

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY Discussion: COUNTRY STRATEGY CONSULTATION

Prioritization of the critical strategic areas and innovative ways to achieve targets

Country: Armenia

Organizer: Dr Lev Zohrabyan, Strategic Information Adviser, UNAIDS RST EECA.

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SECTION 1: Information about the discussion group:

Organization leading discussion: **UNAIDS RST, UNAIDS Country Office**

Date of discussion: **29 September 2020**

Duration of consultation: **2 hours**

Theme to be discussed: **Prioritization of strategic areas and innovative approaches and actions to reach 2030 targets to curb HIV epidemic in Armenia**

Participants (types of organizations participating):

- Hovanness Madoyan (Director) – National Center for Infectious Diseases
- Nara Melikyan – UNAIDS Project leader, National Center for Infectious Diseases
- Naira Davtyan, Deputy Director, UNAIDS Project leader, National Institute of Health
- Shushanik Isahakyan, UNAIDS Project staff, National Institute of Health
- Lusine Hovhannisyan, UNADS Project staff, National Institute of Health
- Arevik Torosyan, UNADS Project staff, National Institute of Health
- Hasmik Harutyunyan, TB/HIV Grant Program Manager, Global Fund Projects Coordinating Team, Ministry of Health
- Naira Sergeeva, TB/HIV Grant Program M&E Specialist, Global Fund Projects Coordinating Team, Ministry of Health
- Lilit Khachatryan, TB/HIV Grant Program Coordinator, Global Fund Projects Coordinating Team, Ministry of Health
- Elmira Bakhshinyan, CCM Coordinator
- Zhenya Mayilyan, Head, "Real World, Real People" NGO
- Artyom Movsesyan, "New Generation" Humanitarian NGO, HIV Prevention Projects
- CoordinatorMamikon Hovsepyan, Executive Director, "Pink" human rights defender NGO

Country, regional or global focus: **Country**

Introducing the theme

The consultation has started with the presentation on regional findings from UNAIDS Strategy Development Electronic Survey by Dr Lev Zohrabyan. For further discussion and prioritization 11 strategic areas from Multistakeholder Consultation on the Global AIDS Strategy had been presented to participants.

Visual 1. Strategic priorities and issues for further discussion emerging from the evidence review and consultations

1. Political leadership and financing
2. Partnerships and accountability
3. COVID-19
4. Key populations
5. Adolescents girls and young women
6. Community-led responses
7. Eliminating stigma, discrimination, and punitive laws: towards enabling social and legal environments
8. Regional specificity
9. HIV and Universal Health Coverage (UHC)
10. Multi-sectorality
11. Inequalities

Participants were offered to select short list of strategic priorities which implementation will result in significant change in HIV epidemic in Armenia. In addition, participants were informed that the most important part of the consultation is to determine “how?” to address these strategic priorities and “what actions need to be taken?” that will result in achieving the 2030 goals.

After short deliberation 5 strategic priorities are selected and prioritized by participants as the most critical one’s for Armenia. These strategic priority areas are:

1. Eliminating stigma, discrimination, and punitive laws: towards enabling social and legal environments.
2. Adolescents girls and young women.
3. Political leadership and financing.
4. HIV and Universal Health Coverage (UHC).
5. Partnerships and accountability.

6. Multi-sectorality.
7. Key populations defined by the National Program on the Response to HIV and AIDS in the Republic of Armenia

1. Eliminating stigma, discrimination, and punitive laws: towards enabling social and legal environments.

Key stone of elimination of stigma and discrimination, per consultation participants, is universal quality education (UQE), including general population awareness about HIV/AIDS. Within the framework of UQE, participants specifically emphasized comprehensive sexual education (CSE). CSE targets must be 2 directional: delivering CSE to youth (boy and girls) in schools, as well as professional training of students at Pedagogical University (future school teaches) to raise their skills in delivering CSE. Participants deemed optimization of delivering CSE in schools per age and sex as critical component. Considering vital importance of Multisectorial approach experts mentioned that optimization of context and delivery modes must be coordinated closely with Ministry of Education and Science. Another important issue is the stigma and discrimination in medical institutions of Armenia, in particular to key populations. So another important step for elimination of stigma and discrimination in Armenia is education and training of medical workers to ensure enabling and friendly provision of health services. Another important aspect is legislative reforms to remove barriers for HIV services for all members of the society and improve the HIV-related legal environment: absence of law on non-discrimination, absence of HIV positive status as protected ground from discrimination.

Actions proposed:

Participants emphasized unique position and capacity of UNAIDS HQ and CO in political advocacy and technical capacities. They proposed to revitalize UNAIDS country level advocacy activities to strengthen Multisectoral approach. Taking into consideration, that stigma and discrimination is strongly rooted in medical facilities among doctors and nurses, there is a strong notion to establish mandatory training requirement for different aspects of HIV/AIDS as a part of medical continuous

education. To advocate for legislative reforms, i.e. adoption of the law on non-discrimination, including HIV-positive status as protected ground from discrimination.

2. HIV and Universal Health Coverage (UHC)

Participants recognized importance of incorporating HIV related activities in the framework of Universal Health Coverage. Recognizing insufficient ARV treatment coverage of PLHIV they emphasize importance of aligning treatment protocols to international standards recommended by UNAIDS/WHO. Innovative approach in HIV prevention and treatment is essential part of success. Health care human force is key to drive changes and get the success. That is why participants, along side with proposal described in the paragraph 1, must improve knowledge, skills, and awareness how to deal with HIV in health care system. As a result, the POC HIV testing will increase, with facilitation of innovative testing technologies and will allow to reach target of 1st 90. Health insurance and access to care improve health outcomes, including viral suppression, for people with HIV. Participants suggest incorporating and cover cost of HIV related services into health insurance coverage.

Actions proposed:

The following actions had been proposed by participants:

1. Develop and effectively implement health insurance coverage for HIV related service.
2. Request UNAIDS/WHO to support and facilitate national protocols revision and alignment with international standards, including innovative approaches.
3. Build HIV awareness among health care providers via improving HIV related knowledge and skills to improve HIV testing coverage.

4. Adolescent girls and young women

Participants recognize increased vulnerability of adolescent girls and young women to HIV infection. They consider that gender-oriented HIV related services availability and accessibility is insufficient. Wives and sex partners of men who are labor migrants are especially vulnerable to contracting HIV and other STI due to disruption of social network and endurance of economic hardships.

Actions proposed:

Recognizing increased vulnerability of adolescent girls and young women participates suggested the following actions:

1. Introduce, improve, and scale up gender-oriented HIV and other services.
2. Advocate and raise awareness about gender-based violence.
3. Advocate about legal, medical, and psychological protections of victims of domestic violence.

5. Political leadership and financing

Participants reaffirm the critical role of political leadership and importance of sustaining proper financing of all aspect of HIV agenda in the country. In the time of COVID-19 pandemic and excessive stress on health care system, as well as state budget participants expresses concerns that diversion of funding from activities related to HIV epidemic will have serious negative consequences.

Actions proposed:

1. Political advocacy to maintain HIV agenda high in overall political agenda of government of Armenia.
2. Innovative economic research which will show negative impact of decrease of domestic funding for HIV related activities on people's health and state budget.

6. Partnerships, accountability and Multi-sectorality

Participants underscore the importance of partnership and accountability in the time of limited resources. They also reaffirm the crucial role of multi sectorial approach to achieving target of Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. Participants reiterate the importance of strengthening government and non-governments sectors collaboration and synergism. COVID-19 pandemic showed the vulnerability of health care system and HIV related services delivery towards catastrophic events of such magnitude.

Actions proposed:

1. Strengthen intercountry collaboration and employ regional mechanisms to strengthen delivery of HIV related services.
2. Create strategic stockpile of critical commodities such as ART drugs etc. to prevent services interruption.
3. Strengthen NGO capacities in all aspect of HIV epidemic and ensure clear mechanisms established for effective collaboration and services delivery to PLHIV and members of KPs

8. Key populations defined by the National Program on the Response to HIV and AIDS in the Republic of Armenia

Key populations defined by the National Program on the Response to HIV and AIDS in the Republic of Armenia, in particular MSM, sex workers, people who inject drugs are among the vulnerable groups to HIV and also among hard-to reach groups of the population, so they shall be included among high priority strategies of HIV Prevention Programmes in the Republic.

Actions proposed:

1. To ensure sustainability and enhancement of HIV Prevention services to the key populations in Armenia,
2. To advocate for inclusion of key populations in the decision making bodies related to HIV for effective community engagement and input in the development, improvement and effective implementation of HIV/AIDS and tuberculosis fields in Armenia, i.e. inclusion in Country Coordinating Mechanism against HIV/AIDS, Tuberculosis and Malaria of the Republic of Armenia
3. To advocate for more enabling and discrimination free service provision in medical institutions

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