

**Ratified**

President of the Republic of Armenia

**R. Kocharyan**

17 April 2007

**GOVERNMENT OF THE REPUBLIC OF ARMENIA**

**DECREE**

*N 398-N of 1 March 2007*

**ON RATIFICATION OF THE NATIONAL PROGRAMME  
ON THE RESPONSE TO HIV EPIDEMIC**

In order to implement joint actions and multisectoral response to HIV epidemic, as well as to ensure the continuity of the National Programme on HIV/AIDS prevention approved by the decree N 316 of the Government of the Republic of Armenia on 1 April 2002, the Government of the Republic of Armenia *is enacting:*

1. To ratify the National Programme on the Response to HIV Epidemic in accordance with the attachment.
2. This decree comes into effect next day of its official declaration.

**Prime Minister  
of the Republic of Armenia**

**S. Sargsyan**

12 April 2007  
Yerevan

# **National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2007-2011**

## **Introduction**

### **HIV situation in the Republic of Armenia**

In Armenia registration of cases of Human Immunodeficiency Virus infection (HIV) and Acquired Immunodeficiency Syndrome (AIDS) started in 1988. In general the HIV/AIDS statistics in the country is as follows:

From 1988 to 31 March 2002 181 HIV cases were registered among the citizens of the Republic of Armenia (RA).

248 new cases of HIV infection were registered among the RA citizens during the period of implementation of the first National Programme on HIV/AIDS Prevention (1 April 2002 – 31 December 2006). 29 cases of HIV were registered in the period of 1 April - 31 December 2002, 29 cases in 2003, 49 cases - in 2004, 75 cases – in 2005, 66 – in 2006.

Increase in number of registered cases has been mainly preconditioned with scaling up possibility of laboratory diagnostics, establishing voluntary counselling and testing for HIV (VCT) sites, raising HIV awareness of different populations, as well as implementing HIV preventive activities among the most vulnerable populations.

Thus, from 1988 to 31 December 2006 429 HIV cases had been registered among RA citizens.

The overwhelming majority of the HIV-infected individuals (74.4%) belong to the age group of 20-39.

Men constitute a major part in the total number of HIV cases - 326 cases (76%), women make up 103 cases (24%). 9 cases of HIV infection were registered among children (2.1%).

In RA the main modes of HIV transmission are: injecting drug use (52%) and heterosexual practices (40.3%). There are also registered cases of mother-to-child HIV transmission, as well as transmission through homosexual practices and blood.

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

|   |       |
|---|-------|
| Transmission through injecting drug usage   | 52.0% |
| Transmission through heterosexual practices | 40.3% |
| Mother-to-child transmission                | 1.9%  |
| Transmission through homosexual practices   | 1.4%  |
| Transmission through blood                  | 0.5%  |
| Unknown                                     | 3.9%. |

AIDS diagnosis was made to 151 patients with HIV, of whom 27 are women and 5 are children. Of those registered AIDS cases 46 were detected during 2006. From the beginning of the epidemic 99 death cases have been registered among HIV/AIDS patients (the cases include 18 women and 3 children).

All the individuals infected through injecting drug use were men. As a matter of fact, some of them temporarily inhabited in the Russian Federation and Ukraine and were probably infected with HIV there. In addition, the majority of all the HIV-infected males (69.0%) are individuals who practice injecting drug usage, whereas all the women (98.0%) were infected through sexual contacts.

The maximum number of HIV cases was reported in Yerevan, RA capital: 215 cases, which constitute approximately half of all the registered cases. The number of the registered HIV cases in Shirak Marz is the second-highest in Armenia – 9.1% of all the registered cases.

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

To reduce the spread of HIV infection in RA the first National Programme on HIV/AIDS Prevention for 2002-2006 was developed. Representatives of governmental agencies and private sector were involved in the process of the Programme development. The Programme was developed with the technical assistance provided by UNAIDS/UNDP.

The activities on HIV response cover all the key areas envisaged by the National Programme on HIV/AIDS Prevention for 2002-2006 in RA. The Programme implementation shows that a number of preventive strategies have proved to be effective in reducing HIV spread, raising level of knowledge, forming safer behavior among different populations. A number of strategies implemented in the country in the recent years had been not envisaged by the National Programme and were introduced due to new challenges. There are some areas where preventive strategies are being implemented insufficiently - Especially Vulnerable Young People aged 10-19 (EVYP - Children in Conflict with Law and Children Deprived of Parental Care) and Most at Risk Adolescents aged 15-19 (MARA – young injecting drug users, young female sex workers and young men who have sex with men), mobile population, personnel of the uniformed services (criminal executive institutions (CEIs) of the Ministry of Justice, Ministry of Defence, National Security Service by RA Government and the Police by RA Government).

Also the amount of care and support, provided to HIV-infected children and children born to HIV-infected parents, is not sufficient.

In 2006 the National Programme on the Response to HIV Epidemic in RA for 2007-2011 (hereinafter referred to as National Programme) has been developed on the basis of the National Strategic Plan on the Response to HIV Epidemic in RA.

The strategies and activities aimed at effective response to HIV epidemic are related to 6 key sections:

1. Development of multisectoral response to HIV
2. HIV Prevention
3. Treatment, Care and Support
4. Monitoring and Evaluation
5. Management, Coordination and Partnership
6. Financing and financial resources mobilization

## **1. Development of multisectoral response to HIV**

**Objective 1.** Expanding response/political commitment of governmental and local authorities, as well as civil society to HIV epidemic.

Strategy 1. Advocacy of HIV and sexually transmitted infections (STIs) prevention issues among governmental bodies.

Strategy 2. Making amendments to the existing law on AIDS in accordance with international guidelines for effective response to HIV epidemic; further improvement of the legislation in accordance with the established order.

Strategy 3. Advocacy of HIV and STIs prevention issues among local community authorities.

Strategy 4. Development of behavioral change communication (BCC) strategy among populations vulnerable to HIV.

**Objective 2.** Combat stigma and discrimination towards vulnerable populations, PLHIV and children born to HIV-infected parents.

Strategy Forming antidiscriminative and tolerant attitude towards vulnerable populations including EVYP and MARA, as well as PLHIV and children born to HIV-infected parents.

### **Expected results:**

1. Multisectoral response to HIV epidemic is being carried out at the national level aimed at further development of preventive activities (2007-2011).
2. Governmental authorities are involved in discussion of the current issues of HIV prevention (2007-2011).
3. The State Budget allocations ensure 35% of the funding necessary for implementation of the National Programme on the Response to HIV epidemic (2011).
4. Local and donor organizations, private sector resources are involved in the national response to HIV (2007-2011).
5. Existing legislation related to HIV is in consistency with international guidelines (2008).
6. Local authorities are involved in the National response to HIV (2007-2011).
7. The mass media are broadly involved in the process of eliminating stigma and discrimination against EVYP, MARA, PLHIV and children born to HIV-infected parents and cover properly the related issues (2007-2011).

## 2. HIV Prevention

**Objective 1.** HIV Prevention among injecting drug users.

Strategy 1. Development of HIV prevention and harm reduction programmes.

Strategy 2. Strengthening capacity of organizations implementing HIV prevention projects among injecting drug users (IDUs) that would ensure effective implementation of the projects.

### **Expected results:**

1. HIV prevention and harm reduction projects among IDUs are being implemented in Yerevan and 4 Marzes (2007-2011).
2. A network of organizations is created implementing HIV prevention and harm reduction projects among IDUs (2007).
3. Substitution treatment programmes for IDUs infected with HIV are developed and introduced (2007-2011).
4. Coverage of IDUs with HIV prevention and harm reduction projects is increased; not less than 60% of IDUs are covered with HIV prevention and harm reduction projects and have appropriate access to VCT, psychosocial and legal services, STIs treatment and other services provided within the framework of the projects ( 2007-2011).
5. 85% of IDUs practice behaviors reducing risk of HIV transmission (2010-2011).
6. 85% of IDUs have knowledge on HIV prevention (2010-2011).

**Objective 2.** HIV Prevention among female sex workers.

Strategy 1. Broader involvement of female sex workers (FSWs) into HIV prevention activities.

Strategy 2. Strengthening capacity of non-governmental organizations implementing HIV prevention projects among FSWS that would ensure effective implementation of the projects.

### **Expected results:**

1. HIV prevention projects among FSWS are being implemented in Yerevan and 7 Marzes (2007-2011).
2. A network of organizations is created implementing HIV prevention projects among FSWS (2007).
3. Coverage of FSWS with HIV prevention projects is increased; not less than 60% of FSWS are those projects and have appropriate access to VCT, psychosocial and legal services, STIs treatment and other services provided within the framework of the projects (2007-2011).

4. 90% of FSWs use condom during sex contacts (2010-2011).
5. 80% of FSWs have knowledge on HIV prevention (2010-2011).

**Objective 3.** HIV Prevention among men who have sex with men.

Strategy 1. Broader involvement of men who have sex with men (MSM) into HIV prevention activities.

Strategy 2. Strengthening capacity of non-governmental organizations (NGOs) implementing HIV prevention projects among men who have sex with men that would ensure effective implementation of the projects.

**Expected results:**

1. HIV prevention projects among MSM are being implemented in Yerevan and 2 Marzes (2007-2011).
2. A network of organizations is created implementing HIV prevention projects among MSM (2007).
3. Coverage of MSM with HIV prevention projects is increased; not less than 1500 MSM are covered with those projects and have appropriate access to VCT, psychosocial and legal services, STIs treatment and other services provided within the health care institutions, friendly clinics and on-going prevention projects (2007-2011).
4. 80% of MSM report condom use last time they had sex with a male partner (2010-2011).
5. 80% of MSM have knowledge on HIV prevention (2010-2011).

**Objective 4.** HIV Prevention among prisoners.

Strategy 1. Implementing HIV preventive activities among prisoners.

Strategy 2. Strengthening capacity for HIV prevention CEIs.

**Expected results:**

1. Harm reduction projects are being implemented in all CEIs countrywide (2011).
2. Normative documents are approved regulating implementation of HIV preventive activities in CEIs (2007).
3. Peer education system is developed and operating in all CEIs (2007).
4. Normative documents on provision of VCT for prisoners through aid posts in CEIs are developed and approved (2007).
5. 100% of prisoners have access to counseling and testing for HIV (2007-2011).
6. 100% of prisoners have access to condoms and sterile injecting equipment (2010-2011).

**Objective 5.** HIV Prevention among mobile population.

Strategy 1. Developing of HIV prevention approaches for mobile population.

Strategy 2. Implementing HIV prevention projects among mobile population.

Strategy 3. Strengthening capacity for HIV prevention among mobile population.

**Expected results:**

1. Women play a significant role in addressing the issues related to HIV prevention at community level (2007-2011).
2. Efficient system of partnership between the national HIV response and trafficking programmes is established (2007).
3. Bilateral cooperation with commonwealth of independent states (CIS) countries on implementation of HIV response activities among mobile populations is ensured (2007).
4. In 100% of prioritized border crossing locations pre-departure and post-arrival information and access to VCT are provided (2011).
5. 75% of mobile population have knowledge on HIV prevention (2010-2011).

**Objective 6.** HIV Prevention among EVYP aged 10-19 and MARA aged 15-19.

Strategy 1. Developing of HIV prevention approaches for EVYP and MARA.

Strategy 2. Creating system of peer education for EVYP and MARA and providing them peer education.

Strategy 3. Reducing the risk of HIV and STIs transmission among young IDUs aged 15-19.

Strategy 4. Reducing the risk of HIV and STIs transmission among young FSWs aged 15-19.

Strategy 5. Reducing the risk of HIV and STIs transmission among young MSM aged 15-19.

Strategy 6. Reducing the risk of HIV and STIs transmission among EVYP aged 10-19.

Strategy 7. Strengthening capacity of NGOs implementing HIV prevention projects among EVYP and MARA that would ensure effective implementation of the projects.

**Expected results:**

1. Peer education system is developed and introduced among EVYP and MARA with 60% coverage (2011).
2. 45% of EVYP and MARA are covered by the implemented HIV preventive activities (2011).
3. Youth-friendly health services are available countrywide (2011).
4. 100% of the staff of youth-friendly health services is trained (2011).

**Objective 7.** HIV Prevention among adolescents and young people aged 15-24.

Strategy 1. Further integration of HIV-related issues into educational institutions curricula.

Strategy 2. Providing peer education.

Strategy 3. Expanding youth-friendly services.

Strategy 4. Increasing access to VCT services.

Strategy 5. Ensuring access to condoms.

**Expected results:**

1. 90% of adolescents and young people aged 15-24 would have knowledge about HIV prevention (2008).
2. 95% of adolescents and young people aged 15-24 would have knowledge about HIV prevention (2010-2011).

**Objective 8.** HIV prevention among the personnel of uniformed services.

Strategy 1. Creating system of planned education on HIV and STIs-related issues.

Strategy 2. Creating peer education system and providing peer education.

Strategy 3. Conducting activities aimed at raising awareness of the personnel on HIV/AIDS, STIs and safer sexual behavior.

Strategy 4. Ensuring access to condoms.

Strategy 5. Strengthening capacity for HIV prevention among the uniformed services personnel.

Strategy 6. HIV prevention during professional activities implementation among the uniformed services personnel.

**Expected results:**

1. HIV/AIDS-related issues are included in the envisaged on-going educational programmes for the personnel of the Ministry of Defense and the Police by RA Government (2008).
2. HIV/AIDS educational programmes are introduced in educational institutions of the Ministry of Defense and the Police by RA Government (2007-2011).
3. 70% of the uniformed services personnel have knowledge on HIV prevention (2010-2011).
4. Peer education system is developed for the uniformed services personnel with 100% coverage (2011).
5. 75% of the uniformed services personnel have knowledge on STIs prevention and on avoiding complications associated with STIs (2011).
6. 100% of the uniformed services personnel have access to VCT services (2011).
7. Medical services are provided with sufficient quantity of HIV test-kits (2007-2011).
8. Motivation is created among the uniformed services personnel to apply for VCT services (2007-2011).
9. 100% provision of access to STIs treatment (2011).
10. System of rules and standards is developed for ensuring safety of professional activities implementation (2007-2008).
11. 100% of the inspectors of defensive company and staff of patrol duty service are provided with means of protection and first-aid kits as well as with guidelines on their proper use (2011).
12. Personnel of the Police by RA Government, National Security Service by RA Government and CEIs of the Ministry of Justice have sufficient knowledge on proper use of means of protection and first-aid kits (2011).

**Objective 9.** Prevention of mother-to-child HIV transmission.

Strategy 1. Ensuring access of pregnant women to HIV testing.

Strategy 2. Providing antiretroviral (ARV) preventive treatment to HIV-infected pregnant women and infants born to them.

**Expected results:**

1. All of antenatal clinics (100%) provide VCT (2009-2011).
2. 100% of VCT services providers are re-trained (2009-2011).
3. 100% of HIV-infected pregnant women receive prevention of mother-to-child HIV transmission (PMTCT) (2007-2011).

**Objective 10.** Provision of voluntary counseling and testing for HIV.

Strategy 1. Ensuring of HIV diagnostics systems functioning.

Strategy 2. Expansion of VCT system.

Strategy 3. Improving quality of provided VCT services.

**Expected results:**

1. VCT sites are functioning in all health care institutions (2007-2011).
2. Relevant number of VCT services providers are re-trained trained (2007-2011).
3. Sustainable financing of HIV diagnostics system is ensured (2007-2011).

**Objective 11.** Prevention of HIV transmission through donated blood and blood products.

Strategy. Improving quality of HIV laboratory screening of donated blood and blood products.

**Expected results:**

- 100% of donated blood samples are tested for HIV (2007-2011).

**Objective 12.** Strengthening HIV prevention in health care institutions.

Strategy 1. Developing and introducing of sanitary and epidemic standards ensuring sanitary-epidemic regime for HIV prevention in health care institutions.

Strategy 2. Developing and introducing of sanitary and epidemic standards organizing work of HIV-testing laboratories (including the issues of HIV transmission prevention).

Strategy 3. Raising awareness of health care workers on HIV prevention.

**Expected results:**

- HIV prevention is provided in health care institutions (2007-2011)

### **3. Treatment, Care and Support**

**Objective.** Ensuring universal access to treatment, care and support.

Strategy 1. Ensuring universal access to ARV treatment.

Strategy 2. Increasing the efficiency of ARV treatment.

Strategy 3. Providing the treatment to HIV/AIDS patients.

Strategy 4. Ensuring access to opportunistic infections (OIs) treatment and prevention.

Strategy 5. Ensuring access to quality care and support.

Strategy 6. Strengthening capacity for providing treatment, care and support to HIV/AIDS patients.

#### **Expected results:**

1. Antiretroviral treatment (ART) is accessible for 100% of HIV/AIDS patients (2010-2011).
2. All ARV drugs are registered in RA (2007-2011).
3. All health facilities in the country implement post exposure prophylaxis (PEP) strategy (2011).
4. 100% of HIV/AIDS patients have access to OIs laboratory diagnostics (2007-2011).
5. 100% of HIV/AIDS patients in need of OIs prevention/treatment receive it (2007-2011).
6. Methods of determination of HIV resistance and sensitivity to drugs are introduced (2008).
7. Home-based palliative services are accessible to all those in need (2010-2011).
8. 100% of HIV/AIDS patients have access to psychosocial support (2007-2011).
9. 100% of HIV positive children and children born to HIV-infected parents have access to social rehabilitation services (2010-2011).

### **4. Monitoring and Evaluation**

Strategy 1. Creation of the National Monitoring and Evaluation (M&E) system.

Strategy 2. Creation of internal system of monitoring and evaluation before creating the National M&E system.

Strategy 3. Creation of the system of sustainable collection of data on HIV and STIs prevalence as well as of behavioral surveillance in the uniformed services.

Strategy 4. Evaluation of Programme implementation.

**Expected results:**

1. RA has effective system of monitoring of the National Programme on the Response to HIV Epidemic, including mechanisms of data collection and data analysis (2008).
2. RA has unified national system of M&E of the National response to HIV (2009).
3. Monitoring of trends of HIV prevalence is carried out regularly (2007-2011).
4. Monitoring of behavioral patterns, driving HIV spread, is carried out regularly (2007-2011).

## **5. Management, coordination and partnership**

1. Coordination of the response to HIV at the national level:
  - Coordination of all activities aimed at implementation of this programme is carried out by the CCM.
  - The coordination of activities implemented by the governmental and local authorities is conducted by the relevant departments of those bodies and responsible persons.
2. Coordination of HIV response at the regional level:
  1. Coordination of activities implemented at the regional level is carried out by Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations (Marzpetarans).
  2. Councils on HIV/AIDS, TB and Malaria Issues are set up on the bases of Regional Administrations Heads' (Marzpets') Decisions.
3. Partnership

Partners for implementation of the National Programme on Response to HIV Epidemic are the following:

- Standing Committee on Social Affairs, Health Care and Environment of the National Assembly
- Inter-Faction/Inter-Standing Committee Parliamentarian Group on HIV/AIDS of the National Assembly
- UN Agencies
- Bilateral and multilateral agencies
- Local and International NGOs
- Mass Media
- Armenian Apostolic Church

## **6. Financing and financial resources mobilization**

Financing of this programme is carried out from the State Budget allocations as well as from the sources not prohibited by the law – allocations from public and private sectors, as well as financial support provided by international organizations, including financial support of the GFATM for 2007-2008.

To ensure sustainable and predictable financing it is necessary to carry out the following strategies:

Strategy 1. Fundraising and financial resources mobilization.

Strategy 2. Rational use of resources.