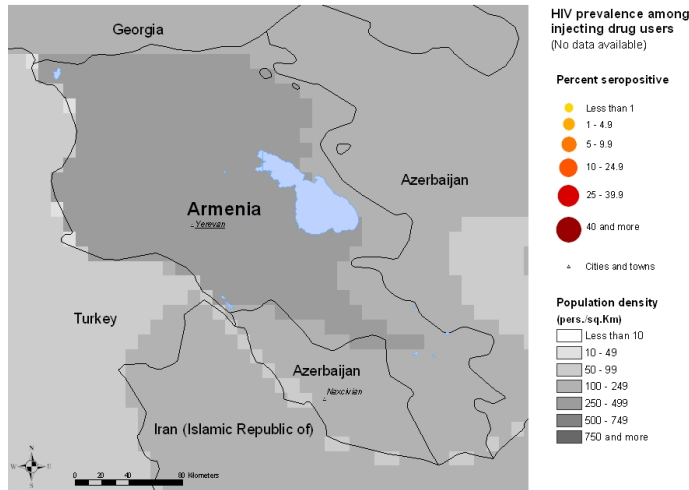


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: <200
 Antiretroviral therapy target declared by country: 20 by the end of 2005



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	3.1	United Nations
Population in urban areas (%)	2005	64.1	United Nations
Life expectancy at birth (years)	2003	73.1	WHO
Gross domestic product per capita (US\$)	2002	3 120	Instituto Nacional de Estadística
Government budget spent on health care (%)	2002	6	WHO
Per capita expenditure on health (US\$)	2002	42	WHO
Human Development Index	2003	0.759	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* In 2005, the National Center for AIDS Prevention of the Ministry of Health (NCAP) estimated that the adult prevalence of HIV/AIDS was 0.16%, and the number of people living with HIV/AIDS was between 2800 and 3000. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006. ** Demographic and Health Surveys.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.1 - 1.02%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	1 200 - 4 300*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	29	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	<200	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Nov 2005	138	NCAP*
HIV testing and counselling sites: number of people tested at all sites	Nov 2005	30 000	NCAP*
Knowledge of HIV prevention methods (15-24 years)% - female°	2000	7	DHS**
Knowledge of HIV prevention methods (15-24 years)% - male°	2000	8	DHS**
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°	2000	44	DHS**

3. Situation analysis

Epidemic level and trend and gender data

Armenia is part of the Caucasus region in eastern Europe, where HIV is beginning to spread rapidly. Since the Soviet Union collapsed, Armenia has faced socioeconomic difficulties in its transition to a market economy. Unemployment and poverty have resulted in increases in sex work, injecting drug use and migration, all of which fuel the HIV/AIDS epidemic. Armenia has a high rate of migration to the Russian Federation and Ukraine, where HIV prevalence among vulnerable population groups is high. The HIV prevalence in Armenia among adults is 0.16%. From 1988 to 1 December 2005, 375 cases of HIV infection were registered: 356 among Armenian citizens. Between January and November 2005, 71 new cases of HIV infection were registered, of whom 68 are Armenian citizens. A total of 101 HIV-infected individuals have been diagnosed with AIDS, of whom 18 are women and 4 are children. Of these registered AIDS cases, 37 were revealed between January and November 2005. Since the epidemic began, 76 deaths have been registered among people living with HIV/AIDS (including 12 women and 2 children). The numbers of new cases of HIV infection (68) and AIDS (37) registered in 2005 are higher than ever. Recent HIV/AIDS situation assessments indicate that an estimated 2800-3000 people are living with HIV/AIDS. The epidemic is concentrated among injecting drug users - 55% of all reported cases. Most people reported to be living with HIV/AIDS are men.

Major vulnerable and affected groups

Major vulnerable groups include injecting drug users, female sex workers, men who have sex with men, prisoners, migrants and refugees and certain groups of young people. The main mode of transmission is injecting drug use. The number of cases of infection with HIV through injecting drug use has increased considerably in recent years. According to the second-generation HIV surveillance data from 2005, HIV prevalence among injecting drug users is about 9% and less than 2% among female sex workers.

Policy on HIV testing and treatment

In 1997, the National Assembly adopted the Law on Preventing the Disease Caused by HIV, according to which HIV laboratory testing is performed on a voluntary and anonymous basis unless otherwise prescribed by law. A voluntary counselling and testing system has been introduced in health institutions since 2004. In 2002, the government adopted the National Programme on HIV/AIDS Prevention 2002-2006, which includes providing antiretroviral therapy to people living with HIV/AIDS. In 2004, national HIV/AIDS treatment and care protocols were developed based on the WHO HIV/AIDS treatment and care protocols for countries of the Commonwealth of Independent States and approved by the Ministry of Health. National guidelines on HIV/AIDS antiretroviral therapy were also developed, although there is no national implementation plan for scaling up antiretroviral therapy.

Antiretroviral therapy: first-line drug regimen, cost per person per year

Antiretroviral therapy was not available in Armenia until recently due to a lack of financial resources to procure antiretroviral drugs. It is envisaged to provide people living with HIV/AIDS with the antiretroviral therapy within the framework of the National Programme on HIV/AIDS Prevention 2002-2006 supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. There are no registered antiretroviral drugs in Armenia. Zidovudine + lamivudine + nevirapine (US\$ 325 per person per year) or zidovudine + lamivudine + efavirenz (US\$ 1525 per person per year) are recommended as first-line antiretroviral therapy regimens according to the national HIV/AIDS treatment and care protocols. Zidovudine + lamivudine + nelfinavir (US\$ 2369 per person per year) could be used as an alternative first-line regimen.

Assessment of overall health sector response and capacity

Armenia's political leadership has demonstrated strong commitment to HIV/AIDS prevention and care. The national strategic planning process was initiated in 2000, when the first sentinel epidemiological surveillance and rapid assessment was conducted among vulnerable groups (injecting drug users, men who have sex with men, sex workers and prisoners). The National Strategic Plan was approved in December 2000, which served as a basis for the development of the National Programme on HIV/AIDS Prevention 2002-2006 ratified by the government on 1 April 2002. The government has also developed a National Programme for the Prevention of Mother-to-Child Transmission. A National Interministerial Council on HIV/AIDS Prevention was also created in 2002 to coordinate the implementation of the National Programme on HIV/AIDS Prevention 2002-2006. One of the expected results of the National Programme on HIV/AIDS Prevention 2002-2006 is providing everyone who needs treatment with adequate therapy, including antiretroviral therapy. The government is negotiating with pharmaceutical companies to reduce the prices of antiretroviral drugs. At the first session of the National Interministerial Council on HIV/AIDS Prevention, the Country Coordination Commission on HIV/AIDS Prevention was established to determine current priority strategies on HIV/AIDS prevention, facilitate multisectoral coordination of the National Programme on HIV/AIDS Prevention and develop a funding proposal to be submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria. A network of reproductive health institutions can provide services for voluntary counselling and testing and preventing mother-to-child transmission. A network of laboratories monitoring HIV has also been established.

Critical issues and major challenges

No antiretroviral drug has been registered in Armenia. There is currently no substitution therapy for injecting drug users, and methadone is not registered. However, the government is committed to expanding the availability of methadone therapy for HIV-positive injecting drug users to ensure adherence to antiretroviral therapy. There is also a lack of trained health personnel to provide antiretroviral therapy.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

HIV/AIDS prevention programmes are funded by the state budget via the Ministry of Health, complemented by support from international organizations. The Global Fund to Fight AIDS, Tuberculosis and Malaria approved Armenia's Round 2 proposal for total funding of US\$ 7.2 million, focused on prevention activities among vulnerable populations; capacity-building; improvement of intersectoral coordination; and providing antiretroviral therapy, treatment of opportunistic infections and tuberculosis prophylaxis. However, additional resources will be required to expand antiretroviral therapy coverage. As of December 2005, US\$ 4.4 million had been disbursed. Harm reduction projects are being implemented in three cities and in three prisons in Armenia through projects supported by the Global Fund. The World Bank has preliminarily indicated that it will support the establishment of a national monitoring and evaluation system on HIV/AIDS within a budget of US\$ 0.3 million.

5. Treatment and prevention coverage

As of December 2005, 29 people were receiving antiretroviral therapy within the framework of the National Programme on HIV/AIDS Prevention 2002-2006 supported by the Global Fund. Among these, 19 were men, 5 women and 3 children. Six pregnant women living with HIV/AIDS and 7 of their children received prophylactic antiretroviral therapy, and three people received postexposure prophylaxis for both occupational and nonoccupational exposure. Fifty people living with HIV/AIDS received treatment and prophylaxis of opportunistic infections.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The National Center for AIDS Prevention of the Ministry of Health provides overall coordination, management and leadership of the health sector response. The Country Coordination Commission on HIV/AIDS Prevention is the coordinating body for all HIV/AIDS prevention activities implemented by government, nongovernmental and international organizations, private sector and civil society and ensures wide participation of nongovernmental and international organizations, people living with HIV/AIDS and other people affected by the epidemic.

Service delivery

The Ministry of Health provides leadership in delivering prevention, care and treatment services through the National Center for AIDS Prevention. Other partners supporting the delivery of antiretroviral therapy include World Vision (principal recipient for the National Programme on HIV/AIDS Prevention 2002-2006 supported by the Global Fund), UNDP (procurement of antiretroviral drugs in the first phase of the programme implementation) and WHO (technical support).

Community mobilization

Seventeen local nongovernmental organizations in Armenia are actively implementing projects on HIV/AIDS prevention, community mobilization and capacity-building among people living with HIV/AIDS and affected communities. Some of the nongovernmental organizations are supported by international donor organizations such as the Global Fund.

Strategic information

The National Center for AIDS Prevention provides leadership in HIV/AIDS surveillance activities, monitoring and evaluation process. WHO is the main strategic partner in technical support and guidance.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting a workshop on developing a national plan and treatment protocols
- Supporting the development of national HIV/AIDS treatment and care protocols, including preventing mother-to-child transmission, and national guidelines on HIV/AIDS antiretroviral therapy
- Providing guidance on WHO clinical staging for HIV/AIDS and the definition of AIDS cases for surveillance

Key areas for WHO support in the future

- Developing a national policy on access to HIV/AIDS treatment and care and ensuring universal access
- Developing a national care plan and HIV/AIDS treatment protocols, including prevention of mother-to-child transmission
- Integrating second-generation HIV surveillance into national policies
- Establishing a national system for HIV/AIDS surveillance and data management
- Supporting the development of a national implementation plan to scale up antiretroviral therapy
- Supporting the training of health care providers on antiretroviral therapy, laboratory diagnostics, prevention and treatment for opportunistic infections and training on palliative care and support for people living with HIV/AIDS

Staffing input for scaling up HIV treatment and prevention

Current WHO staff supporting HIV/AIDS activities comprises a National Programme Officer.