AIDS RESPONSE PROGRESS REPORT

Republic of Armenia

Reporting period: January-December 2015

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I. Status at a glance

a) The inclusiveness of the stakeholders in the report writing process

The Country Progress Report was developed under the overall guidance of the Country Coordination Commission on HIV/AIDS, TB and malaria issues (CCM) in the Republic of Armenia. The draft Report was developed with the participation of interested governmental, non-governmental and international organizations, based on the results of the interviews with key informants, and analysis of the existing information. The draft Report was disseminated among all the interested stakeholders for their comments and recommendations, which were presented at the Consensus Workshop, held on 31 March 2015. The Report was finalized at the Consensus Workshop.

b) The status of the epidemic

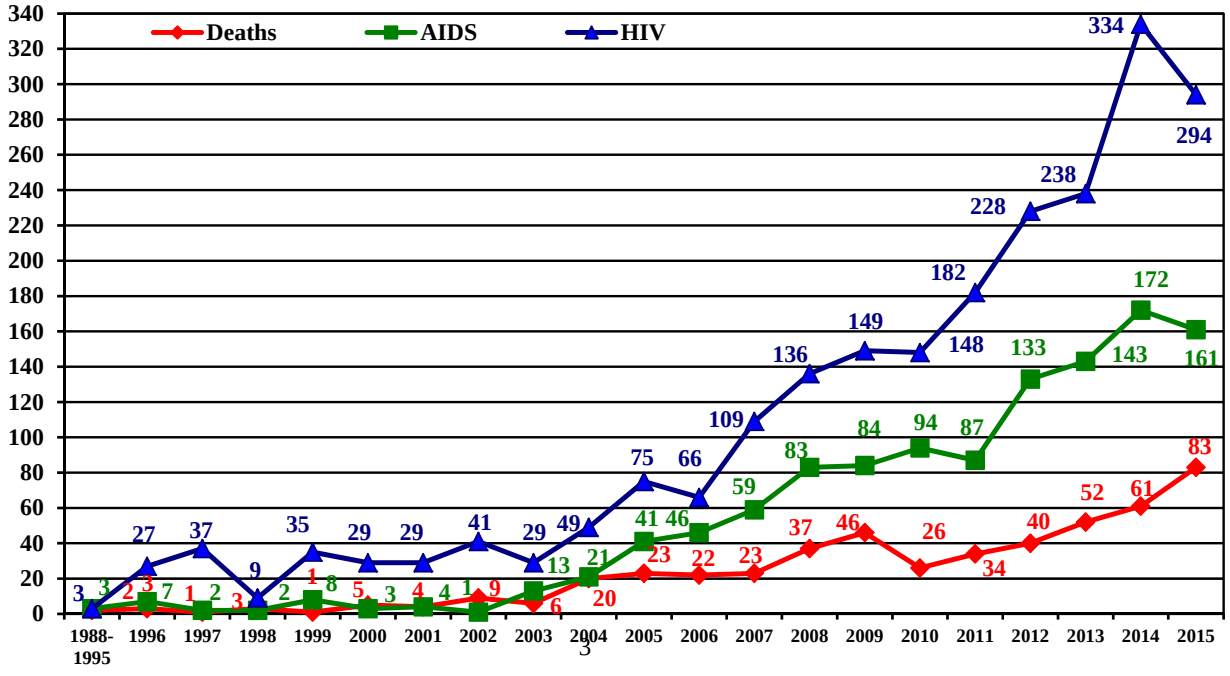
The registration of HIV cases in Armenian started in 1988. By the end of December 2015 2247 HIV cases were registered in the country among the citizens of Armenia, including 42 cases of HIV infection among children.

AIDS diagnosis was made to 1167 patients with HIV, of whom 24 are children. 500 death cases have been registered among HIV/AIDS patients, including 8 children.

The HIV/AIDS situation assessment shows that the estimated number of people living with HIV in the country is about 3800.

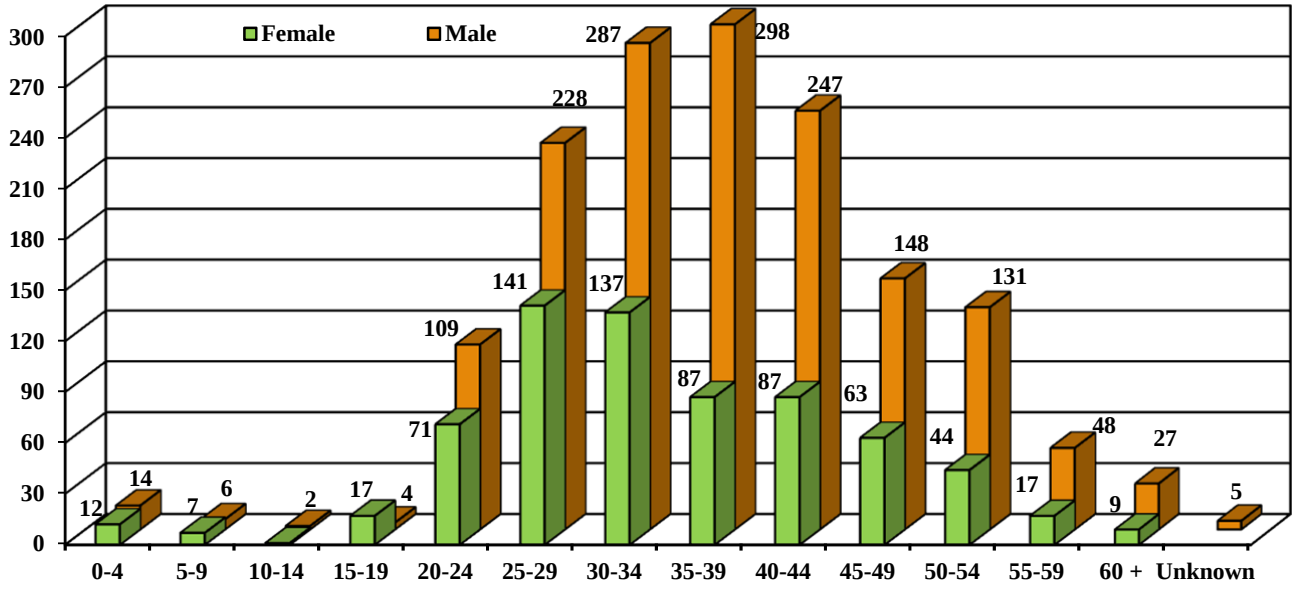
Allocation of the HIV cases according to the years of registration shows that the number of registered cases has been increasing year after year until 2015, which was at maximum in 2014 (Figure 1). During 2015 294 HIV cases were registered and 161 cases of AIDS were diagnosed. On the whole, more than half of all registered HIV and AIDS cases have been diagnosed within the last 5 years.

Figure 1. *Distribution of HIV/AIDS cases and deaths according to the years of registration*



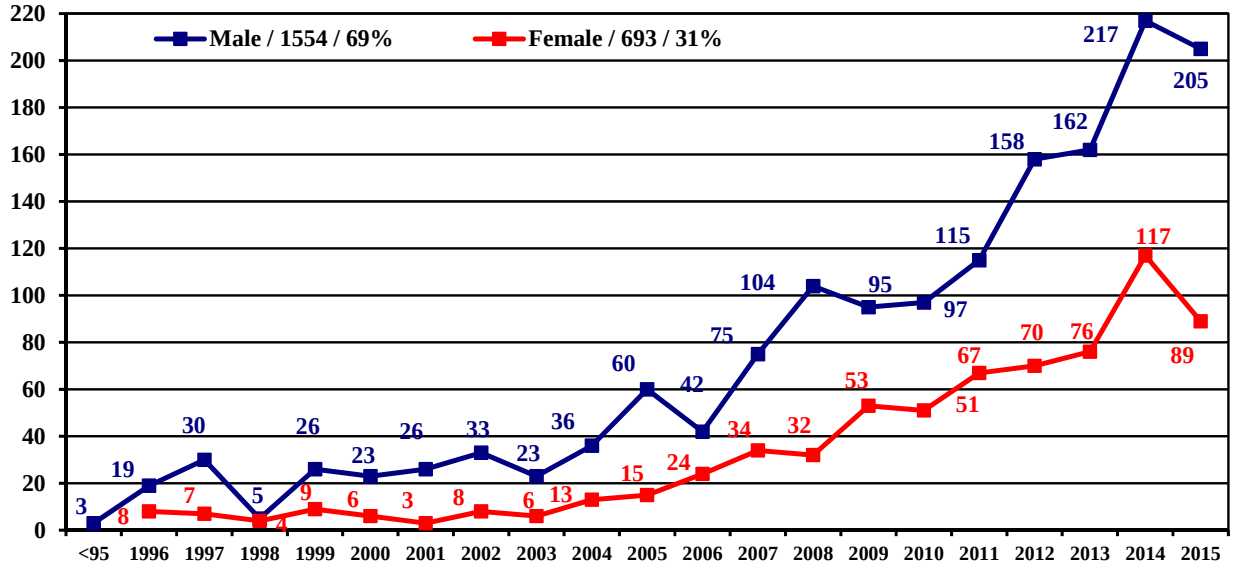
Allocation of HIV cases by age groups and gender shows that more than half of the all the registered HIV cases (52.4%) are aged 25-39, i.e. in active reproductive age (Figure 2).

Figure 2. *Allocation of HIV cases by age groups and sex*



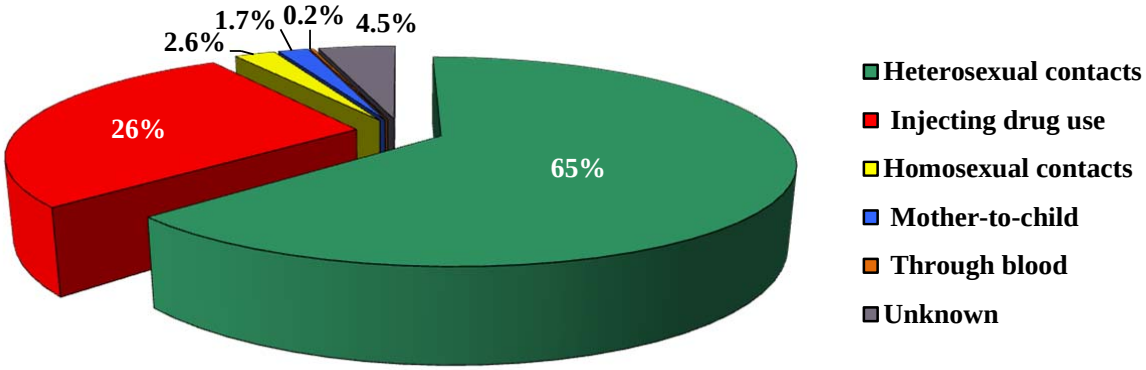
Allocation of HIV cases by gender and age shows that males constitute a major part in the total number of HIV cases - 69%, females make up 31% (Figure 3).

Figure 3. *Allocation of HIV cases by gender and by years of registration*



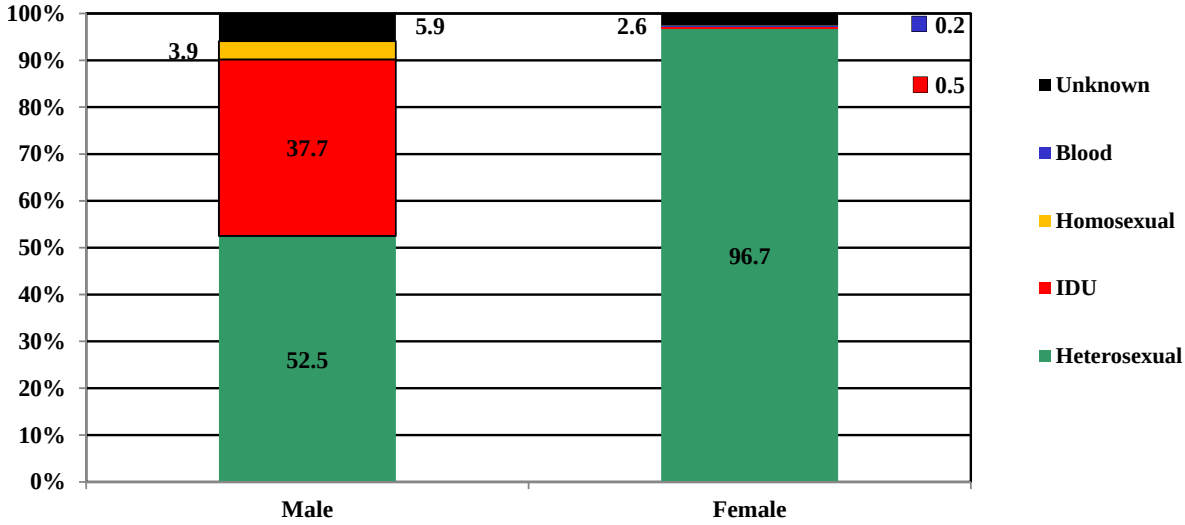
The analysis of the HIV cases registered in Armenia according to modes of transmission (Figure 4.) shows that the main modes of HIV transmission are through heterosexual practices (65%) and injecting drug use (26%). Additionally, there are also registered cases through homosexual practices (2.6%), as well as mother-to-child HIV transmission (1.7%) and transmission through blood (0.2%).

Figure 4. *Distribution of the registered HIV cases according to the modes of transmission*



The mode of HIV transmission through heterosexual practices is the key one both for males and females (Figure 5). The analysis of modes of HIV transmission according to gender shows that more than half of all the males (52.5%) were infected through heterosexual practices, and through injecting drug use - 37.7%. Almost all the women (96.7%) were infected through heterosexual contacts.

Figure 5. *HIV transmission modes by sex, 2015*



Distribution of HIV-infected males and females according to the transmission modes is presented in Table 1.

Table 1. *Distribution of HIV-infected males and females according to the transmission modes*

Sex	Transmission modes through										Total	
	Injecting drug use		Heterosexual contacts		Homosexual contacts		Blood		Unknown			
	Abs. N	%	Abs. N	%	Abs. N	%	Abs. N	%	Abs. N	%	Abs. N	%
Male	578	37.7	805	52.5	59	3.9	-	-	91	5.9	1533	100
Female	3	0.5	650	96.7	-	-	1	0.2	18	2.6	672	100

Nearly all the children were infected through mother-to-child HIV transmission mode (Table 2).

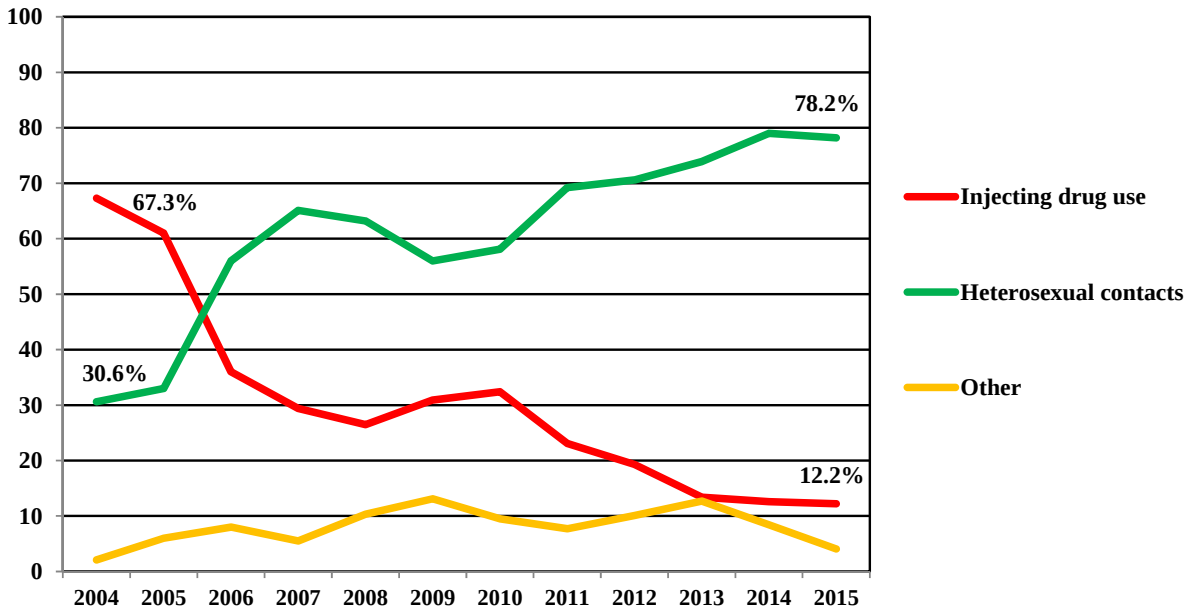
Table 2. *Modes of HIV transmission among children*

Mother-to-child		Through blood		Total	
Abs. N	%	Abs. N	%	Abs. N	%
39	92.9	3	7.1	42	100

HIV spread in our country has some characteristic features compared to HIV spread in other countries in the region

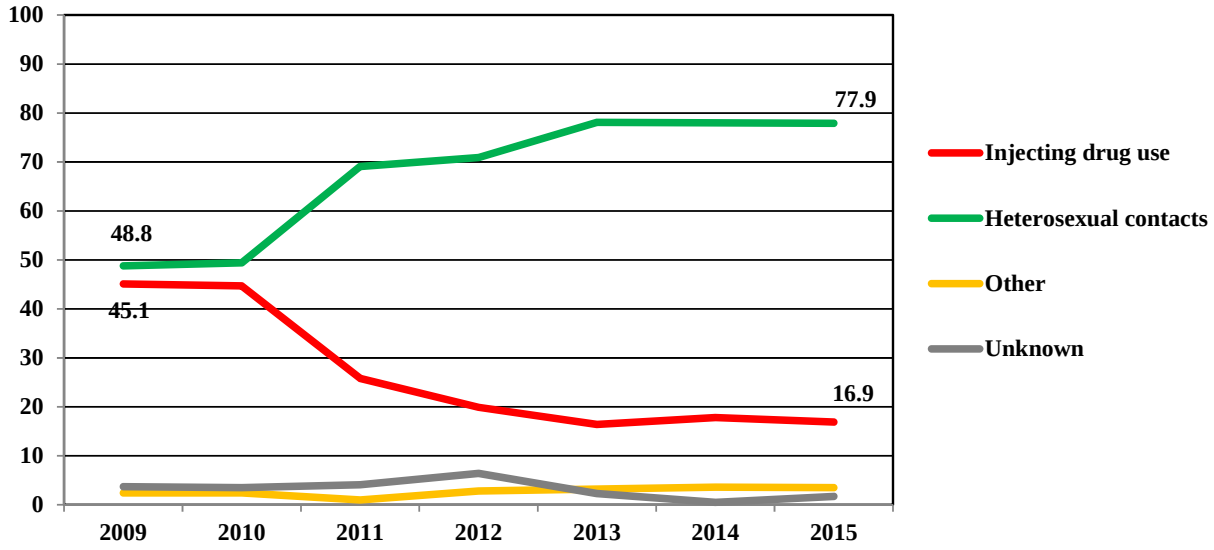
The **first characteristic feature** of the HIV epidemic in Armenia is that starting from 2004 a change of main modes of HIV transmission can be seen (Figure 6). The proportion of cases of HIV infection through injecting drug use was reduced in more than 5.5 times in 2004-2015 reaching 12.2%, whereas the proportion of the cases infected through heterosexual contacts increased in more than 2.5 times reaching 78.2%.

Figure 6. *Shift in the main modes of transmission, 2004-2015*



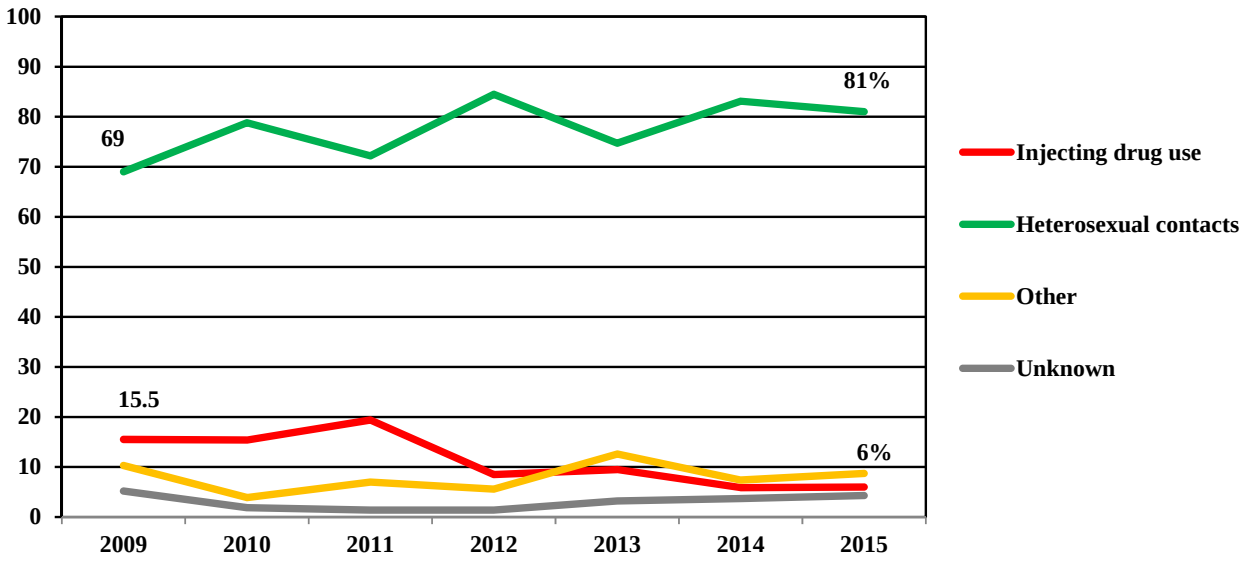
The trend of increasing of cases of HIV infection through heterosexual contacts and decreasing of cases of HIV infection through injecting drug use is also observed among those infected abroad (Figure 7). The proportion of HIV cases infected through heterosexual contacts increased in more than 1.1 times in the last 5 years, and of those infected through injecting drug use decreased in 1.5 times. In 2015 the HIV transmission through heterosexual intercourse made up about 78%, and through injecting drug use - less than 17%.

Figure 7. *Distribution of the registered HIV cases according to the modes of transmission and probable place of infection, 2009-2015*



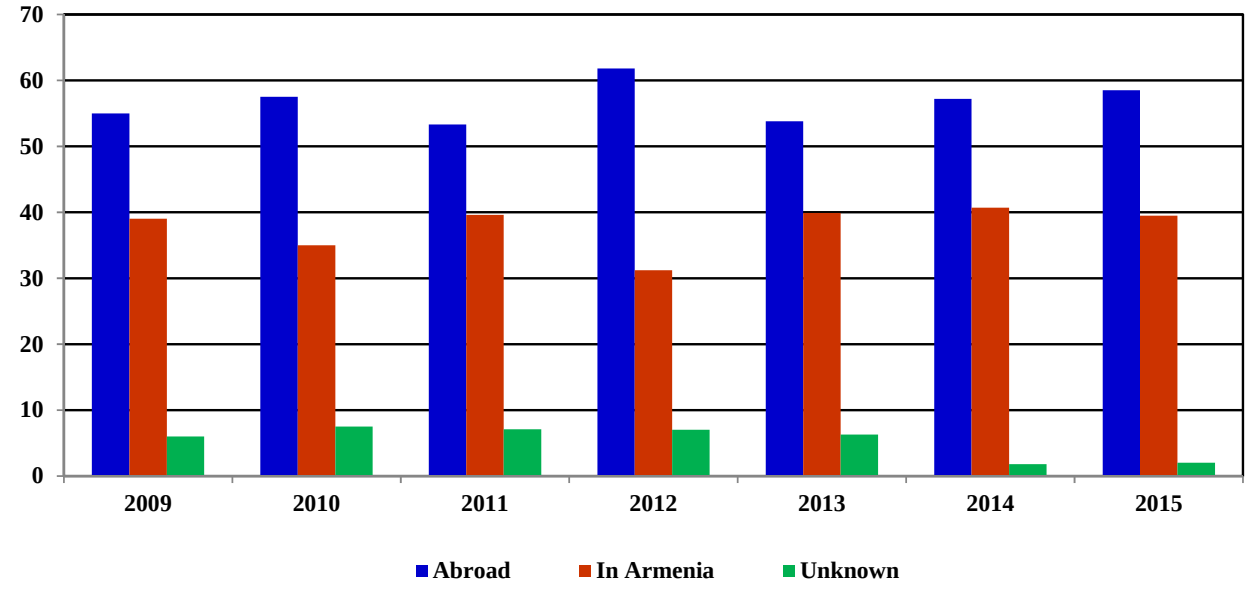
Similar trend is observed among those infected in the Republic of Armenia (Figure 8). In particular, the number of cases infected through heterosexual intercourse increased and made up 81% in 2015, and the number of cases infected through injecting drug use decreased and made up 6%.

Figure 8. *Distribution of the registered HIV cases according to the modes of transmission and probable place of infection, 2009-2015*



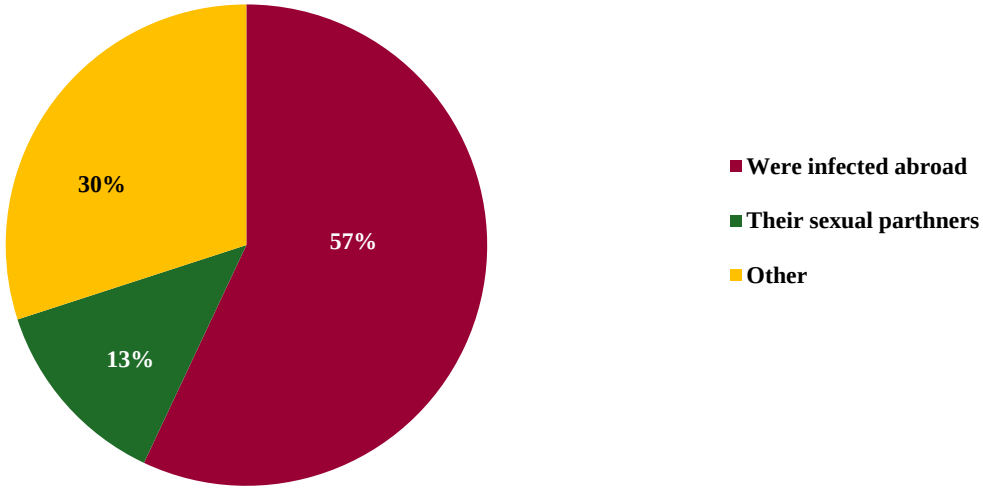
The **second characteristic** feature of the HIV epidemic in Armenia is the migration factor influence on the total number of HIV cases registered in the country (Figure 9). Thus, more than half of the HIV patients registered during 2009-2015 had been probably infected outside Armenia, of whom more than 90% - in Russia (91% in Russia, 5% - in Ukraine, 0.8% - in Poland, 0.7% - in Kazakhstan, 2.6% - in other countries).

Figure 9. *Probable place of infection, 2009-2015*



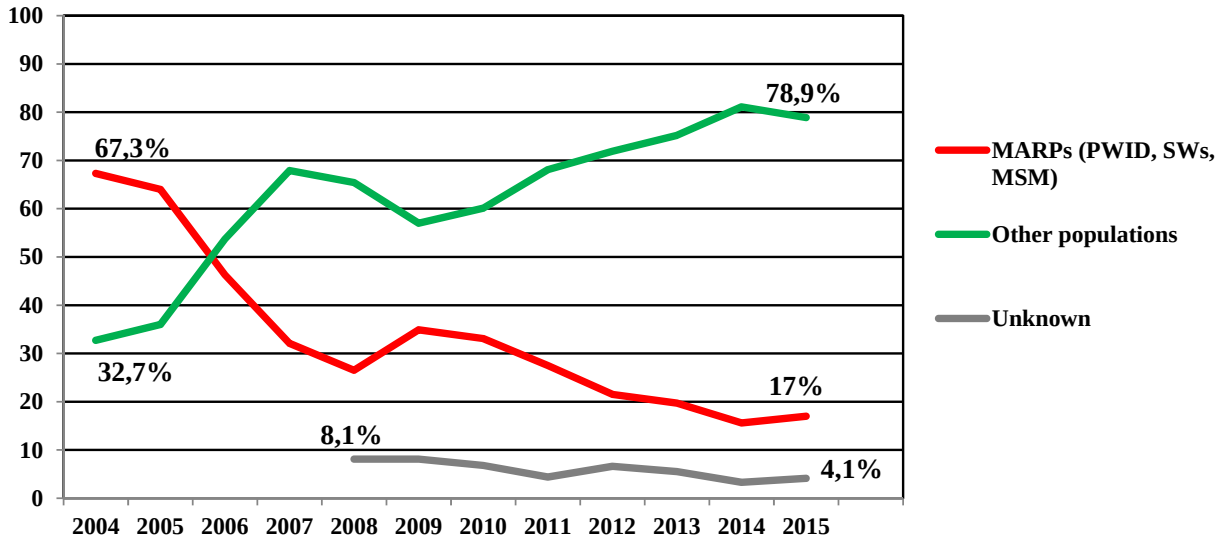
In general, 57% of the registered adult cases in 2011-2015 were infected abroad, 13% - their sexual partners (Figure 10). Thus, 70% of cases registered in 2011-2015 are associated with migration.

Figure 10. *Role of migration in the structure of cases registered in 2012-2015 (adults)*



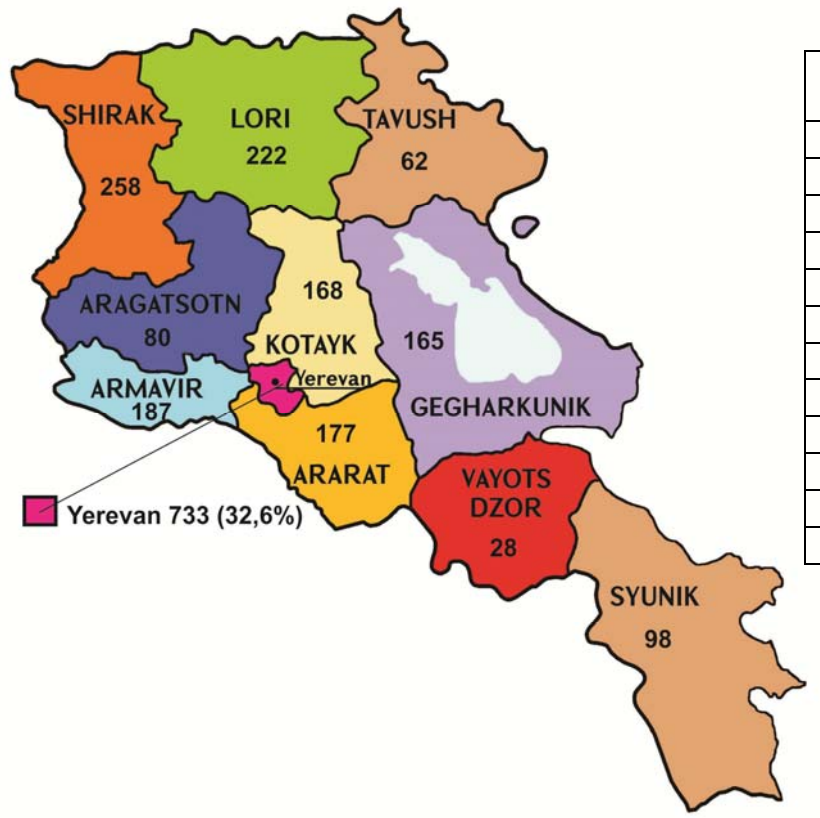
The **third characteristic** feature of the HIV epidemic in Armenia is that the proportion of so-called "classical risk populations" (PWID, SWs, MSM) in the total number of registered HIV cases has been reducing year after year starting from 2004 (Figure 11). It was reduced in about 4 times within the last 12 years and made up 17% in 2015. The majority – 78.9% are the migrants and their partners, partners of the above-mentioned risk populations, those practicing unsafe sexual behaviour.

Figure 11. *Distribution of the registered HIV cases according to the population groups, 2004-2015*



The maximum number of HIV cases was reported in Yerevan, the capital: 733 cases, which constitute around 1/3 of all the registered cases (Figure 12). Shirak marz follows next - 258 cases, which constitute 11.5% of all the registered cases.

The estimation of total number of HIV registered cases per 100 000 population shows the highest rate in Shirak marz – 104.7, followed by Lori marz, Gegharkunik marz, Armavir marz with the rates of 97.4, 70.8 and 70 respectively.



Number of registered HIV cases per 100,000 populations	
Yerevan	68.4
Shirak	104.7
Lori	97.4
Gegharkunik	70.8
Syunik	69.9
Armavir	70.7
Ararat	68.1
Kotayk	65.9
Aragatsotn	60.9
Vayots Dzor	54.5
Tavush	48.9
Total	**72.7**

c) Policy and Programmatic response

Armenia has joined all the International initiatives taken in the field of HIV/AIDS. Having adopted UNGASS Declarations of Commitment, Armenia committed itself to develop strategic programmes and ensure multisectoral response to the HIV epidemic in the country, to monitor regularly the progress in implementing the agreed-on commitments, to ensure universal access to HIV/AIDS prevention, treatment, care and support, to halt and begin to reverse the spread of HIV/AIDS by 2015.

Prioritizing the issue of responding to HIV/AIDS and being consistent with the commitments undertaken by signing the Declarations, the Government of the Republic of Armenia approved the National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2013-2016, aimed at forming effective response to the HIV epidemic. The strategies and activities of the National Programme on the Response to HIV Epidemic in the Republic of Armenia for 2013-2016 to HIV epidemic are related to the following 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

The Programme beneficiaries

- people living with HIV (including HIV-infected pregnant women and infants born to them, PLHIV family members)
- People who inject drugs (PWID)
- sex workers (SWs)
- men who have sex with men (MSM)
- prisoners
- migrants and refugees
- youth
- general population

All activities implemented within the framework of the National Programme on the Response to the HIV epidemic in Armenia are being coordinated by the Country Coordination Mechanism for HIV/AIDS, TB and malaria Programs (CCM) in the Republic of Armenia established in 2002 and reformed in 2011. The CCM is a multi-sectoral commission including representation of the government, academic sector, local and international NGOs, faith-based organizations, UN agencies and bilateral development partners, private sector, and also people living with the diseases. 29 members of the current CCM include 11 representatives of governmental sector, 4 representatives of UN agencies and bilateral development partners, 13 civil society representatives, including 6 of local NGOs (two of which represent people living with the diseases), 5 of international NGOs, 1 representative of academic sector, 1 representative of faith-based organizations, and 1 representative of private sector. Thus, among 29 CCM members about a half (44.8%) represent civil society.

The National AIDS Programme on the Response to HIV Epidemic in the Republic of Armenia for 2013-2016 (which is the multi-sectoral strategy/action framework) has been discussed with the participation of the interested national stakeholders. The civil society representatives have taken an active part in the process of developing the proposals and activities to strengthen the response, particularly in parts referring to activities targeted at the key populations at higher risk and PLHIV.

d) UNGASS indicator data in an overview table

	Indicators	Value	Year
1.1	Young people: Knowledge about HIV prevention	22.4%	2014
1.2	Sex before the age of 15	11.8%	2014
1.3	Multiple sexual partnerships	15.2%	2010
1.4	Condom use at last sex among people with multiple sexual partnerships	72.3%	2010
1.5	People living with HIV who know their status	43.9%	2015
1.6	HIV prevalence from antenatal clinics by age group	0.06%	2015

2.1	Size estimations for key populations		
	IDUs	12700	2010
	MSM	6600	2010
	CSWs	6200	2010
2.2	Sex workers: condom use	93.9%	2014
2.3	HIV testing in sex workers	56.7%	2014
2.4	HIV prevalence in sex workers	0%	2014
2.5	Men who have sex with men: condom use	65.3%	2014
2.6	HIV testing in men who have sex with men	49.1%	2014
2.7	HIV prevalence in men who have sex with men	0.4%	2014
2.8	People who inject drugs: prevention programmes	65.3%	2015
2.9	People who inject drugs: condom use	41.7%	2014
2.10	People who inject drugs: safe injecting practices	96.9%	2014
2.11	HIV testing in people who inject drugs	24.9%	2014
2.12	HIV prevalence in people who inject drugs	4%	2014
2.13	Opioid substitution therapy coverage	3.8%	2015
2.14	HIV prevalence in inmates/detainees	1.2%	2015
2.15	HIV prevalence in transgender people	N/A	
4.2	HIV Treatment: 12 months retention	85.2%	2015
4.2.a	HIV Treatment: 24 months retention	77.6%	2015
4.2.b	HIV Treatment: 60 months retention	76.6%	2015
4.4	Antiretroviral medicines (ARVs) stock-outs	0	2015
4.5	Late HIV diagnoses	39.7%	2015
4.6	Viral load suppression	In process	2015
4.3.b	Number of health facilities that offer paediatric antiretroviral therapy		
4.7	AIDS-related deaths	62	2015
11.1	Co-management of tuberculosis and HIV treatment	99	2015
11.2	Proportion of people living with HIV newly enrolled in HIV care with active tuberculosis disease	20.6%	2015
11.4	Hepatitis B testing	5%	2015
11.5	Proportion of HIV/HBV coinfected persons on combined treatment	75%	2015
11.6	Hepatitis C testing	8.6%	2015
11.7	Proportion of persons diagnosed with HIV/HCV infection started on HCV treatment	0%	2015
11.8	Syphilis testing in pregnant women	94.5%	2015
11.9	Syphilis rates among antenatal care attendees	0.0023%	2015
11.10	Syphilis treatment coverage among syphilis-positive antenatal care attendees	100%	2015
11.11	Congenital syphilis rate (live births and stillbirth)	0%	2015
11.12	Men with urethral discharge	0.022%	2015

11.13	Genital ulcer disease in adults	0%	2015
6.1	AIDS spending	2,166,226,706	2015

II. Overview of the AIDS epidemic

In 2014 estimations and projections related to the HIV infection were conducted in Armenia within the framework of the "HIV epidemic estimation and projection" process initiated and supported by UNAIDS. Those estimations showed that there are 3800 people living with HIV in Armenia, and HIV prevalence among people aged 15-49 is 0.2%.

Behavioural and biological HIV surveillance was conducted in Armenia in 2014. The surveillance results give the picture of the HIV epidemic in the country. Therefore, according to the data of the behavioural and biological HIV surveillance, 2014, HIV prevalence among PWID is 4%; HIV prevalence among SWs is 0%; HIV prevalence among MSM is 0.4%.

III. National response to the AIDS epidemic

The strategies of the national response to AIDS are presented in the National Programme on the Response to the HIV Epidemic in the Republic of Armenia for 2013-2016. The activities implemented within the framework of those strategies are funded by the Global Fund to fight AIDS, TB and Malaria, through allocations from the State Budget and financial support provided by other donors.

The data on expenditures made in the field of HIV/AIDS in 2015 by the organizations implementing and/or financing HIV/AIDS programmes are used to estimate the AIDS spending indicator. The data were reported by completing the National Funding Matrix. According to the collected data, the total of AIDS Spending made in Armenia in 2015 amounted to AMD 2,166,226,707. The sum of allocations from the State Budget made up 36.1% of the total AIDS spending in 2015.

Table AIDS spending in the Republic of Armenia in 2015 by financial sources (AMD)

	2015	
	Absolute number	**%**
State Budget	782,650,365	**36.1%**
GFATM	957,017,710	44.2%
UN agencies	74,190,614	3.4%
International	352,368,018	16.3%
Russian Government	*313,739,018*	*89%*
Total	**2,166,226,707**	**100%**

Prevention

HIV/AIDS prevention activities, implemented within the framework of the GFATM-supported National AIDS Programme among key populations at higher risk, including persons who inject drugs (PWID), men who have sex with men (MSM) and sex workers (SWs) as well as other key populations, including the mobile population and prisoners were in progress in the reporting period. Programmatic coverage has been expanded and targeted HIV prevention interventions have been scaled up among all the target groups.

The HIV Counselling and Testing System is in place in Armenia and it is mainly integrated in the existing health care system.

Provider-initiated HIV counselling and testing has been widely integrated in antenatal clinics. That allows providing such services to more than 95% of pregnant women, favouring improvement of HIV diagnostics among them. PMTCT services are accessible for all pregnant women diagnosed with HIV and infants born to them.

Infrastructure of HIV laboratories screening donated blood has been established in Yerevan city and marzes. The laboratories are appropriately equipped and provided with high-quality test-kits.

Starting from 2009 substitution treatment for PWID has been provided in the country.

Care/treatment and support

Starting from 2005 provision of free of charge antiretroviral treatment (ART) was initiated in Armenia within the framework of ensuring universal access to HIV treatment, care and support. As of 31 December 2015 ART was being provided to all the patients with HIV eligible for treatment, who gave their consent for the treatment receiving (totally 941 patients, of whom 24 are children).

The follow-up of the HIV patients included provision of outpatient treatment, prevention and relevant laboratory testing for opportunistic diseases.

The patients' follow up includes regular monitoring of CD4 cell count and viral load, as well as complete blood count, blood biochemistry testing, diagnostics of OIs and of viral Hepatitis. The National AIDS Center and NGOs provide social and psychological support to people living with HIV within the framework of care and support provision to them. Medical Mobile Team is functioning to make the services on HIV/AIDS treatment, care and support accessible for HIV patients residing in marzes. In-patient treatment of opportunistic diseases is provided within the state basic benefit package. Management of coinfections, in particular of HIV/TB co-infection as well as the system of referral of patients with coinfections have been improved. System of referral of PWID for receiving substitution treatment is in place. ARV treatment is accessible for prisoners. Substitution treatment has been introduced for prisoners also.

IV. Best practice

1. Due to complex activities on prevention of mother to child HIV transmission, from 2007 until now no case of HIV has been registered among children born to women provided with ARV prophylaxis for MTCT prevention.
2. Due to measures taken to prevent HIV transmission through donated blood, from 2001 until now no case of HIV transmission through donated blood has been registered in the country.
3. Within the framework of the programmes supported by the Russian Government and GFATM, HIV prevention projects are introduced and implemented in 100 communities in country regions among the most vulnerable population - migrants and their family members. Health services package is provided by the mobile medical teams on site or at the mobile medical and diagnostic clinic. The health services package comprises HIV services, including HIV testing and counselling. As a result, access to HIV testing and counselling has been enlarged for the migrants and their family members, as well as their appealability for the testing. Therefore, the number of those tested has been increased, HIV detectability and diagnostics have been improved, treatment coverage has been expanded, which, first of all has immediate prevention significance.

4. Following the National Programme on the Response to the HIV Epidemic in the Republic of Armenia, 2007-2011, supported by the GFATM, with the aim to provide health care workers with retraining and advanced studies on HIV/AIDS, starting from 2010 five-day "HIV infection" training course was introduced in the National Institute of Health of the Ministry of Health of the Republic of Armenia, which was provided on the basis of the National Center for AIDS Prevention. The training course was introduced into the credit system of health care workers' advanced training. The curriculum and schedules were discussed and approved by the Educational and Methodological Council of the National Institute of Health. The "HIV infection" training course was focused on developing health care workers' capacity on the issues of HIV prevention and treatment, reducing stigma and discriminations with the aim to provide quality medical HIV services. Introduction of the "HIV infection" training course has institutionalized the advanced training of health care workers on the issues of HIV. This course provision served as a significant input into raising appropriate knowledge of health care workers. It furthered their clinical thinking development, increase in number of those tested for HIV according to clinical indications and of those HIV diagnosed, expansion of ART coverage, as well as decrease of stigma and discrimination of HIV patients.

V. Major challenges and remedial actions

The major challenges associated with ensuring sustainability, continuity and scaling-up of HIV diagnostics, follow up of HIV patients, ART provision and monitoring include:

1. ensuring sustainability and continuity of the key activities;
2. uninterrupted and timely supply with drugs, test-kits and consumables to meet the requirements of the expanded activities;
3. scaling up the ART and diagnostics infrastructures;
4. completing relevant staff in consistency with the services expansion.

VI. Support from the country's development partners

In general, the National Response on AIDS is supported from the state financial sources, as well as from the donors' financial sources, mainly GFATM and the Russian Government, and others.
Successful implementation of the National AIDS Programme, which is the key prerequisite to achieving the UNGASS targets, was ensured mostly through the financial support provided by the GFATM. It should be mentioned that GFATM has been the main donor supporting the National AIDS Programme and covering about XX% of the country response to AIDS.

It is necessary to continue putting forth efforts to raise funds, and more actively involve donor organizations into that process, which would promote bridging the financial gaps and successful implementation of the National AIDS Programme, which is an important prerequisite to achieving universal access to HIV prevention, treatment, care and support.

VII. Monitoring and Evaluation

To assess the progress trends in the national response to the HIV/AIDS and to enhance decision making processes, monitoring and evaluation of activities is implemented under the National AIDS Programme according to the Monitoring and Evaluation Plan aimed to guide and coordinate the effective collection, analysis, aggregation and use of data. Monitoring and Evaluation National Unit (M&E Unit) has been established and is operating in the country, which carries out the activities envisaged by the Monitoring and Evaluation Plan for the National AIDS Programme. The M&E Unit regularly collects data on the activities implemented within the framework of the National AIDS Programme by the governmental, non-governmental and international organizations, constructs required indicators, develops reports, including those on the progress of implementation of commitments on HIV/AIDS the country undertook under various international declarations.
HIV Surveillance in Armenia is conducted according to the HIV Surveillance National Protocol, approved by the Minister of Health of the Republic of Armenia. The Protocol provides methodology of routine and sentinel HIV surveillance, their procedures. Also, Epidemiological HIV surveillance Operational manual was developed presenting in detail implementation of routine and sentinel HIV surveillance.
The routine statistics data are collected by the NCAP of the Ministry of Health of the Republic of Armenia. The routine statistics data are collected by the NCAP of the Ministry of Health of the Republic of Armenia. Information about the work of all HIV testing laboratories countrywide is collected. Monthly and annual statistical reports are submitted to the NCAP. The received reports on the results of performed HIV tests include information about tested individuals (including pregnant women, infants born to HIV-infected women). Information is provided according to sex, age, place of residence (the capital, other cities, villages), numbers tested and number of performed tests. Data aggregated by the NCAP are submitted on a quarterly (cumulative) and annual basis to the Information- Analytical Center of the National Institute of Health, to the National Statistical Service and to the National CDC of the MoH of the Republic of Armenia.
Data on epidemiological situation and ARV treatment monitoring are collected at the NCAP Surveillance and Medical Care Departments and are reported to the NCAP's National M&E Unit.

Routine HIV surveillance allows collecting comprehensive information on newly registered HIV and AIDS cases. The NCAP laboratory is the only reference laboratory in the country, making the final HIV diagnosis and performing laboratory testing necessary for ARV treatment monitoring. The NCAP submits monthly reports on newly registered HIV and AIDS cases and quarterly reports on HIV/TB, HIV/Hepatitis B, HIV/Hepatitis C co-infected cases to the National Center of Diseases Control and Prevention of the MoH of the Republic of Armenia.

The M&E Unit monthly updates data on the HIV and AIDS epidemiological situation in the Republic of Armenia and places it on a website at www.armaids.am.

To assess HIV prevalence among various vulnerable populations, their risk behaviours and awareness, biological and behavioural surveillances are conducted.

Monitoring of the projects implemented within the framework of the GFATM-supported programme is conducted by the Principle Recipient (PR) of this programme. The projects implemented within the framework of the GFATM-supported programme submit quarterly and annual reports to the PR. The PR aggregates the submitted reports, prepares consolidated report and submits it to CCM and GFATM.

In addition to the above-mentioned data collection method, other sources of information are used for calculating necessary indicators.