

Armenia Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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

Postal address: 2 Acharyan St., 0040 Yerevan, Republic of Armenia

Telephone: (+37410) 61-07-30

Fax: (+37410) 61-57-46

E-mail: armaids@armaids.am

Describe the process used for NCPI data gathering and validation: The Armenia UNGASS Country Progress Report was developed under the overall guidance of the Country Coordination Commission on HIV/AIDS, TB and malaria issues (CCM) in the Republic of Armenia. The draft Report was developed with the participation of interested governmental, non-governmental and international organizations, based on the results of the interviews with key informants, and analysis of the existing information. The draft Report was disseminated among all the interested stakeholders for their comments and recommendations, which were presented at the National Workshop, held on 27 March 2014. The Report was finalized at the National Workshop.

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

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

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

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Hasmik Harutyunyan / MOH GF PCT manager	A1,A2,A3,A4,A5,A6
National AIDS Center	Samvel Grigoryan / Director of the National AIDS Center	A1,A2,A3,A4,A5,A6
Ministry of Justice	Ara Hovhannisyan / Chief Specialist of Medical Provision Unit of Criminal- Executive Department	A1,A2,A4
Ministry of Education and Science	Anahit Muradyan / Leading Specialist of the Secondary Education Department	A1,A2,A3,A4

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

Organization	Names/Positions	Respondents to Part B
UNAIDS	Lena Nanushyan / Coordinator	B1,B2,B3,B4,B5
Mission East	Yelena Amirkhanyan / PRIU	B1,B2,B3,B4,B5
UMCOR	Viktoria Avakova / Health & Anti-Trafficking Projects Coordinator	B1,B2,B3,B4,B5
PPAN	Anahit Harutyunyan / President of NGO	B1,B2,B3,B4,B5
WVA	Anush Sahakyan / Project Coordinator	B1,B2,B3,B4,B5

A.I Strategic plan

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

IF YES, what is the period covered: 2013-2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The Strategic Plan to respond to the HIV, 2013-2016 envisages ensuring continuity of the treatment, care and prevention activities, expanding their geographical coverage, and enlarging target populations. That is primarily aimed to reduce the transmission of HIV, as well as to reduce the morbidity and mortality caused by HIV and AIDS.

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

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministry of Health

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: No

Earmarked Budget: No

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: No

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Ministry of Justice, Ministry of Territorial Administration

Included in Strategy: Yes

Earmarked Budget: Yes

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

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

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Refugees

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: No

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

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

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

e) A monitoring and evaluation framework?: Yes

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

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: All activities implemented within the framework of the National Programme on the Response to the HIV epidemic in Armenia are being coordinated by the Country Coordination Mechanism for HIV/AIDS, TB and malaria Programs (CCM) in the Republic of Armenia established in 2002 and reformed in 2011. The CCM is a multi-sectoral commission including representation of the government, academic sector, local and international NGOs, faith-based organizations, UN agencies and bilateral development partners, private sector, and also people living with the diseases. 29 members of the current CCM include 11 representatives of governmental sector, 4 representatives of UN agencies and bilateral development partners, 13 civil society representatives, including 6 of local NGOs (two of which represent people living with the diseases), 5 of international NGOs, 1 representative of academic sector, 1 representative of faith-based organizations, and 1 representative of private sector. Thus, among 29 CCM members about a half (44.8%) represent civil society. The CCM vice-chair is a representative of the Armenian Red Cross Society, representing non-governmental sector. The National Strategic plan on the Response to HIV Epidemic in the Republic of Armenia for 2013-2016 (which is the multi-sectoral strategy/action framework) has been developed with the participation of the interested national stakeholders. The civil society representatives have taken an active role in the proposals and activities development process, making comments and recommendations to strengthen the response, especially in parts referring to activities targeted at the key populations at higher risk and PLHIV.

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

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

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

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

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: N/A

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: No

Sector-wide approach: Yes

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): Yes

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

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

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

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

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: The National program on Human resource development in health field was adopted by the Government of RA, which included the objectives and activities directed on HR planning, training, development, and other issues. This National Program indirectly will affect also on HR working in HIV related fields. Besides that the National Health Policy draft is developed and is circulated by the Ministry of Health, which is for 2014-2020 period and intended to strengthen the health system by developing the plan and timeline for the priority activities in health field. The draft includes HIV related sector which states the current problem of HIV in the country, including the

migrants problems and as a priority states the continuation on National Program with emphasis of existing problems.

5. Are health facilities providing HIV services integrated with other health services?

- a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many
- b) HIV Counselling & Testing and Tuberculosis:** Many
- c) HIV Counselling & Testing and general outpatient care:** Few
- d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Few
- e) ART and Tuberculosis:** Many
- f) ART and general outpatient care:** Many
- g) ART and chronic Non-Communicable Diseases:** Few
- h) PMTCT with Antenatal Care/Maternal & Child Health:** Many
- i) Other comments on HIV integration:** :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 10

Since 2011, what have been key achievements in this area: In 2011 the HIV Situation and Response Analyses were conducted within the framework of the Strategic Planning Process. Based on the National Strategic Plan the National AIDS Programme for 2013-2016 was developed and approved by Government.

What challenges remain in this area::

A.II Political support and leadership

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

A. Government ministers: Yes

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

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: 1. During reporting period Minister of Health and Head of Parliamentary committee on Health issues have discussed with the Ministry of Finance to increase the state budget financing for HIV prevention and treatment. 2. Taking into the account the importance of HIV programs in the country, the Minister of Health and afterwards the Deputy Minister have visited National AIDS Center and discussed with the management staff the important issues existing in the field. 3. The Ministry of Health officially has presented the amendment draft of the Criminal Code to the Government for the discussion. The draft amendment is directed to the decriminalization of HIV transmission, since the criminalization of HIV transmission contradicts to the international principles and decreases accessibility of antiretroviral therapy. The draft amendments are submitted to the Government and Parliament and placed to official circulation by the Ministry of Health of RA. 4. The Ministry of Health officially has presented a draft amendments to the Law on Preventing the Disease Caused by the Human Immunodeficiency Virus to ensure medical confidentiality. The draft amendments have been already submitted to the Government by MoH RA. 5. The deputy Minister had an opening speech in the Opening ceremony of the Training resource

center at the National AIDS Center and prioritized the need for action in HIV field.

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

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

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

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: D.Dumanyan, the Minister of Health of the Republic of Armenia

Have a defined membership?: Yes

IF YES, how many members?: 29 members

Include civil society representatives?: Yes

IF YES, how many?: 13 representatives

Include people living with HIV?: Yes

IF YES, how many?: 1 PLHIV

Include the private sector?: Yes

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

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

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

What challenges remain in this area::

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 45

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

Capacity-building: No

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

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

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

IF YES, name and describe how the policies / laws were amended: 1. The Ministry of Health officially has presented the amendment draft of the Criminal Code to the Government for the discussion. The draft amendment is directed to the decriminalization of HIV transmission, since the criminalization of HIV transmission contradicts to the international principles and decreases accessibility of antiretroviral therapy. The draft amendments are submitted to the Government and Parliament and placed to official circulation by the Ministry of Health of RA. 2. The Ministry of Health officially has presented draft amendments to the Law on Preventing the Disease Caused by the Human Immunodeficiency Virus to ensure medical confidentiality. The draft amendments have been already submitted to the Government by MoH RA. 3. The National Health Policy draft circulated by the Ministry of Health based on suggestions presented by the National AIDS Center includes HIV priority areas (with focus on migrants).

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: Described above amendments are draft and should be adopted by the Government and Parliament of RA.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: Increasing state allocations for ensuring the programmes sustainability

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: According to Article 14.1 of the Constitution of the Republic of Armenia: "Everyone shall be equal before the law. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal and social circumstances shall be prohibited." The Republic of Armenia has ratified a number of international conventions, including Conventions on the Elimination of All Forms of Discrimination against Women, on the Elimination of All Forms of Racial Discrimination, which are the integral part of the Armenian legislation. Article 4 of the Law of the Republic of Armenia "On Medical Care and Services to the Population" defines that everyone has a right to receive medical care and services in the Republic of Armenia irrespective of his/her nationality, race, sex, language, religion or belief, age, health status, political or any other opinion, social origin, property or other circumstances. The law of the Republic of Armenia "On equal rights of women and men" was approved in 2013.

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

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

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

IF YES, for which key populations and vulnerable groups?:

People living with HIV: Yes

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: As showed the analysis of legislation of RA, criminal law is being applied to those who transmit or expose others to HIV infection. There are no data indicating that the broad application of criminal law to HIV transmission will achieve either criminal justice or prevent HIV transmission. Rather, such application risks undermining public health and human rights. Because of these concerns, there was a need to limit criminalization to cases of intentional transmission i.e. where a person knows his or her HIV positive status, acts with the intention to transmit HIV, and does in fact transmit it. The Ministry of Health officially has presented the amendment draft of the Criminal Code to the Government for the discussion. The draft amendment is directed to the decriminalization of HIV transmission. The draft amendments are submitted to the Government and Parliament and placed to official circulation by the Ministry of Health of RA. Besides that the Governmental decree which states the diseases which are financed by the state budget excludes HIV/AIDS treatment from the list of diseases. The next obstacle is that the medical confidentiality issues are not regulated properly by the laws and policies.

Briefly comment on how they pose barriers::

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: No

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: No

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: No

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]: Abstain from injecting drugs, Avoid commercial sex, Be faithful, Be sexually abstinent

: Yes

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

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

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: Yes

Teacher training?: No

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

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

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

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers:

Prison inmates: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]: Labour migrants, young people

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 9

Since 2011, what have been key achievements in this area: HIV programme coverage and HIV prevention targeted interventions have been expanded in all the target populations. HIV counselling and testing system, which is integrated mainly into the healthcare system, has been expanded and strengthened. Behavioural change communication strategies have been implemented among the target populations. Currently, HIV prevention programmes implemented among the key populations at higher risk are being scaled up with the GFATM support. The amount of beneficiaries involved is being increased.

What challenges remain in this area: Lack of continuous training of specialists for providing “Healthy Life Style” training course. Shortage of HIV prevention programs conducted among the general population.

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

IF YES, how were these specific needs determined?: The needs were determined based the Situational and Response Analyses conducted within the framework of the HIV/AIDS National Strategic Planning.

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: Strongly agree

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

HIV prevention in the workplace: N/A

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: N/A

School-based HIV education for young people: Strongly agree

Treatment as prevention: Disagree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 8

A.V Treatment, care and support

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

If YES, Briefly identify the elements and what has been prioritized: ARV treatment and treatment monitoring, diagnostics, prevention, and treatment of opportunistic diseases, the patients follow-up, provision of psychological and social support, provision of home-based care.

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

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: N/A

Family based care and support: N/A

HIV care and support in the workplace (including alternative working arrangements): N/A

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: No

Please clarify which social and economic support is provided:

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

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

IF YES, for which commodities?: Condoms, methadone

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area:: ARV treatment is accessible for all the HIV patients having indications who gave their informed consent to receive the treatment. Medical Mobile Team is operating to provide care and support to HIV patients in Yerevan city, the capital and marzes.

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

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

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

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

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 5

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation::

1.1. IF YES, years covered: 2013-2016

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are::

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

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

Guidelines on tools for data collection: Yes

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 2,5

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

Briefly describe any obstacles::

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

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Head of M&E Unit	Temps plein	2010
M&E specialist	Temps plein	2010
M&E specialist	Temps plein	2010
M&E specialist	Temps plein	2010
IT specialist	Temps plein	2010
Technical worker	Temps plein	2010

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

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

Briefly describe the data-sharing mechanisms:: The data-sharing mechanisms are consolidated in the M&E Plan, which is a component of the National AIDS Programme approved by the RA Government.

What are the major challenges in this area::

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

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

IF YES, briefly describe the national database and who manages it.: The national system of data collection is functioning in the country. The data are collected by the National Center for AIDS Prevention of the Ministry of Health of the

Republic of Armenia. The information about the work of all HIV testing laboratories countrywide is collected. The received reports on the performed HIV tests results include the information about the contingent of those tested (including pregnant women, infants born to HIV-infected women, PWID, MSM, donors, etc.). The submitted information is aggregated by sex, age, place of residence (capital, other cities and rural areas), number of those tested and number of tests performed. The new HIV/AIDS cases registered are analyzed according to sex, age, mode of HIV transmission, place of residence, probable place of HIV acquiring, etc.

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

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

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

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

IF YES, for which population groups?: PWID, SWs, MSM, Migrants, Prisoners

Briefly explain how this information is used:: These data are used for planning purposes

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Country region (marzes)

Briefly explain how this information is used:: These data are used for planning purposes

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any: M&E data were used in the process of the National Strategic Planning Process.

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: Functioning of the national M&E unit.

What challenges remain in this area::

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples::

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 4

Comments and examples:: The civil society representatives were involved in the development and approval of the National Programme on the Response to the HIV Epidemic in 2013-2016.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 3

c. The national HIV reports?: 4

Comments and examples::

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

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

c. Participate in using data for decision-making?: 3

Comments and examples::

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples:: The organizations, dealing with provision of services to PLHIV, implement care and support projects and provide HIV prevention to the mobile populations. There are organizations dealing with most at risk population and other groups. Organizations representing MARPs and women, as well as faith-based organization are represented in CCM

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

a. Adequate financial support to implement its HIV activities?: 4

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

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

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

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: >75%

People who inject drugs: 51-75%

Sex workers: >75%

Transgender people: >75%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): <25%

Home-based care: 51-75%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 8

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?: No

IF YES, describe some examples of when and how this has happened:: Among the main challenges there are ensuring sustainability and continuity of the implemented activities, preventive programmes among MARPs implemented by NGO sector.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

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

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: According to Article 14.1 of the Constitution of the Republic of Armenia: "Everyone shall be equal before the law. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or other personal and social circumstances shall be prohibited." The Republic of Armenia has ratified a number of international conventions, including Conventions on the Elimination of All Forms of Discrimination against Women, on the Elimination of All Forms of Racial Discrimination, which are the integral part of the Armenian legislation. Article 4 of the Law of the Republic of Armenia "On Medical Care and Services to the Population" defines that everyone has a right to receive medical care and services in the Republic of Armenia irrespective of his/her nationality, race, sex, language, religion or belief, age, health status, political or any other opinion, social origin, property or other circumstances. The law of the Republic of Armenia "On equal rights of women and men" was approved in 2013.

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

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

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

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

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

Briefly comment on how they pose barriers:: This Law envisages two different kinds of punishment for the same deed (use of narcotic drugs), therefore different approaches can be applied to a person.

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

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

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: One of the strategies of developing multisectoral response to HIV, envisaged by the National AIDS Programme is to review the existing HIV/AIDS-related law, bringing it into consistency with the relevant international guidelines for effective response to the AIDS epidemic in the country.

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

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

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

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

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

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

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

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Equal access to HIV prevention, treatment, care and support in the country is ensured by the decree N 232 of 7 March 2007 of the Government of the Republic of Armenia, in accordance to which the National AIDS Programme envisages universal access to HIV prevention, treatment, care and support.

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

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

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

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

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

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

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

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

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

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

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

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: No

Other [write in]: Peer education among youth, Advocacy campaigns

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 8

Since 2011, what have been key achievements in this area::

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

B.IV Prevention

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

IF YES, how were these specific needs determined?: The needs of HIV preventive projects were assessed during 2011-2012 national strategic planning process.

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: N/A

HIV prevention in the workplace: N/A

HIV testing and counseling: Disagree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

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

Risk reduction for intimate partners of key populations: N/A

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: Among the key achievements there are provision of methadone treatment, introduction of the "Healthy Life Style" training course in the curricula of secondary and senior schools, which is taught for 8-9 and 10-11 grades. The training course includes separate chapters related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits. There is no case of HIV transmission through donated blood from 2001 until now. No case of HIV has been registered among children born to women provided with PMTCT.

What challenges remain in this area:: Estimated size of key populations changed, and there are no resources for scaling up. There is no monitoring system of "Healthy Life Style" training course at schools.

B.V Treatment, care and support

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

IF YES, Briefly identify the elements and what has been prioritized:: ARV treatment and treatment monitoring, diagnostics, prevention, and treatment of opportunistic diseases, the patients follow-up, provision of psychological and social support, provision of home-based care.

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

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): N/A

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Agree

Paediatric AIDS treatment: Strongly agree

Post-delivery ART provision to women: Strongly agree

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

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

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

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Strongly disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area:: ARV treatment is accessible for all the HIV patients having indications who gave his/her informed consent to receive the treatment. Medical Mobile Team is operating to provide care and support to HIV patients in Yerevan city, the capital and Marzes.

What challenges remain in this area:: Among the main challenges there are ensuring sustainability and continuity of the implemented activities, uninterrupted supply with drugs, test-kits, consumables, ensuring necessity of the activities expanding, necessity of OIs diagnostics improvement, and the implied problems.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: No

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: No

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area::