

AIDS RESPONSE PROGRESS REPORT

Republic of Armenia

Reporting period: January-December 2014

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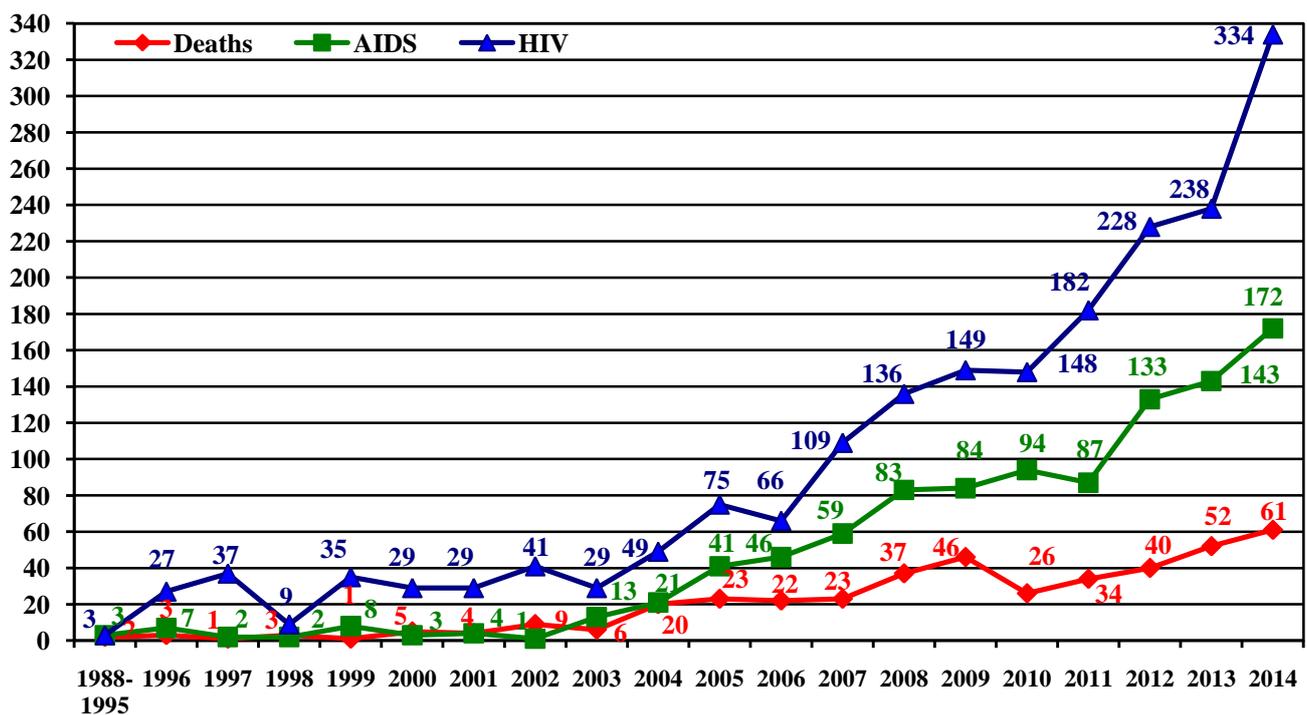
I. Status at a glance

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

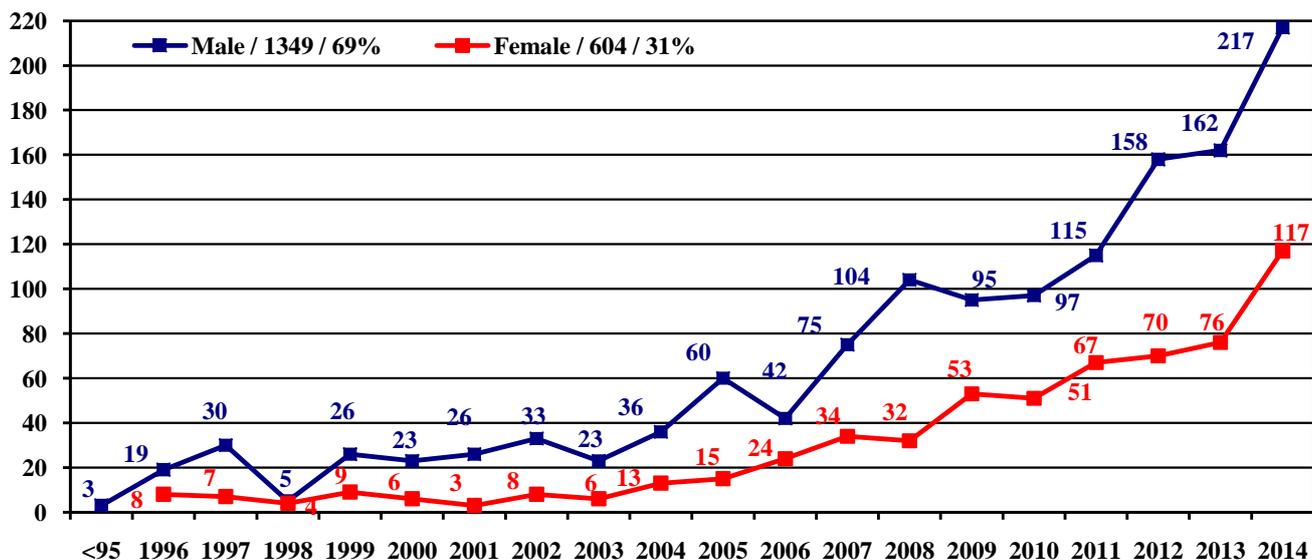
The Country Progress Report was developed under the overall guidance of the Country Coordination Commission on HIV/AIDS, TB and malaria issues (CCM) in the Republic of Armenia. The draft Report was developed with the participation of interested governmental, non-governmental and international organizations, 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 27 March 2014. 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 2014 1953 HIV cases were registered in the country among the citizens of Armenia, including 38 cases of HIV infection among children. Thus, 334 HIV cases were registered in 2014, which exceeds the number of HIV cases registered annually in the previous years.

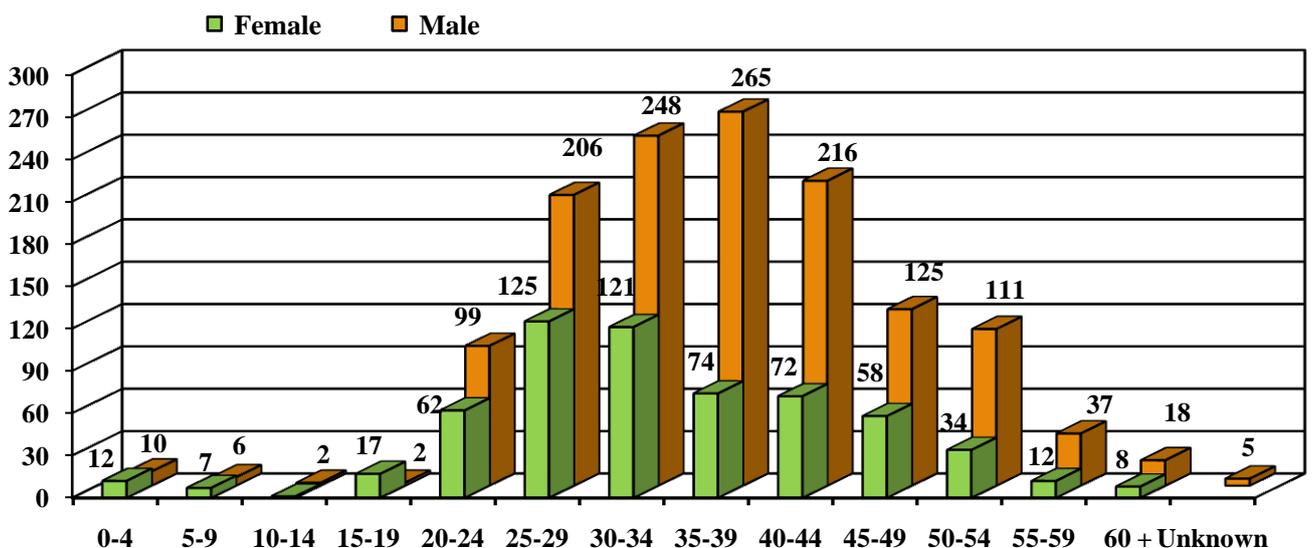


Allocation of HIV cases by gender and age shows that males constitute a major part in the total number of HIV cases - 69%, females make up 31%.



AIDS diagnosis was made to 1006 patients with HIV, of whom 261 are women and 22 are children. 172 of all the AIDS cases have been registered during 2014. From the beginning of the epidemic 417 death cases have been registered among HIV/AIDS patients (including 71 women and 7 children).

Allocation of HIV cases by age groups and gender shows that more than half of the all the registered HIV cases (53%) are aged 25-39.



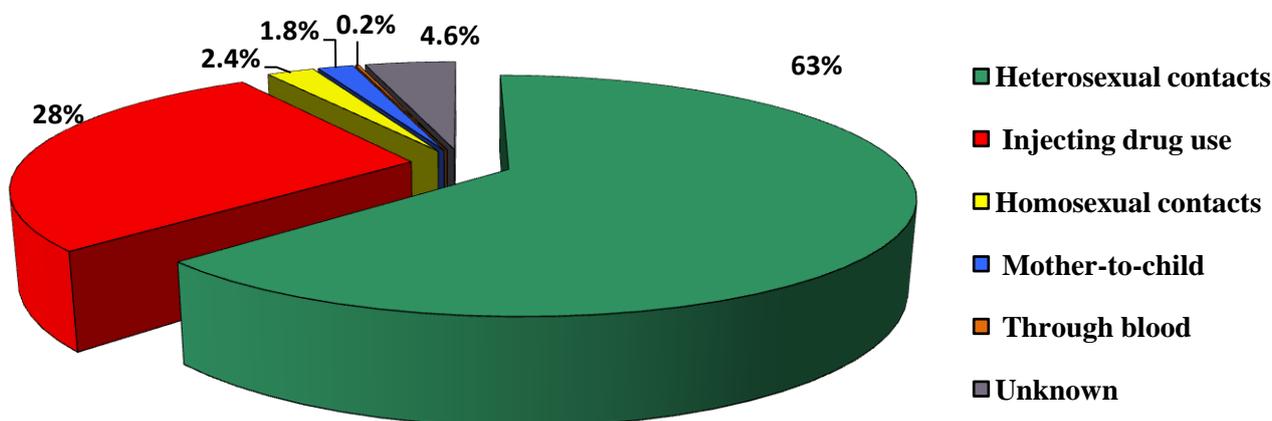
In the history of the HIV epidemic in Armenia, the largest number of HIV cases (334) was registered in 2014. Also, 172 AIDS diagnoses were made in 2014 and 61 death cases were registered among the HIV/AIDS patients.

An increase in the number of registered HIV cases observed in recent years is associated with scaling up laboratory diagnostics capacities, increasing accessibility to HIV testing and establishing a CT system. As a result, the number of performed HIV tests has been increased and HIV detectability has been improved. Also, the efficiency of the HIV surveillance system has been increased.

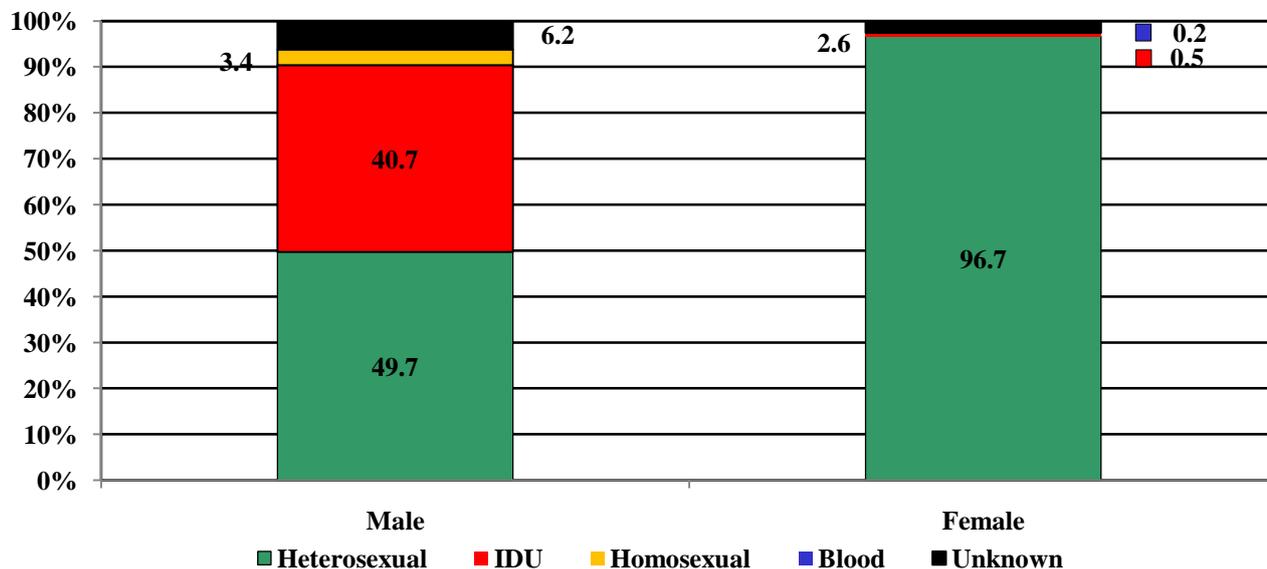
An increase in the number of registered AIDS cases is associated with scaling up laboratory capacities for diagnostics of AIDS and AIDS-indicator diseases. Improvement of AIDS diagnostics is also associated with the raising the level of HIV/AIDS-related knowledge among health care workers through their relevant training and courses provided by the National AIDS Center and the National Institute of Health of the Ministry of Health of the Republic of Armenia.

The number of new cases of HIV infection and AIDS has been increased also due to the fact that in recent years, more Armenian citizens with HIV diagnosis and clinical symptoms have been returning to Armenia from CIS countries.

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 (63%) and injecting drug use (28%). Additionally, there are also registered cases through homosexual practices (2.4%), as well as mother-to-child HIV transmission (1.8%) and transmission through blood (0.2%).

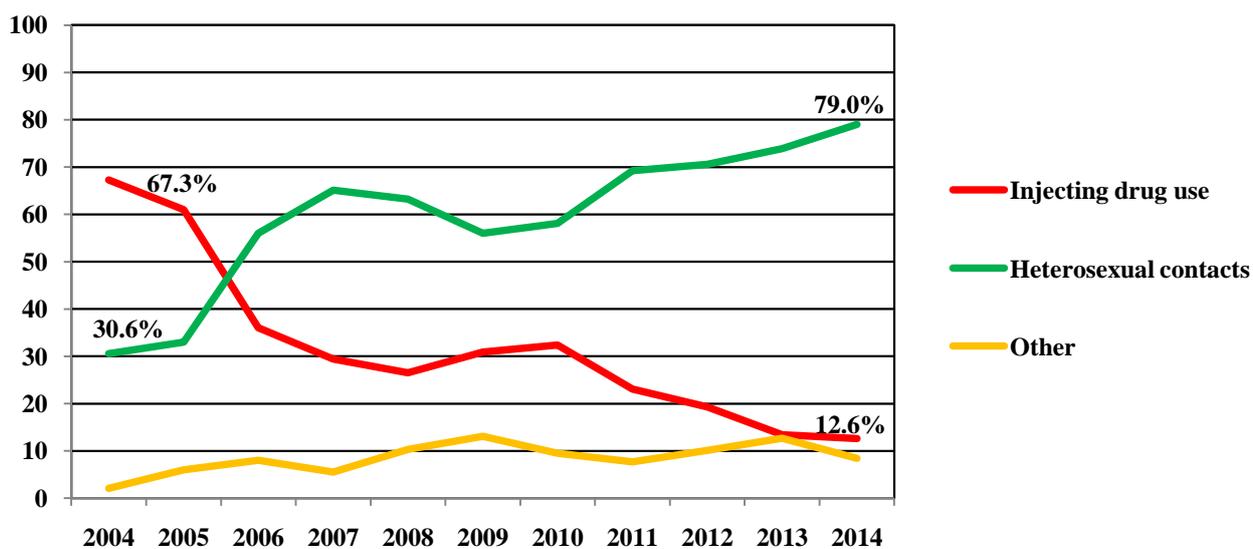


The mode of HIV transmission through heterosexual practices is the key one both for males and females. The analysis of modes of HIV transmission according to gender shows that about half of all the males (49.7%) were infected through heterosexual practices, and though injecting drug use - 40.7%. Almost all the women (97.0%) were infected through heterosexual contacts.



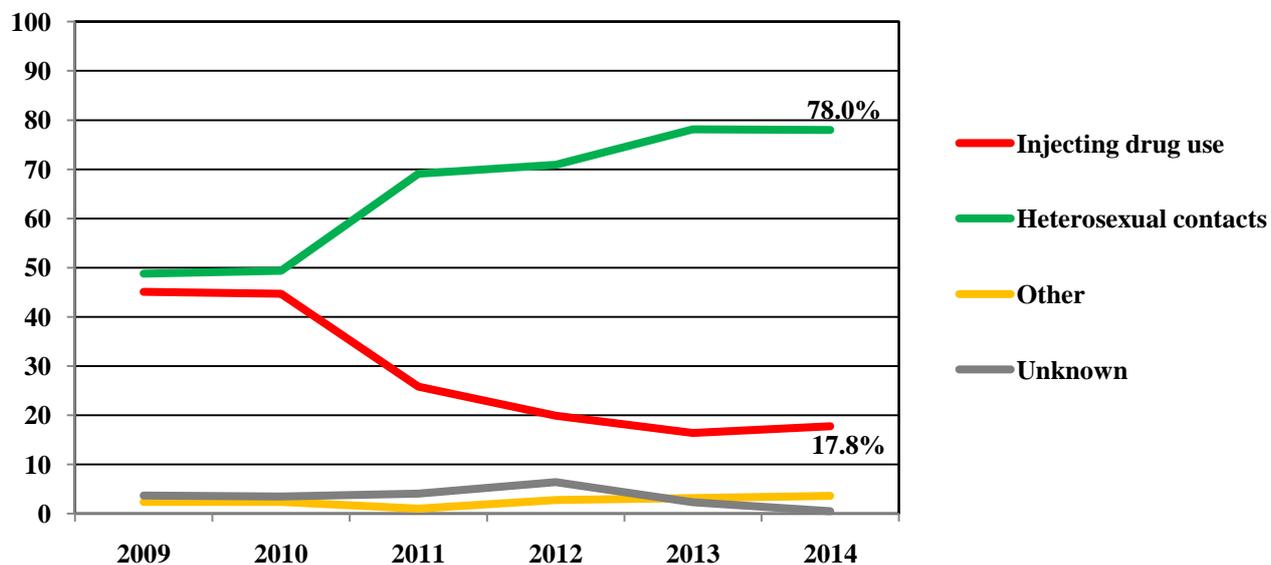
HIV spread in our country has some characteristic features compared to HIV spread in other countries in the region

The **first characteristic feature** of the HIV epidemic in Armenia is the shift in the main modes of HIV transmission in the last 10 years. The proportion of cases of HIV infection through injecting drug use was reduced in more than 5 times in 2004-2014 reaching 12.6%, whereas the proportion of the cases infected through heterosexual contacts increased in more than 2.6 times reaching 79%.

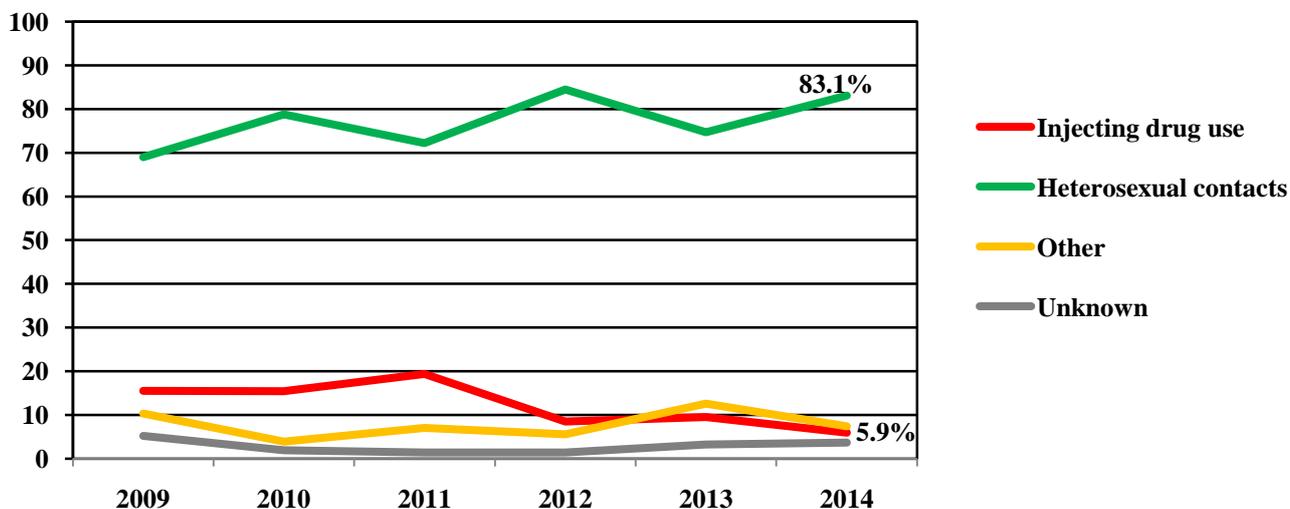


The trend of increasing of cases of HIV infection through heterosexual contacts and decreasing of cases of HIV infection through injecting drug use is also observed among those infected abroad

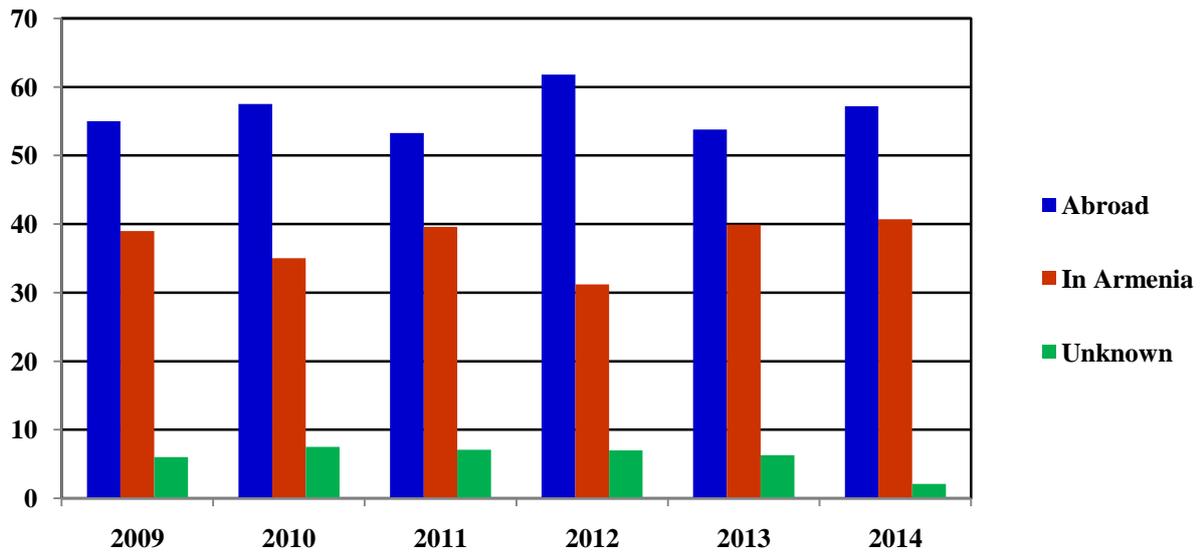
(Figure 7). The number of HIV cases infected through heterosexual contacts increased in more than 1.5 times in the last 5 years, and of those infected through injecting drug use decreased in 2.5 times. In 2014 the HIV transmission through heterosexual intercourse made up 78%, and through injecting drug use - less than 18%.



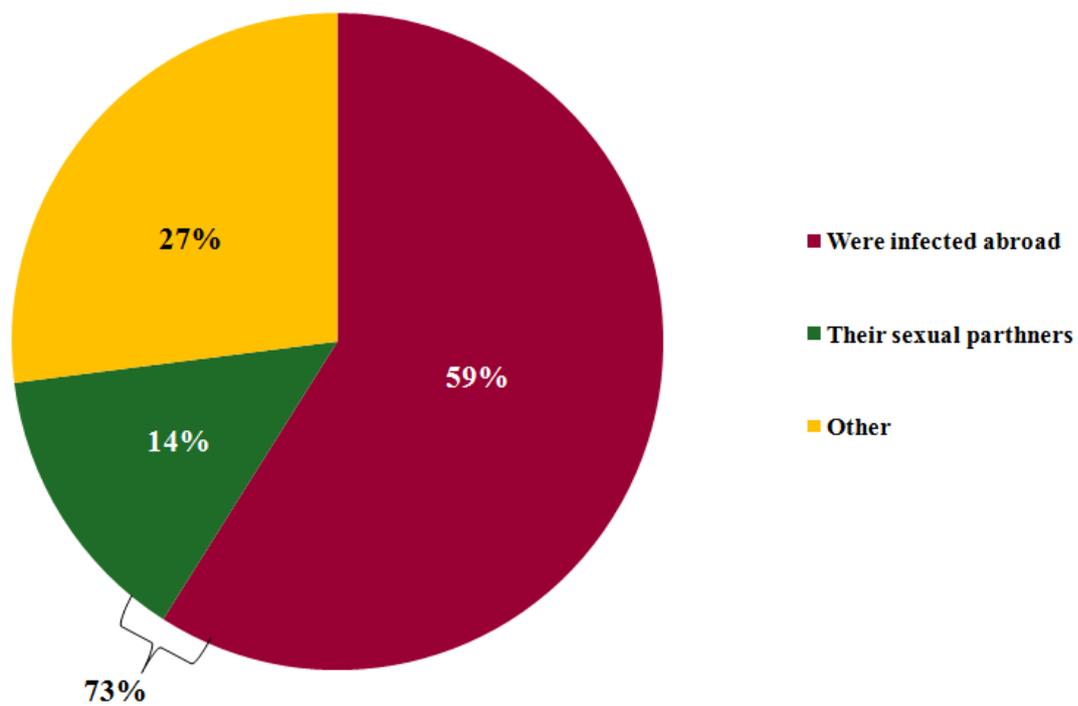
Similar trend is observed among those infected in the Republic of Armenia (Figure 8). In particular, the number of cases infected through heterosexual intercourse increased and made up 83.1% in 2014, and the number of cases infected through injecting drug use decreased and made up 5.9%.



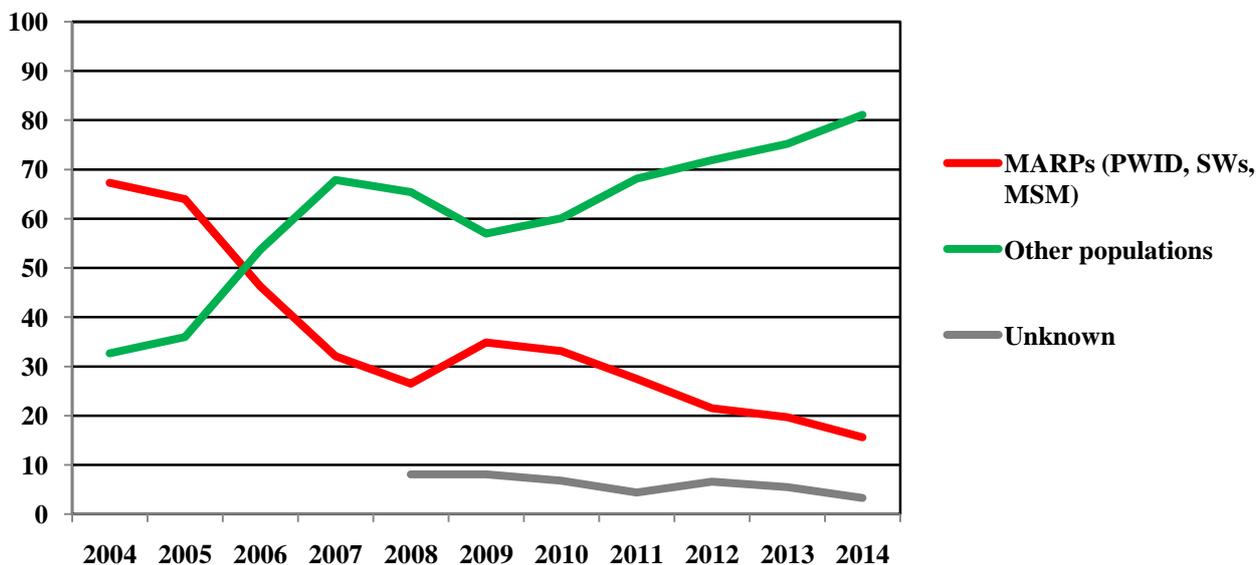
The **second characteristic** feature of the HIV epidemic in Armenia is the migration factor influence on the total number of HIV cases registered in the country. Thus, more than half of the HIV patients registered within the last 5 years had been probably infected outside Armenia, of whom more than 90% - in Russia (90.4% in Russia, 5.5% - in Ukraine, 1.0 - in Poland, 0.7% - in Kazakhstan, 2.4% - in other countries).



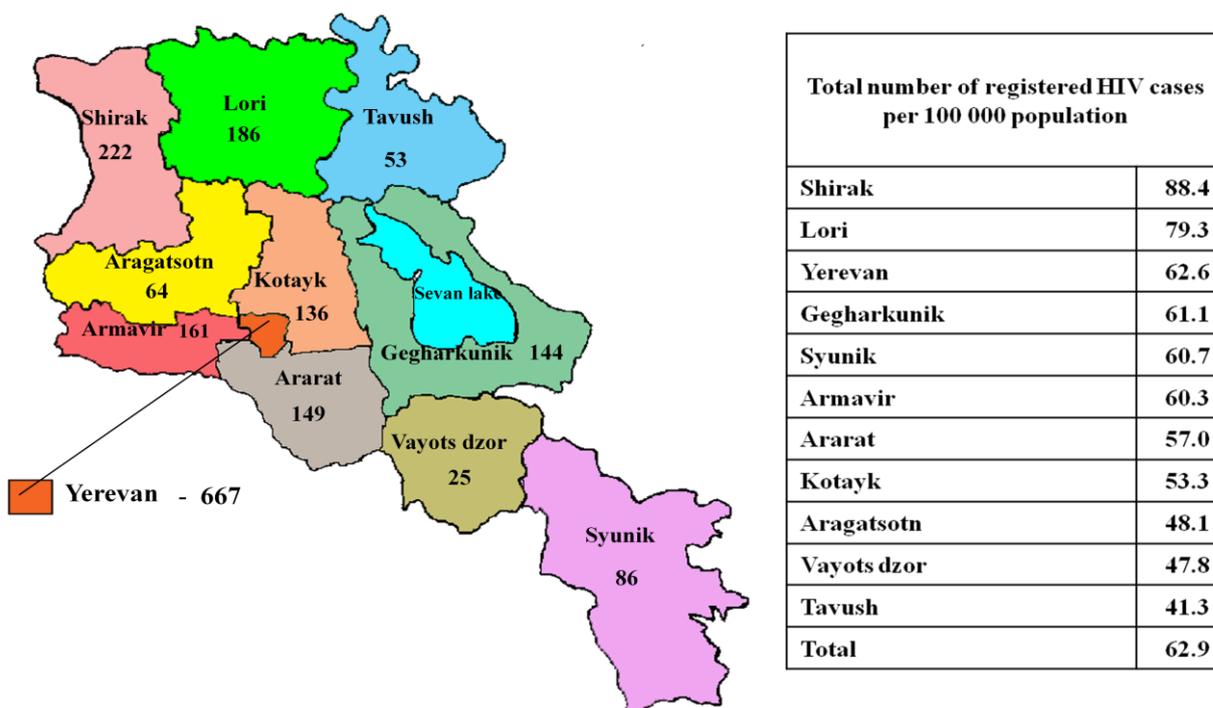
In general, 59% of the registered adult cases in 2012-2014 were infected abroad, 14% - their sexual partners. Thus, 73% of cases registered in 2012-2014 are associated with migration.



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 more than 4.3 times within the last 11 years and made up 16% in 2014. The majority - 81% are the migrants and their partners, partners of the above-mentioned risk populations, those practicing unsafe sexual behaviour.



HIV cases were registered in all marzes (the country administrative divisions) and in Yerevan city (the capital). The maximum number of HIV cases was reported in Yerevan, the capital: 667 cases, which constitute 34.2% of all the registered cases. Shirak Marz follows next - 222 cases, which constitute 11.4% of all the registered cases. The estimation of HIV registered cases per 100 000 population shows the highest rate in Shirak marz – 88.4, followed by Lori marz, Yerevan, Gegharkunik marz with the rates of 79.3, 62.6 and 61.1 respectively.



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 CCM vice-chair is a representative of the Armenian Red Cross Society, representing non-governmental sector.

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 | HIV testing in the general population | 1.6% | 2010 |
| 1.6 | HIV prevalence in young people | 0.01% | 2014 |
| 1.7 | Sex workers: prevention programmes | 65.8% | 2014 |
| 1.8 | Sex workers: condom use | 93.9% | 2014 |
| 1.9 | HIV testing in sex workers | 56.7% | 2014 |
| 1.10 | HIV prevalence in sex workers | 0% | 2014 |
| 1.11 | Men who have sex with men: prevention programmes | 53.5% | 2014 |
| 1.12 | Men who have sex with men: condom use | 65.3% | 2014 |
| 1.13 | HIV testing in men who have sex with men | 49.1% | 2014 |
| 1.14 | HIV prevalence in men who have sex with men | 0.4% | 2014 |
| 1.15 | Number of health facilities that provide HIV testing and counselling services | 162 | 2014 |
| 1.16 | HIV Testing and counselling in women and men | 89696 | 2014 |
| 1.16. | HIV Testing and counselling (additional breakdowns for EUR EURO countries) | 90820 | 2014 |
| 1.17.1 | Percentage of women accessing antenatal care (ANC) services who were tested for syphilis | 93.4% | 2013 |
| 1.17.2 | Percentage of antenatal care attendees who were positive for syphilis | 0.0046% | 2013 |
| 1.17.3 | Percentage of antenatal care attendees positive for syphilis who received treatment | N/A | |
| 1.17.4 | Percentage of sex workers with active syphilis | 0.8% | 2014 |
| 1.17.5 | Percentage of men who have sex with men with active syphilis | 1.8% | 2014 |
| 1.17.6 | Number of adults reported with syphilis (primary/secondary and latent/unknown) in the past 12 | 55 | 2013 |

| | | | |
|---------|--|---------|------|
| | months | | |
| 1.17.7 | Number of reported congenital syphilis cases (live births and still births) in the past 12 months | 0 | 2013 |
| 1.17.8 | Number of men reported with gonorrhoea in the past 12 months | 278 | 2013 |
| 1.17.9 | Number of men reported with urethral discharge in the past 12 months | N/A | |
| 1.17.10 | Number of adults reported with genital ulcer disease in the past 12 months | N/A | |
| 1.19 | Diagnosis of HIV and AIDS cases - Armenia | 334/172 | 2014 |
| 2.1 | People who inject drugs: prevention programmes | 53.7% | 2014 |
| 2.2 | People who inject drugs: condom use | 41.7% | 2014 |
| 2.3 | People who inject drugs: safe injecting practices | 96.9% | 2014 |
| 2.4 | HIV testing in people who inject drugs | 24.9% | 2014 |
| 2.5 | HIV prevalence in people who inject drugs | 4% | 2014 |
| 2.6.a | Estimated number of opiate users (injectors and non-injectors) | N/A | |
| 2.6.b | Number of people on opioid substitution therapy (OST) | 430 | 2014 |
| 2.7.a | Number of needle and syringe programme sites | 12 | 2014 |
| 2.7.b | Number of opioid substitution therapy (OST) sites | 10 | 2014 |
| 3.1 | Prevention of mother-to-child transmission | 93.1% | 2014 |
| 3.1.a | Prevention of mother-to-child transmission during breastfeeding | 0% | 2014 |
| 3.2 | Early infant diagnosis | 79.3% | 2014 |
| 3.3 | Mother-to-child transmission of HIV (modelled) | 2.9% | 2014 |
| 3.4 | Percentage of pregnant women who know their HIV status (tested for HIV and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status) | 99.9% | 2014 |
| 3.5 | Percentage of pregnant women attending antenatal care (ANC) whose male partner was tested for HIV in the last 12 months | N/A | |
| 3.7 | Percentage of infants born to HIV-infected women provided with antiretroviral (ARV) prophylaxis to reduce the risk of early mother-to-child transmission in the first 6 weeks | 96.5% | 2014 |
| 3.9 | Percentage of infants born to HIV-infected women started on co-trimoxazole (CTX) prophylaxis within two months of birth | 34.5% | 2014 |
| 3.10.1 | Number of infants born to HIV positive mothers (“HIV-exposed infants”) born in 2013 (or latest data available) | 19 | 2014 |
| 3.10.2 | Number of infants, born in 2013 (or latest data available) | 8 | 2014 |

| | | | |
|---------|---|----------------------------------|------|
| | to HIV positive mothers, classified as indeterminate (i.e.: all lost to follow up, death before definitive diagnosis, indeterminate lab results) | | |
| 3.10.3 | Number of infants born in 2013 (or latest data available) to HIV positive mothers that are diagnosed as positive for HIV | 2 | 2014 |
| 3.10.4 | Number of infants born to HIV positive mothers in 2013 (or latest data available) that are diagnosed as negative for HIV | 14 | 2014 |
| 3.11 | Number of pregnant women attending ANC at least once during the reporting period | 47000 | 2014 |
| 3.12.1 | Number of antenatal care facilities providing HIV testing and counselling services | 99 | 2014 |
| 3.12.2 | Number of antenatal care facilities providing HIV testing and counselling services and dispensing antiretrovirals | 0 | 2014 |
| 3.12.3 | Percentage of health facilities that provide virological testing services (e.g. polymerase chain reaction) for diagnosis of HIV in infants on site or from dried blood spots | 0% | 2014 |
| 3.13.1 | Percentage of HIV-positive pregnant women who were injecting drug users (PWID) (EURO11) | 0% | 2014 |
| 3.13.2 | Percentage of HIV-positive pregnant PWID women who received OST during pregnancy (EURO12) | 0% | 2014 |
| 3.13.3 | Percentage of HIV-positive pregnant PWID women who received ARVs to reduce the risk of mother-to-child transmission during pregnancy (EURO13) | 0% | 2014 |
| 4.1 | HIV treatment: antiretroviral therapy | 44% | 2014 |
| 4.1.EUR | HIV treatment: Antiretroviral therapy (additional breakdowns for EURO countries). Number of eligible adults and children who newly initiated antiretroviral therapy (ART) during the reporting period (2014) | 227 | 2014 |
| 4.2.a | HIV Treatment: 12 months retention | 86.3% | 2014 |
| 4.2.b | HIV Treatment: 24 months retention | 76.9% | 2014 |
| 4.2.c | HIV Treatment: 60 months retention | 81.4% | 2014 |
| 4.2.1 | Percentage of injecting drug users with HIV still alive and known to be on treatment a) 12 months, b) 24 months and c) 60 months after initiation of antiretroviral therapy (EUR4) | a) 76.5% b) 69.6% c) 68.6% | 2014 |
| 4.3.a | Number of health facilities that offer antiretroviral therapy (ART) | 1 | 2014 |

| | | | |
|-----------|---|----------------------|------|
| 4.3.b | Number of health facilities that offer paediatric antiretroviral therapy | 1 | 2014 |
| 4.4 | Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months | 0 | 2014 |
| 4.5 | Percentage of HIV positive persons with first CD4 cell count < 200 cells/ μ L in 2014 | 36.3% | 2014 |
| 4.6.a | Total number of adults and children enrolled in HIV care at the end of the reporting period | 1161 | 2014 |
| 4.6.b | Number of adults and children newly enrolled in HIV care during the reporting period | 338 | 2014 |
| 4.6.a.EUR | HIV Care (additional breakdowns for EURO countries) | 1161 | 2014 |
| 4.7.a | Percentage of people on ART tested for viral load (VL) who were virally suppressed in the reporting period | 84% | 2014 |
| 4.7.b | Percentage of people on ART tested for viral load (VL) with VL level \leq 1000 copies/ml after 12 months of therapy | 82.7% | 2014 |
| 4.7.c | Percentage of people on ART tested for viral load (VL) with undetectable viral load in the reporting period | 80.4% | 2014 |
| 5.1 | Co-management of tuberculosis and HIV treatment | N/A | 2014 |
| 5.2 | Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease | 21.3% | 2014 |
| 5.3 | Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy | 0% | 2014 |
| 5.4 | Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit | 22.8% | 2014 |
| 6.1 | AIDS spending | 2,832,883,393 AMD | 2014 |

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 National AIDS Spending Assessment (NASA) resource tracking methodology suggested by UNAIDS, was not yet introduced in the country, when the Report was being developed.

For that reason, the data on expenditures made in the field of HIV/AIDS in 2014 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 2014 amounted to AMD 2,832,883,393. The sum of allocations from the State Budget made up 26.8% of the total AIDS spending in 2014.

Table *AIDS spending in the Republic of Armenia in 2014
by financial sources (AMD)*

| | 2014 | |
|---------------------------|----------------------|--------------|
| | Absolute number | % |
| State Budget | 758,291,991 | 26.8% |
| GFATM | 1,321,734,145 | 46.7% |
| UN agencies | 14,913,980 | 0.5% |
| International | 736,843,277 | 26% |
| <i>Russian Government</i> | <i>625,229,684</i> | <i>84.9%</i> |
| Private sector | 1,100,000 | 0.04% |
| Total | 2,832,883,393 | 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 2014 ART was being provided to all the patients with HIV eligible for treatment, who gave their consent for the treatment receiving (totally 741 patients, of whom 19 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. According to the governmental decision, of the “Healthy Life Style” training course in the curricula of secondary and senior schools has been a significant achievement. The course is taught as a separate subject for 8-9 and 10-11 grades. It includes separate chapters related to the issues of HIV/AIDS, puberty and reproductive health, pernicious habits. Teachers have trained for the new training course introduction.
2. 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 prevention of mother to child HIV transmission.
3. 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.
4. Following the National Programme on the Response to the HIV Epidemic in the Republic of Armenia, 2007-2011 with the aim to provide health care workers with retraining and advanced studies on HIV/AIDS, starting from 2009 HIV training course has been introduced in the National Institute of Health of the Ministry of Health of the Republic of Armenia and has been given on the basis of the curriculum department of the Institute at the National Center for AIDS Prevention for the health care managers, physicians, paramedical workers, clinical residents. Owing to the advanced studies conducted among the health care workers, their HIV/AIDS awareness has been raised, and, as a result, HIV surveillance, clinical detection, system of referral of PLHIV, management of co-infections and opportunistic diseases, as well as efficiency of HIV treatment care and support services have been improved.
5. Taking into account the fact that 80% of the HIV cases registered in 2012 were associated with migration factor, the Study on “Labor Migration and STI/HIV Risks in Armenia: Assessing Prevention Needs and Designing Effective Interventions” was conducted in 2013 by CRRC-Armenia Team with the Global Fund support. Considering the study results HIV prevention programme was developed targeted to migrants and their sexual partners. Implementation of this programme is supported by the Russian Government and Global Fund. Two types of services - outreach services and mobile medical services for the migrants and their sexual partners are being provided under this programme in 100 communities in country regions. OWs identify the households with the migrants and perform education work. The health services package is provided comprising counseling on the issues of HIV, reproductive health and family planning, testing for HIV, Hepatitis B, C. In addition, beneficiaries, if necessary, are provided with referrals to the National AIDS Center for undergoing testing for STIs.

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. necessity of OIs diagnostics improvement;
4. scaling up the ART and diagnostics infrastructures;
5. 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 47% 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

At present monitoring and evaluation is being conducted in the following way. The data are collected by the National Center for AIDS Prevention (NCAP) of the Ministry of Health. The information about the work of all HIV testing laboratories countrywide is being collected. Monthly, quarterly and annual statistical reports are submitted to the NCAP. The received reports on the results of performed HIV tests include information about the contingent of those tested (including pregnant women, infants born to HIV-infected women, PWID, MSM, donors, etc.). The data aggregated by NCAP is submitted to the National Health Care Information Analytic Center and National Statistical Service quarterly and annually. The NCAP has information about the quantity, geographic location and distribution of all VCT sites functioning within the structure of health care system (in antenatal clinics, primary health care system and hospitals), coordinates their work and provides methodological support. 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 data on epidemiological situation and ARV treatment monitoring is collected at the NCAP Epidemiological Surveillance Department and Medical Care Department. Information on newly registered HIV and AIDS cases is provided by NCAP to the Center of Disease Control of the MoH of the Republic of Armenia. Information on HIV/TB co infection cases is being reported to the State Hygienic and Antiepidemiological Inspection of the MoH of the Republic of Armenia on quarterly basis.

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.

Within the reporting period Monitoring and Evaluation Unit carries out activities on monitoring and evaluation of the national HIV response.