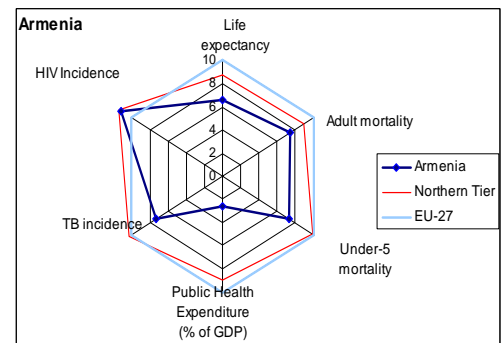


**Overview:** During the Soviet era, Armenians had the longest life expectancy and one of the best developed healthcare systems of all the Soviet republics. However, dire post-independence economic and social conditions have produced a healthcare system characterized by expensive, tertiary curative care rather than primary and preventive medicine; high out-of-pocket expenditures on health; healthcare providers with inadequate clinical and managerial skills; and overstuffed facilities in disrepair with outdated equipment and insufficient supplies. A scarcity of resources has constrained the government's ability to implement reforms. USAID's health sector program seeks to increase utilization of sustainable, high-quality primary healthcare (PHC) services by strengthening the Ministry of Health capacity to implement PHC reforms and to reinvigorate PHC service provision to satisfy the immediate needs of vulnerable populations. The program places emphasis on integrating quality maternal, child and reproductive health services into the PHC delivery system. Increasing attention is being given to addressing infectious disease threats and tuberculosis.

### Health Statistics

**Population:** 3.2 million (2008)  
**GDP per Capita (PPP):** \$5,700 (2006)  
**Population below poverty line:** 23.5% (2008)  
**Life Expectancy:** 73.8 (2008)  
**Adult Mortality Rate (15-59):** 184 per 1,000 (2006)  
**Under-5 Mortality Rate:** 24 per 1000 live births (2007)  
**Total Health Expenditures per Capita:** US\$98.0 (2008)  
**Public Health Expenditure:** 1.5% of total public expenditures (2009)  
**Reported HIV Incidence:** 24.9 per 1 million (2005)  
**Estimated Tuberculosis Incidence:** 72 per 100,000 (2008)



*Northern Tier refers to the Czech Republic, Hungary, Poland, Slovakia, and Slovenia.*

### Health Vulnerability Highlights

Armenia's **health system** suffers from weak administrative, technical and logistical capacity; inadequate financial investment; inappropriately skilled and poorly motivated health personnel; and poor population health awareness.

**Government spending on health** as a percent of GDP was 1.5% in 2008, much lower than the 3–4 % average for low to middle income countries. At the same time, **household out-of-pocket expenditures** as a share of total health expenditures were about 50% in 2008, amongst the highest in the region. Life expectancy has increased only slightly among females since 1990 (by 3.1 years), and not at all among males. The major causes of death in adults are **non-communicable diseases** such as **cardiovascular disease, cancer, and accidents**.

Armenia's **under-5 mortality rate** was 24 per 1000 live births in 2007; approximately double of the rate for Russia. The U5MR (2005) spikes even higher to 42 in the rural areas of Armenia compared to 5.7 in Western Europe.

Armenia has made limited progress in reducing **maternal mortality** estimated at 36 deaths per 100,000 live births in 2006. The 2009 State of the World's Children report noted that women in Armenia are nine times more likely to die from pregnancy or childbirth than women in developed countries. Armenia's total **contraceptive prevalence** reported in 2005 was 53.1%, but only 19.5% for **modern methods**. The **total fertility rate** is 1.7; the **abortion rate** (lifetime number of abortions per woman) is 1.8.

The **TB** treatment success rate remained at 70% from 2004 to 2008 and Armenia is among the top ten countries worldwide with new cases of **MDR-TB**.

*\*This radar graph compares the health status of a country against EU and E&E regional averages through six health indicators. For each indicator, the EU average is given a score of 10, suggesting ideal performance. A score of 1 is given to the poorest performance in the region. Country performance on each indicator is then scaled against this criterion.*

## USAID Health Programs

**Primary Health Care Reform Project (PHCR) (09/2005 – 09/2010)** - PHCR supports the Government of the Republic of Armenia in its efforts to introduce primary healthcare (PHC) reforms. Major PHC reforms include: strengthening PHC services for common medical conditions (focused on preventative and improved management of chronic diseases); instituting the practice of open enrollment so every Armenian has the right to choose their own health care provider; and improving the quality and performance of PHC by establishing new systems of health care financing and monitoring.

*Implementer: Cardno* <http://www.phcr.am/>

**Maternal and Child Health Improvement Project (MCHIP) (01/2010-01/2011)** - MCHIP assists the Ministry of Health to improve the efficiency of maternal and child health and family planning/reproductive health services in the context of policy, human resource, health information management, service organization, and infrastructure maintenance to promote sustainable improvements in MCH outcomes. Prevention and appropriate care-seeking practices will also be improved to promote healthy lifestyles.

*Implementer: Research Triangle Institute and partners Intrahealth and Save the Children*

**Armenian-American Wellness Center (10/2004 – 09/2010)** Supported through a Global Development Alliance partnership, the AAWC provides annual physical examinations, breast and cervical cancer screening, diagnosis and referral services, gynecological services including STI management, and monthly outreach missions to reach rural communities with services. AAWC provides periodic training to update the clinical and managerial skills of Center staff and has also developed a quality management system for accurate reporting, cost accounting and patient record keeping. *Implementer: Armenian American Cultural Association*

<http://www.aacainc.org/AAWC/>

**Armenian Eyecare Project (10/2004 – 09/2011)** Also supported through a Global Development Alliance partnership, the AECF provides high-quality ophthalmology services nationwide using a mobile eyecare truck. *Implementer: The Armenian Eyecare Project* <http://www.eyecareproject.com/>

**WHO grant on Technical Assistance of Tuberculosis (TB) Services (2007-2012)** - USAID/Armenia is providing technical assistance to develop TB policy documents and a TB control training package in accordance with international recommendations focusing primarily on the provision of TB services at the primary health care level. *Principle grantee: WHO/EURO*

**Armenian Demographic and Health Survey (2000, 2005 and 2010)** - A nationally representative household survey that analyzes demographic information on population and health issues. The reports are available at <http://www.measuredhs.com/pubs/start.cfm>. *Implementer: ORC Macro International*

**Nutrition Grant (4/2009- 12/2010)** - This activity is to support the Government of Armenia in improving the nutritional status of women and children in Armenia through situation analysis of child feeding practices, and exploring means and methods for flour fortification with micronutrients in the country. *Implementer: UNICEF*

**Healthy Families Project (4/2010-4/2012)** - This is a Global Development Alliance program with a 1:1 match in resources supporting community health partnerships, mobilization, and health education to improve maternal and child survival. *Implementer: World Vision.*

**Future Planned Activities (9/2010-9/2013)** - The Mission will implement one major assistance project to sustain current work in health systems strengthening, maternal and child health, family planning and reproductive health, prevention and management of non-communicable diseases, and management of TB and MDR-TB. *Implementer: TBD*