



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

Eastern Europe and Central Asia

Armenia

COUNTRY:

Armenia

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| | | |
|---|---|---|
| : | Organisation | CCM |
| : | Name/Position | Samvel Grigoryan / CCM Secretary |
| : | <p>Respondents to Part A</p> [indicate which parts each respondent was queried on] | A.I / A.II / A.III / A.IV / A.V |
| : | Organisation | Ministry of Health |
| : | Name/Position | Vahan Poghosyan / Head of Health Care Department of the Ministry of Health of Armenia |
| : | <p>Respondents to Part A</p> [indicate which parts each respondent was queried on] | A.I / A.II / A.III / A.IV / A.V |
| : | Organisation | Ministry of Education and Science |
| : | Name/Position | Anahit Muradyan / Leading Specialist of the Secondary Education Department |

| | | |
|---|---|--|
| : | <p>Respondents to Part A</p> [indicate which parts each respondent was queried on] | A.I / A.II / A.III / A.IV |
| : | Organisation | Ministry of Sport and Youth Affairs |
| : | Name/Position | Tamara Torosyan / Chief Specialist Youth Policy Department |
| : | <p>Respondents to Part A</p> [indicate which parts each respondent was queried on] | A.I / A.II |
| : | Organisation | Ministry of Justice |
| : | Name/Position | Ara Hovhannisyan / Chief Specialist of Medical Provision Unit of Criminal-Executive Department |
| : | <p>Respondents to Part A</p> [indicate which parts each respondent was queried on] | A.I / A.II |
| : | Organisation | Ministry of Defense |
| : | Name/Position | Vanik Gevorgyan / Head of Unit of Organization of Hospital and out-patient medical service of the Military Health Department |
| : | <p>Respondents to Part A</p> [indicate which parts each respondent was queried on] | A.I / A.II / A.III |
| : | Organisation | Police |
| : | Name/Position | Davit Avetyan / Senior Officer of the Fourth Department |
| : | <p>Respondents to Part A</p> [indicate which parts each respondent was queried on] | A.I / A.II |
| : | Organisation | UNAIDS |
| : | Name/Position | Naira Sargsyan / Social mobilization and partnership adviser |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II / B.III / B.IV |
| : | Organisation | GTZ |
| : | Name/Position | Lusine Baghdasaryan / Legal Reforms Project Assistant |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II |
| : | Organisation | UNFPA |
| : | Name/Position | Garik Hayrapetyan / Assistant Residence Representative |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II / B.III |
| : | Organisation | ABA CEELI |
| : | Name/Position | Robert Hall / Project Manager |

| | | |
|-----------|---|---|
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II |
| : | Organisation | Real World, Real People NGO |
| : | Name/Position | Hovhannes Madoyan / Co-president |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II / B.IV |
| : | Organisation | Education in the Name on the Health NGO |
| : | Name/Position | Rafael Ohanyan / representative |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II / B.III |
| : | Organisation | Hope and Help NGO |
| : | Name/Position | Yenok Shatvoryan / President |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II / B.III |
| : | Organisation | OSI |
| : | Name/Position | Anahit Papikyan / External Education/Public Health Programs Coordinator |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II / B.III / B.IV |
| : | Organisation | WHO |
| : | Name/Position | Gayane Ghukasyan / HIV/AIDS/STI Programme coordinator |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II / B.III / B.IV |
| : | Organisation | Sakharov Foundation NGO |
| : | Name/Position | Leonid Hayrapetyan / representative |
| : | <p>Respondents to Part B</p> [indicate which parts each respondent was queried on] | B.I / B.II |
| Position: | Full time/Part time | Full time |
| Position: | Full time/Part time | Full time |
| Position: | Full time/Part time | Full time |
| Position: | Full time/Part time | Full time |
| Position: | Full time/Part time | Full time |

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2007 - 2011

1.1 How long has the country had a multisectoral strategy/action framework?

6

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

| | | |
|----------------------|----------------------------------|-----|
| Health: | Strategy/Action framework | Yes |
| Health: | Earmarked budget | Yes |
| Education: | Strategy/Action framework | Yes |
| Education: | Earmarked budget | Yes |
| Labour: | Strategy/Action framework | Yes |
| Labour: | Earmarked budget | No |
| Transportation: | Strategy/Action framework | No |
| Transportation: | Earmarked budget | No |
| Military/Police: | Strategy/Action framework | Yes |
| Military/Police: | Earmarked budget | Yes |
| Women: | Strategy/Action framework | No |
| Women: | Earmarked budget | No |
| Young people: | Strategy/Action framework | Yes |
| Young people: | Earmarked budget | Yes |
| Agriculture: | Strategy/Action framework | No |
| Agriculture: | Earmarked budget | No |
| Finance: | Strategy/Action framework | No |
| Finance: | Earmarked budget | No |
| Human Resources: | Strategy/Action framework | No |
| Human Resources: | Earmarked budget | No |
| Justice: | Strategy/Action framework | Yes |
| Justice: | Earmarked budget | Yes |
| Minerals and Energy: | Strategy/Action framework | No |
| Minerals and Energy: | Earmarked budget | No |
| Planning: | Strategy/Action framework | No |
| Planning: | Earmarked budget | No |
| Public Works: | Strategy/Action framework | No |
| Public Works: | Earmarked budget | No |
| Tourism: | Strategy/Action framework | No |
| Tourism: | Earmarked budget | No |
| Trade and Industry: | Strategy/Action framework | No |
| Trade and Industry: | Earmarked budget | No |

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

| | |
|---|-----|
| a. Women and girls: | No |
| b. Young women/young men: | Yes |
| c. Specific vulnerable sub-populations: | Yes |
| d. Orphans and other vulnerable children: | Yes |
| e. Workplace: | Yes |
| f. Schools: | Yes |
| g. Prisons: | Yes |
| h. HIV, AIDS and poverty: | Yes |
| i. Human rights protection: | Yes |
| j. Involvement of people living with HIV: | Yes |
| k. Addressing stigma and discrimination: | Yes |
| l. Gender empowerment and/or gender equality: | No |

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2006

1.5 What are the target populations 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/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

| | |
|--|-----|
| a. Formal programme goals? : | Yes |
| b. Clear targets and/or milestones? : | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?: | Yes |
| e. Monitoring and Evaluation framework? : | Yes |

1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

All activities implemented within the framework of the National Programme on the Response to 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 diseases. Thus, among 38 CCM members 50% represents non-governmental sector. The acting CCM Chair - President of the Armenian Red Cross Society - represents local NGO 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 approved by the CCM members, including representatives of the non-governmental sector. Civil society representatives have taken an active part in development process, making comments and recommendations to strengthen the response, especially in parts referring to activities targeted at Most at-Risk Populations and PLHIV.

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

2. Has the country integrated HIV and AIDS into its general development plans such as:

- a) National Development Plans,**
- b) Common Country Assessments/United Nations Development Assistance Framework,**
- c) Poverty Reduction Strategy Papers,**
- d) Sector Wide Approach?**

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:

2.2 IF YES, which policy areas below are included in these development plans?

| | | |
|--|--------------------------|---------|
| HIV Prevention: | Development Plans | b) / c) |
| Treatment for opportunistic infections: | Development Plans | b) |
| Antiretroviral therapy: | Development Plans | b) |
| Care and support (including social security or other schemes): | Development Plans | b) |
| AIDS impact alleviation: | Development Plans | b) / c) |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: | Development Plans | b) |
| Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: | Development Plans | b) / c) |
| Reduction of stigma and discrimination: | Development Plans | b) |
| Women's economic empowerment (e.g. access to credit, access to land, training): | Development Plans | b) / c) |

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

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

| | |
|-----------------------------------|-----|
| Behavioural change communication: | Yes |
| Condom provision : | Yes |
| HIV testing and counselling(*): | Yes |
| STI services : | No |
| Treatment: | No |
| Care and support : | No |

(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

The approach to HIV testing and counseling for Uniformed Services in Armenia is completely voluntary. There is no any policy or regulation stated mandatory testing at enrollment for any group of the Uniformed Services.

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

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

No

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

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

No

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

Yes

IF YES, which population sub-groups?

The programme coverage is being monitored per each target population group, including IDUs, FSWs, MSM, mobile population, prisoners, young people and pregnant women.

(c) IF YES, is coverage monitored by geographical area?

Yes

IF YES, at which 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.

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

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007: 9

2005: 9

Comments on progress made in strategy planning efforts since 2005:

The Country Specific Strategic Plan on HIV/AIDS Prevention Interventions for Uniformed Services and the Country Specific Strategy the HIV/AIDS Prevention among Especially Vulnerable Young People and Most at-Risk Adolescents were approved by the CCM in 2006 and incorporated into the National Programme on Response to HIV Epidemic for 2007-2011.

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

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

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

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

Yes

2.1 IF YES, when was it created? Year:

2002

2.2 IF YES, who is the Chair?

Name: Mkhitar Mnatsakanyan
Title/Function: President of the Armenian Red Cross Society

2.3 IF YES, does it:

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

(*) If it does include civil society representatives, what percentage?

50%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

| | |
|--------------------------|-----|
| Terms of reference : | Yes |
| Defined membership : | Yes |
| Action plan : | Yes |
| Functional Secretariat : | Yes |
| Regular meetings (*): | Yes |

(*If it does include regular meetings, what is the frequency of the meetings:

quarterly

IF YES, What are the main achievements?

The officially recognized national multisectoral AIDS management/coordination body in Armenia is the Country Coordination Commission on HIV/AIDS, TB and malaria issues (CCM) established in 2002.

In 2006, the CCM approved the Country Specific Strategic Plan on HIV/AIDS Prevention Interventions for Uniformed Services and the Country Specific Strategy the HIV/AIDS Prevention among Especially Vulnerable Young People and Most at-Risk Adolescents.

The National Strategic Plan on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011 and the National Programme on the Response to HIV Epidemic in the Republic of Armenia were discussed and approved by the CCM. Since 2007 by the decision of the government the coordination of all activities aimed at implementation of the National AIDS Programme is to be carried out by the CCM.

According to the GFATM Revised Guidelines on the Purpose, Structure and Composition of CCM and Requirements for Grant Eligibility the CCM developed the Conflict of Interests Strategy which was approved by the decision of the CCM meeting.

In March 2006 the CCM made decision to form the CCM Working Group on HIV/AIDS issues. The goal of the Working Group is to provide technical support to the CCM for optimal coordination of the national response to HIV/AIDS epidemic under the guidance of the CCM and the coordination of its Secretariat.

In 2007 the CCM initiated working meeting with the Working Group on development of the Poverty Reduction Strategy Paper for expansion of HIV/AIDS issues in the PRSP. In response to the working meetings results the CCM Chair applied to the PRSP Secretariat with propositions to use the opportunity of PRSP revision for more expanded incorporation of main strategies of the National AIDS Programme for 2007-2011 into the revised version of the PRSP. Also, the meeting with representatives of the Ministry of Education and Science was initiated and arranged by the CCM devoted to wider integration of HIV/AIDS related issues into the curriculum of schools and other educational institutions. The CCM Chair applied to the Deputy Minister of Education and Science with a request of incorporation and proper addressing of HIV/AIDS related issues in the formal educational curriculum referring to the targets of the Universal Access towards HIV/AIDS prevention, treatment, care and support to be reached by 2010.

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

0%

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

| | |
|---|-----|
| Information on priority needs and services : | Yes |
| Technical guidance/materials: | Yes |
| Drugs/supplies procurement and distribution : | No |
| Coordination with other implementing partners : | Yes |
| Capacity-building : | No |

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

Yes

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

No

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

| | |
|-------|---|
| 2007: | 7 |
| 2005: | 7 |

Comments on progress made in political support since 2005:

The designation of the CCM by the decision of the government as a coordinating body for all activities aimed at implementation of the National AIDS Programme is a significant political support effort towards realization of the UNAIDS "Three Ones" Key Principles which will allow to ensure avoiding of duplications and overlapping of the activities, as well as will contribute to effective resource mobilization and achieving of the Universal Access targets.

During the reporting period the government commitment to increase regularly the State Budget allotments for HIV/AIDS activities is being traced. However, these allotments are far to satisfy the actual needs, and the political commitment should be transformed into the financial. In the current circumstances, the financial support from the GFATM and other donor organizations is a crucial issue and is guarantee for retaining, strengthening and improving the achieved success. The National Assembly of Armenia has analyzed the existing legal field to identify the norms and regulations which are inconsistent with the National AIDS Control policies and initiated the revision of the existing law on "Prevention of disease caused by Human Immunodeficiency Virus" aimed at improvement and putting in line with the international standards of human rights protection and fulfillment.

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

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

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

Yes

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

Yes

2.1 Is HIV education part of the curriculum in

| | |
|----------------------|-----|
| primary schools? : | No |
| secondary schools? : | Yes |
| teacher training? : | No |

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

Yes

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

Yes

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

Yes

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

| | |
|--|---------------------------|
| Targeted information on risk reduction and HIV education: | IDU |
| Targeted information on risk reduction and HIV education: | MSM |
| Targeted information on risk reduction and HIV education: | Sex workers |
| Targeted information on risk reduction and HIV education: | Prison inmates |
| Targeted information on risk reduction and HIV education: | Other sub-populations (*) |
| Stigma & discrimination reduction: | IDU |
| Stigma & discrimination reduction: | MSM |
| Stigma & discrimination reduction: | Sex workers |
| Stigma & discrimination reduction: | Prison inmates |
| Stigma & discrimination reduction: | Other sub-populations (*) |
| Condom promotion: | IDU |
| Condom promotion: | MSM |
| Condom promotion: | Sex workers |
| Condom promotion: | Prison inmates |
| Condom promotion: | Other sub-populations (*) |
| HIV testing & counselling: | IDU |
| HIV testing & counselling: | MSM |
| HIV testing & counselling: | Sex workers |
| HIV testing & counselling: | Prison inmates |
| HIV testing & counselling: | Other sub-populations (*) |
| Reproductive health, including STI prevention & treatment: | Other sub-populations (*) |
| Needle & syringe exchange: | IDU |

(*)If Other sub-populations, indicate which sub-populations

Mobile populations, young people

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

| | |
|-------|---|
| 2007: | 9 |
| 2005: | 8 |

Comments on progress made in policy efforts in support of HIV prevention since 2005:

Armenia joined the UNGASS Declaration of Commitment to HIV/AIDS declared in 2001 and to the Political Declaration adopted in 2006 with emphasis to reach the Universal Access towards HIV/AIDS prevention, treatment, care and support. In early 2006 the broad National consultations were arranged on adaptation and recommendation of the National Universal Access targets and indicators to be achieved by 2010. Armenian specialists participated in the CIS Regional Universal Access consultation workshop and made input in the development of Universal Access regional targets and indicators.

The targets of the Universal Access are integrated into the approved National AIDS Programme.

Identification of Especially Vulnerable Young People and Most at Risk Adolescents and these groups inclusion into the National AIDS Programme as a new target group as well as design and development of the targeted strategies and interventions aimed at HIV prevention among these groups will promote evidence based and result oriented preventive interventions.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need?

| | | |
|--|-------------------------------------|--------------------------------|
| Blood safety: | The activity is available in | all districts* in need |
| Universal precautions in health care settings: | The activity is available in | all districts* in need |
| Prevention of mother-to-child transmission of HIV: | The activity is available in | all districts* in need |
| IEC on risk reduction: | The activity is available in | all districts* in need |
| IEC on stigma and discrimination reduction: | The activity is available in | all districts* in need |
| Condom promotion: | The activity is available in | all districts* in need |
| HIV testing & counselling: | The activity is available in | all districts* in need |
| Harm reduction for injecting drug users: | The activity is available in | most districts* in need |
| Risk reduction for men who have sex with men: | The activity is available in | some districts* in need |
| Risk reduction for sex workers: | The activity is available in | most districts* in need |
| Reproductive health services including STI prevention & treatment: | The activity is available in | all districts* in need |
| School-based AIDS education for young people: | The activity is available in | some districts* in need |
| Programmes for out-of-school young people: | The activity is available in | some districts* in need |
| HIV prevention in the workplace: | The activity is available in | N/A |
| Other:: | The activity is available in | some districts* in need |
| Other:: | The activity is available in | all districts* in need |
| Other:: | The activity is available in | N/A |

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

| | |
|-------|---|
| 2007: | 8 |
| 2005: | 8 |
| 2007: | 8 |
| 2005: | 8 |

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Between 2005 and 2007 the following achievements were reached:

The expansions in the programmatic coverage among all target groups as well as scaling-up of targeted HIV prevention interventions have been occurred.

The VCT System in Armenia has been expanded and strengthened (by the end of 2005 138 VCT sites operated country-wide, including 70 at antenatal clinics, but in 2006 the number of VCT sites increased up to 153, including 76 at antenatal clinics and as of October, 2007 155 VCT sites operated in Armenia).

Behavior Change Communication strategies are being implemented among all targets 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.

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

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

No

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

HIV and AIDS treatment, care and support is being provided in accordance with the National HIV/AIDS Treatment and Care Protocols developed on the basis of WHO HIV/AIDS Treatment and Care Protocols for countries of CIS and approved by Ministry of Health. The National HIV/AIDS Treatment and Care Protocols are regularly updated according to new WHO recommendations.

Taking into account that Armenia has rather compact territory and the actual number of people in need is not very high the current approach is to provide ARV treatment, care and support centralized at the national level at the National AIDS Center facilities. To scale-up provision of the care and support services the Service Delivery Mobile Team was established which includes two physicians and one social worker for providing care and support to HIV/AIDS patients in the regions and Yerevan through regular site visits.

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

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

4.1 IF YES, for which commodities?:

condoms

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

| | |
|-------|---|
| 2007: | 9 |
| 2005: | 8 |

Comments on progress made since 2005:

Since 2005, when ARV treatment became available in the country all registered patients who are in need and gave their informed consent receive ART. It is succeeded to ensure the Universal Access towards HIV and AIDS treatment, care and support. At the time being 78 PLHIV are receiving ARV treatment.

The Service Delivery Mobile Team was established which includes two physicians and one social worker for providing care and support to HIV/AIDS patients in regions and Yerevan through site visits.

Four self-help groups have been established and functional, two - in the capital Yerevan, one in Gyumri and one – Vanadzor.

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

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

| | |
|-------|---|
| 2007: | 5 |
| 2005: | 5 |

Comments on progress made in efforts to meet the needs of OVC since 2005:

Since 2005 the ARV treatment became accessible for children, including orphans and Especially Vulnerable Young People.

However, during the reporting years no significant changes and progress in efforts to meet the needs of orphans and other vulnerable children was taken place.

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

In Progress

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

In progress

4. Is there a functional M&E Unit or Department?

In Progress

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

No

6. Does the M&E Unit/Department manage a central national database?

N/A

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

Sub-national level (*): Yes

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

Yes

7. To what extent are M&E data used in planning and implementation?

4

What are examples of data use?

M&E data were used in the process of National Strategic Planning to design evidence based strategies and interventions. The data also used in monitoring of the National AIDS Programme and UNGASS reporting process.

What are the main challenges to data use?

The main challenge is the lack of the developed and functional unified HIV/AIDS M&E System.

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

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 30

At sub-national level? : No

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 15

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 7

2005: 6

Comments on progress made in M&E since 2005:

The basic principles and the set of the National indicators developed with the UNAIDS support, which is a step toward creation of the unified National HIV and AIDS M&E System.

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

Yes

1.1 IF YES, specify:

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 and obligations 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.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

| | |
|-------------------------------|-----|
| Women: | Yes |
| Young people : | Yes |
| IDU: | No |
| MSM: | No |
| Sex Workers : | No |
| Prison inmates : | No |
| Migrants/mobile populations : | 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 monitor and control the implementation on day-to-day basis. The civil society and individuals have 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.

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

Yes

3.1 IF YES, for which sub-populations?

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

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

The existing Law on "Drugs and Psychotropic substances" regulating usage of psychotropic and narcological substances in medical purposes is an obstacle for introduction of the substitution therapy for IDUs.

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

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

No

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

PLHIV represented in the CCM which is the coordinating body for implementation of the National AIDS Programme. PLHIV and representatives of at-risk and vulnerable groups (IDUs, FSWs, MSM, mobile population, military and prisoners) were involved in the GFATM supported National Programme implementation as outreach workers and peer educators. Besides, the representatives of the target groups 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 particular group for realization of the BCC strategies.

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

| | |
|--|-----|
| HIV prevention services : | Yes |
| Anti-retroviral treatment : | Yes |
| HIV-related care and support interventions : | Yes |

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

Free of charge provision of the HIV 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. Besides, 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.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

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

Yes

9.1 Are there differences in approaches for different most-at-risk populations?

No

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

No

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

No

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

- 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: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

13. 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?

No

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

| | |
|--|-----|
| Legal aid systems for HIV and AIDS casework: | Yes |
| Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: | No |
| Programmes to educate, raise awareness among people living with HIV concerning their rights: | Yes |

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

| | |
|--|-----|
| Media : | Yes |
| School education : | Yes |
| Personalities regularly speaking out : | Yes |
| Other:: | Yes |

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

| | |
|-------|---|
| 2007: | 6 |
| 2005: | 5 |

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

The National Assembly initiated revision of the existing law on “Prevention of disease caused by Human Immunodeficiency Virus” aimed at improvement and putting in line with the international standards of human rights protection and fulfillment. The round table discussions and other public events initiated by the civil society involving all interested stakeholders, including parliamentarians, police representatives, as well as local NGOs were arranged to advocate improvement of the relevant legal field supporting introduction of the substitution therapy in Armenia. The amendments to the existing Law regulating using of psychotropic and narcological substances in medical purposes have been developed and submitted to the National Assembly for approval.

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

| | |
|-------|---|
| 2007: | 7 |
| 2005: | 6 |

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

The CCM ensured the accessibility of prevention, treatment, care and support services for all key groups, including those at-risk and PLHIV through the monitoring of the process of the National AIDS Programme realization. The Ministry of Health ensured the equal access of prevention and treatment services provision to different populations and PLHIV through day-to day control and monitoring on the National AIDS Center activities.

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

3

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

4

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

a. in both the National Strategic plans and national reports?: 4

b. in the national budget?: 0

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2006

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

3

List the types of organizations representing civil society in HIV and AIDS efforts:

NGOs - AIDS service organizations, PLHIV based organizations, human rights organizations, youth organizations, CBOs representing civil society sector in National HIV Response.

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?: 3

b. adequate technical support to implement its HIV activities?: 4

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007: 8

2005: 8

Comments on progress made in increasing civil society participation since 2005:

There was not a significant trend in efforts in enabling environment for increasing the level of civil society participation in HIV Response.

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

| | | |
|--|------------------------------------|--------------------------------|
| Blood safety: | The service is available in | all districts* in need |
| Universal precautions in health care settings: | The service is available in | all districts* in need |
| Prevention of mother-to-child transmission of HIV: | The service is available in | all districts* in need |
| IEC on risk reduction: | The service is available in | all districts* in need |
| IEC on stigma and discrimination reduction: | The service is available in | all districts* in need |
| Condom promotion: | The service is available in | all districts* in need |
| HIV testing & counselling: | The service is available in | all districts* in need |
| Harm reduction for injecting drug users: | The service is available in | most districts* in need |
| Risk reduction for men who have sex with men: | The service is available in | some districts* in need |
| Risk reduction for sex workers: | The service is available in | most districts* in need |
| Reproductive health services including STI prevention & treatment: | The service is available in | all districts* in need |
| School-based AIDS education for young people: | The service is available in | some districts* in need |
| Programmes for out-of-school young people: | The service is available in | some districts* in need |
| HIV prevention in the workplace: | The service is available in | N/A |
| Other programmes:: | The service is available in | some districts* in need |
| Other programmes:: | The service is available in | all districts* in need |
| Other programmes:: | The service is available in | N/A |

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

No

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

Taking into account that Armenia has rather compact territory and the actual number of people in need is not very high the approach is to provide HIV and AIDS treatment, care and support centralized at the national level at the National AIDS Center facilities. To scale-up provision of the care and support services the Service Delivery Mobile Team was established which includes two physicians and one social worker for providing care and support to HIV/AIDS patients in regions and capital Yerevan through regular site visits.

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

| | |
|-------|---|
| 2007: | 9 |
| 2005: | 8 |

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

Since 2005, when ARV treatment became available in the country all registered patients who are in need and gave their informed consent receive ART. It is succeeded to ensure the Universal Access towards HIV and AIDS treatment, care and support. At the time being 71 PLHIV are receiving ARV treatment.

The Service Delivery Mobile Team was established which includes two physicians and one social worker for providing care and support to HIV/AIDS patients in regions and Yerevan through site visits.

Four self-help groups have been established and functional, two - in the capital Yerevan, one in Gyumri and one – Vanadzor.

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

| | |
|-------------------------------|--------|
| Prevention for youth : | >75% |
| Prevention for IDU : | >75% |
| Prevention for MSM : | >75% |
| Prevention for sex workers : | >75% |
| Counselling and Testing : | <25% |
| Clinical services (OI/ART)* : | <25% |
| Home-based care : | 25-50% |
| Programmes for OVC** : | 51-75% |

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

| | |
|-------|---|
| 2007: | 5 |
| 2005: | 5 |

Comments on progress made since 2005:

Since 2005 the ARV treatment became accessible for children, including orphans and Especially Vulnerable Young People.

However, during the reporting years no significant changes and progress in efforts to meet the needs of orphans and other vulnerable children was taken place.