UNGASS COUNTRY PROGRESS REPORT
Republic of Armenia

Reporting period: January 2010 - December 2011

Table of Contents

I. Status at a glance

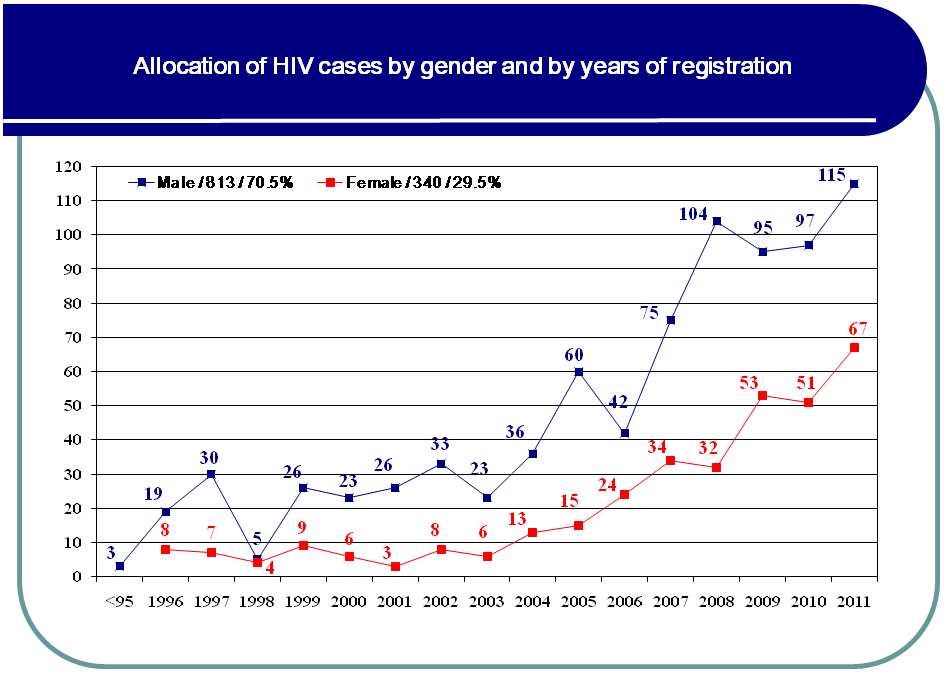
a) The inclusiveness of the stakeholders in the report writing process

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

b) The status of the epidemic

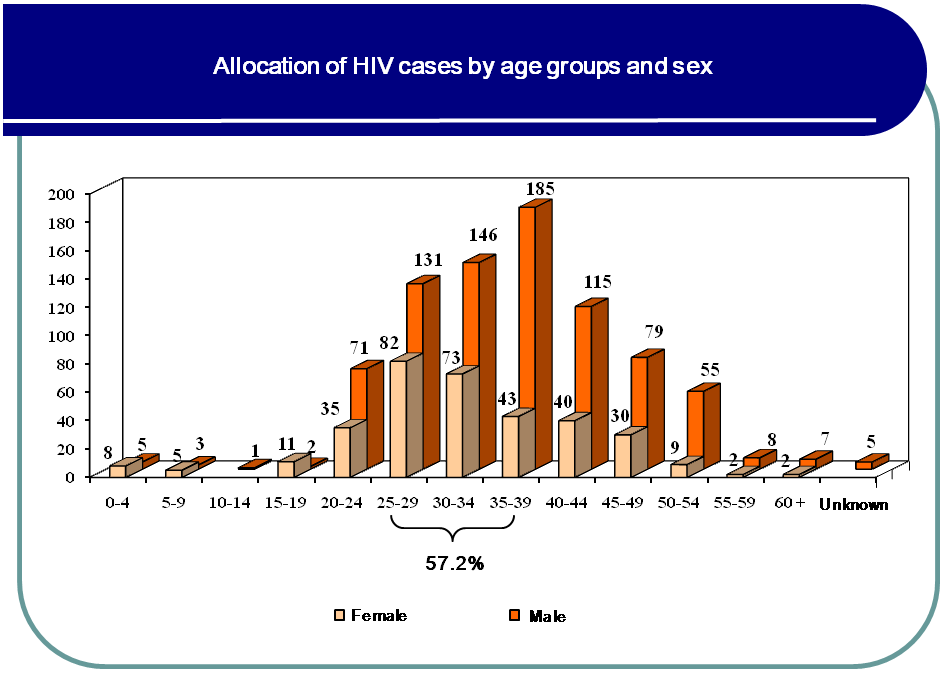
The problem of HIV/AIDS is important for Armenia. In Armenia registration of HIV cases started in 1988. From 1988 to 31 December 2011 1153 HIV cases had been registered in the country among the citizens of the Republic of Armenia with 182 new cases of HIV infection registered during 2011. 285 HIV cases 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 - 813 cases (70.5%), females make up 340 cases (29.5%). 22 cases of HIV infection were registered among children (1.9%).



AIDS diagnosis was made to 558 patients with HIV, of whom 131 are women and 11 are children. From the beginning of the epidemic 265 death cases have been registered among HIV/AIDS patients (including 45 women and 5 children).

57.2% of the HIV-infected individuals belong to the age group of 25-39.



In the history of the HIV epidemic in Armenia, the largest number of HIV cases (182) was registered in 2011. Also, 87 AIDS diagnoses were made in 2011 and 46 death cases were registered among the HIV/AIDS patients. 148 HIV cases, 94 AIDS cases, 26 death cases were registered in 2010. More than 28.6% of all the HIV registered cases and 32.4% of the AIDS cases have been diagnosed within 2 recent years.

More than half of all registered cases were registered during the recent 4 years.

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 HIV surveillance system has been increased.

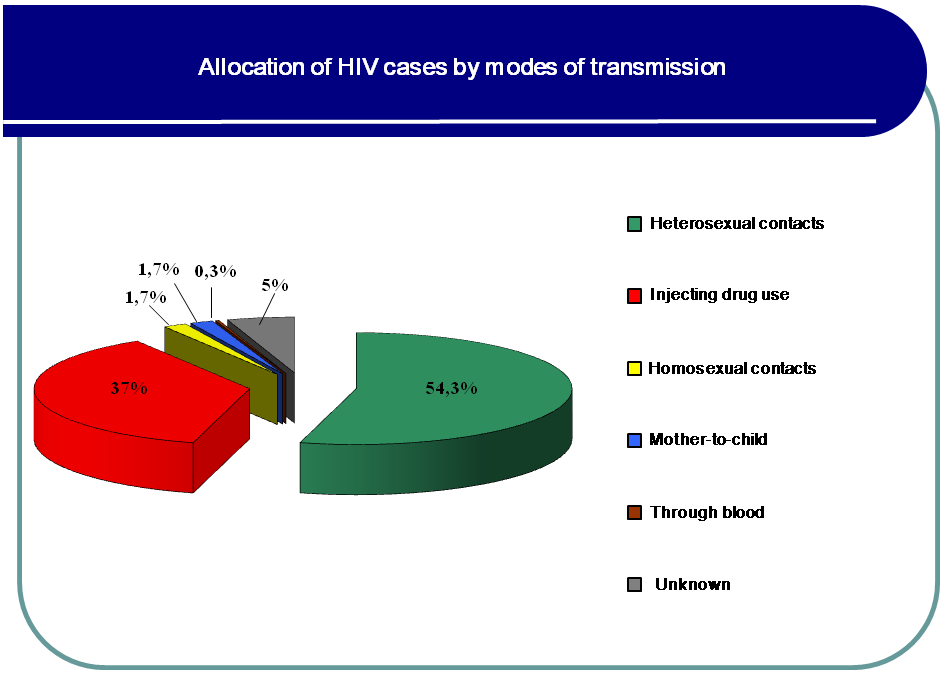
An increase in the number of registered AIDS cases is associated with scaling up laboratory capacities for diagnostics of AIDS and AIDS-indicator diseases. Improvement of AIDS diagnostics is also associated with the raising the level of HIV/AIDS-related knowledge among health care workers through their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

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.

In the Republic of Armenia the main modes of HIV transmission are through heterosexual practices (54.3%) and injecting drug use (37.0%). 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:

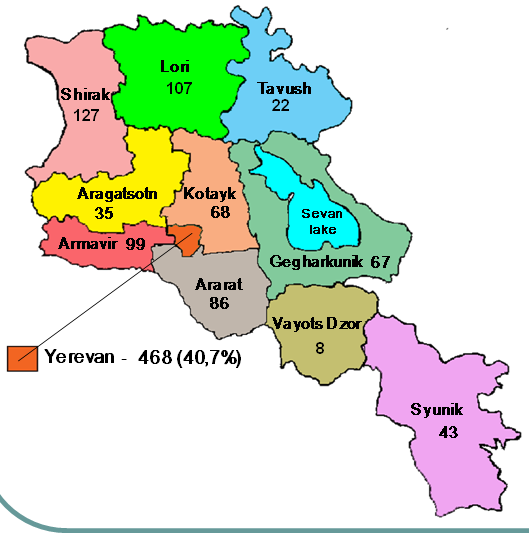
Transmission through heterosexual practices	54.3%
Transmission through injecting drug usage	37.0%
Transmission through homosexual practices	1.7%
Mother-to-child transmission	1.7%
Transmission through blood	0.3%
Unknown	5.0%



All the individuals infected via injecting drug use were men, while almost all the women (98.5%) were infected through sexual contacts. The analysis of the HIV cases registered in Armenia in 2000-2011 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.

HIV cases were registered in all marzes (the country administrative divisions) and in Yerevan city (the capital). The maximum number of HIV cases was reported in Yerevan city: 468 cases, which constitute 40.6% of all the registered cases. The number of the registered HIV cases per 100,000 population shows the highest rate in Shirak marz - 45.1, followed by Yerevan city, Lori, Armavir marzes with the rates of 41.9, 38.0, 34.8 respectively.

Allocation of registered HIV cases by regions



The number of registered HIV cases per 100 000 population	
Shirak	45,1
Yerevan	41,9
Lori	38,0
Armavir	34,8
Ararat	30,8
Syunik	28,1
Gegharkunik	27,7
Aragatsotn	24,7
Kotayk	24,2
Tavush	16,4
Vayots Dzor	14,3
Total	35,1

c) Policy and Programmatic response

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, 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 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)
- People who inject drugs (PWID)
- sex workers (SWs)
- men who have sex with men (MSM)
- prisoners
- migrants and refugees
- youth
- general population

All activities implemented within the framework of the National Programme on the Response to the HIV epidemic in Armenia are being coordinated by the Country Coordination Mechanism for HIV/AIDS, TB and malaria Programs (CCM) in the Republic of Armenia established in 2002 and reformed in 2011. The CCM is a multi-sectoral commission including representation of the government, academic sector, local and international NGOs, faith-based organizations, UN agencies and bilateral development partners, private sector, and also people living with the diseases. 29 members of the current CCM include 11 representatives of governmental sector, 4 representatives of UN agencies and bilateral development partners, 13 civil society representatives, including 6 of local NGOs (two of which represent people living with the diseases), 5 of international NGOs, 1 representative of academic sector, 1 representative of faith-based organizations, and 1 representative of private sector. Thus, among 29 CCM members about a half (44.8%) represent civil society. The CCM vice-chair is a representative of the Armenian Red Cross Society, representing non-governmental sector.

The National Strategic plan on the Response to HIV Epidemic in the Republic of Armenia for 2012-2016 (which is the multi-sectoral strategy/action framework) has been discussed with the participation of the interested national stakeholders. The civil society representatives have taken an active part in the process of developing the proposals and activities to strengthen the response, particularly in parts referring to activities targeted at the key populations at higher risk and PLHIV.

d) UNGASS indicator data in an overview table

	Indicators	Costs	Year
1.1	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	20.3%	2010-2011
1.2	Percentage of young women and men aged 15-24 who	2.7%	2011

	have had sexual intercourse before the age of 15		
1.3	Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	N/A	2010
1.4	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	N/A	2010
1.5	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the results	N/A	2010
1.6	Percentage of young women and men aged 15-24 who are HIV infected	0.03%	2011
1.7	Percentage of SWs reached with HIV prevention programmes	22.4%	2010-2011
1.8	Percentage of SWs reporting the use of a condom with their most recent client	92.9%	2010-2011
1.9	Percentage of SWs that have received an HIV test in the last 12 months and who know the results	15.9%	2010-2011
1.10	Percentage of SWs who are HIV infected	1.2%	2010-2011
1.11	Percentage of MSM reached with HIV prevention programmes	61.5%	2010-2011
1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	65.9%	2010-2011
1.13	Percentage of MSM that have received an HIV test in the last 12 months and who know the results	48.4%	2010-2011
1.14	Percentage of MSM who are HIV infected	2.3%	2010-2011
1.15	Health facilities that provide HIV testing and counselling services	21.14%	2011
1.17	Percentage of women accessing antenatal care (ANC) services who were tested for syphilis at first ANC visit	85.4%	2011
1.18	Percentage of migrants from countries with generalized HIV epidemics who had sex with more than one partner in the past 12 months who used a condom during their last sexual intercourse	N/A	
1.19	Percentage of migrants from countries with generalized HIV epidemics who received an HIV test in the last 12 months and who know their results	N/A	
1.20	Percentage of migrants who are HIV-infected	N/A	
1.21	Percentage of prisoners who are HIV-infected	1.15%	2011
2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	27.6%	2011

2.2	Percentage of PWID reporting the use of a condom with their most recent client	43.7%	2010-2011
2.3	Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	89.4%	2010-2011
2.4	Percentage of PWID that have received an HIV test in the last 12 months and who know the results	16.1%	2010-2011
2.5	Percentage of PWID who are HIV infected	10.7%	2010-2011
2.6	OST	148	2011
2.7	Number of NSP sites (including pharmacy sites providing no cost needles and syringes) and OST sites	13	2011
3.1	Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	40.54	2011
3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	57.14%	2011
3.3	Mother-to-child transmission of HIV (modeled)		
3.4	Pregnant women who were tested for HIV and received their results	92.2%	2011
3.7	Infants born to HIV-infected women receiving ARV prophylaxis for prevention of Mother-to-child-transmission	14	2011
3.10	Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit	14	2011
3.13	Percentage of HIV-positive pregnant women who were PWID	0%	2011
4.1	Percentage of eligible adults and children currently receiving antiretroviral therapy	330	2011
4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	83.33%	2011
4.2a	Percentage of PWID with HIV known to be on treatment 12 months after initiating antiretroviral therapy	84.21%	2011
4.2c	Percentage of adults and children with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy	84%	2011
4.2d	Percentage of PWID with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy	82.4%	2011
4.4	Percentage of health facilities dispensing antiretrovirals (ARVs) for antiretroviral therapy that have experienced a	0	2011

	stock-out of at least one required ARV in the last 12 months		
4.5	Percentage (%) of people with HIV infection who already need antiretroviral treatment at the time of diagnosis	34.07%	2011
5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	100	2011
5.3	Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT)	N/A	
5.4	Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	35.5%	2011
6.1	Domestic and international AIDS spending by categories and financing sources	1,844,112,760 AMD	2010
		2,039,259,062 AMD	2011
7.1	National Commitments and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)	Completed	
7.1c	European Supplement to the NCPI	Completed	
7.2	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	N/A	
7.3	Current school attendance among orphans and non-orphans aged 10-14*	N/A	
7.4	Proportion of the poorest households who received external economic support in the last 3 months	N/A	
7.6	Adults and children with HIV enrolled in HIV care	555	2011
7.7	Percentage of adults and children enrolled in HIV care who were screened for hepatitis C	95.2%	2011

II. Overview of the AIDS epidemic

In 2011 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 2500 people living with HIV in Armenia, and HIV prevalence among people aged 15-49 is 0.17%.

Behavioural and biological HIV surveillance was conducted in Armenia in the reporting period. The surveillance results give the picture of the HIV epidemic in the country. Therefore, according to the data of the behavioural and biological HIV surveillance, 2010-2011, HIV

prevalence among PWID is 6.5% (among PWID in Yerevan city - 10.7%, in Vanadzor city - 8.9%); HIV prevalence among SWs is <1% (among SWs in Yerevan city - 1.2%); HIV prevalence among MSM is 3.4% (among MSM in Yerevan city - 2.3%, in Gyumri city - 1.3%). The above-mentioned data show that the HIV epidemic in Armenia is in concentrated state.

III. 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 2010-2011 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 2010 amounted to AMD 1,844,112,760 and in 2011 - AMD 2,039,259,062. The sum of allocations from the State Budget made up 38.8% of the total AIDS spending in 2010 and 37.2% in 2011.

.

Table AIDS spending in the Republic of Armenia in 2010 and 2011 by financial sources (AMD)

	2010		2011	
	Absolute number	%	Absolute number	%
State Budget	715,778,923	38.8%	758,933,521	37.2%
GFATM	1,053,348,000	57.1%	1,178,023,000	57.8%
UN agencies	46,235,062	2.5%	68,748,535	3.4%
International organizations	26,350,775	1.4%	31,154,006	1.5%
Private sector	2,400,000	0.1%	2,400,000	0.1%
Total	1,844,112,760	100%	2,039,259,062	100%

Prevention

HIV/AIDS prevention activities, implemented within the framework of the GFATM-supported National AIDS Programme among key populations at higher risk, including persons who inject drugs (PWID), men who have sex with men (MSM) and sex workers (SWs) 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 is in place in Armenia and it is mainly integrated in the existing health care system.

Provider-initiated HIV counselling and testing has been widely integrated in antenatal clinics. That allows providing such services to more than 95% of pregnant women, favouring improvement of HIV diagnostics among them. PMTCT services are accessible for all pregnant women diagnosed with HIV and infants born to them.

Infrastructure of HIV laboratories screening donated blood has been established in Yerevan city and marzes. The laboratories are appropriately equipped and provided with high-quality test-kits.

Starting from 2009 substitution treatment for PWID has been provided in the country.

Care/treatment and support

Starting from 2005 provision of free of charge antiretroviral treatment (ART) was initiated in Armenia within the framework of ensuring universal access to HIV treatment, care and support. As of 31 December 2011 ART was being provided to all the patients with HIV eligible for treatment, who gave their consent for the treatment receiving (totally 330 patients, of whom 11 are children).

In 2010-2011 follow-up of the HIV patients included provision of outpatient treatment, prevention and relevant laboratory testing for opportunistic diseases.

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 and psychological support to people living with HIV within the framework of care and support provision to them. Medical Mobile Team is functioning to make the services on HIV/AIDS treatment, care and support accessible for HIV patients residing in marzes. In-patient treatment of opportunistic diseases is provided within the state basic benefit package. Management of coinfections, in particular of HIV/TB co-infection as well as the system of referral of patients with coinfections have been improved. System of referral of PWID for receiving substitution treatment is in place. ARV treatment is accessible for prisoners. Substitution treatment has been introduced for prisoners also.

It is planned to expand, under GFATM grant, ARV treatment, management of HIV/TB coinfection, laboratory diagnostics infrastructures, which would allow providing relevant services to meet the growing needs for treatment and diagnostics.

IV. Best practice

1. In 2010-2011 the legislation of the Republic of Armenia in the field of HIV/AIDS treatment was improved significantly. According to the provisions of the Law of the Republic of Armenia "On Making Amendments and Supplements to the Law of the Republic of Armenia "On Prevention of the Disease Caused by the Human Immunodeficiency Virus" approved by the National Assembly of the Republic of Armenia on 19 March 2009, the list of the diseases that prohibits persons who are infected

from entry into Armenia was reviewed. The legislation of the Republic of Armenia does not provide any restrictions for PLHIV to hold positions in the government service system. HIV positive status in a person is not a barrier for appointing him or her to a position of a judge, prosecutor, civil servant, customs officer, assessor and public servant and for carrying out relevant duties, for carrying out diplomatic functions. The government's decision defining the list of diseases that deny a person the right to adopt children, or accept children into his/her family for bringing them up and assuming guardianship, has been amended. HIV/AIDS has been removed from this list.

2. The National Programme on the Response to the HIV Epidemic in the Republic of Armenia, 2007-2011envisaged, as a separate objective, the HIV prevention among adolescents and young people aged 15-24. One of the strategies of this objective is further integration of HIV-related issues into educational institutions curricula. In this context introduction, according to the governmental decision, of the "Healthy Life Style" training course in the curricula of secondary and senior schools has been a significant achievement. The course is taught as a separate subject for 8-9 and 10-11 grades. It includes separate chapters related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits. Teachers have trained for the new training course introduction.
3. Due to complex activities on prevention of mother to child HIV transmission, from 2007 until now no case of HIV has been registered among children born to women provided with prevention of mother to child HIV transmission.
4. Due to measures taken to prevent HIV transmission through donated blood, from 2001 until now no case of HIV transmission through donated blood has been registered in the country.
5. Following the National Programme on the Response to the HIV Epidemic in the Republic of Armenia, 2007-2011 with the aim to provide health care workers with retraining and advanced studies on HIV/AIDS, starting from 2009 HIV training course has been introduced in the National Institute of Health of the Ministry of Health of the Republic of Armenia and has been given on the basis of the curriculum department of the Institute at the National Center for AIDS Prevention for the health care managers, physicians, paramedical workers, clinical residents. Owing to the advanced studies conducted among the health care workers, their HIV/AIDS awareness has been raised, and, as a result, HIV surveillance, clinical detection, system of referral of PLHIV, management of co-infections and opportunistic diseases, as well as efficiency of HIV treatment care and support services have been improved.

V. Major challenges and remedial actions

The major challenges associated with ensuring sustainability, continuity and scaling-up of HIV diagnostics, follow up of HIV patients, ART provision and monitoring include:

1. ensuring sustainability and continuity of the key activities;
2. uninterrupted and timely supply with drugs, test-kits and consumables to meet the requirements of the expanded activities;
3. necessity of OIs diagnostics improvement;
4. necessity of determination of antiretroviral drugs sensitivity and resistance and the implied problems;
5. necessity to modernize laboratory equipment.

VI. 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 bilateral partners.

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 57.8% 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.

VII. Monitoring and Evaluation

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 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, PWID, 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. 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.

Within the reporting period Monitoring and Evaluation Unit was established, which carries out activities on monitoring and evaluation of the national HIV response.

The following studies conducted in 2010-2011 are of particular importance for gathering the strategic information:

- Study on estimating the size of populations of sex workers, men who have sex with men, and injecting drug users in the Republic of Armenia, 2010;
- HIV Prevention Response and Modes of Transmission Analysis, Republic of Armenia, 2011;
- HIV Data Triangulation for Public Health Actions in the Republic of Armenia, 2011.