UNGASS COUNTRY PROGRESS REPORT
Republic of Armenia

Reporting period: January-December 2013

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I. Status at a glance

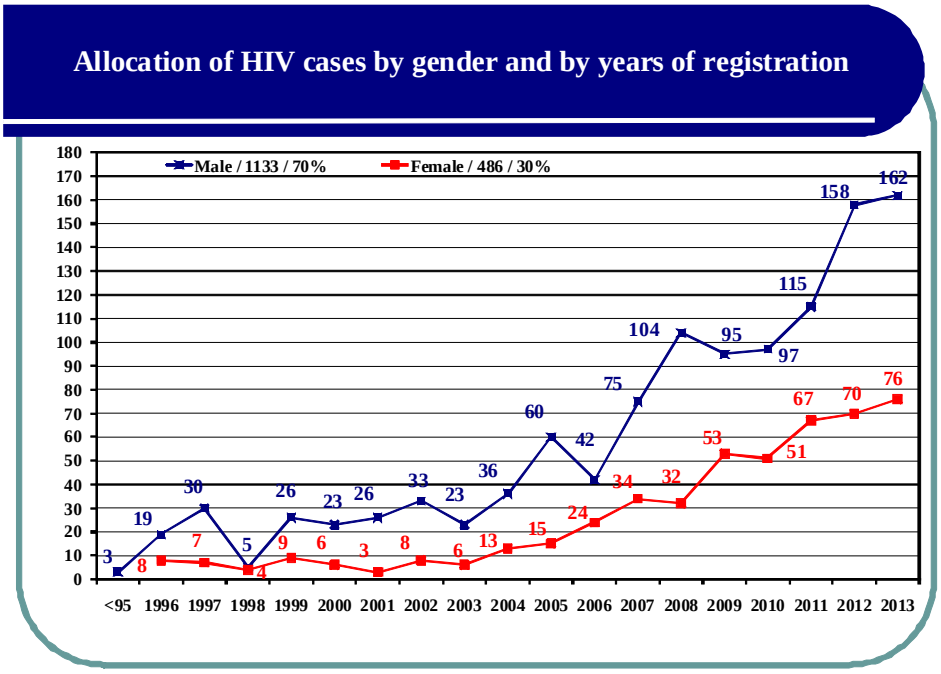
a) The inclusiveness of the stakeholders in the report writing process

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 27 March 2014. The Report was finalized at the Consensus Workshop.

b) The status of the epidemic

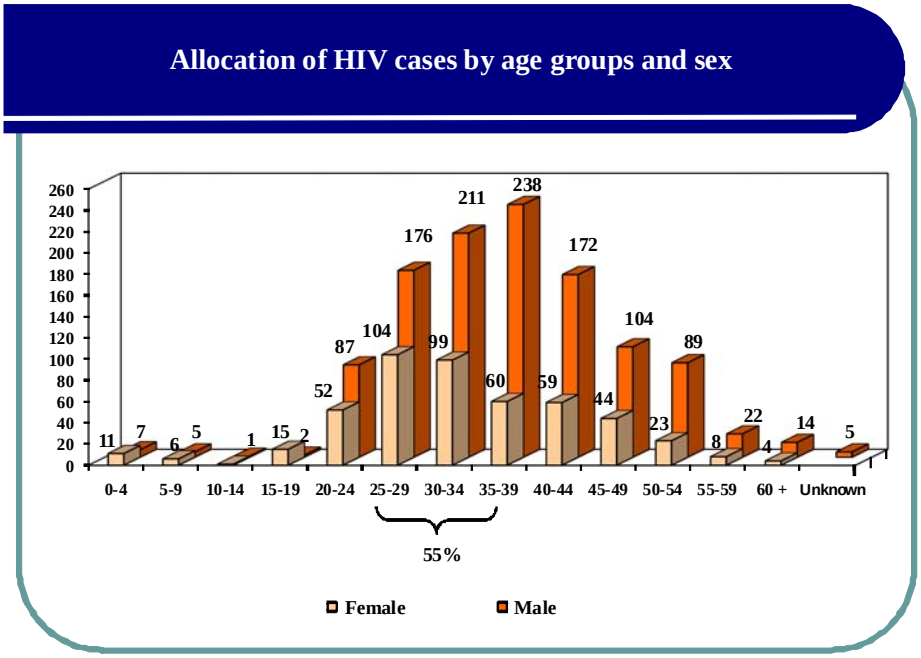
The problem of HIV/AIDS is important for Armenia. In Armenia registration of HIV cases started in 1988. From 1988 to 31 December 2013 1619 HIV cases had been registered in the country among the citizens of the Republic of Armenia with 238 new cases of HIV infection registered during 2013.

Males constitute a major part in the total number of HIV cases - 1133 cases (70%), females make up 486 cases (30%). 1619 reported cases include 31 cases of HIV infection among children (2%).



AIDS diagnosis was made to 834 patients with HIV, of whom 214 are women and 15 are children. 143 of all the AIDS cases have been registered during 2013. From the beginning of the epidemic 357 death cases have been registered among HIV/AIDS patients (including 62 women and 7 children).

55% of the HIV-infected individuals belong to the age group of 25-39 at the moment of the HIV diagnosis receipt.



In the history of the HIV epidemic in Armenia, the largest number of HIV cases (238) was registered in 2013. Also, 143 AIDS diagnoses were made in 2013 and 52 death cases were registered among the HIV/AIDS patients.

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.

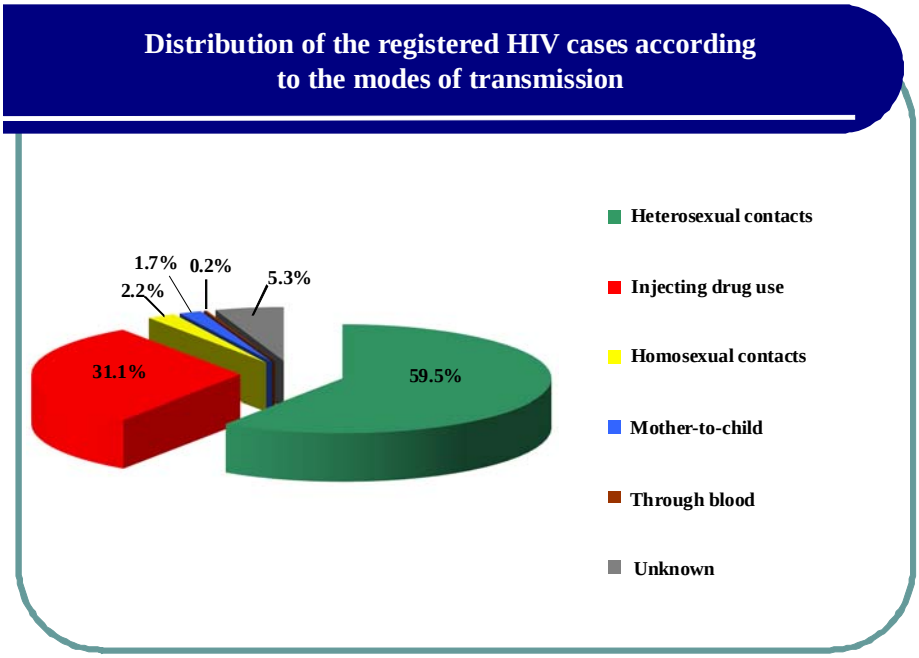
An increase in the number of registered AIDS cases is associated with scaling up laboratory capacities for diagnostics of AIDS and AIDS-indicator diseases. Improvement of AIDS diagnostics is also associated with the raising the level of HIV/AIDS-related knowledge among health care workers through their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

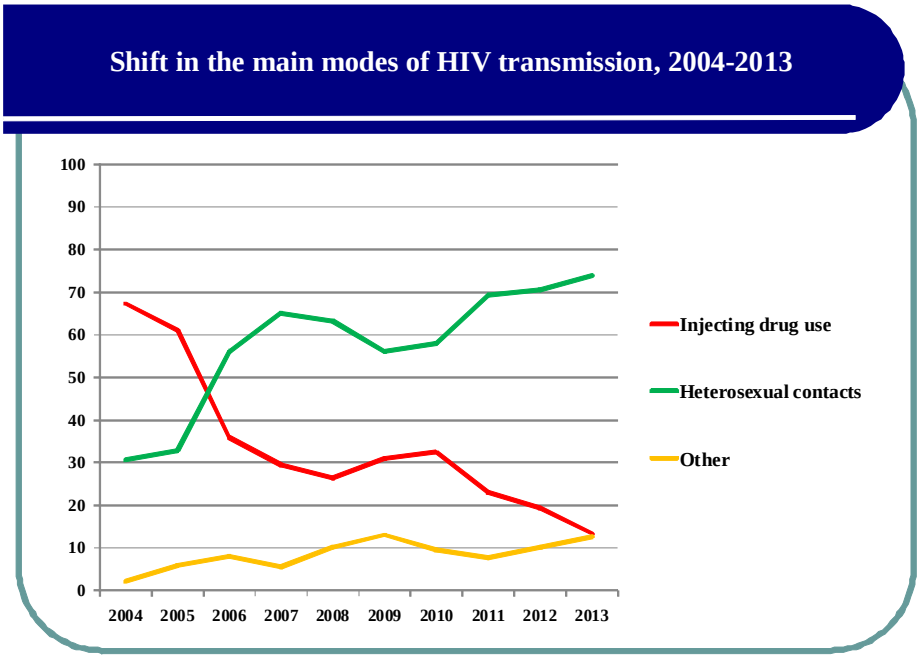
In the Republic of Armenia the main modes of HIV transmission are through heterosexual practices (59.5%) and injecting drug use (31.1%). In addition, there are also registered cases of HIV transmission through homosexual practices, as well as mother-to-child HIV transmission and through blood transfusions.

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

Transmission through heterosexual practices	59.5%
Transmission through injecting drug usage	31.1%
Transmission through homosexual practices	2.2%
Mother-to-child transmission	1.7%
Transmission through blood	0.2%
Unknown	5.3%



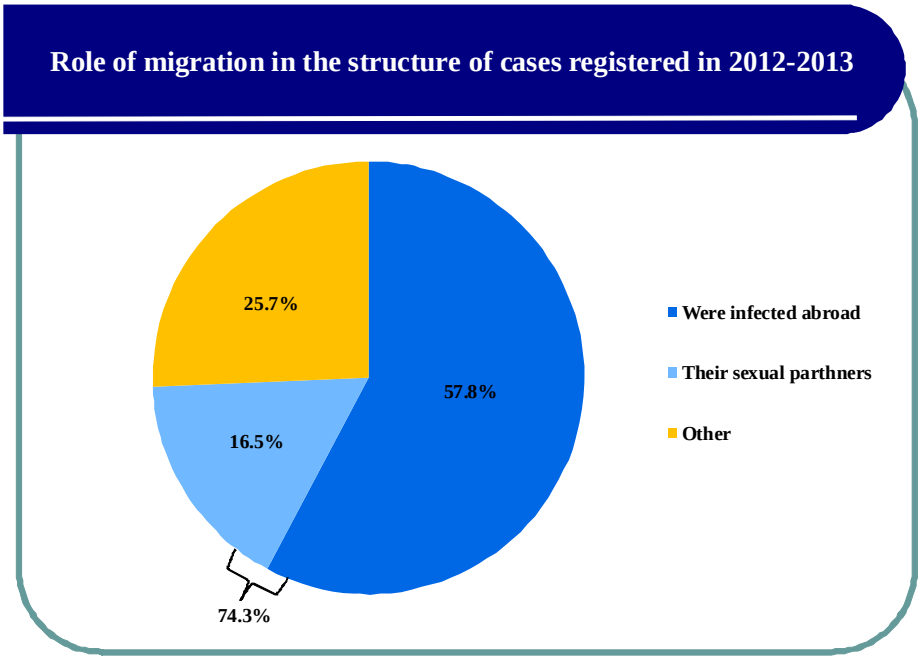
Almost all the individuals infected via injecting drug use were men and almost all the women (98%) were infected through sexual contacts. The analysis of the HIV cases registered in Armenia in 2004-2013 shows that in recent years the percentage ratio of main modes of HIV transmission has changed in the 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. In the period of 2004-2013 the proportion of HIV transmission through IDU decreased in 5 times, whereas heterosexual HIV transmission increased in 2.5 times. Therefore, heterosexual contact has become the primary mode of HIV transmission.



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, the capital: 596 cases, which constitute 37% of all the registered cases. Shirak Marz follows next - 180 cases, which constitute 11% of all the registered cases. The estimation of HIV registered cases per 100 000 population shows the highest rate in Shirak marz – 72, followed by Lori marz, Yerevan, Armavir marz with the rates of 66, 56 and 52 respectively.

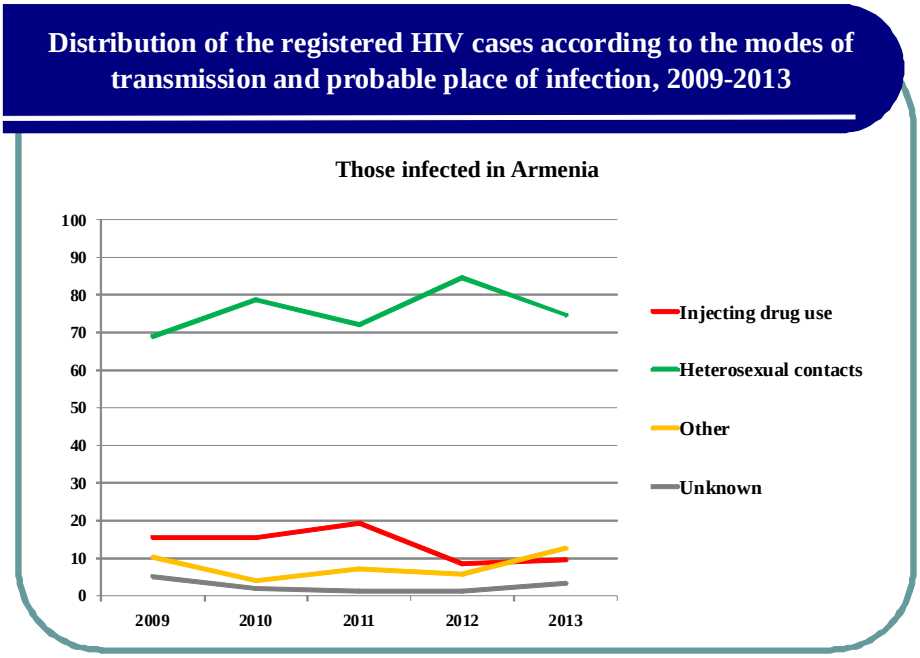
Labour migrants are the most vulnerable to HIV sub-population in Armenia. The recent statistics show that more than half of the HIV patients registered within the last 4 years had been probably infected outside Armenia. 57.8% of the cases registered in 2012-2013 were infected abroad with considerable domination of heterosexual mode of HIV transmission, 16.5% - their sexual partners. Thus, around 3/4 of cases registered in 2012-2013 are associated with migration.

Analysis of the HIV cases according probable place of infection reveales that more than a half the patients registered within the last 5 years were probably infected abroad, of whom more than 90% - in the Russian Federation.



The proportion of "classical" MARPs (PWID, SWs, MSM) in the total number of registered HIV cases has been decreasing year after year. Thus, their proportion has been decreased in 3.5 times within the last 10 years and made up 20% in 2013.

The trend of increasing heterosexual transmission and decreasing IDU transmission has been observed both among those infected outside Armenia (1 and a half times increase and more than 2 times decrease) and among those infected in the country (1.2 times increase and 1.7 times decrease).



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 2013-2016, 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 2013-2016 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 AIDS Programme on the Response to HIV Epidemic in the Republic of Armenia for 2013-2016 (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	Value	Year
1.1	Young people: Knowledge about HIV prevention	18.7%	2012
1.2	Sex before the age of 15	3.2%	2012
1.3	Multiple sexual partnerships	15.2%	2010
1.4	Condom use at last sex among people with multiple sexual partnerships	72.3%	2010
1.5	HIV testing in the general population	1.6%	2010
1.6	HIV prevalence in young people	0.01%	2013
1.7	Sex workers: prevention programmes	49.2%	2012
1.8	Sex workers: condom use	90%	2012
1.9	HIV testing in sex workers	35.8%	2012
1.10	HIV prevalence in sex workers	1.3%	2012
1.11	Men who have sex with men: prevention programmes	52%	2012
1.12	Men who have sex with men: condom use	71.6%	2012
1.13	HIV testing in men who have sex with men	36.5%	2012
1.14	HIV prevalence in men who have sex with men	2.6%	2012
1.16	Number of women and men aged 15 and older who received HIV testing and counselling in the last 12 months and know their results	75621	2013
1.17.1	Percentage of women accessing antenatal care (ANC) services who were tested for syphilis	93.3%	2012
1.17.2	Percentage of antenatal care attendees who were positive for	0.012%	2012

	syphilis		
1.17.3	Percentage of antenatal care attendees positive for syphilis who received treatment	N/A	
1.17.4	Percentage of sex workers (SWs) with active syphilis	4.3%	2012
1.17.5	Percentage of men who have sex with men with active syphilis	1.9%	2012
1.17.6	Number of adults reported with syphilis (primary/secondary and latent/unknown) in the past 12 months	72	2012
1.17.7	Number of reported congenital syphilis cases (live births and still birth)	0	2012
1.17.8	Number of men reported with gonorrhoea in the past 12 months	443	2012
1.17.9	Number of men reported with urethral discharge in the past 12 months	N/A	
1.17.10	Number of adults reported with genital ulcer disease in the past 12 months	N/A	
2.1	People who inject drugs: prevention programmes	43.6	2013
2.2	People who inject drugs: condom use	33.1%	2012
2.3	People who inject drugs: safe injecting practices	85.3%	2012
2.4	HIV testing in people who inject drugs	21.9%	2012
2.5	HIV prevalence in people who inject drugs	6.3%	2012
2.6	Number of people on opioid substitution therapy (OST)	301	2013
2.7	Number of OST and OSP sites: - Number of needle and syringe programme (NSP) sites	12	2013
2.7	Number of OST and OSP sites: - Number of opioid substitution therapy (OSP) sites	4	2013
3.1	Prevention of mother-to-child transmission	100%	2013
3.1a	Prevention of mother-to-child transmission during breastfeeding	0%	2013
3.2	Early infant diagnosis	52.6%	2013
3.3	Mother-to-child transmission of HIV (modelled)	0%	2013
3.4.	Percentage of pregnant women who know their HIV status (tested for HIV and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status)	99.6%	2013
3.5	Percentage of pregnant women attending antenatal care (ANC) whose male partner was tested for HIV in the last 12 months	N/A	
3.6	Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	100%	2013
3.7	Percentage of infants born to HIV-infected women provided with antiretroviral (ARV) prophylaxis to reduce the risk of early mother-to-child transmission in the first 6 weeks (i.e. early postpartum transmission around 6 weeks of age)	100%	2013
3.9	Percentage of infants born to HIV-infected women started	42.1%	2013

	on co-trimoxazole (CTX) prophylaxis within two months of birth		
3.10	Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women at DPT3 visit	20	2013
3.11	Number of pregnant women attending ANC at least once during the reporting period	47000	2012
3.11.1	Percentage of HIV-positive pregnant women who had their pregnancy terminated (EURO8)	12%	2013
3.11.2	Percentage of HIV-positive pregnant women who delivered during the reporting year (EURO9)	60%	2013
3.13.1	Percentage of HIV-positive pregnant women who were injecting drug users (PWID) (EURO11)	0	2013
3.13.2	Percentage of HIV-positive pregnant PWID women who received OST during pregnancy (EURO12)	0	2013
3.13.3	Percentage of HIV-positive pregnant PWID women who received ARVs to reduce the risk of mother-to-child transmission during pregnancy (EURO13)	N/A	
4.1	HIV treatment: antiretroviral therapy	15.6%	2013
4.1	– additional: HIV treatment: Antiretroviral therapy Number of eligible adults and children who newly initiated antiretroviral therapy (ART) during the reporting period (2013)	172	2013
4.2	Percentage of adults and children with HIV still alive and known to be on antiretroviral therapy (a) 12 months after initiating treatment among patients initiating antiretroviral therapy during 2013 (b) 24 months after initiating treatment among patients initiating antiretroviral therapy during 2013 (c) 60 months after initiating treatment among patients initiating antiretroviral therapy during 2013	84.4%, 79.2%, 74.2%	2013
4.2.1	Percentage of injecting drug users with HIV still alive and known to be on treatment a) 12 months, b) 24 months and c) 60 months after initiation of antiretroviral therapy (EUR4)	a)89.1% b)65.9% c)72.7%	2013
4.3.a	Number of health facilities that offer antiretroviral therapy (ART)	1	2013
4.3.b	Health facilities Number of health facilities that offer paediatric antiretroviral therapy (ART) (part of UA 2012 indicator 3.12)	1	2013
4.4	Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months	0	2013
4.6.a	Total number of people enrolled in HIV care at the end of the reporting period	1041	2013

4.6.b	Number of adults and children newly enrolled in HIV care during the reporting period (2013)	233	2013
4.7.a	Percentage of people on ART tested for viral load (VL) who have an undetectable viral load in reporting period (2013)	86.8%	2013
4.7.b	Percentage of people on ART tested for viral load (VL) with VL level below ≤ 1,000 copies after 12 months of therapy (2013)	44.4%	2013
5.1	Co-management of tuberculosis and HIV treatment	100%	2013
5.2	Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease (new)	19.6%	2013
5.3	Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT)	0%	2013
5.4	Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	22.4%	2013
6.1	AIDS spending	2,050,451,148 AMD	2013

II. Overview of the AIDS epidemic

In 2013 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 3500 people living with HIV in Armenia, and HIV prevalence among people aged 15-49 is 0.2%.

Behavioural and biological HIV surveillance was conducted in Armenia in 2012-2013. 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, 2012-2013, HIV prevalence among PWID is 6.7% (among PWID in Yerevan city – 6.3%, in Vanadzor city – 4.2%, in Gyumri city - 2.3%); HIV prevalence among SWs is 1.6% (among SWs in Yerevan city - 1.3%); HIV prevalence among MSM is 2.9% (among MSM in Yerevan city - 2.6%, in Vanadzor city – 1.2%, in Gyumri city - 2.1%). 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 2013-2016. 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 donors.

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 2013 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 2013 amounted to AMD 2,050,451,148. The sum of allocations from the State Budget made up 21.4% of the total AIDS spending in 2013.

Table AIDS spending in the Republic of Armenia in 2013 by financial sources (AMD)

	2013	
	Absolute number	**%**
State Budget	**439,454,728**	**21.4%**
GFATM	**1,172,066,564**	**57.2%**
UN agencies	**9,395,955**	**0.5%**
International	**427,265,901**	**20.8%**
Russian Government	*301,509,206*	*70.6%*
Private sector	**2,268,000**	**0.1%**
Total	**2,050,451,148**	**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 and prisoners 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 2013 ART was being provided to all the patients with HIV eligible for treatment, who gave their consent for the treatment receiving (totally 579 patients, of whom 15 are children).

The 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, laboratory diagnostics infrastructures, which would allow providing relevant services to meet the growing needs for treatment and diagnostics.

IV. Best practice

1. 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.
2. 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.
3. 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.
4. 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.

5. Taking into account the fact that 80% of the HIV cases registered in 2012 were associated with migration factor, the Study on "Labor Migration and STI/HIV Risks in Armenia: Assessing Prevention Needs and Designing Effective Interventions" was conducted in 2013 by CRRC-Armenia Team with the Global Fund support. Considering the study results HIV prevention programme was developed targeted to migrants and their sexual partners. Implementation of this programme is supported by the Russian Government. Two types of services - outreach services and mobile medical services for the migrants and their sexual partners are being provided under this programme in 60 communities in 6 country regions. OWs identify the households with the migrants and perform education work. The health services package is provided comprising counseling on the issues of HIV, reproductive health and family planning, testing for HIV, Hepatitis B, C. In addition, beneficiaries, if necessary, are provided with referrals to the National AIDS Center for undergoing testing for STIs.

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. scaling up the ART and diagnostics infrastructures;
5. completing relevant staff in consistency with the services expansion.

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 donors' financial sources, mainly GFATM and the Russian Government, and others.
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 X% of the country response to 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 carries out activities on monitoring and evaluation of the national HIV response.