

INFORMATION

from the Government of the Republic of Armenia on the children's right to health (HRC Resolution 19/37)

In accordance with Article 38 of the Constitution of the Republic of Armenia, "Everyone shall have the right to receive medical assistance and services in the manner prescribed by law". Everyone shall have the right to benefit from basic medical services free of charge. Their list and procedure for provision thereof shall be prescribed by law".

In considering the process of development of this constitutional norm, a significant change in terms of its content following the constitutional amendments of 2005 can be observed. In particular, before the amendments, the Constitution of the Republic of Armenia stated, "Everyone shall have the right to health care. The procedure for medical assistance and services shall be prescribed by law. The State shall implement public health care programmes and contribute to the development of physical culture and sport." As can be seen, the mentioned provision stipulated only the right to health care, and the State was obliged to only implement public health care programmes and contribute to the development of physical culture and sport. Following the constitutional amendments, the right to medical assistance and services in the manner prescribed by law was recognised for each natural person by the Constitution of the Republic of Armenia; the Republic of Armenia has, on the level of the Constitution, undertaken a responsibility to ensure for each person the opportunity to receive basic medical services free of charge. The implementation of the mentioned constitutional norm is ensured through a number of legislative acts and acts of secondary legislation. Amongst these legal acts the Law of the Republic of Armenia "On medical assistance and services to the population" can be emphasised, a number of articles of which cover the provision of medical assistance and services free of charge. Particularly:

(a) Article 2 of the Law defines primary health care as a type of medical assistance and service which is free of charge for each person, is based on more accessible methods and technologies and is guaranteed by the State;

(b) Article 4 states that each person has the right to medical assistance and services free of charge within the scope of state target health care programmes guaranteed by the State;

(c) Article 10 states that every child, within the scope of state target health care programmes, has the right to receive free of charge medical assistance and services;

(d) Article 11 states that a person suffering from a disease dangerous for the surroundings shall have the right to receive state-guaranteed free of charge medical assistance and services and get treatment in specialised establishments providing medical assistance and services;

(e) Article 14 states that persons who have suffered in emergency situations enjoy state-guaranteed free of charge medical assistance and services.

It is also worth mentioning that Decision No. 318-N adopted on 4 March 2004 regulates in detail the organisation and financing procedure of free of charge medical assistance and services guaranteed by the State.

According to Article 5 (1) of the Law of the Republic of Armenia "On social assistance", one of the main principles of social assistance arrangement and provision is the priority of provision of social assistance to children, i.e., giving preference to children in the delivery of social services.

According to the Law of the Republic of Armenia "On state benefits", the types of state benefits are family allowance, child care allowance and maternity allowance. Family allowance is granted to poor families, where the amount of the allowance is determined by adding the base

portion of the allowance to the additional payment to minor members of the family. Moreover, the additional payment to children varies based on the level of family security, place of residence (high mountainous – 2,000 metre above the sea level; border), and the number of children in the family.

In 2009, the amount of additional payment granted to minor members of a family eligible for allowance has increased (at all levels and groups of differentiation), and the average amount of family allowance amounts to AMD 23,560 instead of AMD 21,100 in the previous year.

According to the information database of November 2009, 5,764 children of single mothers (born out of wedlock) are registered amongst the families receiving state benefits.

As a result of the policy implemented by the Government of the Republic of Armenia, amongst the families receiving family allowance, the share of families with children has increased (at the background of decrease of the number of families receiving state benefits). The share of families with a child amongst the families receiving family allowance in 2009 amounted to 81.33% instead of 76.34% in the previous year.

In accordance with the Law of the Republic of Armenia “On state benefits”, a family eligible for benefit may be provided a lump sum pecuniary aid, where:

(a) A child is born in the family receiving state benefit: in 2009 – in the amount of AMD 50,000, as against AMD 35,000 in 2008 (a lump sum maternity allowance);

(b) A child of a family receiving state benefit is admitted to the first grade in a general education school: in 2009 – in the amount of AMD 25,000, as against AMD 20,000 in 2008.

329. The number of children with disabilities in families eligible for family allowance amounts by year to:

(a) 3,916 in 2007;

(b) 3,667 in 2008;

(c) 3,173 in 2009.

Such a decrease in the amounts is due to the decrease in the number of families receiving state benefits.

A working parent is eligible for child care allowance for a child under the age of 2 years, within the whole period of the child care leave, but no longer than before the child attains the age of 2 years. The amount of the child care allowance for children under the age of 2 years has increased six times from AMD 3,000 to AMD 18,000.

The amount of a lump sum maternity allowance is differentiated based on the subsequent number of the child born in the family. The amount of the lump sum allowance for the third and each next child born in families was set at AMD 430,000 in 2009. In 2008, the third and each next child born in the family was granted a lump sum aid in the amount of AMD 300,000 where that family was deemed to be poor in accordance with the procedure established by the Government of the Republic of Armenia.

Article 37 of the Constitution of the Republic of Armenia prescribes that everyone shall have the right to social security in case of seniority age, disability, illness, loss of breadwinner, unemployment as well as other cases provided for by law. The scope and forms of social security are defined by law.

The Law of the Republic of Armenia “On state pensions” was adopted in 2002, under Article 26 of which every child who has not yet attained the age of eighteen is eligible for survivor’s pension. Under Article 33, any person recognised as “a child with disabilities” is granted

a disability social pension, the amount of which is determined under Article 34. Under Article 35, the survivor's social pension extends to those children left without parental care whose parents are unknown.

Article 49 of the Family Code of the Republic of Armenia prescribes the equal rights and duties of parents towards children. Article 54 establishes the exercise of parental rights by parents living separately from their children, according to which the parent living apart from his or her child has equal right to maintain contact with the child and to participate in his or her upbringing. A parent living with the child shall not impede the contact of the child with the other parent, unless it prejudices the physical or mental health of the child. In case of a disagreement between parents, the matter is settled through judicial procedure, with the compulsory participation of the guardianship and curatorship authority.

335. Article 109 of the Code covers children left without parental care (see also the information under Article 20 in the Report, paras. 57–63, 77–78, 120, 419 and 445.3).

336. The Law of the Republic of Armenia “On social protection of children left without parental care” was adopted in 2002, which covers children left without parental care and persons under the age of 23 equivalent to them, by providing for the legal regulation and guarantees for their social protection.

Children with disabilities

Eight thousand two hundred and seventy four children with disabilities are registered in the Republic of Armenia, which makes 5% of persons with disabilities registered in the Republic of Armenia. 2,543 of them are females. The number of children with disabilities by age and gender is as follows:

- (a) From 0 to 6 year of age – 1,698, of which 498 females;
- (b) From 7 to 13 year of age – 3,621, of which 1,141 females;
- (c) From 14 to 16 year of age – 2,019, of which 638 females;
- (d) From 17 to 18 year of age – 936, of which 266 females.

Neurological diseases are in the first place among the diseases causing disability of children under the age of eighteen – 2,531 children:

- (a) Mental diseases are in the second place – 1,347 children;
- (b) Congenital anomalies are in the third place – 1,310 children.

The number of children with disabilities by diseases is presented below:

<i>No.</i>	<i>Disease</i>	<i>Total</i>	<i>Of which females</i>
1.	Contagious and parasitical diseases	125	41
2.	Neoplastic diseases	360	128
3.	Separate disorders of haematopoietic glands	86	22
4.	Endocrine system diseases, nutritional and metabolic disorders	487	192
5.	Mental diseases and behavioural disorders	1 347	399
6.	Neurological diseases	2 531	778

<i>No.</i>	<i>Disease</i>	<i>Total</i>	<i>Of which females</i>
7.	Eye and assist device diseases	563	135
8.	Eye and papillary process diseases	458	173
9.	Blood circulation system diseases	52	14
10.	Respiratory organs diseases	131	17
11.	Digestive organs diseases	60	14
12.	Dermatosis and hypoderm diseases	31	5
13.	Musculodermic system and conjunctive tissues diseases	256	75
14.	Urogenital system diseases	140	26
15.	Congenital anomalies, morphological disorders	1 310	465

The distribution of children with disabilities by place of residence is as follows:

- (a) Urban dwellers – 5,285 children with disabilities, of which 1,662 are female;
- (b) Rural dwellers – 2,989, of which 881 are female.

Rights and social safeguards of persons with disabilities, including children with disabilities, rehabilitation process and other issues of persons with disabilities are regulated by the Law of the Republic of Armenia “On social protection of persons with disabilities in the Republic of Armenia”.

The procedure for determining disability is established by the Decision of the Government of the Republic of Armenia No. 276-N of 2 March 2006 “On approving the procedure for carrying out medical and social expert examination”.

In accordance with the Decision of the Government of the Republic of Armenia No. 453-N of 12 April 2007 “On approving the procedure for provision of prosthesis orthopaedic articles, rehabilitation technical and other accessories, and the terms for use of prosthesis orthopaedic articles, rehabilitation technical and other accessories as well as on repealing the Decision of the Government of the Republic of Armenia No. 1780-N of 24 December 2003”, children with disabilities have the right to receive the above-mentioned articles free of charge.

Children with disabilities have the right also to receive free of charge medical assistance as well as medicine.

Pension is defined for children with disabilities in the amount of 140% of the basic pension.

In accordance with the laws of the Republic of Armenia “On education” and “On education of persons with special educational needs”, the education of children with special educational needs may, at parents’ choice, be implemented both in general education as well as in specialised institutions through special programmes.

The concept paper on inclusive education was approved by the protocol decision No. 20 in the sitting of 25 May 2005 of the Government of the Republic of Armenia, which is aimed at identifying the main provisions of special education reforms and organisation of education in general education schools for children with special educational needs.

The education of children with mental and physical development problems in the Republic of Armenia is currently organised in around 32 general education institutions as well as in special educational institutions for children with mental retardation, with visual, hearing, behavioural and emotional and volition, as well as deep speech disorders.

Children under the age of 18 are classified in the benefit scheme among those with high points of insecurity. Thereby the probability for families having a child with disabilities to receive a benefit is quite high.

As of July 2009, 3,173 families are registered in the Republic of Armenia, which have a child with disabilities among them.

Age and gender distribution of the number of registered persons with disabilities, 2004–2008 end of the year (people)

	<i>Total</i>					<i>Of which women</i>				
	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Number of persons with disabilities	135 716	141 248	148 656	158 758	170 950	54 146	57 822	62 542	68 004	75 054
Of which for an indefinite period	90 417	92 111	95 975	100 350	106 201	35 779	37 192	39 411	41 567	44 424
Under 18 years of age	7 870	8 304	8 449	8 690	8 706	2 419	2 593	2 615	3 056	2 669
From 18 to 40 years of age	23 551	24 403	24 755	25 112	26 860	6 878	7 060	7 223	7 530	8 145
Of which for an indefinite period	11 857	12 721	13 826	15 326	16 565	3 595	3 774	4 008	4 350	4 601
From 40 to pension age	51 429	57 340	63 601	72 274	83 494	23 202	26 765	30 079	33 618	39 334
Of which for an indefinite period	25 694	28 189	30 298	32 342	37 746	10 537	12 014	12 778	13 417	14 917
Of retirement age and higher	52 866	51 201	51 851	52 682	51 890	21 647	21 404	22 625	23 800	24 906
Of which for an indefinite period	52 866	51 201	51 851	52 682	51 890	21 647	21 404	22 625	23 800	24 906

Age and gender distribution of the number of registered rural dwelling persons with disabilities, 2004–2008 end of the year (people)

	<i>Total</i>					<i>Of which women</i>				
	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Number of persons with disabilities	97 797	101 290	106 694	114 904	122 639	41 082	43 601	47 062	51 077	56 251
Of which for an indefinite period	67 029	68 073	71 191	74 112	78 959	28 058	29 005	30 790	32 337	34 686
Under 18 years of age	5 084	5 346	5 359	5 829	5 523	1 561	1 689	1 687	2 158	1 735
From 18 to 40 years of age	15 231	15 866	16 033	16 241	17 622	4 635	4 766	4 805	5 010	5 473
Of which for an indefinite period	7 957	8 597	9 282	10 175	11 072	2 521	2 656	2 787	2 996	3 200
From 40 to pension age	37 144	41 014	45 239	52 008	58 801	17 257	19 775	22 087	24 489	28 589
Of which for an indefinite period	18 734	20 412	21 846	23 111	27 194	7 908	8 978	9 520	9 921	11 032
Of retirement age and higher	40 338	39 064	40 063	40 826	40 693	176 29	17 371	18 483	19 420	20 454
Of which for an	40 338	39 064	40 063	40 826	40 693	176 29	17 371	18 483	19 420	20 454

	<i>Total</i>					<i>Of which women</i>				
	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
indefinite period										

Gender distribution of the number of registered persons with disabilities, by Marzes of the Republic of Armenia and Yerevan city, 2004–2008 end of the year (people)

	<i>Total</i>					<i>Of which women</i>				
	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Yerevan	49 045	49 692	52 508	55 367	59 967	20 380	21 222	22 932	24 158	26 929
Aragatsotn	5 088	5 931	6 359	6 955	7 483	1 865	2 251	2 517	2 874	3 176
Ararat	9 170	10 393	11 075	12 283	13 484	3 610	4 204	4 658	5 354	5 958
Armavir	8 493	8 962	9 414	10 086	10 808	2 914	3 143	3 399	3 734	4 140
Gegharkunik	9 595	10 571	11 181	12 266	13 187	3 555	4 029	4 437	5 035	5 529
Lori	14 536	15 188	15 604	16 388	17 327	5 959	6 371	6 660	7 123	7 710
Kotayk	7 057	8 066	8 587	9 636	10 629	2 786	3 223	3 518	4 046	4 514
Shirak	11 780	12 928	13 990	14 965	16 272	4 554	5 160	5 756	6 454	7 246
Syunik	8 477	8 804	9 103	9 529	9 951	3 556	3 764	3 989	4 245	4 488
Vayots Dzor	3 166	3 177	3 256	3 411	3 651	1 368	1 408	1 487	1 578	1 721
Tavush	9 309	7 536	7 579	7 872	8 191	3 599	3 047	3 189	3 403	3 643
Total	135 716	141 248	148 656	158 758	170 950	54 146	57 822	62 542	68 004	75 054

Health services

The right of children to health care is guaranteed by the Constitution and laws of the Republic of Armenia, as well as by a number of international instruments.

Article 48 of the Constitution of the Republic of Armenia has prioritised family, maternity and childhood protection and patncage amongst the main issues of the State in the economic, social and cultural spheres. The issues on health and development of children are reflected in a number of laws: the Law of the Republic of Armenia “On medical assistance and services to the population”, the Law of the Republic of Armenia “On the rights of the child”, the Law of the Republic of Armenia “On human reproductive health and reproductive rights” (2002), the Law of the Republic of Armenia “On prevention of disease caused by human immunodeficiency virus” (1997), the Law of the Republic of Armenia “On psychiatric assistance” (2004), the Law of the Republic of Armenia “On narcotic drugs and psychotropic substances” (2002), the Law of the Republic of Armenia “On advertising” (1998) which prohibits the advertisement and free of charge distribution of artificial powdered milk.

(a) The Law of the Republic of Armenia “On human reproductive health and reproductive rights” (2002) defines the concept of “adolescent” as a medical and biological (physiological) concept, which includes 10–18 age group and characterises the transition period from childhood to adulthood. According to this Law, adolescents have the right to be aware of issues on sexual and reproductive health, to have an access to available and full medical counselling and medical assistance in private and confidential conditions. A separate Article of the Law provides for certain definitions on artificial termination of pregnancy (abortion);

(b) The Law of the Republic of Armenia “On restrictions on the sale, consumption and use of tobacco” was adopted in 2004, which prescribes a number of provisions for the protection of children under the age of 18 from tobacco smoke; for example, in accordance with this Law, the sale of tobacco to children, as well as smoking in a number of educational, children’s and health care institutions is forbidden. With a view to amending the legislative framework in order to effectively implement the provisions of this Law, a package of amendments and supplements in a number of laws was adopted by the National Assembly of the Republic of Armenia in 2009.

A number of national strategies and programmes have also been adopted on health issues of children.

(a) Decision of the Government of the Republic of Armenia No. 1000-N of 8 August 2003 “On approving the mother and child health care 2003–2015 strategy” defines the objectives aimed at improving the health of women and children and reducing infant and maternal mortality rate, as well as the main strategies for achieving these goals;

(b) Decision of the Government of the Republic of Armenia No. 1745-N of 18 December 2003 “On approving the 2004–2015 National Programme for the Protection of the rights of the child in the Republic of Armenia” envisages to implement the international commitments assumed with regard to children;

(c) The National Programme on combating HIV/AIDS in the Republic of Armenia (2007) aims at effectively combating HIV/AIDS epidemic during 2007–2011, including prevention of HIV among the most vulnerable adolescents and young people of 10–19 age group;

(d) The National Programme on improvement of reproductive health (2007) approved the development concept, strategies, timetable of actions and the deadlines for the implementation thereof in the field of reproductive health of population during 2007–2015;

(e) The National Programme on Immuno-Prophylaxis (2005) in the Republic of Armenia aims at reducing — through vaccination — of the rate of morbidity from manageable contagious diseases, preventing mortality as a consequence thereof, and ensuring the immunity of the population against contagious diseases;

(f) The concept paper of the Ministry of Health of the Republic of Armenia “On adolescent/youth friendly health care services” (2005) defined the priorities of health, development and protection related issues of adolescents and youth and set an objective to establish adolescent/youth friendly health care services;

(g) The Tobacco Control State Programme 2005–2009 was adopted upon the Decision of the Government of the Republic of Armenia No. 1630 of 22 September 2005 “On approving the Tobacco Control State Programme and the list of priority measures in the field of tobacco control”;

(h) The National Strategy for Child and Adolescent Health and Development and the Action Plan 2009–2015, which was approved by the Government of the Republic of Armenia in September 2009.

The provision of medical assistance and services within the framework of basic benefit package includes:

- (a) Primary health care (children from 0 to 18 age of year under the Programme);
- (b) Under the in-patient assistance programme:
 - (i) Children from 0 to 7 year of age;
 - (ii) Children from 0 to 18 year of age involved in socially insecure groups and suffering from certain diseases;
 - (iii) Implementation of preventive/screening programmes, including pre-natal and post-natal screening.

Mortality rates of children under the age of 5

	<i>Ratio (per 1,000 live births)</i>	
	<i>Girls</i>	<i>Boys</i>
2007	10.3	14.1
2008	10.5	13.5

Maternal mortality rates, 2007–2008 (ratio per 100,000 live births)

	<i>Urban area</i>	<i>Rural area</i>	<i>Total</i>
2007	20	7	15
2008	42	33	39

Arrangement of medical services

Child health care in Armenia is currently carried out through primary health care and in-patient facilities.

The primary level includes 467 medical facilities rendering out-patient polyclinic services and 638 rural obstetric services operating in Armenia. A district doctor performing medical functions (family doctor) performs general surveillance of a healthy child through evaluation of child growth and development; examination of pre-conception age children, organisation of laboratory and instrumental diagnostic examinations and, if appropriate, treatment; evaluation of physical development and puberty of girls aged 15–18; arrangement of referral of a child to specialised institutions; and other functions. Medical assistance and services for adolescents (from 15 to 18 year of age) are also carried out by a district paediatrician or a family doctor or an adolescent paediatrician attending the child, including provision of adolescent friendly medical services.

Out-patient services in the second level are provided by relevant specialists in currently operating polyclinics, or, in some cases, by practitioners of in-patient facilities. In-patient services in the secondary level are provided in community in-patient clinics (former central regional hospitals), as well as in those of Yerevan, Gyumri, and Vanadzor. The services in the tertiary level are centralised in Yerevan's in-patient clinics.

Specialised assistance is rendered to children also by a number of services: psychiatric, anti-tuberculosis, HIV/AIDS prevention Republican Centre.

The network of dispensary services for patients with chronic diseases is being developed in recent years. These are centralised mainly in in-patient clinics of Yerevan and include a number of diseases such as chronic ailment, rheumatologic disease, neurological disorders, gastroenterological, urological diseases, etc.

Since primary health care is still a priority in the sphere of health care, starting from 2006 the whole population was covered by these programmes irrespective of age and social status (except for dentistry services, which is free of charge only for those involved in socially insecure groups of population and for children under the age of 8), as a result of which the average annual number of visits of patients per resident to out-patient establishments increased in 2007 amounting to 3.2 as compared to 2.0 in 2003.

However, the level of use of health care services, on the whole, is still low in both institutions providing out-patient polyclinic services as well as in institutions providing in-patient services, and relevant indicators are three times smaller than the average indicators of CIS and new EU member States.

Independence of Armenia, war, blockade, difficulties and flaws in economic reforms followed by the decrease in allocations in the public sphere and deterioration of social-economic situation of population resulted in the tendency of growth of infant mortality rate registered at the beginning of 1990s. Though, on the whole, the infant mortality rate has not increased during the crisis period in Armenia and, on the contrary, it has decreased in the period between 1990 and 2005 by around 30%. Although the decline trends of infant mortality rate have decreased in the years following, it remains favourable in comparison to the average indicator of CIS countries. The given trend is confirmed not only by official statistics but also by independent observations of international organisations. This phenomenon has a number of explanations: particularly, the dominant attention towards children in Armenian families.

It is also due to the circumstance that since the beginning of 1990s the Ministry of Health initiated re-consideration measures for mother and child health care related problems, evaluation of needs, as well as elaboration and implementation of a number of target programmes. They were particularly targeted at enhancing immunoprophylaxis measures for children, combating acute respiratory diseases and diarrhoeas, encouraging breastfeeding, early detection of disorders in normal growth and development of a child, etc. The cornerstone of the mentioned programmes was emphasising and specifying the role of the primary level of health care, as well as active introduction of contemporary medical approaches. The elaboration and continuous implementation of these programmes became possible due to the efforts of international organisations, particularly, the establishment of effective co-operation with the WHO and UN Children's Fund. One of the pledges of success was also upholding the activity of certain structures inherited from the soviet period and updating their activity.

In the last decade, starting from 1998, the children's health care system has undergone a series of considerable changes. They were conditioned by the following developments: reforms in the field of primary health care, including the introduction of the family health care system, integration of children's polyclinics with those for adults, changes in children's in-patient services, the inclusion of a part of them in "health care pyramids", the trends of reduction of the number of beds in children's departments at certain hospitals, as well as impoverishment in health care staff and facilities.

The mentioned changes have had a considerable effect upon the child health care system at the regional level, by reducing their effectiveness. In parallel to that, reforms continued to be implemented in the child health care sector. Among them is, for example, the establishment of the Institute of Child and Adolescent Health based on "Arabkir" Medical Complex (the former

Children's Republican Clinical Hospital was a part of it), which undertook the organisational-methodological activity as well as implementation of new programmes in the sector.

The Ministry of Health of the Republic of Armenia, in co-operation with the UN Children's Fund, has elaborated and approved the concept on early detection of development disorders with children and early intervention, which enabled to approve a new model for child development and rehabilitation services, particularly through establishing regional and community centres. Newborn screening projects have been initiated. The works for introduction of target programmes are ongoing, particularly, introduction of integrated management of childhood illness strategy, immunoprophylaxis programme, breastfeeding encouragement programme and other.

In accordance with the approaches adopted in the soviet period, the ophthalmologic aid at the primary level in most cases was provided by general paediatricians. Besides, there were also children's hospitals, resort centres. A large number of paediatricians and other paediatric niche specialists were needed for providing the operation of this system. They were graduates of the Paediatric Department (opened in 1959) of the Yerevan State Medical Institute. More than 2,000 paediatricians were working in the health care system of the country at the beginning of 1990s. Staff capacity, irrespective of implicit blanks in the operation of the system, played a pivotal role in the reduction of infant mortality rate in Armenia in 1970–1990.

Based on the need of introducing international approaches in the higher education system, in 1999 the Paediatric Department of Yerevan State Medical University was closed in 1999, and in 2004 there were the last paediatric graduates from the University. Besides, in the transition period, at the end of 1990s and before 2004, the paediatric department alumni, following the changes taking place in the health care system, have mainly left the child health care sector. Since 1990s the number of paediatric specialists operating in the system has gradually decreased. In 2006 the total number of paediatricians in Armenia amounted to 1,236 physicians, 780 of which working in the field of primary health care. This reduction was conditioned by the closure of the paediatric faculty as well as by the introduction of family health care system which was followed by transition of performance of functions of management of children from paediatricians to family doctors at the primary level.

The majority of paediatricians operating at the primary level has been trained as family doctors or are currently passing training courses. The number of paediatricians in the coming years is supposed to become even less. Every year in the last decade only a few students entered the clinical studies with the profession of "Pediatry". As a result, there is a tendency of continuous aging of the staff and a shortage of young staff, which is peculiar not only to Marzes but now also to Yerevan. The lack of knowledge on paediatric diseases with "aged" niche specialists – neurologists, thyroid specialists, ENT specialists, and psychiatrists providing services to children in Marzes is a special issue.

Paediatricians are currently prepared from among the graduates of general medicine department, through clinical studies during three years. The curriculum of general medicine and stomatology departments of Russia underlies the curriculum on the subject of "Pediatry" of the general medicine department, whereas in Russia as well as in a number of CIS countries there still operate paediatric departments, and provision of medical assistance to children is mainly the preserve of the graduates from paediatric departments.

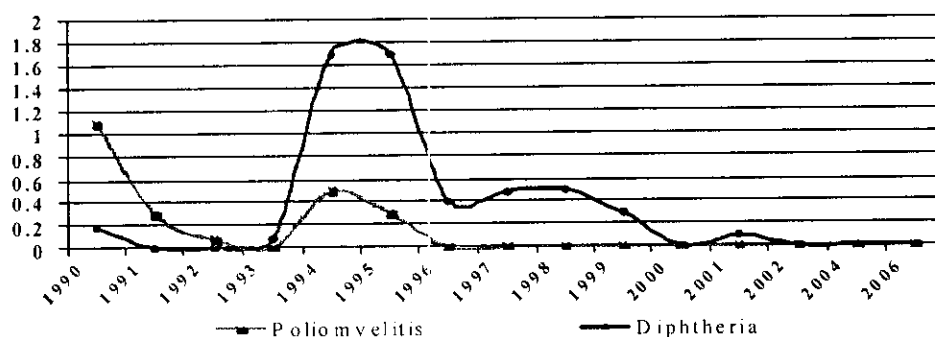
The establishment of the two-cycle system in recent years provided for by the Bologna Declaration and ratified by Armenia calls for the development of new and balanced approaches in the paediatric sphere as well.

Immunoprophylaxis National Programme

The child disease with manageable infections, thanks to the “Immunoprophylaxis” National Programme being implemented in Armenia since 1994, remains favourable. The following are defined within this Programme as target diseases: diphtheria, stupor, pertusis, poliomyelitis, measles, tuberculosis, smallpox, and hepatitis B. The latter was involved in the national calendar since 1999. In 2002 a trivalent Rubella, Measles Smallpox immuniser was introduced, and since September 2009 quintavalent vaccine with Hib component was introduced, which, in addition to the above-mentioned, also protects from the diseases caused by haemophilus influenzae.

One of the successes acquired within the framework of this Programme is the total elimination of poliomyelitis, in connection with which in 2002 Armenia, together with other countries of the European region, has been certified by the World Health Organisation as a “polio-free zone”. As can be seen from the below given Table, following 2003, no cases of poliomyelitis and diphtheria were registered in the country.

Child disease with manageable infections, 1990–2004
(per 100,000 people)



Immunoprophylaxis activities are currently being implemented in the Republic of Armenia in accordance with the Decision of the Government of the Republic of Armenia No. 2119-N of 9 November 2005 “On Approving the Immunoprophylaxis National Programme in the Republic of Armenia, the list of immunoprophylaxis measures, the composition of the republican commission co-ordinating the immunoprophylaxis activities, and the immunisation national calendar” which is targeted at reducing manageable contagious diseases, preventing cases of death from manageable contagious diseases, and ensuring immunity of population against contagious diseases.

Immunoprophylaxis services are available and accessible to all groups of population in the Republic of Armenia, which is proved by the results of sample survey of involvement in immunisation, conducted by international organisations in 2006, and by the results of management evaluation of the Immunoprophylaxis National Programme. The level of involvement in the immunisation of target age groups in Armenia is over 90%.

However, the level of timely and full involvement of target age groups in the immunisation is still low.

For surveillance of measles, Rubella, and smallpox, “National Programme on elimination of measles and Rubella, surveillance of smallpox, and prevention of congenital Rubella syndrome (CRS) in the Republic of Armenia” was approved by the Protocol Decision of the Government of the Republic of Armenia No. 25 of 28 June 2007. The introduction of combined immunisation of measles-Rubella-smallpox in the national immunisation calendar in 2002 and the consistency in the latter’s implementation, 96 per cent involvement in the immunisation amongst 6–27 age group in

October 2007, as well as the ensurance of involvement of more than 90 per cent with women of fertile age in immunisation against Rubella give the country an exceptional opportunity not only to eliminate the local cases of measles and Rubella but also to efficiently prevent the congenital Rubella syndrome. The further policy dimensions of this sphere are reflected in the above-mentioned strategy papers.

In fact, though the implementation of measures within the framework of the Programme ensured the acquisition of high levels of involvement in immunisation in the country and yet permissible low indicators of morbidity with target diseases defined within the scope of the Programme, further maintenance of this successes is susceptible, unless urgent measures are undertaken for the improvement of the situation.

Acquisition of vaccines

AMD 150.0 mln allocations were envisaged to be made from the State Budget in 2009 under the Immunoprophylaxis National Programme as compared to AMD 120.0 mln in 2008, or there was a 25.0 per cent increase. The BCG (tuberculosis) vaccine was acquired within the scope of the Programme in the amount of AMD 5.0 mln; for hepatitis B – AMD 20.0 mln; for diphtheria, stupor, and peruses – AMD 35.0 mln; for diphtheria and stupor – AMD 20.0 mln; for poliomyelitis – AMD 18.0 mln; for measles, Rubella, and smallpox – AMD 40.5 mln; also, syringes – AMD 8.0 mln; incineration boxes – AMD 3.5 mln; and other expenses.

Morbidity

Within the period from 1990–2007, some positive trends were registered in the health care of children aged 0–5; the child morbidity has been reduced by about 1/3; the indicator of breastfeeding increased three times; and the situation is favourable in terms of child infections: only a few cases of diphtheria have been registered in the last years, and in 2002 Armenia was certified by the WHO as a “polio-free zone”. In 2007 Armenia was recognised by international expert assessment as a country which has solved the “iodine deficiency” public health issue through salt universal iodification. Considerable efforts have been introduced for preventing mother-to-child HIV transition. And all this thanks to target programmes implemented within the scope of international co-operation – “Immunoprophylaxis”, “Integrated child disease management”, “Safe maternity”, “Breastfeeding encouragement”, “Combating iodine deficiency”, “HIV prevention with children”, etc. The latter were mainly targeted at the settlement of problems in early childhood period and were implemented within the framework of co-operation between the government, international organisations and civil society (UN Children’s Fund, World Health Organisation, UN Population Fund, United States Agency for International Development, other international and non-governmental organisations).

There is an increase in the rate of morbidity of children from diseases, such as cancer, tuberculosis, neurological system diseases, and other.

Diarrhoea and respiratory diseases are deemed to be one of the main causes of child morbidity and mortality. The level of child morbidity and mother’s awareness in case of these diseases was estimated in 2005 during the Armenia Demographic and Health Survey, according to which 8 per cent of children had acute respiratory diseases, and 17 per cent had diarrhoea. 16 per cent of children had fever. It has been clarified that the less the educational level of the mother, the higher is the morbidity of a child. Nearly all the mothers have, before referring to a medical practitioner, started the treatment of their children on their own and often through use of antibiotics. Only 1/4 of such children have further received assistance by a practitioner. Moreover, mothers with higher educational level have referred to practitioners four times more than those with primary/secondary education.

The introduction of integrated child disease management strategy is targeted at child morbidity reduction, which is a joint WHO/UNICEF strategy and thanks to which the decrease of child disability and mortality, as well as improvement of child growth and development is possible. It is deemed to be an outcome of development of the international practice accumulated in that field and relies upon cotemporary achievements of medicine and empirical medicine.

The introduction of the integrated child disease management strategy in Armenia started as a pilot programme in 2001, and, upon summarisation of results, it was approved as a national programme in 2003. Since 2004, the introduction of the community component of the integrated child disease management strategy was initiated. The integrated child disease management strategy is introduced in Armenia through the support of WHO/UNICEF and co-operation with other international organisations. Within the scope of the Programme on strategy of integrated child disease management, around 2,000 health practitioners from the system of primary health care have passed training courses.

In 2005, an estimation of child in-patient services was implemented with a view to introducing an in-patient component of the strategy of integrated child disease management. In 2006–2007, the WHO booklet on Arrangement of child's hospital assistance was localised and translated. In 2008 the process of training of in-patient physicians was initiated.

There is no accurate statistics on chronic diseases in Armenia. However, in accordance with the official data, the morbidity indicators of children suffering from various chronic diseases are increasing; the total morbidity rate of diabetes of children aged 0–14 amounted to 220 as of data 2005 (32.3/100,000 per child population aged 0–14), and to 273 as of data 2007 (43.7/100,000 per child population aged 0–14). The disease with neoplasias with children aged 0–14 in 2005 amounted to 364 (53.5/100,000 per child population), in 2007 amounted to 723 (115.8/100,000 per child population); diseases with hyperpiesia in 2005 amounted to 49 (7.2/100,000 per child population), in 2007 amounted to 86 (13.8/100,000 per child population¹).

The number of children aged 0–14 under out-patient surveillance amounts to 52,514 or 7,902.8/100,000 per child population (Statistical Bulletin 2005).

During the last decade a number of measures have been undertaken by the Ministry of Health of the Republic of Armenia with a view to resolving issues relating to chronic diseases. The issues relating to management of chronic child diseases, epilepsy, diabetes and a number of other diseases began to be regulated, which, to some extent, are covered by the basic benefit package. New models of longitudinal continuing and out-patient management of patients are being introduced by “Arabkir” Medical Complex & Institute of Child and Adolescent Health. There are currently specialised child out-patient centres in Armenia; particularly, centres for chronic diseases, epileptology, surdology, gastroenterology and hepatology, endocrinology, nephrology, urine surgery, rheumatology, allergology and bronchial asthma, as well as fibrocystic disease of pancreas; establishment of a children's dermatological dispensary centre is planned as well.

Children registered in the mentioned centres are, within the scope of the basic benefit package, provided with necessary examinations and counselling; in case of certain diseases they are also provided with medicine partially at the expense of the State Budget and partially at the support of a number of charitable funds.

According to the data of specialised dispensary centres, the number of children with chronic diseases under dispensary surveillance amounts to 1,575; the number of children with bronchial asthma and other allergological diseases amounts to 387; the number of children with

¹ Info-Analytical Republican Centre of the National Institute of Health of the Ministry of Health of the Republic of Armenia. Statistical Bulletin, 2007.

gastroenterological and liver diseases amounts to 1,015; and the number of children with rheumatologic problems amounts to 94.

HIV/AIDS

From 1988 to 1 December 2009, 808 cases of HIV infection have been registered in the Republic of Armenia among the citizens of the Republic of Armenia, of which 137 cases were reported during 2009. Among HIV-positive people, males prevail, comprising 590 people (73%), and 218 cases (27%) of infection have been recorded among women. Among children, 16 cases (2%) of HIV infection have been recorded. These children have mainly acquired the virus from their HIV-infected mothers during pregnancy. Since the beginning of the AIDS epidemics, 33 women and 4 children have died. As of 2007, the age group 10–24 years made approximately 2% (10 people).

Since 2006, mass HIV testing of pregnant women is being carried out in Armenia, and in case of detection of infectious cases, complex, including preventive antiretroviral treatment is delivered. As a result, significant success has been made in this field. In 2007 almost 80% of pregnant women underwent voluntary counselling and testing; as of 1 August 2009, transmission of the virus was prevented for 13 children from among those born to 25 HIV-infected mothers (HIV status of 12 children is still under clarification).

The main trends of the national strategy towards prevention of mother-to-child transmission of HIV are reflected in the 2007–2011 National Programme on combating HIV/AIDS, and the practices for arranging treatment and nutrition for infants born to HIV-infected mothers are clarified through national guidelines based thereon. Pursuant to the national strategy, the State is obliged to provide such children with infant formula. Taking into account the low prevalence of HIV and the low number of children with HIV status, such solution of the problem is completely realistic for Armenia.