

ARMENIA

COUNTRY UNGASS REPORT

Reporting period: January 2003 - December 2005

COUNTRY REPORTING FORMAT

Reporting period: January 2003 - December 2005

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I. Status at a glance

From 1988 to November 30, 2005, 375 HIV carriers were registered in the Republic of Armenia, 356 of them are citizens of the Republic of Armenia. In January-November 2005 71 new cases of HIV infection were registered, whereof 68 - among the citizens of the Republic of Armenia. Men constitute a major part in the total number of HIV carriers - 279 cases (78.4%), women make up 77 cases (21.6%). 356 reported cases include 6 cases of HIV infection among children (1.7%).

The majority of the HIV carriers (76.1%) belong to the age group of 20-39.

In the Republic of Armenia the main modes of HIV transmission are through injecting drug use (54.5%) and heterosexual practices (37.6%).

One hundred and one HIV-infected individuals have been diagnosed with AIDS, whereof 18 are women and 4 are children. Of those registered AIDS cases thirty-seven were revealed in January-November 2005. From the beginning of the epidemic 76 death cases have been registered among HIV/AIDS patients (the cases include 12 women and 2 children).

HIV/AIDS situation assessment has shown that the estimated number of people living with HIV/AIDS in the Republic is about 2800-3000.

The Strategic Planning Process for a National Response to HIV/AIDS started in the Republic of Armenia (RA) in 2000, when Situational Analysis on HIV/AIDS, Rapid Assessment of the situation on spread of injecting drug use and HIV infection, Sentinel Epidemiological Surveillance among groups of people at high-risk of HIV infection: injecting drug users, female sex workers, groups at high-risk of HIV infection in Penitentiary Institutions (homosexuals, injecting drug users, individuals with STIs and individuals with clinical symptoms) and Response Analysis were conducted. Based on the HIV/AIDS Situational Analysis and Response Analysis the National Strategic Plan for a National Response to HIV/AIDS epidemic in the Republic of Armenia was developed and approved by the College of the Ministry of Health of the Republic of Armenia on 06.12.2000 (Minutes N 12/4) and by the RA Minister of Health (Decree N 14 of 12.01.2001). The National Strategic Plan served as a basis for the development (in collaboration with interested governmental agencies) of the National Programme on HIV/AIDS approved by the Government on 1 April 2002 and ratified by the President of the Republic of Armenia.

The Programme aims to reduce the spread of HIV infection in the Republic of Armenia.

National Core Indicators

1. Percentage of (most-at risk populations) who received HIV testing in the last 12 months and who know the results

Percentage of Sex Workers who received HIV testing in the last 12 months and who know the results	33.2%
Percentage of MSM (men who have sex with men) who received HIV testing in the last 12 months and who know the results	42%
Percentage of IDU (IV Drug users) who received HIV testing in the last 12 months and who know the results	21.07%

2. Percentage of (most-at risk populations) reached by HIV-prevention programmes

Percentage of Sex Workers reached with HIV-prevention programmes	28.9%
Percentage of MSM (men who have sex with men) reached with HIV-prevention programmes	0.66%
Percentage of IDU (IV Drug users) reached with HIV-prevention programmes	25.1%

3. Percentage of (most-at risk populations) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

Percentage of Sex Workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	49.2%
Percentage of MSM (men who have sex with men) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	54%
Percentage of IDU (IV Drug users) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	60%

4. Percentage of female sex workers reporting the use of a condom with their most recent client - 89.2%

5. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner - 30.43%

6. Percentage of IDUs who have adopted behaviors that reduce transmission of HIV, i.e. who both avoid sharing injecting equipment and use condoms - 44.26%

7. Percentage of (most-at risk populations) who are HIV-infected

Percentage of IDU (IV Drug users) who are HIV-infected	9.28%
Percentage of Sex Workers who are HIV-infected	0.4%
Percentage of MSM (men who have sex with men) who are HIV-infected	0%

II. Overview of the AIDS epidemic

According to the data of Behavioral and Biological HIV Surveillance conducted in October - November 2005, HIV prevalence among IDUs is 9.3% (8.4%-10.2% in the 90% of calculated confidence interval); among FSWs is less than 2% (in the 90% of calculated confidence interval); HIV prevalence among MSM is 0% (less than 4.5% in the 90% of calculated confidence interval)*.

* - National Center for AIDS Prevention, December, 2005.

III. National Response to the AIDS epidemic

During the period of January, 2003-December, 2005 the following changes taken place, including:

Prevention

Within the frames of the GFTAM supported National Programme on HIV/AIDS Prevention the HIV/AIDS prevention projects among Injecting Drug Users (IDUs), Men who have Sex with Men (MSM), and Female Sex Workers (FSWs) are being implemented from 2004. As well as the Programme on Prevention of Mother to Child Transmission is being implementing since the same time. Besides, the HIV prevention projects are being implemented among other most at risk groups of population, including mobile population, prisoners, military and youth.

The school based AIDS education for youth was expanded, and currently the "Life Skills Based Education" is being provided in 1-7 grades at 384 schools as well as the pilot HIV Life Skills Based Education ("Healthy Life Style") is thought in 8-9 grades at 30 secondary schools.

The VCT network was expanded from 3 VCT sites existed in 2003 to 138 VCT sites by the November, 2005.

The Behavior Change Communication strategy was developed in October, 2005.

Care/Treatment and Support

Since end of 2004 the treatment of opportunistic infections, home-based care, palliative care and treatment of common HIV-related infections, cotrimoxazole prophylaxis and post exposure prophylaxis are being provided to PLHIV. From February, 2005 till December, 2005 the ARV treatment is being provided to 27 PLHIV.

Knowledge and Behavior Change

1. Percentage of Sex Workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

By age

Age <25	Age 25+
48.9%	49.3%

By location of residence

Urban	Rural
48.5%	66.7%

2. Percentage of MSM (men who have sex with men) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

By age

Age <25	Age 25+
54.8%	52.6%

By location of residence

Urban	Rural
54.2%	50%

3. Percentage of IDU (IV Drug users) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

By age

Age <25	Age 25+
46.7%	66.1%

By location of residence

Urban	Rural
60%	50%

4. Percentage of female sex workers reporting the use of a condom with their most recent client

By age

Age <25	Age 25+
92.8%	86.9%

5. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner

Age <25	Age 25+
40%	12.5%

6. Percentage of IDUs who have adopted behaviors that reduce transmission of HIV, i.e. who both avoid sharing injecting equipment and use condoms

Males			Females			Both sexes		
< 25	25+	All Ages	< 25	25+	All Ages	< 25	25+	All Ages
46.42%	30.61%	38.52%	66.66%	33.33%	50%	56.54%	31.97%	44.26%

IV. Major Challenges faced and actions needed to achieve the goals/targets

The main challenge is to ensure the sustainability of the financial support to the National Programme on HIV/AIDS implementation. The Global Fund's support greatly contributes the achieving of the UNGASS targets. At the same time the achievement of the agreed targets wouldn't be able without GFATM financial support.

V. Support required from country's development partners

The development partners are required supporting the establishment of the one National Monitoring and Evaluation System, which is in the initial process of creation, to ensure the UNAIDS "Three ones" strategy realization.

Also, support in training, re-training and capacity building of ARV treatment specialists and OI laboratory diagnostics specialists is required.

Creation of the bacteriological laboratory to ensure the completed diagnostics of the OI among PLHIV also is required to be supported.

VI. Monitoring and Evaluation environment

Within "Three ones" UNAIDS strategy the one agreed AIDS actions framework and one National coordination authority are already established, and one agreed Country Monitoring and Evaluation system is in process of creation. To complete the creation of the M&E system at the National level the technical assistance and capacity building to developing the standardized indicators and accounting forms, data collection, reporting procedures, etc., as well as relevant facilities (hardware, software, network, etc.) are needed.

ANNEX 1

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

1) Which institutions/entities were responsible for filling out the indicator forms?

a) NAC or equivalent	Yes√	No
b) NAP	Yes	No√
c) Others (please specify)	Yes	No√

2) With inputs from

Ministries:

Education	Yes√	No
Health	Yes√	No
Labour	Yes√	No
Foreign Affairs	Yes	No√
Others:		
Justice	Yes√	No
Police	Yes√	No

Civil society organizations	Yes√	No
People living with HIV/AIDS	Yes√	No
Private sector	Yes	No√
United Nations organizations	Yes√	No
Bilaterals	Yes√	No
International NGOs	Yes√	No
Others:		

3) Was the report discussed in a large forum? Yes√ No

4) Are the survey results stored centrally? Yes√ No

5) Are data available for public consultation? Yes√ No

Name / title: Mkhitar Mnatsakanyan / President of the Armenian Red Cross Society,
CCM Chair

Date: 26.12.2005

Signature:



ANNEX 2

NATIONAL COMPOSITE POLICY INDEX - 2006

Country: Republic of Armenia

Name of the National AIDS Council officer in charge: Samvel Grigoryan,
Director of the National AIDS
Center, CCM Secretary

Signed by: Mkhitar Mnatsakanyan, President of the Armenian Red Cross Society,
CCM Chair

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DATE: 26.12.2005

Once the questionnaire is completed, please return it by e-mail, mail or fax to:

Evaluation Unit
UNAIDS Geneva

Tel:

Fax:

E-mail:

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE PART A

I. Strategic plan

1. Has your country developed a national multi-sectoral strategy/action framework to combat HIV/AIDS?^{1*}

(Multi-sectoral strategies should include, but not be limited to, those developed by Ministries such as the ones mentioned below)

Yes√ No Not Applicable (N/A) Period covered: 2002-2006

1.1 IF YES, which sectors are included?

Sectors included	Strategy/Action framework		Focal point/Responsible	
Health	Yes√	No	Yes√	No
Education	Yes√	No	Yes√	No
Labour	Yes√	No	Yes√	No
Transportation	Yes	No√	Yes	No√
Military	Yes√	No	Yes√	No
Women	Yes	No√	Yes	No√
Youth	Yes√	No	Yes√	No
Finance	Yes√	No	Yes√	No
Trade and Economic Development	Yes√	No	Yes√	No

Comments:

The Strategic Planning Process for a National Response to HIV/AIDS started in the Republic of Armenia (RA) in 2000, when Situational Analysis on HIV/AIDS, Rapid Assessment of the situation on spread of injecting drug use and HIV infection, Sentinel Epidemiological Surveillance among groups of people at high-risk of HIV infection: injecting drug users, female sex workers, groups at high-risk of HIV infection in Penitentiary Institutions (homosexuals, injecting drug users, individuals with STIs and individuals with clinical symptoms) and Response Analysis were conducted. Based on the HIV/AIDS Situational Analysis and Response Analysis the National Strategic Plan for a National Response to HIV/AIDS epidemic in the Republic of Armenia was developed and approved by the College of the Ministry of Health of the Republic of Armenia on 06.12.2000 (Minutes N 12/4) and by the RA Minister of Health (Decree N 14 of 12.01.2001). The National Strategic Plan served as a basis for the development (in collaboration with interested governmental agencies) of the National Programme on HIV/AIDS approved by the Government on 1 April 2002 and ratified by the President of the Republic of Armenia.

The Programme aims to reduce the spread of HIV infection in the Republic of Armenia.

The Programme has the following goals:

- 1. Developing and implementing the national policy on HIV/AIDS prevention and treatment.*
- 2. HIV/AIDS prevention among injecting drug users.*
- 3. Forming safer sexual behaviour.*
- 4. Prevention of mother-to-child HIV transmission.*

¹ All questions bolded and with an asterisk are also relevant for the "Three Ones" monitoring at country level

5. Ensuring donated blood safety.
6. HIV/AIDS and STI prevention among minors and youth.
7. Caring for people living with HIV/AIDS.

The objective for the developing national policy on response to HIV/AIDS epidemic is forming multisectoral response to HIV/AIDS at the state level. It has the following strategies:

1. Development national policy on response to HIV/AIDS epidemic
2. Improvement of the existing legislation on HIV/AIDS prevention
3. Development of specialized services for HIV/AIDS prevention
4. Implementation of education programmes on HIV/AIDS, STI and drug use prevention in educational establishments.

In 2002 the Country Coordination Commission on HIV/AIDS Prevention in the Republic of Armenia (CCM) based on the National Programme on HIV/AIDS prevention developed the "Support to the National Programme on HIV/AIDS Prevention" Project Proposal and submitted to the Global Fund to Fight AIDS, TB and Malaria (GFATM) for the second round of call for proposals. It was approved by the GFATM in the amount of 7,2 million USD for five years in 2003. The implementation of the Programme activities started in November 1, 2003.

1.2 IF YES, does the national strategy/action framework address the following me areas, target populations and cross-cutting issues? (Yes/ No)

Programme	
a. Voluntary counselling and testing?	a. Yes
b. Condom promotion and distribution?	b. Yes
c. STI prevention and treatment?	c. Yes
d. Blood safety?	d. Yes
e. Prevention of mother-to-child transmission?	e. Yes
f. Breastfeeding?	f. Yes
g. Care and treatment?	g. Yes
h. Migration?	h. Yes
Target populations	
i. Women and girls?	i. No
j. Youth?	j. Yes
k. Most-at-risk populations ² ?	k. Yes
l. Orphans and other vulnerable children?	l. No
Cross-cutting issues	
m. HIV/AIDS and poverty?	m. No
n. Human rights?	n. Yes
o. PLHA involvement?	o. Yes

1.3 IF YES, does it include an operational plan? Yes✓ No

1.4 IF YES, does the strategy/operational plan include:

- | | | |
|------------------------------------|------|----|
| a. formal programme goals? | Yes✓ | No |
| b. detailed budget of costs? | Yes✓ | No |
| c. indications of funding sources? | Yes✓ | No |

² Most-at-risk populations are groups that have been locally identified as being at higher risk of HIV transmission (injecting drug users, men having sex with men, commercial sex workers, moto-taxi drivers etc)

1.5 Has your country ensured “full involvement and participation” of civil society in the planning phase?

Yes√ No

1.6 Has the national strategy/action framework been endorsed by key stakeholders?

Yes√ No

Comments:

The National Programme on HIV/AIDS for 2002-2006 was endorsed by key governmental stakeholders, including 12 ministries, 3 state departments, and 1 state agency. The National Programme was ratified by Decree N 316, April 1, 2002 of the Government of the Republic of Armenia.

The “Support to the National Programme on HIV/AIDS Prevention in the Republic of Armenia” Project Proposal submitted to the GFATM was developed by the group of National Experts and International Consultants and was endorsed by the CCM in 2002, which included the representatives of 11 ministries, 1 state department, 2 UN agencies, 9 local and international NGOs, as well as People Living with HIV. The time frame of this Programme is November, 2003 - November, 2008.

2. Has your country integrated HIV/AIDS into its general development plans (such as: a) National Development Plans, b) United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, and d) Common Country Assessments)?

Yes√ No N/A

2.1 *IF YES*, in which development plan? a) United Nations Development Assistance Framework, b) Poverty Reduction Strategy Papers, c) Common Country Assessment,

Covering which of the following aspects? (Yes/No)

	a)	b)	c)
HIV Prevention	Yes	Yes	Yes
Care and support	Yes	Yes	Yes
HIV/AIDS Impact alleviation	Yes	Yes	Yes
Reduction of gender inequalities as relates to HIV/AIDS prevention/care	Yes	No	Yes
Reduction of income inequalities as relates to HIV prevention/care	Yes	Yes	Yes
Others:			

3. Has your country evaluated the impact of HIV/AIDS on its economic development for planning purposes?

Yes No√ N/A

IF YES, how much has it informed resource allocation decisions? (Low to High)

Low High
0 1 2 3 4 5 6 7 8 9 10

Comments:

4. Does your country have a strategy/action framework for addressing HIV/AIDS issues among its national uniformed services, military, peacekeepers and police?

Yes√ No N/A

4.1 IF YES, which of the following have been implemented?

HIV Prevention	Yes√	No
Care and support	Yes	No√
Voluntary HIV testing and counselling	Yes√	No
Mandatory HIV testing and counselling	Yes√	No
Others to specify: Others to specify: Situation and Response Analyses have been carried out and the Country Specific Strategic Plan on HIV/AIDS Prevention Interventions for Uniformed Services has been developed.	Yes√	No

Comments:

In 2005 within the framework of the UNDP/UNAIDS Project “HIV/AIDS and Uniformed Services” the Country Specific Strategic Plan on HIV/AIDS Prevention Interventions for Uniformed Services has been developed. The Strategic Plan has been discussed by the UN HIV/AIDS Theme Group members and adopted by the Ministry of Health, Ministry of Defense, Ministry of Justice, the National Security Service by the government of the RA and the Police of the Republic of Armenia. Then the Country Specific Strategic Plan has been submitted for the consideration to the CCM. At the regular CCM meeting the Strategic Plan was discussed and it was decided to submit it for the final approval of the CCM after making finalization taking into consideration the CCM members’ comments and suggestions. The process of the Strategic Plan implementation is scheduled starting from 2006.

Overall, how would you rate strategy planning efforts in the HIV/AIDS programmes?	
2005	Poor Good 0 1 2 3 4 5 6 7 8 9√ 10
2003	Poor Good 0 1 2 3 4 5√ 6 7 8 9 10

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

The Work plan, Monitoring and Evaluation plan, proposed mechanisms for the effective and sustainable programming for years 3-5 of GFATM implementation in Armenia, budget for the phase 2 of GFATM supported National Programme were developed and endorsed by the CCM and finally approved by the GFATM.

The National Strategy on HIV/AIDS Prevention in Uniformed Services was developed and submitted to the CCM for approval in 2005, as well as the National Strategy on HIV/AIDS Prevention among Especially Vulnerably Young People and Most at Risk Adolescence is being developed.

II. POLITICAL SUPPORT

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

1. Does the head of the government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year?

Head of government	Yes	No✓
Other high officials	Yes✓	No

2. Does your country have a national multi-sectoral HIV/AIDS management/coordination body recognized in law? (National AIDS Council or Commission)*

Yes✓ No N/A

2.1 IF YES, when was it created? Year: 2002

2.2 Does it include?

Terms of reference	Yes✓	No
Defined membership	Yes✓	No
Including civil society	Yes✓	No
People living with HIV	Yes✓	No
Private sector	Yes	No ✓
Action plan	Yes✓	No
Functional Secretariat	Yes✓	No
Date of last meeting of the Secretariat	Date: 28.11.2005	

Comments:

The Country Coordination Commission on HIV/AIDS Prevention (CCM) in the Republic of Armenia was established on 26 April 2002 by the decision of the session of the National Interministerial Council on HIV/AIDS Prevention to approve project proposal to submit to the Global Fund to fight AIDS, Tuberculosis and Malaria, to determine current priority strategies on HIV/AIDS prevention, to allocate and monitor the Global Fund's finances.

To organise current activities between CCM meetings, coordinate preparatory work for the CCM meetings, exercise current control for the realization of the CCM decisions Secretariat of the Country Coordination Commission on HIV/AIDS Prevention in the Republic of Armenia is being established. The Secretariat is headed by Secretary. CCM Secretariat submits reports on its current activities to CCM Chair.

On April 5, 2005 the CCM decision was taken to include the activities focused on TB and malaria in RA into the CCM main tasks and functions. By the same decision the relevant amendments were made to the CCM Regulations. Upon making the amendments the CCM became the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria issues in the Republic of Armenia.

3. Does your country have a national HIV/AIDS body that promotes interaction between government, PLHIV, the private sector and civil society for implementing HIV/AIDS strategies/programmes?

Yes√ No N/A

3.1 IF YES, does it include?

Terms of reference	Yes√	No
Defined membership	Yes√	No
Action plan	Yes√	No
Functional Secretariat	Yes√	No
Date of last meeting	Date: 28.10.2005	

Comments:

The CCM is the coordinating body for all HIV/AIDS prevention activities implemented by governmental, nongovernmental and international organizations, private sector and civil society, as well as the CCM ensures wide participation of NGOs, people living with diseases. The CCM has Secretariat which coordinates preparatory work for the CCM meetings, exercise current control for the realization of the CCM decisions. The governmental sector is represented by 51% and non-governmental/International sector is represented by 49% of the CCM members.

4. Does your country have a national HIV/AIDS body that is supporting coordination of HIV-related service delivery by civil society organizations?

Yes√ No N/A

4.1 IF YES, does it include?

Terms of reference	Yes√	No
Defined membership	Yes√	No
Action plan	Yes√	No
Functional Secretariat	Yes√	No
Date of last meeting	Date: 28.10.2005	

Comments:

The CCM assists in the coordination of civil society organizations. CCM has regulations, defined membership and action plan. Among 39 CCM members are representatives of the Ministry of Health and other Ministries, local and international NGOs, UN/multilateral agencies and people living with diseases.

There is an internal sectoral procedure for civil society representatives to become the CCM member. Within the NGOs sector the election is being realized for three years membership. The elections are held once in every three years. Upon internal election the NGOs apply for CCM the membership according to the CCM Regulation.

Overall, how would you rate the political support for the HIV/AIDS programme?	
2005	Poor Good
0 1 2 3 4 5 6 7√ 8 9 10	
2003	Poor Good
0 1 2 3 4 5 6√ 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>The group of members of Parliament appealed with the legislative initiative to the government of the RA to make the amendments and additions in the existing law "On prevention the disease caused by Human Immunodeficiency Virus" aimed at adjustment with the norms of International Law.</i>	
<i>Since November, 2005 the Ministry of Justice of the RA integrated the training of peer education trainers (which was implemented by the GFATM support) and HIV/AIDS prevention issues into the annual curriculum for the staff of crime executive institutions.</i>	
<i>Since November, 2005 the Ministry of Defense of the RA also integrated the training of peer education trainers in the Military Forces of the RA into the curriculum, which was previously implemented by the GFATM support.</i>	
<i>The important issue also influenced on the discrepancy was the election of representative of NGO sector has been elected as a new CCM Chair, replacing government representative - the Minister of Health of the Republic of Armenia, taking into account the fact that according to the requirements of the revised guidelines on the CCM presented by the GFATM, CCM Chair, Deputy Chair and Principal Recipient (PR) should represent different entities. Changes have taken place in the process of presiding over the CCM meetings as well. A CCM meeting chairman is elected at each CCM meeting – each time a representative from different sectors. Besides, during the mentioned time period the CCM members' list was expanded from 26 to 39, including the government representatives, representatives of Civil Society, UN agencies, multilateral and bilateral partners, as well as people living with diseases.</i>	

III. Prevention³

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

Yes√

No

N/A

³ Strategies/policies discussed under *Prevention* may be included in the national strategy/action framework discussed in I.1 or separate

1.1 In the last year, did you implement an active programme to promote accurate HIV/AIDS reporting by the media?

Yes✓

No

Comments:

In 2004 the training-workshop for mass media representatives on HIV/AIDS related issues was conducted. The "HIV/AIDS issues and Mass Media" manual was developed and published in 2004. The manual focused on general HIV/AIDS issues, as well as peculiarities of coverage HIV/AIDS problems in mass media and aimed to help mass media representatives to present properly the main issues of HIV/AIDS and to form right approaches toward them in society. Besides, various mass media representatives were regularly provided with last updated information covering all HIV/AIDS related issues.

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

Yes✓

No

N/A

2.1 Is HIV education part of the curriculum in

primary schools

Yes✓

No

secondary schools

Yes✓

No

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

Yes✓

No

Comments:

The "Life Skills Based Education" is being provided in 1-7 grades at 384 schools, which consist approximately 30% of the total primary educational institutions in the RA; the pilot HIV Life Skills Based Education ("Healthy Life Style") is thought in 8-9 grades at 30 secondary schools. The lessons for both subjects developed taking into account gender issues and are thought to young men and young women without gender limitation. Moreover the "Healthy Life Style" includes the special lessons on the role of male and female in the society and their relationships.

3. Does your country have a policy or strategy to promote IEC and other preventive health interventions for most-at-risk populations?

Yes✓

No

N/A

3.1 Does your country have a policy or strategy for these most-at-risk populations?

Injecting drug users, including:	Yes✓	No	N/A
- Risk reduction information, education and counselling?	Yes✓	No	
- Needle and syringe programmes?	Yes✓	No	
- Treatment services?	Yes✓	No	
- If yes, drug substitution treatment?	Yes✓	No	
Men who have sex with men?	Yes✓	No	N/A

Sex workers?	Yes√	No N/A
Prison inmates?	Yes√	No N/A
Cross-border migrants, mobile populations	Yes√	No N/A
Refugees and/or displaced populations?	Yes√	No N/A
Other most-at-risk populations? <i>Please specify</i> Especially Vulnerable Young People and Most at Risk Adolescents aged 10-24	Yes√	No N/A

Comments:

Within the frames of the National AIDS Programme various HIV/AIDS prevention and harm reduction projects are being implemented among IDUs, MSM, FSWs, prisoners, and mobile population; all interventions include the IEC components with information-educational materials promotion, peer education, outreach work, syringes/needles and condoms distribution, as well as VCT services provision. In 2005 the realization of Behavior Change Communication strategy is started. At the time being the HIV/AIDS prevention strategy for Especially Vulnerable Young People and Most at Risk Adolescents is in process of development. Besides, the order regulating the Standards of narcological diseases treatment approved by the Minister of Health, which include drug substitution treatment as well.

4. Does your country have a policy or strategy to expand access, including among most-at-risk populations, to essential preventative commodities? (These commodities include, but are not limited to, access to VCT, condoms, sterile needles and STD drugs)

Yes√ No N/A

Do you have programmes in support of the policy or strategy?

A social marketing programme for condoms?	Yes√	No
A blood safety programme?	Yes√	No
A programme to ensure safe injections in health care settings?	Yes√	No
A programme on ante-natal syphilis screening	Yes√	No
Other programmes?		

Comments:

The social marketing programme for condoms support aimed at increasing the accessibility of condoms for all groups of population is implementing with UNFPA support since 2003. One of the goals of the National Programme on HIV/AIDS Prevention is ensuring donated blood safety.

To achieve this goal the following activities are being implemented: creation of infrastructure for laboratories performing donated blood HIV testing; provision of laboratory and hardware equipment, as well as Ag-Ab high quality HIV test-kits; development and introduction of a system of control over the test-kits quality.

The list of infections mandatory for screening in ante-natal clinics is adopted by the Minister of Health and syphilis is included.

Overall, how would you rate policy efforts in support of prevention?	
2005	Poor Good
0 1 2 3 4 5 6 7 8√ 9 10	
2003	Poor Good
0 1 2 3 4√ 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>Despite the existence of the National Programme in 2003 which included HIV prevention and harm reduction projects, only in 2004 and 2005 after conducting the National workshops for policy makers the high level political support will ensured which promote the practical implementation of all envisaged activities among various target groups. During the first phase of GFATM supported National Programme implementation many VCT sites for most at risk population were created country-wide. IDUs, FSWs, MSM, prisoners have wide access to sterile syringes/needles, condoms, STI syndromic treatment.</i>	

5. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV prevention policy/strategy?

(Check all programmes that are implemented beyond the pilot stage to a significant portion in both the urban and rural populations).

	2003	2005
a. A programme to promote accurate HIV/AIDS reporting by the media.	a. No	a. Yes
b. A social marketing programme for condoms	b. Yes	b. Yes
c. School-based AIDS education for youth	c. No	c. Yes
d. Behaviour change communications	d. No	d. Yes
e. Voluntary counselling and testing	e. Yes	e. Yes
f. Programmes for sex workers	f. No	f. Yes
g. Programmes for men who have sex with men	g. No	g. Yes
h. Programmes for injecting drug users, if applicable	h. No	h. Yes
i. Programmes for other most-at-risk populations	i. No	i. Yes
j. Blood safety	j. Yes	j. Yes
k. Programmes to prevent mother-to-child transmission of HIV	k. No	k. Yes
l. Programmes to ensure universal precautions in health care settings	l. Yes	l. Yes

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?	
2005	Poor Good
0 1 2 3 4 5 6 7 8√ 9 10	
2003	Poor Good
0 1 2 3 4√ 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>Between 2003 and 2005 the following achievements were reached: school based</i>	

AIDS education for youth was expanded; in 2003 only 3 VCT sites were operational, while by November 30, 2005 138 VCT sites are functional country-wide. In comparison with 2004 (January-October) the number of people to whom the VCT services were provided increased in 3,1 times and the number of pregnant women to whom the VCT services were provided increased in 7,5 times during the same period of 2005. Up to October, 2005 the Behavior Change Communication was not realized, but the BCC strategy was developed in October, 2005; the sites of preventive projects implementation among most at risk population were expanded involving more target beneficiaries.

IV. Care and support⁴

1. Does your country have a policy or strategy to promote comprehensive HIV and AIDS care and support, with sufficient attention to barriers for women, children and most-at-risk populations? (Comprehensive care includes, but is not limited to, confidential voluntary counseling and testing, psychosocial care, access to medicines, and home and community-based care.)

Yes√

No

N/A

2. Which of the following activities have been implemented under the care and treatment of HIV/AIDS programmes?

	2003	2005
a. HIV screening of blood transfusion	a. Yes	a. Yes
b. Universal precautions	b. No	b. No
c. Treatment of opportunistic infections (OI)	c. No	c. Yes
d. Antiretroviral therapy (ART)	d. No	d. Yes
e. Nutritional care	e. No	e. No
f. Sexually transmitted infection care	f. No	f. Yes
g. Family planning services	g. No	g. Yes
h. Psychosocial support for people living with HIV and their families	h. Yes	h. Yes
i. Home-based care	i. No	i. Yes
j. Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	j. No	j. Yes
k. Cotrimoxazole prophylaxis among HIV-infected people	k. No	k. Yes
l. Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)	l. No	l. Yes
m. Other: (please specify)		

Comments:

By the end of 2004 the treatment of opportunistic infections, home-based care, palliative care and treatment of common HIV-related infections, cotrimoxazole prophylaxis and post exposure prophylaxis were provided to PLHIV, besides, the antiretroviral therapy was provided from February, 2005. At present the universal access is created for those who are in need.

⁴ Strategies/policies discussed under *Care and Support* may be included in the national strategy/action framework discussed in I.1 or separate

Overall, how would you rate the efforts in care and treatment of the HIV/AIDS programme?	
2005	Poor Good
0 1 2 3 4 5 6 7 8√ 9 10	
2003	Poor Good
0 1 2 3√ 4 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>In 2005 the ARV treatment and treatment of OI are being provided, while up to the end of 2004 they have not been accessible.</i>	

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

Yes√ No N/A

3.1 *IF YES*, Is there an operational definition for OVC in the country? Yes

IF YES, please provide definition:

Young People who Use Drugs, Young People who Inject Drugs, Young Female Sex Workers, Young Men who have Sex with Men, Young People Deprived of Parental Care, Young People in Conflict with Law, aged between 10 and 24 are defined as Especially Vulnerable Young People.

3.2 Which of the following activities have been implemented under OVC programmes?

	2003	2005
School fees for OVC	No	No
Community programmes	No	No
Other: <i>(please specify)</i>	No	Yes
Antiretroviral treatment (ARV)		

Comments:

Overall, how would you rate the efforts to meet the needs of OVC?	
2005	Poor Good
0 1 2 3 4 5√ 6 7 8 9 10	
2003	Poor Good
0 1√ 2 3 4 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>In 2005 the Rapid Assessment and Response on HIV/AIDS among Especially Vulnerable Young People in Armenia project was implemented and the Country Specific Strategy is being developed.</i>	
<i>In 2005 the ARV treatment became accessible for children, including orphans and Especially Vulnerable Young People.</i>	

V. Monitoring and Evaluation^{5*}

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

Yes No In progress√ Years covered:

1.1. *IF YES*, was it endorsed by key partners in evaluation?

Yes No

Comments:

1.2. Was the M&E plan developed in consultation with civil society, PLHIV?

Yes No

2. Does the M&E plan include?

a data collection and analysis strategy	Yes	No
well defined standardized set of indicators	Yes	No
guidelines on tools for data collection	Yes	No
a strategy for assessing quality and accuracy of data	Yes	No
a data dissemination and use strategy	Yes	No

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

Yes No In progress√ Years covered:

3.1 If yes, has funding been secured?

Yes No

4. Is there a Monitoring and Evaluation functional Unit or Department?

Yes No In progress√

IF YES,

Based in NAC or equivalent? Yes No

Based in Ministry of Health? Yes No

Elsewhere? Yes No

4.1 If yes, are there mechanisms in place to ensure that all major implementing partners submit their reports to this Unit or Department?

Yes No

Comments:

4.2 Is there a full time officer responsible for monitoring and evaluation activities of the national programme?

⁵ The whole M&E section is relevant for the "Third One"

creating system will be mainly focused on monitoring and evaluation of the national strategies.

Besides, within the frames of GFATM supported National Programme the Monitoring and Evaluation Plan was developed and approved on April 5, 2005 by the CCM meeting decision. The main purposes of this M&E Plan are:

1) To develop and implement a common and agreed M&E plan for all projects implemented under this program. This can give the aggregate national picture of program achievements at any one time.

2) To support GFATM projects and strengthen their capacity in respect to common functions such as monitoring, evaluation, and reporting.

In 2005 the Behavioural and Biological HIV surveillance was conducted in accordance with the National Protocol, and the obtained data and results are used in the presented report.

Besides, the Monitoring and Evaluation workshop supported by the UNAIDS was conducted at National level in 2004 for interested stakeholder organizations, as preparatory step for creation of the National M&E System by the World Bank support.

PART B

I. Human rights

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

Yes✓

No

N/A

Comments:

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

HIV-infected individuals have the following rights:

- a) to receive the results of laboratory testing in written form;*
- b) on non-discriminative attitude;*
- c) to demand keeping medical secrecy, except for the cases stipulated by the current legislation of the Republic of Armenia;*
- d) to continue working except for the cases stipulated by the government of the Republic of Armenia;*
- e) to be provided with counselling including familiarizing with the measures preventing HIV spread.*

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

2. Does your country have non-discrimination laws or regulations which specify protections for certain groups of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes✓

No

N/A

IF YES, please list groups: MSM, prisoners

The Article of Criminal Code on criminal prosecution for same-sex sexual contacts between men was abrogated.

In accordance with the National Programme on HIV/AIDS Prevention there are relevant regulations which allow performing the preventive interventions in prisons, including Harm reduction projects among prisoners.

3. Does your country have laws and regulations that present obstacles to effective HIV prevention and care for most-at-risk populations?

Yes

No✓

N/A

IF YES, please list:

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

Yes√

No

N/A

Comments:

According to the Law "On prevention the disease caused by Human Immunodeficiency Virus" HIV-infected individuals have the following rights:

- a) to receive the results of laboratory testing in written form;*
- b) on non-discriminative attitude;*
- c) to demand keeping medical secrecy, except for the cases stipulated by the current legislation of the Republic of Armenia;*
- d) to continue working except for the cases stipulated by the government of the Republic of Armenia;*
- e) to be provided with counselling including familiarizing with the measures preventing HIV spread.*

5. Has the Government, through political and financial support, involved vulnerable populations in governmental HIV policy design and programme implementation?

Yes√

No

N/A

IF YES, give examples:

In the process of development of "Support to the National Programme on HIV/AIDS Prevention in the Republic of Armenia" Project Proposal submitted to the GFATM the people living with diseases were involved. The people living with diseases and the representatives of vulnerable groups were also involved in the development of the Request for Continued Funding for the second phase of the GFATM supported National Programme. The PLHIV and representatives of vulnerable groups (IDUs, FSWs, MSM, mobile population, military and prisoners) were involved in the GFATM supported National Programme implementation as outreach workers and peer educators.

6. Does your country have a policy to ensure equal access, between men and women, to prevention and care?

Yes√

No

N/A

Comments:

In Chapter 2, Article 34 of the Constitution of the Republic of Armenia it is stated that every individual has the right for health protection regardless the sex.

7. Does your country have a policy to ensure equal access to prevention and care for most-at-risk populations?

Yes√

No

N/A

Comments:

The National Programme on HIV/AIDS Prevention includes a wide range of projects aimed at HIV/AIDS Prevention and Harm Reduction among most at risk population. The HIV/AIDS

prevention projects are being implemented among IDUs, FSWs, MSM, migrants, the military, and prison inmates and include outreach work, peer education, VCT provision, information-educational materials distribution, condoms distribution. Moreover, the Harm Reduction projects implementing among IDUs and prisoners include needle exchange component.

8. Does your country have a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits)?

Yes No[√] N/A

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

Yes No[√] N/A

9.1 IF YES, does the ethical review committee include civil society and PLHIV?

Yes No N/A

Comments:

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

Collection of information on human rights and HIV and AIDS issues and use of this information in policy and programme development reform	Yes	No [√]
Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions and ombudspersons which consider HIV- and AIDS- related issues within their work	Yes [√]	No
Establishment of focal points within governmental health and other departments to monitor HIV-related human rights abuses	Yes	No [√]
Development of performance indicators or benchmarks for compliance with human rights standards in the context of HIV and AIDS efforts	Yes	No [√]

11. Have members of the judiciary been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes No[√] N/A

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

Legal aid systems for HIV and AIDS casework	Yes [√]	No
State support to private sector laws firms or university based centers to provide free pro bono legal services to people living with HIV and AIDS in areas such as discrimination	Yes	No [√]
Programmes to educate, raise awareness among people living with HIV and AIDS concerning their rights	Yes [√]	No

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

Yes✓

No

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV/AIDS?	
2005	Poor Good
0 1 2 3 4 5✓ 6 7 8 9 10	
2003	Poor Good
0 1 2 3✓ 4 5 6 7 8 9 10	
<p><i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i></p> <p><i>At the time being the amendments to improve the existing law "On prevention the disease caused by Human Immunodeficiency Virus" are presented to the National Assembly of RA for discussion and adoption. These amendments mainly refer to abrogation of mandatory testing of for all groups of population excluding donors of blood, biological fluids, tissues and organs, and replacement by Voluntary Counseling and Testing services provision to all groups of population</i></p> <p><i>The Article of Criminal Code on criminal prosecution for same-sex sexual contacts between men was abrogated.</i></p> <p><i>In accordance with the National Programme on HIV/AIDS Prevention there are relevant regulations which allow performing the preventive interventions in prisons, including Harm reduction projects among prisoners.</i></p>	
Overall, how would you rate the effort to enforce the existing policies, laws and regulations?	
2005	Poor Good
0 1 2 3 4 5 6✓ 7 8 9 10	
2003	Poor Good
0 1 2 3✓ 4 5 6 7 8 9 10	
<p><i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i></p> <p><i>Since 2004 the "Care and Support to PLHIV" project is being implemented within the frames of the GFTAM supported National Programme on HIV/AIDS Prevention provides the legal counselling and support to PLHIV and control the fulfillment of their rights. Some HIV/AIDS prevention projects include the components aimed at elimination of stigma and discrimination revealed toward risk group representatives, as well as toward PLHIV and people affected by HIV infection.</i></p>	

II. Civil society participation

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

Low 0 1 2 3 4 5 6✓ 7 8 9 High 10

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

Low 0 1 2 3 4 5 6 7 8 9√ 10 High

3. To what extent the complimentary services provided by civil society to areas of prevention and care are included in both the National Strategic plans and reports?

Low 0 1 2 3 4 5 6 7 8 9√ 10 High

4. Has your country conducted a National Periodic review of the Strategic Plan with the participation of civil society in:

Yes√ No N/A

Month April Year 2005

5. To what extent your country have a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by an independent national/local ethical review committee in which people living with HIV and caregivers participate?

Low 0 1√ 2 3 4 5 6 7 8 9 10 High

Overall, how would you rate the efforts to increase civil society participation?	
2005	Poor Good
0 1 2 3 4 5 6 7 8√ 9 10	
2003	Poor Good
0 1 2 3√ 4 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>The representatives of NGOs were involved in the process of development of the "Support to the National Programme on HIV/AIDS Prevention" Project Proposal submitted and approved by GFATM. At the time being 49% of the CCM members represent the civil society sector, including local and International NGOs, International agencies, and people living with diseases. The civil society representatives were also involved in the development of the Work plan, Monitoring and Evaluation plan, budget, and proposed mechanisms for the effective and sustainable programming for years the phase 2 of GFATM supported National Programme.</i>	
<i>In 2004 the CCM Chair was elected from the representatives of Civil Society; besides, during the mentioned time period the CCM members' list was expanded and three representatives of Civil Society became the CCM members. In addition,</i>	

it should be mentioned that since 2004 all HIV/AIDS prevention activities among high risk group of population within the frames of GFATM supported National Programme on HIV/AIDS prevention are being implemented by the NGOs. Moreover, within the frames of "Capacity Building in HIV/AIDS Prevention" UN Joint Programme representatives of 150 NGOs country-wide were trained and skilled on the issues on scaling up the civil society activities in HIV/AIDS prevention.

III. Prevention

1. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV prevention policy/strategy?

(Check all programmes that are implemented beyond the pilot stage to a significant portion of both the urban and rural populations).

	2003	2005
a. A programme to promote accurate HIV/AIDS reporting by the media.	a. No	a. Yes
b. A social marketing programme for condoms	b. Yes	b. Yes
c. School-based AIDS education for youth	c. No	c. Yes
d. Behaviour change communications	d. No	d. Yes
e. Voluntary counselling and testing	e. Yes	e. Yes
f. Programmes for sex workers	f. No	f. Yes
g. Programmes for men who have sex with men	g. No	g. Yes
h. Programmes for injecting drug users, if applicable	h. No	h. Yes
i. Programmes for other most-at-risk populations*	i. No	i. Yes
j. Blood safety	j. Yes	j. Yes
k. Programmes to prevent mother-to-child transmission of HIV	k. No	k. Yes
l. Programmes to ensure safe injections in health care settings	l. Yes	l. Yes
m. Other: <i>(please specify)</i>	m.	m.

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

2005 Poor Good

0 1 2 3 4 5 6 7 8√ 9 10

2003 Poor Good

0 1 2 3 4√ 5 6 7 8 9 10

In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:

Between 2003 and 2005 the rather appreciable results in HIV/AIDS prevention were reached: school based AIDS education for youth was expanded; the VCT system was introduced country-wide and at the time being 138 VCT sites are operational, the number and sites of HIV prevention projects implementation among most at risk population were drastically expanded involving more target beneficiaries, the National Strategy on HIV Prevention in uniformed services was developed in 2005, and the National strategy on HIV prevention among Especially Vulnerable Young People is in process of development. The BCC strategy realization is launched.

IV. Care and support

1. Which of the following activities have been implemented under the care and treatment of HIV/AIDS programmes?

	2003	2005
a. HIV screening of blood transfusion	a. Yes	a. Yes
b. Universal precautions	b. No	b. No
c. Treatment of opportunistic infections (OI)	c. No	c. Yes
d. Antiretroviral therapy (ART)	d. No	d. Yes
e. Nutritional care	e. No	e. No
f. Sexually transmitted infection care	f. No	f. Yes
g. Family planning services	g. No	g. Yes
h. Psychosocial support for people living with HIV and their families	h. Yes	h. Yes
i. Home-based care	i. No	i. Yes
j. Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	j. No	j. Yes
k. Cotrimoxazole prophylaxis among HIV-infected people	k. No	k. Yes
l. Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)	l. No	l. Yes
m. Other: <i>(please specify)</i>		

Overall, how would you rate the care and treatment efforts of the HIV/AIDS programme?	
2005	Poor Good
0 1 2 3 4 5 6 7 8√ 9 10	
2003	Poor Good
0 1 2√ 3 4 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>The ARV treatment was not available in 2003, and is being provided to PLHIV since February, 2005 within the frames of GFATM supported National Programme.</i>	
<i>The OI treatment became available by the end of 2004.</i>	

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

Yes√ No N/A

2.1 Which of the following activities have been implemented under the OVC programmes?

	2003	2005
School fees for OVC	No	No
Community programmes	No	No
Other: <i>(please specify)</i>	No	Yes
Antiretroviral treatment (ARV)		

Comments:

Overall, how would you rate the efforts to meet the needs of OVC?	
2005	Poor Good
0 1 2 3 4 5√ 6 7 8 9 10	
2003	Poor Good
0 1√ 2 3 4 5 6 7 8 9 10	
<i>In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:</i>	
<i>In 2005 the "Rapid Assessment and Response on HIV/AIDS among Especially Vulnerable Young People in Armenia" project was implemented with support of UNICEF and the Country Specific Strategy is being developed.</i>	
<i>In 2005 the ARV treatment became accessible for children, including orphans and Especially Vulnerable Young People.</i>	