N/A	N/A	N/A

Overall, how would you rate policy efforts in support of HIV prevention in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8	9 √	10

Since 2007, what have been key achievements in this area:

Provision of methadone treatment is among the key achievements. Also, "Healthy Life Style" training course has been introduced in the curricula of secondary and senior schools and it would be taught as a separate subject for 8-9 and for 10-11 grades. The training course includes separate lessons related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits.

What are remaining challenges in this area:

"Healthy Life Style" training course is being introduced in the curricula of secondary schools, whereas its introduction in the curricula of senior schools has not been started yet, and it is still remaining the challenge to include it into curricula of higher educational establishments.

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

Yes √	No

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, as well as in the process of development of the GFATM RCC HIV Proposal in 2008.

IF NO, how are HIV prevention programmes being scaled-up?

4.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access		
Blood safety	Agree √	Don't Agree	N/A
Universal precautions in health care settings	Agree √	Don't Agree	N/A
Prevention of mother-to-child transmission of HIV	Agree √	Don't Agree	N/A
IEC on risk reduction	Agree √	Don't Agree	N/A
IEC on stigma and discrimination reduction	Agree √	Don't Agree	N/A
Condom promotion	Agree √	Don't Agree	N/A
HIV testing & counselling	Agree √	Don't Agree	N/A
Harm reduction for injecting drug users	Agree √	Don't Agree	N/A
Risk reduction for men who have sex with men	Agree	Don't Agree √	N/A
Risk reduction for commercial sex workers	Agree √	Don't Agree	N/A
Reproductive health services including STI prevention & treatment	Agree √	Don't Agree	N/A

School-based AIDS education for young people	Agree √	Don't Agree	N/A
Programmes for out-of-school young people	Agree	Don't Agree √	N/A
HIV prevention in the workplace	Agree	Don't Agree	N/A √

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8	9 √	10

Since 2007, what have been key achievements in this area:

Provision of methadone treatment, is among the key achievements.

Also, "Healthy Life Style" training course has been introduced in the curricula of secondary schools and it would be taught as a separate subject for 8-9 grades.

Programmatic coverage has been expanded and targeted HIV prevention interventions have been scaled up among all the target groups.

The HIV Counselling and Testing System in Armenia has been expanded and strengthened, which basically is integrated in health care system.

Currently the HIV preventive programmes carried out among most-at-risk populations are being expanded with the GFATM support. The number of beneficiaries involved in the programmes is being increased; the programmes geographical coverage is being expanded.

Behaviour Change Communication strategies are being implemented among all the target groups.

However, the expansion of the geographical coverage of the HIV/AIDS preventive interventions which is important for achieving the targets of the Universal Access towards HIV prevention has not taken place.

What are remaining challenges in this area:

IV. Treatment, care and support

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes √	No

1.1 IF YES, does it address barriers for women?

Yes √	No

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes √	No

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes √	No

IF YES, how were these determined?

The needs for HIV treatment, care and support services are identified in the process of the National Strategic Planning and are reflected in the National AIDS Programme. To meet those needs the project proposal was submitted to GFATM with a request for funding.

IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?

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

HIV treatment, care and support services	The majority of people in need have access		
Antiretroviral therapy	Agree √	Don't Agree	N/A
Nutritional care	Agree	Don't Agree	N/A √
Paediatric AIDS treatment	Agree √	Don't Agree	N/A
Sexually transmitted infection management	Agree √	Don't Agree	N/A
Psychosocial support for people living with HIV and their families	Agree √	Don't Agree	N/A
Home-based care	Agree	Don't Agree √	N/A
Palliative care and treatment of common HIV-related infections	Agree √	Don't Agree	N/A
HIV testing and counselling for TB patients	Agree √	Don't Agree	N/A
TB screening for HIV-infected people	Agree √	Don't Agree	N/A
TB preventive therapy for HIV-infected people	Agree √	Don't Agree	N/A
TB infection control in HIV treatment and care facilities	Agree √	Don't Agree	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Agree √	Don't Agree	N/A

Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree √	Don't Agree	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree	Don't Agree	N/A √
HIV care and support in the workplace (including alternative working arrangements)	Agree	Don't Agree	N/A √

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes	No √

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

Yes √	No

IF YES, for which commodities?: condoms

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8	9 √	10

Since 2007, what have been key achievements in this area:

Starting from 2005, ARV treatment has become available in the country for all registered patients who are in need of and gave their informed consent for receiving ART. It has been managed to ensure universal access towards HIV/AIDS treatment, care and support.

The Service Delivery Mobile Team has been established which includes two physicians and one social worker for providing, through site visits, care and support to HIV/AIDS patients in the country regions and Yerevan city, the capital.

Four self-help groups have been formed and are operating, two - in Yerevan city, one in Gyumri city and one - in Vanadzor city.

What are remaining challenges 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 ARV drugs resistance and sensitivity and the implied problems.

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

Yes √	No	N/A

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

Yes √	No

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

Yes √	No

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

Yes	No √

IF YES, what percentage of orphans and vulnerable children is being reached? % [write in]

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5 √	6	7	8	9	10
Since 2007, what have been key achievements in this area: Since 2007 ARV treatment has become accessible for children, including orphans, especially vulnerable young people and most-at-risk adolescents. **What are remaining challenges in this area:**											

V. Monitoring and Evaluation

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

Yes	In progress √	No

IF NO, briefly describe the challenges:

1.1 **IF YES,** years covered:

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes	No

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes	No

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners	Yes, most partners	Yes, but only some partners	No

IF YES, but only some partners or IF NO, briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes	No
IF YES, does it address:		
routine programme monitoring	Yes	No
behavioural surveys	Yes	No
HIV surveillance	Yes	No
Evaluation / research studies	Yes	No
a well-defined standardized set of indicators	Yes	No
guidelines on tools for data collection	Yes	No
a strategy for assessing quality (i.e., validity, reliability)	Yes	No
a data analysis strategy	Yes	No
a data dissemination and use strategy	Yes	No

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

Yes	In progress √	No

3.1 **IF YES,** what percentage of the total HIV programme funding is budgeted for M&E activities?

3.2 **IF YES**, has full funding been secured?

Yes	No

IF NO, briefly describe the challenges:

3.3 **IF YES,** are M&E expenditures being monitored?

Yes	No

4. Are M&E priorities determined through a national M&E system assessment?

Yes	No

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

IF NO, briefly describe how priorities for M&E are determined:

5. Is there a functional national M&E Unit?

Yes	In progress √	No

IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?

5.1 **IF YES**, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	Yes	No
in the Ministry of Health?	Yes	No
elsewhere? [write in]	Yes	No

5.2 **IF YES**, how many and what type of professional staff are working in the national M&E Unit?

Number of permanent staff:		
Position:	Full time/ Part time?	Since when?:
Position:	Full time/ Part time?	Since when?:
[Add as many as needed]		
Number of temporary staff:		
Position:	Full time/ Part time?	Since when?:
Position:	Full time/ Part time?	Since when?:
[Add as many as needed]		

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes	No

IF YES, briefly describe the data-sharing mechanisms: **What are the major challenges?**

6. Is there a M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No √	Yes, but meets irregularly	Yes, meets regularly

6.1 Does it include representation from civil society?

Yes	No

IF YES, briefly describe who the representatives from civil society are and what their role is?

7. Is there a central national database with HIV- related data?

Yes √	No

7.1 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, IDUs, 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.

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

a. *Yes, all of the above* √
b. Yes, but only some of the above
c. No, none of the above

7.3 Is there a functional Health Information System?

At national level	Yes √	No
At sub-national level IF YES, at what level(s)? *at the level of regional authorities*	Yes √	No

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

Yes √	No

9. To what extent is M&E data used?

9.1 in developing / revising the national AIDS strategy?:

Low *High*
0 1 2 3 4 √ 5

Provide a specific example: **What are the main challenges, if any?**

9.2 for resource allocation?:

Low						*High*
0	1	2	3 √		4	5

Provide a specific example:

The results of the HIV biological and behavioural surveillance, conducted in 2007, demonstrated that HIV prevalence among MSM increased to some extent. Thus, the need arose to expand geographical coverage of HIV preventive programmes conducted among them, through covering Gyumri and Vanadzor cities in addition to Yerevan city and increasing the number of the beneficiaries involved in the programmes.

What are the main challenges, if any?

9.3 for programme improvement?:

Low						*High*
0	1	2	3	4 √		5

Provide a specific example:

The results of the Second Generation HIV Surveillance conducted among various populations in 2005, served as a basis for determining the priority areas and developing activities within the framework of HIV/AIDS National Strategic Plan for 2007-2011.

What are the main challenges, if any?

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?

a. Yes, at all levels
b. Yes, but only addressing some levels: [write in]
c. No

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

At national level?	Yes √	No
IF YES, Number trained: *22*		
At sub-national level?	Yes	No
IF YES, Number trained:		
At service delivery level including civil society?	Yes	No
IF YES, Number trained:		

10.2 Were other M&E capacity-building activities conducted other than training?

Yes	No

IF YES, describe what types of activities:

Overall, how would you rate the M&E efforts of the HIV programme in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7 √	8	9	10

Since 2007, what have been key achievements in this area:

The national M&E system is still at the stage of introduction in Armenia, however its key elements, components and indicators have been already developed. The RCC HIV Proposal, recommended by GFATM for funding, envisages financial support for establishing and operating of unified national M&E system.

What are remaining challenges in this area:

Absence of unified national M&E system.

PART B
(for the representatives of non-governmental organizations)

I. Human rights

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes √	No

1.1 **IF YES,** specify if HIV is specifically mentioned and how or if this is a general non – discrimination provision:

The Law "On prevention the disease caused by Human Immunodeficiency Virus" adopted by the National Assembly of the Republic of Armenia on February 3, 1997 makes provisions for the rights and obligations of HIV-infected individuals and their family members (Chapter IV, Article 14. Rights of HIV-infected individuals):

HIV-infected individuals have the following rights:
a) to receive the results of laboratory testing in written form;
b) for non-discriminative attitude;
c) to demand maintaining confidentiality, except for the cases stipulated by the current legislation of the Republic of Armenia;
d) to continue working except for the cases stipulated by the government of the Republic of Armenia;
e) to be provided with counselling including familiarizing with the ways of HIV prevention.

HIV-infected individuals cannot be objects of scientific experiments and studies without their written consent.

According to 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, approved on 19 March 09, the Article 7 of the Law “Conditions of entry into the Republic of 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 in accordance with the procedure established by the Republic of Armenia Government) was repealed. Also, Article 8 of the Law “Consequences of detecting HIV in the body of a foreign citizen or 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, in accordance with the procedure established by the Republic of Armenia Government) was repealed.

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes √	No

2.1 **IF YES**, for which populations?

Women	Yes	No √
Young people	Yes	No √
IDU	Yes	No √
MSM	Yes	No √
Sex Workers	Yes	No √
Prison inmates	Yes √	No
Migrants/mobile populations	Yes	No √
Other:	Yes	No

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The mechanism ensuring the implementation of the existing Laws is Directorate of Public Prosecutions which monitors and controls the implementation on day-to-day basis. The civil society and individuals have the right and possibility to alert on violation of the human rights to the Prosecution institutions. Also, the civil society and individuals have rights to apply to the Constitutional Court in case of violation of the standards and provisions stated in the Constitution of the Republic of Armenia.

The public and individuals can apply to Armenian Ombudsman's Office and to the Chamber of Advocates of the Republic of Armenia, whenever their rights are violated.

If needed, people living with HIV can apply to the Ministry of Health, whenever their rights are violated.

Briefly describe the content of these laws:

The Article 6 of the Criminal-Executive Code of the Republic of Armenia defines the humanitarian principle, according to which:

1. Execution of punishment, as well as compulsory medical measures joined with the execution of punishment can not be accompanied with personal physical violence or any deeds entailing social and psychological degradation of a person.

2. It shall be strictly prohibited to subject convicted persons to tortures or cruel, inhumane or degrading treatment, or punishment. No circumstance can constitute justification for tortures, or cruel, inhumane or degrading treatment, or punishment.

Article 14.1 of the Constitution of the Republic of Armenia states that 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.

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

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes√	No

3.1 **IF YES,** for which sub-populations?

Women	Yes	No √
Young people	Yes	No √
IDUs	Yes √	No
MSM	Yes	No √
Sex Workers	Yes	No √
Prison inmates	Yes	No √
Migrants/mobile populations	Yes	No √
Other: [write in]	Yes	No √

IF YES, 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.

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.

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

Yes √	No

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, most-at-risk populations and/or other vulnerable subpopulations?

Yes	No √

IF YES, briefly describe this mechanism

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes √	No

IF YES, describe some examples:

PLHIV are represented in the CCM, which coordinates the implementation of the National AIDS Programme.

PLHIV and representatives of most-at-risk and vulnerable groups (IDUs, CSWs, MSM, the mobile population, the military and prisoners) were involved in the GFATM-supported National AIDS Programme implementation as outreach workers, peer educators and programme coordinators. In addition, the target group's representatives were involved in the focus group and round table discussions to develop and test the information-educational materials, as well as in development of the key messages addressing HIV-related issues for specific populations for the implementation of the BCC strategies.

PLHIV and vulnerable populations' representatives were involved in the development of the country proposals submitted to the Global Fund to fight AIDS, TB and Malaria in 2008-2009.

7. Does the country have a policy of free services for the following:

HIV prevention services	Yes √	No
Anti-retroviral treatment	Yes √	No
HIV-related care and support interventions	Yes √	No

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Free of charge provision of VCT services at the Primary Health Care facilities is ensured by the Standard on provision of primary health care approved by the Ministry of the Health.

In addition, the free of charge provision of the follow-up for HIV/AIDS patients is ensured by the Standard on provision of out-patient medical care and organization of the methodological support approved by the Ministry of Health.

Service delivery mobile teams are functioning at NGOs. The specialists of the service delivery mobile teams visit the beneficiates at the places of their residence.

Provision of HIV preventive services to the most-at-risk population is restricted due to their insufficient geographical coverage. The means of HIV prevention, such as condoms, are not always accessible in distant villages. Health care providers often do not ensure medical secrecy, which is the reason for people's reluctance to apply to health care facilities, medical staff do not have sufficient skills to provide HIV testing and counselling.

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes √	No

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes √	No

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes √	No

IF YES, briefly describe the content of this policy:

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.

9.1 **IF YES,** does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes	No √

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

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

Yes	No √

11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes	No √

11.1 **IF YES,** does the ethical review committee include representatives of civil society including people living with HIV?

IF YES, describe the approach and effectiveness of this review committee:

12. Does the country have the following human rights monitoring and enforcement mechanisms?

– 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

Yes √	No

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes	No √

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes	No √

IF YES, on any of the above questions, describe some examples:

13. In the last 2 years, have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes	No √

14. Are the following legal support services available in the country?

– Legal aid systems for HIV casework

Yes √	No

– Private sector law firms or university-based centers to provide free or reduced-cost legal services to people living with HIV

Yes	No √

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes √	No

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes √	No

IF YES, what types of programmes?

Media	Yes √	No
School education	Yes √	No
Personalities regularly speaking out	Yes √	No
Other *Peer education among youth* *Advocacy campaigns*	 Yes √ Yes √	 No No

Overall, how would you rate the *policies, laws* and *regulations* in place to promote and protect human rights in relation to HIV in 2009?

2009	Very poor										Excellent
	0	1	2	3	4	5	6	7 √	8	9	10

Since 2007, what have been key achievements in this area:

In 2009 relevant amendments and supplements were made to the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus" focused on protection of human rights and at bringing the Law into consistency with the existing international guidelines on human rights.

In particular, 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, in accordance with the procedure established by the Republic of Armenia Government), 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, in accordance with the procedure established by the Republic of Armenia Government) has been repealed.

In addition, the number of groups, which were defined by the law as those subject to mandatory HIV testing, has been reduced. In particular the following groups would not be subject to mandatory HIV testing: medical workers whose work requires them to deal with blood, biological fluids, tissue, and organs, prisoners, persons with STIs, pregnant women, drug addicts, persons returning from official, business, and private trips from outside of the Republic of Armenia that lasted more than three months.

According to the amended Law, the following shall be subject to mandatory HIV testing:
a) Donors of blood, biological fluids, tissue, and organs
b) Children born to mothers who have the HIV infection.
Medical workers-initiated HIV testing and counselling shall be provided to: a) pregnant women, b) persons with STIs, c) drug addicts; and d) prisoners.

All the population groups have the right to receive voluntary HIV counselling and testing.

The round table discussions and other public events were initiated by the civil society, where all interested stakeholders were involved, including parliamentarians, the police representatives, as well as local NGOs dealing with the advocacy of improving relevant legal field supporting of substitution therapy in Armenia. Starting from 2009 IDUs in Armenia are being provided with substitution treatment.

The amendments to the existing Law regulating use of psychotropic and narcological substances for medical purposes have been approved by the National Assembly. Relevant regulations are being reviewed.

What are remaining challenges in this area:

Amendment of the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus" has brought to the necessity of making amendments to some existing laws and regulations.

Overall, how would you rate the effort to *enforce* the existing policies, laws and regulations in 2009?

2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8 √	9	10

Since 2007, what have been key achievements in this area:

In 2009, upon making amendments and supplements to the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus", the government made a decision defining the time-frame for developing procedures on "Ensuring necessary safety measures at health care institutions for those undergoing HIV testing, for those HIV-infected as well as for preventing occupational exposure".

All the activities implemented as a response to AIDS in Armenia, are coordinated by the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria issues (CCM) in the Republic of Armenia, which is one National AIDS Coordinating Authority in the country.

What are remaining challenges in this area:

As a result of making amendments and supplements to the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus", the necessity has arisen to amend some regulations and documents and to develop the new ones.
No HIV/AIDS-related case has ever been brought before a court. That can be probably explained either by lack of trust to judicial establishments or by fear of discrimination resulting from HIV status disclosure.

II. Civil society participation

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

Low					*High*
0	1	2	3	4 √	5

Comments and examples:

PLHIV have actively participated in parliamentary discussions related to the amendment of the Law of the Republic of Armenia on "Prevention of disease caused by Human Immunodeficiency Virus". Round-table discussions were organized with representatives of various spheres (physicians, lawyers, legal advisers, representatives of the governmental structures), where the issues concerning PLHIV were addressed.

2. To what extent 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)?

Low					*High*
0	1	2	3	4 √	5

Comments and examples:

The civil society representatives were involved in all the stages of the development and approvement of the National Programme on the Response to the HIV Epidemic and country proposals submitted to the Global Fund to fight AIDS, TB and Malaria.

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included in

a. national AIDS strategy?

Low						*High*
0	1	2	3	4	√	5

b. the national AIDS budget?

Low						*High*
0	√	1	2	3	4	5

c. national AIDS reports?

Low						*High*
0	1	2	3	4	√	5

Comments and examples:

4. To what extent is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?

Low					*High*
0	1	2	3	4	5

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

Low					*High*
0	1	2	3	4	5

c. M&E efforts at local level?

Low					*High*
0	1	2	3	4	5

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 Programme on the Response to the HIV Epidemic for 2007-2011, which contains indicators and timeframe for monitoring and evaluation.

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

Low						*High*
0	1	2	3 √		4	5

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.

Faith-based organization was the Principle Recipient for the GFATM-supported National AIDS Programme. Faith-based organizations carry out activities aimed to involve the church into the HIV prevention, care and support projects.

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?

Low						*High*
0	1	2	3 √		4	5

b. adequate technical support to implement its HIV activities?

Low						*High*
0	1	2	3	4 √		5

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?

Prevention for youth	<25%	25-50%	51-75% √	>75%
Prevention for most-at-risk-populations				
Injecting drug users	<25%	25-50%	51-75% √	>75%
Men who have sex with men	<25%	25-50%	51-75%	>75% √
Sex workers	<25%	25-50%	51-75%	>75% √
Counselling and Testing	<25% √	25-50%	51-75%	>75%
Reduction of Stigma and Discrimination	<25%	25-50%	51-75%	>75% √
Clinical services (ART/OI)	<25% √	25-50%	51-75%	>75%
Home-based care	<25% √	25-50%	51-75%	>75%
Programmes for orphans and other vulnerable children	<25% √	25-50%	51-75%	>75%

Overall, how would you rate the efforts to increase civil society participation in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8 √	9	10

Since 2007, what have been key achievements in this area:

What are remaining challenges in this area:

There is no sufficient amount of activities implemented by community based organizations in the field of HIV/AIDS.

III. Prevention

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

Yes √	No

IF YES, how were these specific needs determined?

The needs of HIV preventive projects were assessed during the national strategic planning process.

IF NO, how are HIV prevention programmes being scaled-up?

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access		
Blood safety	Agree √	Don't Agree	N/A
Universal precautions in health care settings	Agree √	Don't Agree	N/A
Prevention of mother-to-child transmission of HIV	Agree √	Don't Agree	N/A
IEC on risk reduction	Agree √	Don't Agree	N/A
IEC on stigma and discrimination reduction	Agree √	Don't Agree	N/A
Condom promotion	Agree √	Don't Agree	N/A
HIV testing and counselling	Agree √	Don't Agree	N/A
Harm reduction for injecting drug users	Agree	Don't Agree √	N/A
Risk reduction for men who have sex with men	Agree	Don't Agree √	N/A
Risk reduction for sex workers	Agree	Don't Agree √	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree √	Don't Agree	N/A
School-based AIDS education for young people	Agree √	Don't Agree	N/A
HIV Prevention for out-of-school young people	Agree	Don't Agree √	N/A
HIV prevention in the workplace	Agree	Don't Agree √	N/A

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?											
2009	Very poor										Excellent
	0	1	2	3	4	5	6	7	8	9 √	10

Since 2007, what have been key achievements in this area:

The trend in increasing of the programmatic coverage and scaling-up of preventive interventions has been observed in all projects and activities targeted various key groups. In particular, the coverage of IDUs by harm reduction projects and the coverage of CSWs by HIV prevention projects increased during the reported years.

The access of most-at-risk populations representatives to HIV preventive projects has been increased, which is associated with introduction and expansion of the VCT system in the country.

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

The introduction of the "Healthy Life Style" training course in the curricula of secondary schools has been initiated. The training course includes separate lessons related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits.

Methadone substitution treatment programme has been introduced, which is being gradually expanded.

What are remaining challenges in this area:

Introduction of "Healthy Life Style" training course into the curricula of secondary and senior schools, ant its inclusion into curricula of higher educational establishments is still remaining the challenge.

IV. Treatment, care and support

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes √	No

IF YES, how were these specific needs determined?

Mechanism of forecasting required quantity of ARV drugs has been introduced at the National Center for AIDS Prevention.

IF NO, how are HIV treatment, care and support services being scaled-up?

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

HIV treatment, care and support service	The majority of people in need have access		
Antiretroviral therapy	Agree √	Don't Agree	N/A
Nutritional care	Agree √	Don't Agree	N/A
Paediatric AIDS treatment	Agree √	Don't Agree	N/A
Sexually transmitted infection management	Agree √	Don't Agree	N/A
Psychosocial support for people living with HIV and their families	Agree √	Don't Agree	N/A
Home-based care	Agree	Don't Agree √	N/A
Palliative care and treatment of common HIV-related infections	Agree	Don't Agree √	N/A
HIV testing and counselling for TB patients	Agree √	Don't Agree	N/A
TB screening for HIV-infected people	Agree √	Don't Agree	N/A
TB preventive therapy for HIV-infected people	Agree √	Don't Agree	N/A
TB infection control in HIV treatment and care facilities	Agree √	Don't Agree	N/A
Cotrimoxazole prophylaxis in HIV infected people	Agree √	Don't Agree	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree √	Don't Agree	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree	Don't Agree	N/A √
HIV care and support in the workplace (including alternative working arrangements)	Agree	Don't Agree	N/A √

Overall, how would you rate the efforts in the *implementation* of HIV treatment, care and support programmes in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9 √	10

Since 2007, what have been key achievements in this area:

Since 2005, when ARV treatment became available in the country, all the registered patients who are in need and gave their informed consent, have been receiving ART. It has been succeeded to ensure the Universal Access towards HIV prevention, treatment, care and support.

The Service Delivery Mobile Team is functioning. The specialists of the Service Delivery Mobile Team provide care and support to PLHIV at the places of their residence and Yerevan city, the capital and in the country regions.

Self-help groups of people living with HIV have been established and are functioning.

What are remaining challenges in this area:

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

Yes	No	N/A √

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

Yes	No

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

Yes	No

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

Yes	No

IF YES, what percentage of orphans and vulnerable children is being reached? % *[write in]*

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?											
2009 Very poor											Excellent
	0	1	2	3	4	5	6	7	8	9	10

Since 2007, what have been key achievements in this area:

What are remaining challenges in this area: