

Armenia

Population (in millions) (2011)	3.1
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$6100
Total health expenditure as % of GDP (2010)	4.40%
Per capita total health expenditure (PPP int \$) (2010)	\$238.52
Per capita government health expenditure (PPP int \$) (2010)	\$96.92
Life expectancy at birth (in years) (2009)	70
Human Development Index (2011)	0.806
Median age (in years) (2010)	32
Total fertility rate per woman (2010)	1.7

The Government of Armenia reports as follows.

National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are 213 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs and people living with HIV.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 and has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: the Armenian Hepatitis Forum.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B, C, D and E, but not for any type of chronic hepatitis.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Of hepatitis cases, 2.8% are reported as "undifferentiated" or "unclassified" hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports monthly.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly. The target populations are health-care workers at risk of parenterally transmitted hepatitis, donors and pregnant women. Information was not provided on when the last serosurvey was carried out.

Prevention of transmission

There is a national policy on hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Nationally, 96% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 95% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use and auto-disable syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training, postgraduate training and thematic workshops.

There are no national clinical guidelines for the management of viral hepatitis, but there are for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge for patients with acute hepatitis, blood donors and pregnant women in the city of Yerevan. Hepatitis B and hepatitis C tests are compulsory for patients with hepatitis, people living with HIV, health-care workers at risk of parenterally transmitted hepatitis and pregnant women in Yerevan.

Publicly funded treatment is available for acute hepatitis B and hepatitis C.

The government spends dram 120 000–150 000 (US\$ 298–373) per patient in sum on publicly funded treatment for hepatitis B and hepatitis C.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: interferon alpha, pegylated interferon and lamivudine. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: interferon alpha, pegylated interferon and ribavirin.

The Government of Armenia welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).