

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

Yerevan, 2006

List of abbreviations

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
BCC	Behavioral Change Communication
CCM	Country Coordination Commission on HIV/AIDS, TB and Malaria Issues
CEI	Criminal-Executive Institution
CIS	Commonwealth of Independent States
EVYP	Especially Vulnerable Young People
FSW	Female Sex Worker
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDU	Injecting Drug User
IEC	Information Education Communication
IEM	Information Education Materials
KAP	Knowledge, attitude, practice
MARA	Most at Risk Adolescents
Marz	The country region
MSM	Men who have sex with men
NCAP	National Center for AIDS Prevention
NGO	Non-governmental organization
OI	Opportunistic Infection
PCR	Polymerase Chain Reaction
PEP	Post-exposure prophylaxis
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child HIV transmission
RA	Republic of Armenia
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
VAT	Value Added Tax
VCT	Voluntary counseling and testing for HIV
WHO	World Health Organization
WV	World Vision International Armenian Branch

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1. Strategic Planning Process

The Response Analysis was conducted on the basis of the data collected from 5 main sources, including: results of Behavioural and Biological HIV Surveillances conducted in October–November 2005; recommendations made during the National workshop on Scaling-up towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support held in January 2006; data from the National Report on monitoring of implementation of UNGASS Declaration on Commitment on HIV/AIDS submitted to UNAIDS in December 2005; information from official sources, including reports of the Principle Recipient and sub-recipients of the GFATM-supported Programme on HIV/AIDS Prevention, the CCM documents, UN bulletins, key ministries' reports, including those on the National Programme on HIV/AIDS Prevention implementation, Country Specific Strategic Plan on HIV/AIDS Prevention among Especially Vulnerable Young People and Most at-Risk Adolescents in the Republic of Armenia for 2007-2011 and Country Specific Strategic Plan on HIV/AIDS Prevention Interventions for Uniformed Services for 2006-2011 developed in 2005; interviews with key informants, including representatives of the key ministries, representatives of NGOs and international organizations working in the field of HIV prevention.

2. Introduction

2.1 HIV epidemic in the Republic of Armenia

In Armenia registration of cases of human immunodeficiency virus infection started in 1988. In general the HIV/AIDS statistics in the country is as follows:

From 1988 to 30 September 2006, 237 HIV cases had been registered among the citizens of the Republic of Armenia.

234 cases of HIV infection were registered during the period of implementation of the first National Programme on HIV/AIDS Prevention (1 April 2002 - 31 August 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.

55 new cases of HIV infection were registered in the period of January to 30 September 2006.

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

Thus, from 1988 to 30 September 2006 418 HIV cases had been registered in RA.

The overwhelming majority of the HIV-infected individuals (75.1%) belong to the age group of 20-39.

Men constitute a major part in the total number of HIV cases - 320 cases (76.6%), women make up 98 cases (23.4%). 418 reported cases include 8 cases of HIV infection among children (1.9%).

In RA the main modes of HIV transmission are: injecting drug use (53.1%) and heterosexual practices (39.2%). 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 use	53.1%
Transmission through heterosexual practices	39.2%
Mother-to-child transmission	1.7%
Transmission through homosexual practices	1.4%
Transmission through blood	0.5%
Unknown	4.1%

AIDS diagnosis was made to 145 patients with HIV, of whom 25 are women and 4 are children. Of those registered AIDS cases 41 were detected during 2005, 40 - during 2006. From the beginning of the epidemic 93 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 (69.4%) are individuals who practice injecting drug use, whereas all the women (97.8%) were infected through sexual contacts.

The maximum number of HIV cases was reported in Yerevan, RA capital: 212 cases, which constitute 50.7% of all the registered cases. The number of the registered HIV cases in Shirak Marz is the second-highest in Armenia - 39 cases, which constitute 9.3% of all the registered cases.

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

2.2 National Strategic Background and Guiding Principles

Armenia gained experience of strategic planning in the process of the National Strategic planning of the response to HIV/AIDS conducted in 2000. Based on the National Strategic Plan, the National Programme on HIV/AIDS Prevention for 2002-2006 was developed and approved by Government of the Republic of Armenia (RA) in 2002. Representatives of key partners from governmental and non-governmental sectors were involved in the process of the Programme development. The Programme was developed with the technical assistance provided by UNAIDS/UNDP.

To coordinate activities implemented within the framework of the National Programme on HIV/AIDS Prevention the National Interministerial Council on HIV/AIDS Prevention (NIC) was established in 2002 and its staff was ratified by the Decree N 316 of 01 April 2002 of the RA Government.

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. The CCM is a multisectoral commission including representation of the government, international and national NGOs, UN agencies people living with the diseases, as well as multilateral and bilateral development agencies. The CCM was established 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. Implementing UNAIDS "Three Ones" Key Principles regarding unified coordinating authority, for strengthening multisectoral response to HIV and effective coordination of implementing projects and activities on HIV/AIDS, on 14 October 2004, the CCM made a decision to coordinate all activities implemented within the framework of the National Programme on HIV/AIDS Prevention. Currently the CCM coordinates also TB and Malaria-related activities carried out in the country.

The existent Law on "Prevention of disease caused by Human Immunodeficiency Virus", passed in 1997, determines ways of prevention, diagnosis and control of the disease caused by Human Immunodeficiency Virus. Among the law's strengths is its orientation to HIV prevention, as

well as protection of rights of HIV-infected people. However, the law is not in consistency with some of the existing international guidelines. The measures are being taken to make amendments to the current legislation on HIV as well as to the RA laws on “On mass media” and “On advertising”, for incorporating there norms regulating the possibilities of mandatory free of charge placing of social advertising including the issues of HIV/AIDS response. Representative from Armenia has taken an active part in the development of draft Concept of “Model Law on response to HIV epidemic in CIS countries”. The draft Model Law has been submitted by Inter-Parliamentarian Assembly of CIS member countries to the parliaments of CIS member countries for receiving opinions, suggestions and comments from them. The Model Law on response to HIV epidemic in CIS countries is due to be adopted by Inter-Parliamentarian Assembly of CIS member countries, which will serve as a basis for bringing the existing national laws on HIV/AIDS into consistency with the Model Law.

Analysis proves that RA has adopted the international guidelines that are characteristic to a democratic state:

- the Constitution defines the right to health protection;
- according to the current RA legislation, RA citizens have the right to participate in drafting, discussion and adoption of decisions adopted by the State in relation to sanitary and sanitary and anti-epidemic safety and to control over the enforcement and implementation of such decisions;
- the Law on “Prevention of disease caused by Human Immunodeficiency Virus” has been passed, according to which infection of an individual with HIV does not serve as grounds for limitation of his or her rights and freedoms, excluding cases foreseen by the law;
- current RA legislation guarantees health protection of the population;
- all citizens, without any discrimination, enjoy the same rights, freedoms and responsibilities, and are equally protected by the law;
- every person has the right to freedom of speech;
- any discrimination or limitation of rights is prohibited, if otherwise is not foreseen by the law.

The aim of the National Programme on HIV/AIDS Prevention in the RA for 2002-2006 is to reduce the spread of HIV infection in Armenia through:

1. Formulating and implementing the national policy on HIV prevention and treatment.
2. HIV/AIDS prevention among injecting drug users.
3. Promoting safer sexual behaviour.
4. Prevention of mother-to-child HIV transmission.
5. Ensuring the safety of donated blood.
6. HIV and STI prevention among minors and youth.
7. Caring for people living with HIV/AIDS.

Funds for the National Programme implementation have been derived from the funds stipulated for Health Programmes in the State Budget of RA, financing from international organizations, NGOs and other sources, which covered the expenses on ensuring donated blood safety, providing HIV diagnostics, relevant education activities and HIV prevention among vulnerable populations. Unfortunately, the State Budget has not managed to finance all priority activities to respond to the epidemic in the country.

In this connection, in 2002 Armenia developed the Country Proposal “Support to the National Programme on HIV/AIDS Prevention” with technical assistance provided by UNAIDS, UNDP and UNFPA. The proposal was approved by the GFATM in amount of USD 7.2 mln. for the years of 2003-2008. The Programme implementation is due to be terminated in October 2008.

2.3 International and National Commitments

The Government of the Republic of Armenia has joined to following international commitments related to people health, development and protection, requiring activities on increasing access for people to information and services, as well as building life skills to enable them to protect themselves against HIV/AIDS:

- Programme of Action adopted at International Conference on Population and Development (Cairo, 1994);
- Millennium Development Goals (MDG) adopted within frames of Millennium Declaration of the UN (New York, 2000);
- Declaration of Commitment on HIV/AIDS adopted at UN General Assembly Special Session (UNGASS) on HIV/AIDS (New York, 2001);
- "World Fit for Children" (WFFC) Resolution adopted at UN General Assembly Special Session (UNGASS) on Children (New York, 2002);
- Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia adopted at Ministerial Conference "Breaking the Barriers – Partnership to fight HIV/AIDS in Europe and Central Asia" (Dublin, 2004).

The Government of the Republic of Armenia by its decisions has approved different programmes and strategies related to people's safe behavior and HIV/AIDS prevention among them, which currently are at various stages of implementation.

- National Programme on HIV/AIDS Prevention (2002)
- Poverty Reduction Strategy Paper (2003)
- State Youth Policy Strategy for 2006-2007 of RA (2006)

3. General Framework of the Strategic Planning Process

3.1 Situation Analysis in the key areas

The Situation Analysis, conducted within the framework of the strategic planning process in 2006, has shown that serious measures are taken in RA to prevent HIV spread. A number of biological and behavioural surveillances and researches conducted among most at risk populations in 2002-2005 revealed:

- 28.2% of the young people surveyed in 2005 have sufficient level of knowledge on HIV prevention. 25.5% of the surveyed young people are sexually active, whereof only 64% use condom consistently.
- Preventive activities among IDUs are being conducted in Yerevan city and 2 Marzes. HIV prevalence among IDUs reduced from 15% in 2002 to 9.3% in 2005. 60% of the surveyed IDUs have knowledge on HIV prevention. At the same time, this indicator among IDUs aged 15-19 makes up 38.9%. 31.1% of those surveyed IDUs shared injecting equipment during the last month prior to the survey. 98.6% of the surveyed IDUs are sexually active and 43.8% of them use condom consistently.
- Preventive activities among FSWs are being conducted in Yerevan city and 4 Marzes. HIV prevalence among FSWs has reduced from <3% in 2002 to <2% in 2005. 49% of the surveyed FSWs have knowledge on HIV prevention. At the same time, this indicator among FSWs aged 15-19 makes up 37.2%. 64.4% of those surveyed FSWs used condoms during the commercial sexual contacts in the last 30 days prior to the survey. 47% of the surveyed FSWs had non-commercial sexual partners during the last year, whereof 57% did not use condoms last time they had sex with a non-commercial sexual partner.

- Preventive activities among MSM are being conducted in Yerevan city. No case of HIV infection was revealed as a result of the biological surveillance conducted among MSM in 2005. 54% of the surveyed MSM have knowledge on HIV prevention. At the same time, this indicator among MSM aged 15-19 makes up 46.1%. The absolute majority (90.5%) of the surveyed MSM have more than one sexual partner. 30% of the surveyed MSM use condoms consistently.
- HIV prevention projects based on harm reduction strategy are being implemented in three CEIs. Peer education has been introduced in all CEIs. 26% of the surveyed prisoners have knowledge on HIV prevention. 36% of the surveyed prisoners have experience in drug use, of whom 47.4% have experience in injecting drug use. The absolute majority (98.8%) of the surveyed prisoners have sexual experience, of whom 21.2% used condom last time they had sex.
- HIV preventive activities are being conducted among mobile population in Yerevan city and Marzes. 44.4% of the surveyed representatives of mobile population have knowledge on HIV prevention. 9.8% of those surveyed have experience in drug use. 89.6% of those surveyed are sexually active, of whom 39.6% had more than one non-regular sexual partners during the last year prior to the survey. 74.1% of them used condom last time they had sex with non-regular sexual partner. 20.3% of those of those sexually active use condom consistently in the last year.
- KAP survey conducted in December 2004 among the personnel of uniformed services (the military, CEIs and the police) showed that only 16% of those surveyed had knowledge on HIV prevention. About 34% of those surveyed had sex with non-regular partner during the last 12 months and only half of those sexually active consistently use condom. The survey also revealed lack of relevant information/education activities in the uniformed services, as well as lack of access to VCT services.
- Rapid Assessment and Response on HIV/AIDS among EVYP and MARA conducted in 2005 revealed low level of knowledge among them. For example, only 30% of young FSWs, 40% of IDUs have high level of knowledge on HIV prevention. Rate of risky behaviour is high – 34.2% of young MSM and 24.1% of sexually active children in conflict with law use condom consistently.
- Comparison of the data obtained in the result of biological and behavioral surveillances conducted in 2002 and 2005 reveals that improvement in both biological and behavioral indicators among HIV vulnerable populations has been observed. Increase in level of knowledge on HIV prevention and decrease in exhibition risky behaviour among IDUs, FSWs, MSM, youth and prisoners have been observed.

The Situational Analysis also revealed the following:

- The society shows apprehensive attitude towards vulnerable populations and PLHIV. There is also exhibition of discrimination and stigmatization.
- Adequate infrastructure has been created for ensuring donated blood safety. No case of HIV transmission through donated blood has been registered starting from 2002.
- VCT system is functioning in the country, which included 152 VCT sites by 30 September 2006.
- During the last 3 years of the National Programme on HIV/AIDS Prevention implementation, significant development of the role of non-governmental organizations working in the field of HIV prevention, care and support has been observed.
- The capacity adequate to the current epidemic stage has been built in the country.
- Level of the State Budget financing for the effective response to the epidemic is low.

The Situational Analysis shows that the major needs for more effective response to HIV epidemic in the country are the following:

- To develop enabling environment for the effective multisectoral response to HIV epidemic, including amendments to the current legislation, as well as activities aimed at forming tolerant attitude towards vulnerable populations and PLHIV, eliminating stigma and discrimination.
- To introduce HIV educational programmes, including peer education in educational institutions, the military, CEIs, EYVP and MARA.
- To expand access of young people to youth-friendly services.
- To increase coverage, including geographic coverage, of vulnerable populations by HIV prevention programmes.
- To introduce and implement effective HIV preventive activities targeted at mobile population different groups (by age, educational background, etc.).
- To create sustainable system of provision of high quality HIV test-kits for ensuring donated blood safety.
- To develop activities aimed at effective providing care and support to PLHIV.
- To increase the State Budget allocations for ensuring universal access to prevention, treatment and care.
- To strengthen the capacity of governmental and civil society organizations working in the field of HIV prevention for carrying out activities on BCC, advocacy and fundraising.

3.2 Response Analysis in the key areas

The activities on HIV response cover all the key areas envisaged by the National Programme on HIV/AIDS Prevention for 2002-2006. 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. It should be noted that implementation of preventive projects in prioritized areas serves as a strong basis for forming systematic approaches. 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 (MARA – young injecting drug users, young female sex workers and young men who have sex with men), mobile population, uniformed services. Some of the needs are not met as a result of the preventive activities implementation - care and support to HIV-infected children and children born to HIV-infected parents, Church activities on HIV prevention, care and support.

Private sector has been not involved yet in the financing of the National Response to HIV. It is provided mainly from external sources (GFATM, international organizations).

The Response Analysis reveals the following:

1. What is working and needs to be continued

1.1 Donated blood safety

The immunological laboratory infrastructure was established based on the facilities of the Hematology centre. Immunological laboratory infrastructures were established in 9 marzes. All the mentioned laboratories have been provided with high quality test-kits for detection of HIV antigen and antibodies. Laboratory specialists performing HIV testing have been trained and retrained. No case of HIV transmission through donated blood transfusion has been registered during the implementation of the National Programme on HIV/AIDS Prevention.

It is necessary to solve problems related to seroconversion and voluntary, non-remunerated blood donations.

External financing for procurement of high quality test-kits for donated blood screening should be gradually performed within the frames of the State Budget financing for the period of 2008-2011.

1.2 VCT system functioning

The National Programme on HIV/AIDS Prevention has contributed to creation and functioning of VCT system. Generally, increase in number of registered HIV cases has been observed in recent years. That is preconditioned by expanding possibilities of laboratory diagnostics and increasing access to HIV testing, as well as creating system of voluntary counselling and testing for HIV. As a result, HIV cases detectability has been improved. Before launching the National Programme on HIV/AIDS Prevention, in 2002, only 3 VCT sites provided their services in Armenia, none of them – in antenatal clinics, which restricted opportunities for people to receive counselling and HIV testing. As of 30 September 152 VCT sites were functioning in the Republic of Armenia, whereof 76 – in antenatal clinics. 12287 individuals received VCT during the year of 2004, of whom 49 were tested HIV positive. In 2005, 36812 people received VCT, which exceeds threefold the number of those received VCT in 2004. 75 of them were tested HIV positive, which exceeds in 1.5 times the number of HIV positive cases revealed in 2004. 1121 VCT services providers were trained and re-trained, whereof 918 – within the framework of the GFATM-supported programme. Mobile Teams have been set up for providing methodological assistance to VCT sites and laboratories.

1.3 Providing ARV treatment

ARV treatment is available in the country since 2005. Currently 100% of those in need of the treatment and who gave consent to receive it are being provided with it. As of 30 September 2006, 161 HIV/AIDS patients were followed up, of whom 44 patients, including 3 children, are being provided with ARV treatment. Currently PMTCT is provided to 100% infants born to HIV-infected mothers and HIV-infected pregnant women who gave their consent for that.

It is necessary to continue paying attention to the adherence to treatment taking into consideration the international best practices. It is necessary to increase gradually the amount of the State Budget allocation for the provision of ARV treatment.

41 HIV/AIDS patients in 2004 and 44 – in 2005 (all the patients are the citizens of the Republic of Armenia) received HIV/AIDS stationary treatment in “Armenicum” Clinical Centre in the frames of the government- funded basic benefits package.

2. What is working and can be expanded

2.1 Operation of peer education system

Existing experience of peer education system creation, including that in the military and CEIs, proves high efficiency of these activities for forming relevant HIV-related skills, behaviour and attitude. Tested peer education system has proved to be highly efficient. Currently peer education is introduced in 300 schools. During the programme implementation 2500 peer educators have been trained and re-trained, who provide HIV/AIDS prevention education among their peers at schools.

Condoms and information/education materials have been distributed during the information campaigns conducted for youth in the frames of the projects.

It is necessary to expand peer education system coverage for educational institutions. It is necessary to increase sustainability and effectiveness of this system, as well as to evaluate the impact its functioning has on raising level of knowledge in the military and CEIs. It is necessary to ensure using capacity of peer educators at different levels (school, the military, higher educational institutions, community, CEIs).

2.2 HIV prevention among vulnerable populations

Since 2004, HIV prevention and harm reduction projects are being implemented among IDUs in Yerevan, Kapan, and Gyumri cities. Also, since 2004, HIV prevention projects are being implemented among FSWs in Yerevan, Abovyan, Vanadzor, Gyumri, Gavar, Vardenis, Kapan and Agarak cities, as well as among MSM in Yerevan city.

Thus, implementation of the projects among IDUs and FSWs in the frames of the National Programme on HIV/AIDS Prevention has brought to reducing HIV prevalence in these populations (among IDUs - from 15% in 2002 to 9.3% in 2005, among FSWs - <3% in 2002 to <2% in 2005). Also, level of knowledge on HIV prevention has been increased among representatives of these populations and exhibition of their risk behaviour has been decreased.

The response analysis shows that the preventive projects implemented among the most vulnerable populations (IDUs, FSWs, MSM) are of great importance in the process of reducing HIV prevalence. In general the projects implementation could be considered as effective, since they ensure and provide VCT services, STIs diagnostics and treatment, means of prevention (condoms, disposable syringes) and skills on their proper use. However, the interventions conducted in the frames of these projects do not involve EVYP and MARA, are not focused on their special needs and do not provide youth-friendly health services for the target groups.

However, appropriate approaches and strategies are used in the implementation of all the above-mentioned projects targeted the populations most at risk to HIV. Thus, the implementation of the projects is due to be continued with more considerable focusing on EVYP and MARA during the future interventions.

Regarding the projects among vulnerable populations, so it is necessary to expand their geographical coverage and encourage involvement of representative of vulnerable populations into activities implemented among them.

HIV prevention and harm reduction projects among IDUs should be expanded and implemented also in Vanadzor, Ararat and Armavir cities.

HIV prevention projects among FSWs should be implemented also in Ararat city and among MSM – in Vanadzor and Gyumri cities.

2.3 HIV prevention among staff of Criminal-Executive Institutions and of the structures under the Ministry of Defense

Different HIV preventive activities implemented among staff of Criminal-Executive Institutions and of the structures under the Ministry of Defence have not been evaluated, which does not give opportunity to assess their impact. In this connection it is necessary to create the system of sustainable collection of data on HIV prevalence, as well as of behavioural surveillance. To reduce HIV spread among these populations it is necessary to expand the involvement of high-level authorities from uniformed services in the national response to HIV, to raise the knowledge level in uniformed services, provide access to VCT services, form safer sexual behaviour, provide access to STIs diagnostics and treatment, ensure safety of professional activities implementation.

2.4 Care and support

Since 2004, project “Providing Care and Support to PLHIV” has been implemented within the framework of GFATM-supported programme by NGO. In the frames of the project, PLHIV have been provided with social support as well as with psychological and legal counselling.

Information Centre has been established to provide information and counselling support to PLHIV and their family members.

Two self-help groups have been established, the first one - in Yerevan and the second one - in Vanadzor.

Service Delivery Mobile Team was established within the framework of the project. Service Delivery Mobile Team includes two physicians and one social worker for providing care and support to HIV/AIDS patients in marzes and Yerevan through site visits. From 1 January to 30 September 2006 333 PLHIV and their family members were provided with care and support by Service Delivery Mobile Team during 120 visits.

The self-help groups activities need more comprehensive approaches in the issues of care and support. It is necessary to make home-based care more comprehensive through strengthening the capacity of Service Delivery Mobile Team and expanding the geographic coverage of activities it carries out.

3. What is working insufficiently and needs more strategic approach

3.1 HIV prevention among mobile population

The implementation of activities on HIV/AIDS prevention among mobile population started within the framework of the GFATM-supported programme in 2004.

The first phase of the project was implemented by NGO covering 700 representatives of mobile population. However, it was not evaluated as an effective one, based on the criteria of cost-effectiveness and sustainability.

During the implementation of the second phase of the project among mobile population, the implemented HIV/AIDS preventive activities have become a part of governmental response to the epidemic. These activities are coordinated by a programme coordinator from the Migration Agency by the Ministry of Territorial Administration. This work is performed in close cooperation of NCAP and the “Zvartnots” International Airport in Yerevan on one side with Health Care and Social Insurance Department of Regional Administrations on the other side.

At the same time, it is necessary to apply new strategies and approaches for raising effectiveness of the implemented activities, expanding involvement of community and target population representatives into prevention activities.

3.2 Collaboration with the National Assembly

In 2002, the Inter-Faction/Inter-Standing Committee Parliamentarian Group on HIV/AIDS was established.

The activities of the parliamentary group could be directed on organizing Open Parliamentarian Hearings, ensuring that the national budget and the entire legislative framework adequately support the implementation of the National Programme on HIV/AIDS Prevention. In this connection it is necessary to activate work of this group.

3.3 Education Programmes

Training on HIV/AIDS prevention issues have been incorporated into curricula of 414 secondary schools in the country, whereof “Life Skills” subject is taught in 384 schools and “Healthy Life Style” is taught in 30 schools with UNICEF support. Besides, the “HIV/AIDS prevention and the formation of safer behaviour” training course, developed during the implementation of the first phase of the GFATM-supported programme and recommended by the Ministry of Education and Science for teaching in educational institutions (for the lecturers of colleges and higher educational institutions and teachers for 8-9 forms of secondary schools), is envisaged to introduce “HIV/AIDS prevention and the formation of safer behaviour” course in 400 schools within the masters’ classes. The training course includes the topics of sex education, HIV/AIDS prevention, drug use prevention as well as the issues related to changing behaviour and necessity of sex education. The training course contains separate chapters including lessons for

pupils of 8-9 forms of secondary schools and students of colleges and higher educational institutions as well as didactic material for teachers and lecturers.

It is necessary to introduce and expand education programmes in educational institutions.

3.4 Public awareness and mass media campaigns

From 01 April 2002 to 30 June 2006 within the framework of the National Programme on HIV/AIDS Prevention implementation 222 public events/information campaigns were conducted by different organizations, aimed at reducing HIV prevalence and forming relevant skills among youth and general population, as well as on raising HIV awareness among them. 144 TV and radio programmes were developed, they were broadcasted 357 times; 31 TV and radio PSAs were developed; they were broadcasted 1042 times; 31 TV films were produced; the number of their broadcasts on National and regional TV channels was 556. Mass media address HIV-related issues on regular basis. 181 articles on the issues of HIV/AIDS were published in dailies, newspapers, magazines, etc. VCT services as well as hot line telephone service are available, which provide information on HIV/AIDS and safer sexual behaviour-related issues.

To raise effectiveness of the implemented activities it is necessary to apply new approaches envisaging broader involvement of celebrities (politicians, actors, etc.) in public awareness campaigns and implementing countrywide unified IEC campaigns and BCC strategy with centralized coordination mainly focused on youth.

4. What has not been addressed at all

4.1 HIV prevention among EYVP and MARA

Currently no special HIV preventive activities are being conducted among EYVP and MARA.

To reduce HIV spread among EYVP and MARA it is necessary to expand the involvement of decision-makers, community representatives and civil society in HIV prevention among EYVP and MARA, carry out advocacy of HIV and STIs prevention issues among local community authorities, integrate and harmonize all activities aimed at HIV prevention among EYVP and MARA, to expand access of EYVP and MARA to services provided to youth, create system of peer education among EYVP and MARA.

4.2 Care and support to HIV-infected children and children born to HIV-infected parents

It is necessary to involve different organizations dealing with care and support to children, to ensure their proper financing for organization of care and support of HIV-infected children and children born to HIV-infected parents.

4.3 HIV prevention among the police staff and staff of the organizations within the structure of the National Security Service

Currently HIV preventive activities are not implemented among the police staff and staff of the organizations within the structure of the National Security Service. To prevent HIV/AIDS among these groups it is necessary to expand the involvement of high-rank officers from uniformed services in the national response to HIV, to raise level of knowledge in uniformed services, provide access to the VCT system, form safer sexual behaviour, provide access to STIs diagnostics and treatment, ensure safety of professional activities implementation, and create the system of sustainable collection of data on HIV prevalence as well as of behavioural surveillance.

4.4 HIV prevention at work places

It is necessary to assist the employers in developing policies on HIV prevention at workplaces, social support and care policy and programmes for employees living with HIV.

4.5 Private sector involvement

It is necessary to conduct advocacy campaigns focused on encouraging private sector to make allocations for HIV preventive activities implemented in the country.

The results of Situation and Response analyses give an opportunity to develop a National Strategic Plan on the Response to HIV epidemic for 2007-2011.

4. Key Elements and Strategies

The overall goal of the National Strategic Plan on the Response to HIV epidemic is forming effective response to HIV epidemic for 2007-2011.

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

1. Development of the enabling environment for the effective 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

Section 1. Development of the enabling environment for the effective multisectoral response to HIV

Objective 1: Expanding response/political commitment of high-level and local authorities, community representatives and civil society to HIV epidemic

Achievements and Challenges:

- In 2002, the Inter-Faction/Inter-Standing Committee Parliamentarian Group on HIV/AIDS was established. The activities of the Parliamentarian Group should be planned and systematized.
- Multisectoral Country Coordination Commission on HIV/AIDS, TB and Malaria issues is functioning in the country. However, the issues of coordination of activities on the response to HIV epidemic are not addressed properly at the regional level. There is a lack of collaborative relations between the central and regional levels.
- The law on “Prevention of disease caused by Human Immunodeficiency Virus” was adopted in 1997, asserting that the fact of being infected with HIV cannot be ground for restriction of an individual’s rights and freedoms, with the exception of cases determined by the law.
- The Article “Using drugs and psychotropic substances for medial purposes” of the Law of the Republic of Armenia on Drugs and Psychotropic Substances prohibits using drugs and psychotropic substances for treatment of drug addiction, which impedes introducing substitution therapy.
- The existing legislation on HIV is not in consistency with some international guidelines.

- Tolerant attitude towards representatives of vulnerable populations and PLHIV has not been created yet in the society.

To achieve this objective it is necessary to:

- To advocate institutional development and political commitment of high-level and local community authorities in addressing the issues of HIV/AIDS.

Strategy 1. Advocacy of HIV and STIs prevention issues among high level authorities

Strategy 2. Advocacy activities for government on the issues of increasing the State Budget allocations for predictable and sustainable financing

Strategy 3. To advocate making amendments to the existing law on AIDS in accordance with international guidelines for effective response to HIV epidemic

Strategy 4. Advocacy of HIV and STIs prevention issues among local community authorities

Strategy 5. Integration and harmonization of all activities aimed at HIV prevention among Especially Vulnerable Young People and Most at Risk Adolescents

Strategy 6. To increase the role and responsibilities of parents in the upbringing process of Especially Vulnerable Young People and Most at Risk Adolescents

Strategy 7. Advocacy on the issues related to the treatment, care and support of PLHIV among high level authorities

Strategy 8. Creation of specific normative documents package and development of new strategies aimed at behavioral change

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

Achievements and Challenges:

- Positive trends have been observed regarding the issues of HIV spread in RA.
- Apprehensive attitude of the general population towards the target populations and PLHIV has been still observed.
- Non-governmental sector has inadequate capacity for work on eliminating stigma and discrimination.
- Lack of community participation in activities on eliminating stigma and discrimination.
- BCC strategy implemented for the general population is not focused on the issues of stigma and discrimination.
- The mass media do not cover sufficiently the issues of stigma and discrimination.

To achieve this objective it is necessary to:

- Expand collaboration with high level and local authorities.
- Expand the mass media involvement in activities focused on eliminating stigma and discrimination.

- Develop NGOs capacity to address the issues of elimination of stigma and discrimination towards vulnerable population, PLHIV, children born to HIV-infected parents.
- Conduct BCC for the general population focused on elimination of stigma and discrimination.
- Integrate “Human rights” subject into the curricula of the educational establishments.

Strategy Changing the existing attitude towards vulnerable populations including Especially Vulnerable Young People and Most at Risk Adolescents, as well as PLHIV and children born to HIV-infected parents

Expected results:

1. Enabling environment and basis are established for the further development of relevant interventions on the national response to HIV (2007 - 2011).
2. Base of specific directive documents is created determining the order of the activities on HIV response in the uniformed services (2007 - 2008).
3. Relevant environment is created for introducing HIV and STIs-related educational programmes, peer education, VCT system, etc. in the uniformed services and among prisoners (2007 - 2008).
4. Guiding principles of management and coordination in ministries and departments are developed and approved (2008).
5. Parliament is involved in discussion of the current issues of HIV prevention (2007 - 2011).
6. The State Budget allocations would ensure 50% of the funding necessary for implementation of the National Programme on the Response to HIV epidemic (2011).
7. Local, private sector and donor resources are involved in the national response to HIV (2007 - 2011).
8. Existing legislation related to HIV is in consistency with international guidelines (2008).
9. Local authorities are involved in the National response to HIV (2007 - 2011).
10. Adequate basis is developed for integration and harmonization of all activities aimed at HIV prevention among EVYP and MARA (2007 - 2008).
11. The mass media is broadly involved in the process of eliminating stigma and discrimination against EVYP, MARA, PLHIV and children born to HIV-infected and cover properly the related issues (2007 - 2011).

Timeframe: 2007-2011

Section II. HIV prevention

Priority area 1. HIV Prevention among vulnerable populations

Objective 1. HIV Prevention among IDUs

Achievements and Challenges:

- HIV prevention and harm reduction projects are being implemented among IDUs.
- HIV prevalence has been reduced among IDUs - from 15% in 2002 to 9.3% in 2005.
- Level of knowledge, awareness on HIV-related issues have been raised - from 46% in 2002 to 60% in 2005.

- Risky behavior exhibition have been decreased - 68.5% used disposable syringes in 2002, 95% - in 2005, 25% used condoms consistently in 2002, 43.8% - in 2005.
- Enabling environment for preventive projects implementation has been created.
- Trustful relationships have been established with representatives of this population and it has become easier to reach.
- Experience was gained especially in working with high-risk populations.

To achieve this objective it is necessary to:

1. Strengthen capacity of NGOs (including increase in number of staff), working in the field of HIV prevention among IDUs.
2. Continue making efforts directed on BCC strategy development.
3. Set up network of on-going HIV prevention and harm reduction projects covering regions and cities where the problem is prioritized.
4. Ensure introduction of community-based activities into the National Programme on the Response to HIV for 2007-2011.
5. Expand collaboration with Church in HIV/AIDS prevention area.

Objective 1.1. Raising level of knowledge and strategic approach focused on changing attitude and practice

Strategy 1. Development of BCC strategy focused on IDUs

Strategy 2. Development of peer education system

Objective 1.2. Reducing harm associated with drug use

Strategy Development of harm reduction programmes

Objective 1.3. Development and strengthening of institutional framework

Strategy 1. Strengthening capacity of governmental and non-governmental institutional framework that would ensure effective implementation of programmes among IDUs

Strategy 2. Ensuring access to services

Expected results:

1. HIV prevention and harm reduction projects among IDUs are being implemented in Yerevan and 4 Marzes (2007 - 2011).
2. BCC strategy focused on IDUs have been developed and implemented (2007).
3. Network of on-going HIV prevention and harm reduction projects is set up (2007).
4. Drug substitution programmes for IDUs infected with HIV is introduced and developed (2007 - 2011).
5. Coverage of IDUs 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).
6. 85% of IDUs have adopted behaviors reducing HIV transmission (2010 - 2011).
7. 85% of IDUs have knowledge on HIV prevention (2010 - 2011).

Objective 2. HIV Prevention among FSWs

Achievements and Challenges:

- HIV prevention programmes are being implemented among FSWs.
- HIV prevalence has been reduced among FSWs - from <3% in 2002 to <2% in 2005.
- Level of knowledge, awareness on HIV-related issues have been raised - from 28% in 2002 to 49% in 2005.
- Risky behavior exhibition have been decreased - 48% used condoms consistently in 2002, 64.4% - in 2005. 17% have experience in drug use 2002, 6.1% - in 2005.
- Enabling environment has been created.
- The capacity to implement HIV prevention activities among FSWs was built and developed.
- Experience was gained especially in working with high risk populations.

To achieve this objective it is necessary to:

1. Strengthen capacity of NGOs (including increase in number of staff), working in the field of HIV prevention among FSWs.
2. Support development and functioning FSWs self-help groups.
3. Develop projects aimed at raising FSWs' awareness of HIV prevention issues.
4. Introduce projects focused on clients and "permanent" partners.
5. Continue making efforts directed on BCC strategy development.
6. Introduce as a component of the regular preventive activities the campaign "No condom, no sex".

Objective 2.1. Raising level of knowledge of FSWs and their clients

Strategy 1. Development of BCC strategy focusing on FSWs and their clients for forming more responsible attitude and practice

Strategy 2. Development of peer education system

Objective 2.2. Development of strategic approach focused on expanding coverage and on forming safer behavior

Strategy 1. Expanding coverage of HIV preventive activities

Strategy 2. Ensuring access to services

Objective 2.3. Development and strengthening of institutional framework

Strategy Strengthening capacity of NGOs framework that will ensure an effective implementation of the programmes among FSWs

Expected results:

1. HIV prevention projects among FSWs are being implemented in Yerevan and 6 Marzes (2007 - 2011).
2. BCC strategy focused on FSWs and their clients have been developed and implemented (2007).
3. Network of on-going HIV prevention projects is set up covering regions and cities where the problem is prioritized (2007).

4. Efficient system of partnerships is created between implementing organizations and local authorities for more effective coordination of the implemented activities (2007 - 2011).
5. Coverage of FSWs is increased; not less than 60% of FSWs are covered with HIV prevention projects and have appropriate access to VCT, psychosocial and legal services, STIs treatment and other services are provided (2007 - 2011).
6. 90% of FSWs report use of condom last time they have sex (2010 - 2011).
7. 80% of FSWs have knowledge on HIV prevention (2010 - 2011).

Objective 3. HIV Prevention among MSM

Achievements and Challenges:

- HIV prevention project is being implemented among MSM in Yerevan.
- Level of knowledge, awareness on HIV-related issues have been raised - from 38% in 2002 to 54% in 2005.
- Risky behavior exhibition have been decreased - 18% used condoms consistently in 2002, 30% - in 2005.
- The capacity to implement HIV preventive activities among MSM was built and developed.

To achieve this objective it is necessary to:

1. Strengthen capacity of NGOs (including increase in number of their staff), working in the field of HIV prevention among MSM.
2. Ensure sufficient geographic coverage of MSM by HIV prevention projects.
3. Introduce subjects on human rights into curricula of educational institutions.
4. Support development and functioning MSM self-help groups.
5. Continue making efforts directed on the developing BCC strategy for MSM and the general population.
6. Conduct surveys for identifying factors fueling discrimination and stigmatization of MSM.

Objective 3.1. Raising level of knowledge of MSM

Strategy 1. Development of BCC strategy focusing on MSM for forming more responsible attitude and practice

Strategy 2. Development of peer education system

Objective 3.2. Development of strategic approach focused on expanding coverage and on forming safer behavior

Strategy 1. Expanding coverage of HIV preventive activities

Strategy 2. Ensuring access to services

Objective 3.3. Development and strengthening of institutional framework

Strategy Strengthening capacity of NGOs that would ensure effective implementation of the programmes among MSM

Expected results:

1. HIV prevention projects among MSM are being implemented in Yerevan and 4 Marzes (2007 - 2011).
2. BCC strategy focused on MSM for forming more responsible attitude towards their life has been developed and implemented (2007).
3. Network of on-going HIV prevention projects is set up covering regions and cities where the problem is prioritized (2007).
4. Coverage of MSM is increased; not less than 1500 MSM are covered with HIV prevention and have appropriate access to VCT, psychosocial and legal services, STIs treatment and other services provided within the health care institutions, friendly clinics and existing prevention projects (2007 - 2011).
5. 80% of MSM have reported use of condom last time they had sex with a male partner (2010 - 2011).
6. 80% of MSM have knowledge on HIV prevention (2010 - 2011).

Objective 4. HIV Prevention among prisoners

Achievements and Challenges:

- Criminal-Executive Department of the Ministry of Justice of RA has implemented harm reduction project for prisoners in three CEIs.
- Peer education has been introduced in all CEIs.
- Level of knowledge, awareness on HIV/AIDS-related issues have been changed insignificantly - from 25% in 2002 to 26% in 2005.

To achieve this objective it is necessary to:

1. Expand governmental response to HIV epidemic in CEIs.
2. Evaluate consistency of implemented activities to needs of prisoners.

Objective 4.1. Capacity building for appropriate programmes implementation

Strategy Strengthening capacity for HIV prevention in Criminal-Executive Institutions

Objective 4.2. Expansion of the governmental response to HIV epidemic in Criminal-Executive Institutions

Strategy 1. Development of peer education system for prisoners

Strategy 2. Development of BCC and IEC for prisoners

Strategy 3. Development of preventive activities among prisoners

Strategy 4. Ensuring of access to services

Objective 4.3. Coordination of implemented activities

Strategy Creation of coordination system based on adequate evaluations

Expected results:

1. Harm reduction projects are being implemented in all prisons countrywide (2011).
2. Normative documents are approved regulating implementation HIV preventive activities within penitentiary system (2007).

3. Peer education system for prisoners is developed and operating (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 VCT (2007 - 2011).
6. 100% of prisoners have access to condoms and sterile injecting equipment (2010-2011).

Objective 5. HIV Prevention among mobile population

Achievements and Challenges:

- The implemented HIV prevention activities among mobile population have become a part of governmental response to the epidemic.
- Information/education materials and condoms are available in entry/exit gates in the national airport.
- Key staff for prevention programme implementation has been trained.
- Prevention activities conducted at vehicle border passes have to be developed and systematized.

To achieve this objective it is necessary to:

1. Encourage the cooperation of NGOs and governmental organizations at regional level in implementation of HIV prevention programmes among mobile population.
2. Implement HIV preventive activities among mobile population representatives and their families in places of their residence.
3. Develop information/education materials that address needs of mobile population (by age, educational background, etc.).

Objective 5.1. Raising level of knowledge on HIV prevention among mobile population

Strategy 1. Development of IEC and BCC for mobile population

Strategy 2. Increase awareness raising campaigns both in rural and urban areas

Objective 5.2. Strengthening preventive activities implemented among mobile population

Strategy 1. Developing of HIV prevention approaches

Strategy 2. Ensuring access to services

Objective 5.3. Capacity building for appropriate programmes implementation

Strategy 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 partnerships between the national HIV response and trafficking programmes is established (2007).
3. Bilateral cooperation with 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 Especially Vulnerable Young People aged 10 - 19 (EVYP - Children in Conflict with Law and Children Deprived from Premarital Care) and Most at Risk Adolescents aged 15 - 19 (MARA - young IDUs, young FSWs, young MSM)

Achievements and Challenges:

There are no special preventive programmes implemented among EVYP and MARA.

To achieve this objective it is necessary to:

- Expand the capacity of the existing educational system by introducing relevant curriculum on HIV and STIs-related issues.
- Establish the Peer Education Network among EVYP and MARA.
- Change the attitude and practice of EVYP and MARA towards seeking healthcare and safer behavior patterns.
- Develop a system of special services for EVYP and MARA.
- Encourage EVYP and MARA to apply to youth-friendly health services.
- Review the ongoing projects to identify gaps and to integrate the components aimed at EVYP and MARA.
- Promote correct, consistent condom use.
- Expand capacity of existing youth-friendly health services on STIs diagnostics and treatment.
- Form behavior patterns and communication skills among EVYP and MARA for seeking health care services.
- Implement special activities focused on young girls, their peers and parents.

Objective 6.1. Reducing risk and vulnerability of EVYP and MARA

Strategy 1. Integration of HIV prevention issues into the curriculum of special educational institutions

Strategy 2. Creation of a system of Peer Education among EVYP and MARA

Strategy 3. Implementation of IEC and BCC

Objective 6.2. Expand access of EVYP and MARA to provided services

Strategy To develop and establish special services network for EVYP and MARA

Objective 6.3. Reducing the risk and vulnerability to HIV of EVYP and MARA

Strategy 1. Reducing the risk of HIV transmission among IDUs aged 16 and above

Strategy 2. Reducing the risk of HIV and STIs transmission among young FSWs aged 15 - 19

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

Strategy 4. Reducing the risk of HIV and STIs transmission through sexual contacts

Strategy 5. STIs early diagnostics and treatment among EVYP and MARA

Objective 6.4. To enhance the role of primary prevention

Strategy Reducing vulnerability of young people through primary prevention

Objective 6.5. Ensure the consideration of gender issues in intervention design and development

Strategy Prevention of early sexual contacts and engagement of girls from low income families in sex business

Expected results:

1. HIV prevention issues are integrated into curricula of special educational institutions (2008).
2. Peer education system is developed and introduced among EVYP and MARA with 60% coverage (2011).
3. BCC developed for EVYP and MARA is integrated into BCC for the National Programme on the Response to HIV epidemic (2007).
4. 45% of EVYP and MARA are covered by the implemented IEC and BCC (2011).
5. Youth-friendly health services are available countrywide (2011).
6. 100% of the staff of youth-friendly health services is trained (2011).

Timeframe: 2007-2011

Priority area 2. HIV prevention among adolescents and young people aged 15-24

Achievements and Challenges:

- Peer education system is established and functioning in 300 educational institutions in Yerevan and Marzes. 2500 peer educators have been trained and re-trained and 30 schoolteachers have been trained an action of sustainable development and support of peer education.
- 10 information campaigns and activities targeted youth were conducted
- Training course on HIV/AIDS prevention issues have been incorporated into curricula of 414 secondary schools in the country, whereof “Life Skills” subject is taught in 384 schools and “Healthy Life Style” is taught in 30 schools with UNICEF support. Relevant specialists have been trained.
- Level of HIV prevention knowledge of youth needs to be raised (28.2% according to the results of behavioral surveillance conducted in 2005).
- First experience has been gained in conducting BCC among youth.

To implement the strategies of this priority area it is necessary to:

1. Establish information/resource centers in schools on regional level.
2. Implement awareness raising information campaigns among teachers and schools’ administration.
3. Introduce and expand prevention programmes in special and post school educational institutions.
4. Establish youth clubs countrywide aimed at forming safer behavior.
5. Implement countrywide unified IEC campaigns and BCC strategy with centralized coordination.

Objective 2.1. Raising level of knowledge on HIV prevention among adolescents and young people aged 15-24

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

Strategy 2. Conducting BCC for adolescents and young people aged 15-24

Strategy 3. Providing peer education

Objective 2.2. Ensuring access to services

Strategy 1. Expanding youth-friendly services

Strategy 2. Increasing access to VCT services

Objective 2.3. Prevention of HIV and Sexually Transmitted Infections transmission

Strategy 1. Strengthening measures focused on maintenance of traditional moral values

Strategy 2. 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).

Timeframe: 2007-2011

Priority area 3. HIV Prevention among uniformed services

Achievements and challenges:

- “HIV/AIDS and Uniformed services” UNAIDS/UNDP-supported project was implemented in 2004-2005.
- 111 individuals - representatives of the structures of the Ministries of Justice and Defense and the Police were provided with basic knowledge on HIV-related issues.
- Country Specific Strategic Plan on HIV Prevention Interventions for Uniformed Services for 2006-2011 was developed.
- In November 2005, by the order of RA Ministry of Defense, HIV peer education was incorporated into the official educational curricula for the military educational institutions.
- Re-training of trainers on peer education among the military doctors was provided within the framework of the GFATM-supported National Programme on HIV/AIDS Prevention.
- Currently peer education activities are conducted among the military.
- The coordination of peer education programme among the military is carried out by the Ministry of Defense.

To implement the strategies of this priority area it is necessary to:

1. Expand capacity of existing uniformed services educational system by incorporating there educational programmes on HIV and STIs as well as peer education system.
2. Meet the needs of uniformed personnel on raising awareness on HIV and STIs-related issues.
3. Prioritize the idea of consistent condom use with non-regular partners.
4. Ensure access to condoms.
5. Develop STIs management system for uniformed services.
6. Prioritize responsibility for sexual health at individual level.
7. Build up system of rules and standards for ensuring safety of professional activities implementation.
8. Ensure access to means of prevention.

Objective 3.1. Raising level of knowledge in uniformed services

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

Strategy 2. Creating peer education system

Strategy 3. Conducting awareness raising campaigns for uniformed services

Objective 3.2. Forming safer sexual behavior

Strategy 1. Raising awareness on HIV, STIs and on safer sexual behavior

Strategy 2. Providing access to condoms

Objective 3.3. Providing access to STIs diagnostics and treatment

Strategy 1. Raising the level of knowledge of uniformed services personnel on STIs prevention, clinical symptoms and activities in case of such symptoms occurrence

Strategy 2. Strengthening capacity of health care establishments on providing quality STIs diagnostics and treatment

Strategy 3. Creating VCT system within uniformed services

Strategy 4. Forming motivation of the personnel to receive services of VCT system

Objective 3.4. Ensuring safety of professional activities implementation

Strategy 1. Creating relative legal field ensuring safety of professional activities implementation

Strategy 2. Providing access to means of prevention (first-aid kits, means of protection, etc.)

Expected results:

1. HIV and STIs-related issues are included in 100% of on-going educational programmes for uniformed personnel (2008).

2. Educational programmes on HIV and STIs prevention are introduced among 100% of attendees of the Military and Police Academies and Schools (2007-2011).
3. 70% of the military personnel would have knowledge about HIV prevention (2011).
4. Peer education system is developed for uniformed services with 100% coverage (2011).
5. The percentage of uniformed personnel knowledge on STIs prevention, clinical symptoms and activities in case of such symptoms occurrence is increased by 75% (2011).
6. 100% access to VCT services will be provided for uniformed personnel (2011).
7. Medical Services are provided with sufficient quantity of HIV test-kits (2007 - 2011).
8. Uniformed personnel are interested to receive VCT services (2007 - 2011).
9. 100% provision of access to STIs treatment (2011).
10. System of rules and standards for ensuring safety of professional activities is built up (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. The Police and CEIs staff have sufficient knowledge on proper use of means of protection and first-aid kits (2011).

Timeframe: 2007-2011

Priority area 4. Prevention of mother-to-child HIV transmission

Achievements and Challenges:

- Since 2005, PMTCT has been provided in accordance with National HIV/AIDS Treatment and Care Protocols approved by the order the Ministry of Health.
- In 2006 six HIV-infected pregnant women were registered. 4 of them were provided with PMTCT, 1 - terminated her pregnancy, 1 will be provided with PMTCT as pregnancy advances; 7 infants were born to HIV-infected mothers; all infants were provided with ARV preventive treatment and formula.
- Currently PMTCT is provided to 100% HIV-infected pregnant women who give their consent for that, and infants born to them.
- VCT is not available in all antenatal clinics of RA.
- Only 50% of pregnant women were provided with VCT in 2005.

To implement the strategies of this priority area it is necessary to:

1. To ensure universal access to counselling and testing for all pregnant women with the aim to provide early HIV diagnostics and PMTCT.
2. To integrate VCT services in all antenatal clinics of RA.

Strategy 1. Ensuring access of pregnant women to HIV testing

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

Expected results:

1. 100% of antenatal clinics provide VCT (2009-2011).
2. 100% of personnel involved in VCT are trained (2009-2011).
3. 100% of HIV-infected pregnant women and infants born to them receive PMTCT (2007-2011).

Timeframe: 2007-2011

Priority area 5. HIV Counseling and Testing

Achievements and Challenges:

- 46261 individuals were tested for HIV in 2005, of whom 36812 applied for VCT services.
- 152 VCT sites in Yerevan and Marzes are created and functioning.
- Specialists were trained to provide VCT to different populations.
- Order on VCT provision in the health care institutions is ratified by the decree of the Minister of Health.

To implement the strategies of this priority area it is necessary to:

1. Ensure functioning HIV diagnostics system in the country.
2. Increase the number of VCT sites and expand their geographical coverage.
3. To re-train adequate quantity of VCT services providers.
4. Introduce VCT system for uniformed services.
5. Form motivation to apply to VCT services.

Strategy 1. Ensuring of HIV diagnostics systems functioning

Strategy 2. Expansion of VCT system

Strategy 3. Improving quality of provided VCT

Expected results:

1. VCT is integrated in all health care facilities (2007 - 2011).
2. VCT services providers are re-trained (2007 - 2011).
3. Sustainable financing of HIV diagnostics system is ensured (2007 - 2011).

Timeframe: 2007-2011

Priority area 6. Ensuring donated blood safety

Achievements and Challenges:

- Immunological laboratory infrastructures were established in the country marzes; all the laboratories have been provided with high quality test-kits for detection of HIV antigen and antibodies.
- Laboratory specialists performing HIV testing have been trained.
- No case of HIV transmission through donated blood transfusion has been registered during 2002 - September 2006.
- The problems related to seroconversion and voluntary and non-remunerated blood donations are not solved.

Achieving this objective requires implementation of the following task:

- To establish system of permanent donors.
- To establish blood bank.
- To use PCR for screening of donated blood.

Strategy 1. Provision of absolute laboratory control over the quality of donated blood and blood products

Strategy 2. Improving work with donors

Expected results:

- 100% of donated blood samples are tested for HIV (2007 - 2011).
- Blood bank is established (2011).
- The system of non-remunerated blood donation and permanent donors is operating (2007 - 2011).

Timeframe: 2007-2011

Section 3. Treatment, care and support

Achievements and Challenges:

- The National HIV/AIDS Treatment and Care Protocols have been developed and approved by the order of the Minister of Health.
- As of 30 September 2006, 161 HIV/AIDS patients were followed up, of whom 44 patients were being provided with ARV treatment.
- OIs prevention and treatment were provided to 57 patients during 2005 and to 76 – during 2006.
- Most of ARV drugs and some OI drugs are not officially registered in RA.
- Care and support are provided to PLHIV.
- Specialists have been trained for providing care and support to PLHIV.
- Information Centre has been established to provide information and counselling support to PLHIV and their family members.
- Self-help groups are set up.
- Service Delivery Mobile Team is established to provide care and support to PLHIV in marzes and Yerevan through site visits.

To implement the strategies of providing the treatment, care and support it necessary to:

1. Ensure uninterrupted supply of ARV drugs and drugs for OIs treatment, test-kits, laboratory and medical supplies, tools, and disposables for the treatment monitoring.
2. Develop National HIV/AIDS Treatment and Care Plan. To develop mechanisms for ARV drugs and OI drugs registration, procurement, planning of necessary quantity, storing and distribution.
3. Include ARV and OI drugs into the list of essential drugs.
4. Develop human capacity to properly manage drugs/supplies procurement, storage and distribution.
5. Develop the mechanisms of VAT exemption for ARV drugs.
6. Train teams of national providers (2 MDs, a nurse, and a social worker) on advanced ARV treatment and management of OIs for adults and children, for all regions of RA.
7. Develop and conduct appropriate activities for increasing medical services provision to PLHIV within the health care system.
8. Ensure possibility of follow-up provision for HIV/AIDS patients in marzes.
9. Establish micro-biological laboratory infrastructure for OIs diagnostics.
10. Establish laboratory infrastructure for determination of sensitivity and resistance of HIV to ARV drugs.
11. Train specialists for providing palliative care.
12. Explore the issue of necessity of establishing hospices for PLHIV and to develop, involving NGOs and PLHIV, relevant recommendations.

13. Raise awareness of the population on functions and possibilities of psychosocial support services.
14. Expand NGOs involvement in psychosocial services provision, to establish the network of NGOs working in this field.
15. Involve all organizations working in HIV/AIDS field in providing support to HIV positive infants and infants born to HIV-infected parents and in advocating their rights protection.

Strategy 1. Ensuring universal access to ARV treatment

Strategy 2. Increasing efficiency of ARV treatment

Strategy 3. Ensuring access to OIs treatment and prevention

Strategy 4. Ensuring access to quality care and support

Strategy 5. Raising awareness of PLHIV and service organizations for ensuring adherence to ARV treatment

Expected results:

1. ARV treatment is accessible for 100% of PLHIV (2010 - 2011).
2. All ARV drugs are registered (2007 - 2011).
3. All health facilities implement PEP strategy (2011).
4. 100% of patients with HIV and AIDS have access to OIs laboratory diagnostics (2007 - 2011).
5. 100% of patients with HIV and AIDS in need of OIs prevention/treatment receive it (2007 - 2011).
6. Methods of determination of HIV sustainability and sensitivity to drugs are introduced (2008).
7. Home-based palliative services are available to all those in need (2010-2011).
8. 100% of patients with HIV and AIDS 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).

Timeframe: 2007-2011

Section 4. Monitoring and Evaluation

Strategy 1. Creation of the National 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 for uniformed services

Strategy 4. Evaluation of Programme implementation

Expected results:

1. The country has highly effective system of monitoring including mechanisms of data collection and data analysis (2008).
2. The country has unified national M&E system of National Programme on HIV/AIDS Response (2009).
3. Second Generation HIV Surveillance system introduced into the Uniformed Services (2007).
4. Monitoring of trends of HIV prevalence is carried out regularly (2007-2011).
5. Monitoring of HIV behavioral peculiarities is carried out regularly (2007-2011).

Timeframe: 2007 - 2011

Section 5. Management, coordination and partnership

Achievements and Challenges:

- Implementing UNAIDS “Three Ones” Key Principles regarding unified coordinating authority, the Country Coordination Commission on HIV/AIDS Prevention in RA has been transformed into unified authority focused on coordinating activities on HIV/AIDS, TB and Malaria.
 - Coordinating the implementation of HIV preventive activities at the local level can not be considered as successful due to the lack of effective mechanisms of coordination.
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 Ministries and Departments is conducted by the Coordinators from those Ministries and Departments.
 2. Coordination of HIV response at the regional level:
 - Coordination of activities implemented at the regional level is carried out by Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations (Marzpetarans).
 - Councils on HIV/AIDS, TB and Malaria Issues are set up on the bases of Regional Administrations Heads’ (Marzpets’) Decisions.
 3. Partnership
 - Standing Committee on Social Affairs, Health Care and Environment
 - Inter-Faction/Inter-Standing Committee Parliamentarian Group on HIV/AIDS
 - Country Coordination Commission on HIV/AIDS, TB and Malaria Issues in RA (CCM)
 - Ministry of Health
 - Ministry of Justice
 - Ministry of Defense
 - National Security Service
 - Police
 - Ministry of Education and Science
 - Ministry of Labor and Social Affairs
 - National Center for AIDS Prevention
 - Local and International NGOs
 - Local communities

- Mass media
- Armenian Apostolic Church
- UN agencies
- Bilateral and Multilateral Agencies
- Vulnerable populations and PLHIV

Timeframe: 2007-2011

Section 6. Financing and financial resources mobilization

Financing of this programme is carried out from the State Budget allocations as well as from the sources of public and private sectors and international organizations, including funds of the GFATM for 2007-2008.

To ensure sustainable and predictable financing it is necessary to:

Strategy 1. Fundraising

Strategy 2. Rational use of resources

Timeframe: 2007-2011