



WHO contribution in Armenia 2020–2024

Evaluation report
Executive summary

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Background

Armenia has registered steady improvements across several public health indicators over the past decade. Maternal and child mortality has declined, immunization coverage remains consistently high, and tuberculosis (TB) incidence continues to fall, signalling strengthened national technical capacity and sustained public health investment. However, these gains coexist with deep structural constraints that continue to shape health system performance and limit progress towards universal health coverage (UHC).

Public expenditure on health remains among the lowest in the WHO European Region, while out-of-pocket payments account for more than 80% of current health expenditure. This places a considerable financial burden on households, with catastrophic health spending widespread and inability to pay cited as the primary barrier to seeking care. Primary health care (PHC), although central to the Government's reform agenda and to its Five-Year Development Strategy 2020–2025, remains underfinanced and underutilized, with persistent deficits in diagnostics, medicines coverage, service quality and trust in PHC providers.

Human resources for health represent an additional constraint. Shortages of family doctors and nurses exist alongside an oversupply of narrow specialists, uneven geographical distribution and an ageing workforce. These imbalances weaken the capacity of PHC to respond to population needs and undermine continuity of care.

Successive shocks have both exposed and exacerbated these vulnerabilities. The coronavirus disease (COVID-19) pandemic revealed significant gaps in intensive care capacity, oxygen systems, infection prevention and control (IPC) and emergency preparedness. The 2023 mass displacement from the Karabakh region, when more than 100 000 people arrived in Armenia in a short period of time, placed acute pressure on public health functions, PHC, and mental health and psychosocial support (MHPSS) services. At the same time, Armenia's epidemiological profile is dominated by noncommunicable diseases (NCDs), now accounting for over 90% of mortality, in a system not yet fully reoriented towards integrated chronic disease prevention and management.

Digitalization has progressed rapidly through expansion of the ArMed health information platform and rollout of mandatory e-prescriptions. Yet challenges remain, particularly in relation to governance, interoperability, data protection, digital literacy and rural connectivity, underscoring the need for continued policy development and regulatory strengthening.

Against this backdrop, the Government's Health System Development Strategy 2023–2026 identifies four strategic priorities: (i) health financing reform; (ii) strengthening PHC; (iii) improving

quality of care; and (iv) developing a capable health workforce. These priorities constitute the central reference framework for assessing the relevance, coherence and effectiveness of WHO's cooperation in the period 2020–2024.



Methodology

The evaluation adopted a mixed methods design consistent with WHO's evaluation policy and aligned with the Organisation for Economic Co-operation and Development – Development Assistance Committee (OECD DAC) evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability. Reflecting WHO's mandate in Armenia, the methodological approach prioritized assessment of normative guidance, technical assistance, policy dialogue and partner coordination, rather than direct service delivery interventions.

A contribution-focused theory of change was reconstructed at the outset to identify plausible pathways through which WHO's support contributed to intermediate health system results. This framing ensured that evaluative judgements remained proportionate and appropriately situated within a complex multipartner environment that includes major investments by the World Bank, Asian Development Bank (ADB), bilateral donors and United Nations agencies.

Data collection drew on a comprehensive documentary review encompassing national health strategies, three consecutive Biennial Collaborative Agreements (BCAs) covering the years 2020–2025, programmatic reports, emergency response documentation and analytical products created by development partners. Primary data collection comprised 30 semistructured interviews with national authorities, WHO staff at country and regional levels, United Nations partners, civil society representatives and frontline providers. These were complemented by a focus group discussion with WHO Country Office personnel and by targeted field observations in PHC and public health facilities outside the capital city, Yerevan. In total, 43 individuals contributed to the evidence base.

Analysis followed a structured, systematic approach. Qualitative data were coded using analytical matrices aligned with the OECD DAC criteria and the reconstructed theory of change. Triangulation between documents, interviews, focus group insights and field observations ensured that findings were grounded in convergent evidence, while divergent perspectives were explicitly examined and integrated into evaluative reasoning. Where outcome-level data were incomplete or unavailable, contribution analysis was employed to assess WHO's influence against alternative explanations, avoiding attribution claims that would not be appropriate in a multi-actor system.

Quality assurance and ethical safeguards were applied throughout the evaluation. The process adhered to the United Nations Evaluation Group *Norms and standards for evaluation*, including informed consent, confidentiality protections, secure data handling, intercoder reliability checks and internal peer review at key analytical stages. Limitations, such as incomplete intermediate indicators, gaps in monitoring data, timebound fieldwork and limited subnational coverage, were transparently acknowledged and mitigated through systematic triangulation and proportionate analytical judgement.



Key findings

The evaluation found that WHO's cooperation in Armenia has been relevant, coherent and strategically positioned; interventions have been aligned with national reform priorities and consistent with global and regional WHO frameworks. WHO's contribution has been most visible in policy advice, normative guidance and technical leadership in the areas of health financing reform, PHC strengthening, communicable disease and NCD control, and emergency preparedness. Stakeholders consistently recognized WHO's added value in convening actors, adapting international standards to national needs and providing impartial technical expertise. Effectiveness was strongest where WHO combined global normative tools with context-specific policy dialogue, such as in universal health insurance (UHI) design, PHC service models, antimicrobial resistance (AMR) policy, TB care reform and tobacco control legislation. Coherence was reinforced through joint work with United Nations agencies during emergencies and reform processes, though coordination with development banks remained on a largely ad hoc basis. WHO's support has contributed to the sustainability of reforms where policies were embedded in legislation, institutional structures and professional training. However, durability remains vulnerable in areas that rely heavily on external financing or lack clear institutional ownership. Cross-cutting priorities (equity, gender equality, disability inclusion and the principle of leaving no one behind) were promoted normatively but insufficiently embedded in measurable cooperation results.

Relevance

The evaluation found WHO's interventions in Armenia to be highly relevant, consistently reflecting both national reform priorities and the evolving needs of the health system. This relevance was anchored in the BCAs, jointly negotiated with the Ministry of Health, which provided the framework for WHO's activities and ensured that support was directed towards nationally identified priorities. Stakeholders emphasized that this process of codevelopment lent legitimacy and ownership to WHO's cooperation.

A review of the BCAs against the Government's Health System Development Strategy 2023–2026 confirmed that WHO's cooperation focused on the four pillars of reform: strengthening PHC, preventing and controlling NCDs, improving emergency preparedness, and advancing health financing reform. In these areas WHO's normative and technical support aligned closely with national strategies, reinforcing the relevance of its role as a partner.

Relevance was further underpinned by coherence with global and regional frameworks, notably the WHO Thirteenth General Programme of Work and the European Programme of Work, 2020–2025. WHO's work on PHC reforms and UHC directly contributed to the targets in the Thirteenth General Programme of Work, while its support for emergency preparedness, including during the COVID-19 pandemic and the 2023 displacement crisis, aligned with the global health security agenda and the European Programme of Work's emphasis on pandemic preparedness. Similarly, WHO's engagement in tobacco control, nutrition and chronic disease prevention contributed to international NCD targets and regional strategies for preventive health.

Despite this strong alignment, the evaluation noted modest gaps. Elderly health, which is an emerging national priority, is not explicitly reflected in WHO's cooperation framework. Conversely, areas of longstanding WHO engagement, such as medicine pricing and digital health governance, are not yet fully integrated into national strategies. These gaps are not major but point to opportunities for further strengthening relevance in future BCAs.

Coherence

WHO's interventions demonstrated strong coherence at national, regional and global levels. Vertical coherence was evident in the way Armenia's BCAs translated global and regional strategies, such as the Thirteenth and Fourteenth General Programmes of Work and the European Programme of Work, into country-level priorities. The alignment of BCAs with the Government's Health System Development Strategy 2023–2026 confirmed consistency across levels of planning.

At the horizontal level WHO played an important role in fostering coordination among national stakeholders and development partners. Its convening capacity was most evident during the 2023 displacement crisis, when WHO co-led interagency coordination with the Office of the United Nations High Commissioner for Refugees and the International Organization for Migration, integrating health, MHPSS and emergency preparedness. Collaboration with the World Food Programme strengthened nutrition policy, cooperation with the United Nations Development Programme supported emergency logistics, and joint initiatives with the Food and Agriculture Organization advanced the One Health agenda. These efforts reinforced policy alignment and resource harmonization across the health sector.

WHO also engaged with bilateral donors, including the European Union and the United States Agency for International Development, and contributed actively to health sector working groups led by the Government. These platforms enhanced coherence by reducing duplication and promoting shared priorities. However, coordination with development banks, particularly the World Bank and ADB, though constructive, remained informal and episodic, relying on ad hoc arrangements rather than institutionalized mechanisms. Recent initiatives under the UHC Partnership to foster strategic policy dialogues on PHC reforms represent a step towards more systematic collaboration, but further effort will be needed to formalize coordination under government leadership.

Overall, WHO's role as a convenor and technical authority has strengthened coherence across the system. However, the absence of a structured, government-led coordination platform limits the potential for fully integrated planning involving all partners, especially in relation to financing institutions.

Effectiveness and efficiency

Satisfactory and moderately satisfactory

The evaluation found that WHO made significant contributions to health system strengthening in Armenia during the 2020–2024 period, particularly in health financing, PHC reform, communicable

disease management, NCD prevention and emergency preparedness. Among its most noted achievements were sustained technical assistance in the introduction of UHI, policy advice on pharmaceutical pricing and reimbursement, design and rollout of PHC service delivery models, and strategic support for digital health initiatives such as e-prescriptions and telemedicine.

In WHO's contribution to communicable disease management, support for the transition to outpatient TB care, decentralization of HIV testing and treatment, and expansion of human papillomavirus vaccination coverage were cited as important steps forward. WHO's leadership in developing Armenia's national AMR strategy further illustrated its effectiveness in shaping high-level policy. In the domain of NCDs, WHO's technical advice was instrumental in strengthening tobacco control legislation, improving national nutrition policy in collaboration with the World Food Programme, and enhancing surveillance of NCD risk factors.

Effectiveness was particularly evident in emergency response. WHO's capacity to mobilize resources, provide technical guidance, train health workers and integrate MHPSS into PHC services during the COVID-19 pandemic and the 2023 displacement crisis demonstrated the practical impact of its interventions.

Efficiency was enhanced through alignment with national priorities, leveraging partnerships with United Nations agencies, banks and bilateral donors, and selectively outsourcing specialized tasks. At the same time, several challenges constrained performance. These included limited domestic financing for health, fragmented monitoring systems with few measurable indicators, frequent leadership changes in WHO's Country Office, and donor contributions often earmarked for priorities not fully aligned with Armenia's most pressing needs.

In sum, WHO's effectiveness was greatest where global normative guidance was adapted to Armenia's context and embedded in national policy processes. Efficiency benefited from partnerships and alignment, but further gains depend on improved monitoring, more flexible financing and sustained continuity of leadership.

Sustainability

WHO's contributions have laid a foundation for long-term sustainability through institutional strengthening, capacity-building and policy integration. Interventions that began as emergency responses have increasingly been embedded in systemic support, notably in PHC, mental health and rehabilitation. WHO's support for training and knowledge transfer has strengthened the resilience of Armenia's health workforce, with institutionalized practices contributing to continuity beyond individual projects.

The evaluation found that sustainability is enhanced where WHO's support has been integrated into national strategies and taskforces or where reforms have been codified in legislation and regulatory frameworks, such as tobacco control and AMR. Evidence of capacity gains in routine immunization, MHPSS integration into PHC and adoption of new service delivery models suggest that reforms supported by WHO have influenced both policy and practice.

Nonetheless, sustainability remains fragile in areas reliant on external funding or project-based staff, or where functions lack permanent institutional homes. Limited domestic health financing and ongoing workforce migration present additional risks. While national ownership is improving, continued leadership and resource allocation from the Ministry of Health will be critical for maintaining and scaling reforms.

In conclusion, WHO has made a substantive contribution to sustainability through policy integration and capacity development. However, to secure long-term impact, reforms must be anchored in recurrent budgets, embedded within permanent institutional structures, and supported by stable human resources.

Transversal dimensions: equity, gender, disability inclusion and leaving no one behind

The evaluation found that equity and the principle of leaving no one behind were consistently present in WHO's normative work in Armenia, particularly in relation to PHC reforms, refugee health and integration of MHPSS into primary care. Stakeholders noted that WHO's technical guidance during the 2023 displacement crisis was instrumental in ensuring that the health response prioritized vulnerable groups, including children, women and older people. While these commitments were visible in policy advice and advocacy, they were less systematically embedded in programme design and monitoring. Few interventions included disaggregated indicators by sex, age, disability status or socioeconomic background, which limited the ability to track equity-related outcomes in a structured way. Gender considerations were referenced in areas such as reproductive health and NCD prevention, and disability inclusion was recognized in WHO's global policy guidance, but both dimensions were insufficiently integrated into the BCAs as measurable commitments. As a result, the operationalization of WHO's normative principles into results frameworks remained uneven, with implementation often dependent on context-specific opportunities rather than being systematically planned.

Additional highlighted findings

Digital health

WHO's cooperation also contributed to Armenia's rapid digital transformation of health services, with notable inputs to the expansion of the ArMed e-health platform and the introduction of mandatory e-prescription policies. These initiatives were recognized as important steps in improving interoperability, rationalizing medicine use, and modernizing the interface between patients, providers and pharmacies. At the same time, the evaluation found that Armenia's fast-paced digitalization was generating complex challenges that extended beyond technical platforms. Stakeholders highlighted concerns around governance and regulatory oversight, the adequacy of data protection frameworks, gaps in the digital literacy of the health workforce, and persistent inequalities in access between urban and rural populations. WHO's role to date

has been most visible in offering technical advice and facilitating the transfer of international experience, but its comparative advantage lies more broadly in shaping governance frameworks, standards for interoperability and safeguards for equity of access. As Armenia's digital health ecosystem expands, WHO's potential contribution will increasingly depend on its ability to help ensure that digital reforms are anchored in regulation, inclusivity and health system resilience, rather than being driven solely by technology adoption.

Preparedness and resilience

WHO's role during the COVID-19 pandemic and the 2023 displacement crisis highlighted its capacity to mobilize technical expertise, resources and coordination mechanisms at critical moments. WHO provided policy advice, supported surge training of health professionals, ensured the integration of MHPSS into PHC, and coordinated with other United Nations agencies and partners. These contributions were widely valued and demonstrated WHO's comparative advantage in providing timely, impartial and technically credible support during crises. However, the evaluation found that much of this support was delivered through surge mechanisms and projectized interventions, which filled immediate gaps but did not fully address systemic weaknesses in preparedness. Armenia's long-term resilience depends on embedding capacities such as incident management systems, oxygen supply chains, IPC and MHPSS into the permanent functions of the health system. WHO's comparative role moving forward is not only in crisis response but also in strengthening governance and institutional frameworks so that resilience is sustained beyond emergencies.

Measurement and learning

A recurring limitation across all reform pillars was the absence of intermediate indicators that could capture WHO's contribution to incremental progress. While outcome-level indicators were available in some areas, they did not always reflect the specific value added by WHO's normative or technical inputs. Monitoring systems remained fragmented, with limited use of disaggregated data and weak integration of equity and inclusion metrics. As a result, effectiveness was most visible in areas where partner or government data were robust, such as immunization or TB outcomes, but less so in areas such as PHC quality improvement or financing reform. Stakeholders highlighted the need for WHO to work with the Ministry of Health and partners to define a core set of intermediate indicators for each reform pillar, linked directly to BCAs. Embedding such indicators in future cooperation cycles would enhance accountability, allow more consistent tracking of progress and improve learning across programmes.

Partner roles and differentiation

The evaluation found broad consensus among stakeholders that WHO's comparative advantage lies in normative leadership, technical guidance and convening capacity – functions that are distinct from the financing and infrastructure support provided by the World Bank, ADB and bilateral donors. WHO's active participation in sector working groups and collaboration with United Nations agencies enhanced coordination and reduced duplication. However, engagement with

development banks, while constructive, remained largely ad hoc and dependent on individual projects or shared interests rather than on structured platforms. This limited the ability to maximize complementarity and sometimes blurred distinctions between normative and financing roles. Stakeholders emphasized that Armenia would benefit from a government-led coordination mechanism, supported by WHO, that included a clear partner–role matrix. Such a mechanism would clarify responsibilities across the health system, ensure financing and technical support were aligned, and allow WHO's unique contribution to be more systematically leveraged.



Lessons learned

The evaluation identified a series of lessons that reflect both the achievements of WHO's cooperation in Armenia and the systemic challenges encountered. These lessons are not limited to individual interventions but speak to the conditions under which technical cooperation is most relevant, effective and sustainable.

1. **Strategic alignment and national ownership.** WHO's interventions achieved greatest traction where they were firmly embedded in Armenia's reform agenda and codeveloped with the Ministry of Health through the BCAs. This joint planning process ensured national ownership and legitimacy. The lesson is clear: sustained impact depends on maintaining this codevelopment model while also anticipating evolving priorities such as ageing, medicines policy and digitalization.
2. **Monitoring, indicators and evidence for accountability.** The evaluation highlighted that the absence of intermediate indicators across several reform pillars reduced the visibility of WHO's contribution. Where baselines and indicators were in place (for immunization and TB control, for example), results were measurable and credibility was enhanced. Technical cooperation must therefore include explicit results frameworks with well-defined, equity-sensitive indicators agreed jointly with government counterparts.
3. **Funding flexibility and alignment with national priorities.** Earmarked contributions, while useful for specific technical agendas, sometimes limited responsiveness and diverted resources from Armenia's most pressing needs. By contrast, flexible funding enabled WHO to adapt rapidly to the COVID-19 pandemic and the 2023 displacement. Diversified, predictable and flexible funding streams are indispensable for aligning WHO's support with national reform priorities and sustaining cooperation over time.
4. **Institutionalization and government commitment.** Reforms supported by WHO proved most durable when embedded in legislation, national strategies or institutional arrangements, as seen in tobacco control, AMR policy and PHC reforms. Where reforms relied on project-funded posts or ad hoc arrangements, sustainability was weaker. The lesson is that technical assistance must be coupled with institutional embedding and recurrent budget commitments if reforms are to last.

5. **Workforce capacity and retention.** WHO's support for training and knowledge transfer enhanced professional competencies in areas such as PHC, immunization and MHPSS. Yet systemic workforce challenges, ageing, uneven geographical distribution and outward migration constrained long-term impact. Capacity-building initiatives must therefore be paired with systemic retention strategies, especially in underserved areas, to translate capacity-building into sustained service delivery.
6. **Clarity of roles, communication and coordination.** The effectiveness of WHO's cooperation was reinforced when roles were clearly defined and communication structured. Coordination with United Nations agencies during the 2023 displacement response illustrated this. However, the absence of a structured, government-led coordination platform limited coherence with development banks. An emerging lesson is that clarity of mandates and transparent communication mechanisms are vital to avoid duplication and maximize efficiency, with WHO well placed to support such processes.
7. **Leadership continuity and institutional memory.** Frequent leadership changes in WHO's Country Office disrupted continuity and constrained relationship building with national counterparts. Structured succession planning and mechanisms for knowledge transfer are essential to preserve institutional memory and sustain programme momentum, ensuring that technical cooperation remains stable despite personnel transitions.
8. **Partnerships and comparative advantage.** WHO's impact was magnified when its normative authority and convening role were combined with the financing capacity of development banks and the operational reach of other United Nations agencies. Examples include joint work during emergency responses and policy dialogues under the UHC Partnership. The lesson is that future cooperation should continue to emphasize comparative advantage, with WHO providing impartial technical leadership while others contribute financing and implementation scale.
9. **Transition from emergency surge to systemic resilience.** WHO's surge interventions during the COVID-19 pandemic and the 2023 displacement crisis were widely valued for their timeliness and credibility. Yet surge support alone cannot secure systemic resilience. Emergency interventions should therefore be designed with transition strategies that institutionalize capacities such as incident management, IPC, oxygen supply and MHPSS integration within Armenia's permanent health system structures.
10. **Multisectoral and cross-cutting integration.** The evaluation found that health reforms were most effective when linked to broader agendas in social protection, education, agriculture and digital governance. WHO's contributions to nutrition policy, tobacco control and advancing the One Health agenda demonstrated the importance of multisectoral action. Equally, cross-cutting commitments to equity, gender equality and disability inclusion require explicit indicators and accountability mechanisms, as does digital health governance.



Recommended actions

WHO's cooperation in Armenia in the period 2020–2024 was relevant and coherent, with recognized value in policy advice, standards adaptation and partner convening across the four reform pillars. Constraints that tempered effectiveness and sustainability included gaps in monitoring frameworks (particularly intermediate indicators), inflexible earmarked funding, leadership discontinuity, informal coordination with financing partners, and uneven operationalization of cross-cutting commitments. The recommended actions below focus on how WHO can refine its own instruments and practices to deepen impact in the next cooperation cycle.

Core recommended actions

1. **Align the next BCA cycle more tightly with emerging reform levers where WHO has comparative technical value.** In addition to the four established pillars (financing, PHC, quality, workforce), the next BCAs should explicitly reflect Armenia's growing needs in the areas of (i) healthy ageing within PHC models; (ii) medicines policy (pricing and reimbursement); (iii) digital health governance (interoperability, data protection, equity of access); and (iv) quality measurement. WHO's role is to codevelop policy options that are specific to Armenia, adapt global standards and tools, and facilitate expert dialogue, ensuring national ownership while leveraging WHO's normative strengths.
2. **Make WHO's contribution more visible and learning more systematic by embedding a compact results spine.** With the Ministry of Health and partners, WHO should codesign and use a small set of intermediate indicators (for example, service coverage for priority services, financial protection, quality-of-care proxies, workforce deployment) that are disaggregated where relevant for equity, gender and disability inclusion. This should be accompanied by a concise theory of change for the BCA portfolio so that activities, indicators and expected results are linked, reviewed and adjusted on a regular cycle. This respects WHO's contribution role while strengthening accountability and learning.
3. **Consolidate sustainability by supporting institutional embedding of functions and preparedness capacities.** Normative and technical support should focus on institutionalizing functions that have been piloted or are currently project-dependent, such as quality measurement, digital governance and routine preparedness (incident management, oxygen ecosystems and MHPSS integration into PHC). A light sustainability rubric (policy/regulatory anchoring, recurrent budgeting, institutional home, capability maintenance) should be used during design and review so that durability is considered from the outset and tracked over time.
4. **Enhance coherence and delivery through predictable participation, role clarity with financiers and stable technical capacity.** WHO should establish systematic engagement patterns in government-led forums, creating predictable participation that partners can rely on, while maintaining transparent coordination approaches. WHO can leverage its

mandate as the directing and coordinating authority on international health work to serve as a neutral convenor for policy dialogue, delivering timely technical inputs and normative guidance that align with World Bank and ADB financing cycles as well as bilateral development programmes. To enhance operational reliability, WHO should maintain stable country-level leadership and technical capacity that draws systematically on regional specialist resources. This approach would reduce transaction costs and delivery risks while ensuring partners receive consistent, high-quality technical support grounded in WHO's core functions of health promotion, standard-setting and policy guidance. Clear protocols and accountability mechanisms will help WHO to coordinate more effectively with external financiers while strengthening internal operations to deliver on its mandate more predictably and efficiently for all stakeholders.

Further suggestions

1. **Resource flexibility with donors.** Where feasible, encourage funders to modestly increase flexibility in earmarked contributions, improving alignment with evolving national priorities.
2. **Targeted analytics.** Expand Armenia-specific analytic products (such as benefits package/ medicines reimbursement scenarios and options for quality indicator sets) that translate standards into implementable choices.
3. **Coordination instrumentation.** Support government-led coordination by supplying light tools (such as partner-role matrix templates) that clarify comparative advantage without substituting for state leadership.
4. **Validation and learning loops.** Add a focused technical review step with key stakeholders before finalizing major cooperation outputs; maintain a short lessons log linking BCA activities to observed intermediate results.
5. **Digital governance and equity.** Complement technical work on e-prescribing/ArMed with a practical governance checklist (including, for example, interoperability, privacy/ethics and inclusive access) so that digitalization narrows, rather than widens, access gaps.