

Republic of Armenia



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The Republic of Armenia is one of the Caucasus countries. With a surface area of 29 800 km², it is administratively divided into eleven provinces (marz), one of which is the capital – Yerevan. The Republic of Armenia declared independence in 1991 and entered a period of radical and fundamental political, social and economic reforms. Despite some progress in setting up basic democratic and market institutions, Armenia remains classified as a lower middle income country, according to the World Bank index of "governance atmosphere", which covers the effectiveness and quality of governance, rule of law, level of corruption, political stability, and civil liberties. The percentage of the population living below the poverty line is 42.9 (UNDP Human Development Report, 2004). Officially, services account for 40% of the GDP, industry for 25%, the agricultural sector for 20% and construction for 15%.

HEALTH AND DEVELOPMENT

Demographic situation: The general mortality rate per 1000 increased from 5.7 in 1986 to 8.2 in 2005, and the natural growth rate of the population declined from 18.3 to 3.5 per 1000^a.

Main causes of mortality: Eighty-three per cent of deaths in Armenia are attributed to noncommunicable diseases followed by external causes (3%), communicable diseases (1%), and ill-defined conditions (4%). The leading causes of premature death (under 65) in Armenia are, in order of magnitude, diseases of the circulatory system, cancer, external injuries and poisoning^b.

Maternal and child health has improved in recent years: Although there is a discrepancy between the nationally-reported data, WHO estimated data, and data from various surveys, all sources testify to the declining trend in infant, child, and maternal mortality^c. In spite of positive immunization results (e.g. achievement of the status of a polio-free region), the coverage rate of fully-immunized children, valid by recommended age, dropped to 42.3% in 2006 despite adequate vaccine supplies^d.

Lifestyle-associated health problems: Tobacco consumption is rising rapidly, varying between 64.2% and 69.4% among men in the 24–65 years age group. The prevalence of smoking among women is also on the rise, comprising 2.2%. Alcohol is not a big problem in Armenia so far; however, it is becoming more popular among those in the youngest age group (16–24)^e. Unhealthy diet, obesity and low physical activity are common.

Tuberculosis (TB) has become an important public health problem with an estimated total incidence of 77 new TB cases and 35 new pulmonary smear-positive TB cases per 100 000^f. The prevalence of multi-drug-resistant TB is estimated to be 12% and 57% in new and previously-treated patients respectively. The DOTS (Directly Observed Treatment, short course) is currently being implemented nationwide, including the penitentiary system. However, not all TB patients are properly registered and the case detection and treatment success rates are low^g. The prevalence of HIV/AIDS in the adult population was about 0.1% in 2005.

Sixty-one percent of health funding is paid out of pocket at the point of service^h. This imposes a large barrier to health care access and a financial risk for many Armenians. Apart from foreign sources, the general tax revenue is the only pre-paid source of health funding. However, the large share of unofficial out-of-pocket payments (OOPs) and the low priority given to health by the Government limit the available public resources (1.64% of GDP, 2006)ⁱ. The Ministry of Health manages the health budget and the State Health Agency is responsible for purchasing a defined Basic Benefits Package (BBP) for the population. In 2006, there was a 21% increase in the Government budget for the health sector, most of which was spent on primary health care.

^a *Statistical Yearbook of Armenia*, Yerevan, National Statistical Service of the Republic of Armenia, 2006 (<http://test.armstat.am/en/>, accessed 28 April 2007).

^b *Highlights on Health in Armenia*, Copenhagen, WHO Regional Office for Europe, 2005 (http://www.euro.who.int/document/CHH/ARM_Highlights_rev1.pdf, accessed 28 April 2007).

^c Millennium Development Goals report for Armenia, 2005.

^d Lot Quality Coverage Survey, WHO Headquarters, WHO Regional Office for Europe, UNICEF, Ministry of Health of Armenia.

^e Report on the results of the national survey on the drug, alcohol and smoking prevalence among the general population of Armenia, 2005.

^f WHO Global TB report, 2004.

^g Tuberculosis assessment mission, WHO/GLC mission to Armenia, 07-12 February 2005. Final report.

^h National Health Accounts Data, 2004.

ⁱ Medium-Term Expenditure Framework, Armenia 2006 – 2008.

Total population (millions, 2006) ¹	3.2
% population 0–14 years old (2006) ¹	20.6
% population urban (2006) ¹	64.1
Life expectancy at birth (years, 2004) ²	68
Mortality rate among children <5 years per 1000 live births (2003) ³	33
Maternal mortality rate per 100 000 live births (2004) ⁴	26.9
Infant mortality rate per 1000 live births (2005) ⁵	26
Total expenditure on health as a % of GDP (2003) ⁶	6.0
General government expenditure on health as a % of general government expenditure (2003) ⁶	7.0
Human Development Index rank of 177 countries (2004) ⁷	80
Gross National Income per capita, US\$ (2005) ⁸	1470
Adult (15+ years) literacy rate (2004) ⁷	99.4
% of population with sustainable access to an improved water source (2004) ⁷	92
% of population with sustainable access to improved sanitation (2004) ⁷	83

Sources:

¹ National Statistical Service of the Republic of Armenia 2006.

² *The world health report 2006 – Working together for health*. Geneva, World Health Organization, 2006 (<http://www.who.int/whr/2006/en>, accessed 28 April 2007).

³ *The world health report 2005 – Make every mother and child count*. Geneva, World Health Organization, 2006

⁴ 2007–2009 Medium-term expenditure framework of the Republic of Armenia.

⁵ Armenian Demographic and Health Survey 2005.

⁶ National health accounts: Armenia [web site]. Geneva, World Health Organization, 2007 (<http://www.who.int/nha/country/arm/en/>, accessed 29 April 2007).

⁷ *Human development report 2006. Beyond scarcity: power, poverty and the global water crisis*. New York, United Nations Development Programme, 2006 (<http://hdr.undp.org/hdr2006>, accessed 27 April 2007).

⁸ World Development Indicators 2005 *World development indicators 2005*. Washington, DC, World Bank, 2005 (<http://devdata.worldbank.org/wdi2005/Toc.htm>, accessed 27 April 2007).

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • BBP covers not only primary care but also in-patient services for certain socially vulnerable groups and treatment of certain diseases and medical conditions for the whole population (TB, oncology, urgent care, etc). • The Government has committed itself to continuing the health reform with emphasis on prevention, family care and community participation, and on reducing problems of financial protection and the barriers to health care access associated with this high share of OOPS. • In the last decade, Armenia has experienced strong economic growth and reduced poverty rates with potential positive effects on health and equity. 	<ul style="list-style-type: none"> • Poor use is made of the health information system for decision-making • The BBP is not based on real costs of health care services and thus contributes to unofficial payments. • The essential drug list is not in active use. There is a wide practice of prescribing expensive brands that a large part of the population cannot afford. • There is a lack of modern technology and equipment. • TB and HIV services are too vertical and not well integrated in the overall health system • There are skill imbalances, mal-distribution of health professionals, lack of incentives to attract health workers to remote rural areas and lack of infrastructures for continuous professional development.

PARTNERS

To a large extent, health care reform in Armenia has been led and supported by several international organizations. Among the multilateral agencies involved, the major partner is the World Bank, which has been supporting health financing and primary care reforms since the end of the 1990s. Since 2005, the World Bank has also focused on improvement of the quality and efficiency of the hospital network, and the effectiveness of policy-making and monitoring in the health sector. Other United Nations agencies involved in health system reform to a lesser extent (the United Nations Children's Fund, the United Nations Development Fund, the United Nations Population Fund) provide substantial support to maternal and child health services, immunization programmes, and the National Programme on HIV/AIDS. Global initiatives, such as the Global Fund to fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and the Global Drug Facility, mobilize large amounts of funds.

The main bilateral agency supporting health systems reform, with particular focus on primary health care, is the United States Agency for International Development. The US Government also offers support through the United States Centers for Disease Control and Prevention. In addition, financial support has been provided for various issues relating to the health sector by the Governments of Germany and Japan. Among other donor agencies are the Open Society Institute Assistance Foundation-Armenia, Médecins sans Frontières, the United Kingdom Department for International Development, and a few other international non-governmental organizations. A large part of the total assistance comes from the Armenian Diaspora.

Currently, the Government of Austria, the Government of the United States of America, United States Agency for International Development, the World Bank and UN agencies provide substantial financial support for strengthening the country's capacity for preparedness and response measures with respect to avian and human influenza.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The achievement of consensus among major international partners can ensure more focused and consolidated support to strengthening the health system. At the country level, there is strong partnership between WHO and the leading international agencies, the main focus of which is on strengthening the health system and the major activities grouped in the areas of health system functions. 	<ul style="list-style-type: none"> International assistance programmes in the health sector are often poorly coordinated by the Government due to an underdeveloped national health policy and strategic framework. The activities accomplished with the support of the Global Fund to fight AIDS, Tuberculosis and Malaria, the Global Drugs Facility, the Global Alliance for Vaccines, and other donors, in support of vertically-organized disease control programmes (for example, on TB, HIV/AIDS) need to be more efficiently integrated in the overall health system.

WHO STRATEGIC AGENDA

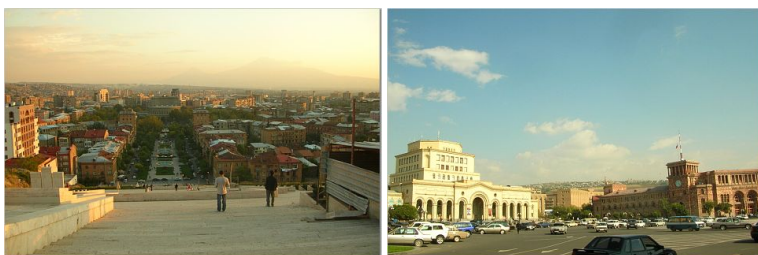
WHO is committed to supporting Armenia in strengthening its health system, improving the health status of the population, reducing inequalities, improving access to and quality of services, and promoting universal protection against financial risk. The strategic agenda focuses on the following areas.

Health service delivery. Support will be aimed at: improving quality of care at the primary and secondary levels through an evidence-based approach and enforcement mechanisms; ensuring that health interventions are implemented where they are most needed (in areas, such as maternal and child care, tuberculosis, sexually transmitted diseases, HIV/AIDS, malaria, etc.); strengthening and providing technical support for disease prevention and control and establishing an integrated surveillance system; and identifying the mechanisms and the levels of the health system that should be involved to promote health and address the main risk factors.

Resource generation. Technical assistance will be provided with the aim of: strengthening the mechanisms needed to improve the quality of the professional training for and practice of human resources for health (HRH); planning of HRH for all levels of the system, and ensuring an appropriate mix of the skills necessary to meet the health needs of the population; strengthening pharmaceutical regulation by developing a system of rational drug use and monitoring the implementation of national drug policy.

Health financing. Continuing support will be provided for the further development of health financing policy consistent with the WHO commitment to universal coverage, monitoring expenditure and evaluating how effectively the funds are used. Assistance will also be provided for strengthening incentives for health care workers.

Stewardship; health system performance assessment; health information system. Support will focus: on strengthening Ministry of Health stewardship and its regulatory role in health policy development and implementation and in increasing access to quality health services; on enhancing the capacity of the Ministry of Health with a view to the transparent and careful management of population health, ensuring the optimal use of resources, accountability and responsiveness of the system to the needs of the population; on providing technical assistance to the Ministry of Health in the use of information for decision-making and for monitoring and evaluating system performance; and on health system preparedness to respond to emergency situations and overcome threats to health.



ADDITIONAL INFORMATION

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