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Stakeholder report on Armenia

Submitted by World Vision Armenia

Right to health

The Constitution of Armenia guarantees the right of the citizens of Armenia to live an environment favourable to their health and well-being. In the last five years the Government of Armenia (GoA) has begun to initiate large-scale health sector reforms to ensure accessible quality health care for its citizens. Access to primary health care has been particularly stressed, funding for PHC has been significantly increased and was declared free of charge for the entire population in 2006. Maternal and child health care has been prioritized in several policy documents such as “National Strategy on Maternal and Child Health care for 2003-2015”, “National Strategy on Child and Adolescent Health for 2009-2015”.

Challenges

The above mentioned policies have been a major step forward toward improving citizens’ access to health care services. However there are a number of systemic challenges in the area of maternal and child health that need to be addressed in order to lower maternal and child mortality rates and ensure that mothers and children have access to quality health care services.

Maternal and child mortality rates

Maternal and child mortality rates remain high in Armenia, despite the decline in mortality rates that the country has witnessed during the last decade. According to the official statistics¹ in 2002 –2004 the registered three year average maternal mortality rate was 24.9 per 100,000 live births. Most recently, in 2005-2007 maternal mortality was estimated at 25.1 per 100,000. However, there are significant discrepancies between the official statistics and other estimations of maternal mortality rates in Armenia. In the 2005 WHO Highlights on Health, regression analyses estimated the true maternal mortality rate to be closer to 55/100,000². Nonetheless, even if the national data are taken at face value, Armenia’s maternal mortality rates are nearly three times higher than that of Western Europe (8.8/100,000).

According to the Armenia Demographic and Health Survey of 2005, child mortality levels in Armenia decreased from the prior survey in 2000 and are relatively low. During the four years prior to the 2005 survey, respondents reported 26 children per 1,000 live births died before their first birthday (17 per 1,000 before the age of one month, and 9 per 1,000 between 1 and 12 months). For every 1,000 children who reached their first birthday, 4 died before reaching the age of five. Even though the survey showed that post-neonatal mortality has decreased, neonatal mortality has either remained the same or has increased over the years, depending on the data source. The major causes of neonatal mortality are prematurely, congenital malformations, and asphyxia. **Mortality rates differed by urban/rural, income, and education variables.** As written in the report, “Children who live in the poorest households in Armenia are twice as likely to die in infancy or before the age of 5 as children living in the

¹ National Statistics Service of Armenia (2008) *Statistical Yearbook* available at www.armstat.am

² World Health Organization (2006) *Highlights on Health in Armenia* available at http://www.euro.who.int/document/CHH/ARM_Highlights_rev1.pdf

wealthiest households. Infant mortality for children in the wealthiest households is only 14 death per 1,000 live births compared to 41 deaths per 1,000 live births for the infants in the poorest households.”³

It is generally accepted that infant mortality data is significantly underreported. This is due to a variety of issues which include discrepancies in the sources of the data (health care facilities versus national statistics derived from civil registries), questions regarding the clinical definitions of infant mortality, hesitation to report data due to potential punitive consequences for health care providers and their facilities.

Health care financing

Despite the fact that health care has been prioritized during last years in Government policies and funding for health care has increased, in 2006 only 1.5% of GDP⁴ was spent on health care, one of the lowest levels of public health care spending in the world. The total amount of government expenditures on health grew from 2003-2006, yet there was little change in budget as a percentage of GDP. In addition, the level of reported private out-of-pocket expenditures (approximately 4% of GDP) is one of the highest in the world⁵. In Armenia today, there is an inequity of burden for health care. On average, population of Armenia spends 12.3% of reported income for health care, but this rises to 26.2% of income for the poorest 20% of the population⁶.

Although the GoA has committed to increasing health expenditures from 1.3% of GDP in 2008 to 2.2% of GDP in 2012, this percentage is lower than what Armenia’s health sector will need to reach the population’s health service needs.

Health information systems

A centralized system of data collection for health systems monitoring and evaluations and subsequently policy making does not exist in Armenia. One of the most frequently mentioned problems with developing integrated long-term policies in the MoH is the lack of a credible data surveillance system. Though much time and effort is spent on collecting data, the quality of that data and its use in analysis and information sharing is severely lacking.

In recent years a process of development and dissemination of evidence-based clinical protocols was initiated. However, the process by which evidence-based clinical protocols are evaluated and promulgated is not well established. Ministry of Health approves protocols however lacks capacity to disseminate them, provide in-service training on them, and monitor their adoption. This weakness has severely compromised the ability of the health sector in general to improve clinical standards in MCH nationwide.

Health care workforce

Armenia is considered to have a over-supply of health care professionals. However, there is not an effective national policy mechanism for directing medical training to balance physician resources with the needs of the country. There are significant regional discrepancies with regards to availability of qualified professionals in the capital city and regions. Rural areas and even regional medical centers often do not have qualified medical professionals (e.g. OBGYNs, endocrinologists, etc), as well as necessary

³ National Statistical Service Armenia, Ministry of Health of Armenia, and Macro International (2005) **Armenia Demographic and Health Survey 2005: Key Findings**, Yerevan, Armenia

⁴ National Statistics Service of Armenia (2008) **Statistical Yearbook** available at www.armstat.am

⁵ Hakobyan T, Nazaretyan M, Makarova T, Aristakesyan M, Margaryants H, Nolte E. (2006) **Armenia: Health System Review. Health Systems in Transition** European Observatory, WHO

⁶ Primary Healthcare Reform Project (2008) *How Great is the Burden of Household Health Expenditure in Armenia*. Sponsored by USAID, Yerevan, Armenia

equipments to provide quality care for new-born babies as well as mothers and children in general. At the same time health care personnel is underpaid and does not have any incentives for performing better.

Recommendations

In order to be able to ensure access of mothers and children to quality health care service, the Government should undertake a number of measures aimed at strengthening health care systems in the country. In order to address the problems briefly described above the Government of Armenia should ensure:

Good health financing system is in place

- Public health financing should be increased up to at least 3% of the share of the country's GDP.
- Financing system should assure accountability and transparency while providing flexibility and increased management control of funds to local level facility managers.
- Compensation to medical staff (doctors and nurses) should recognize their 'public health' (preventive) work as well as patient care procedures.
- Policies about payments to providers and fees collected from patients should seek to address imbalances in the distribution of medical skills and facilities throughout rural and urban Armenia.
- Performance-based bonus payments should be introduced for primary health care providers to increase their incentives for better performance.

A well-functioning health information system in place

- An infant mortality review should be conducted to determine the primary risk factors for infant mortality in Armenia today, and collect the data necessary to develop the most effective interventions to combat the problem.
- A centralized, data driven, health policy analysis and development unit should be established.
- Evidence-based protocols should be standardized and applied countrywide.

A well-performing health workforce is available

- A national policy mechanism should be developed for directing medical training to balance physician resources with the needs of the country.
- A national policy mechanism should be developed to provide incentives for medical professionals to work in rural areas.
- The capacity of neonatology services should be reviewed; equipment needs and clinical training priorities should be evaluated to reduce neonatal mortality.
- Post-partum and paediatric practices should be reviewed to promote optimal infant feeding outcomes.
- MCH in medical school should be reviewed.

- Assessment process/certification of healthcare workforce should include knowledge and skills testing on preventative medicine.

Health Promotion and Health Education program is available

Program on raising population awareness about main MCH messages should be continued and expanded on issues such as:

- Recognition of danger signs for pregnant women and infants;
- Nutrition to prevent micronutrient deficiencies (pregnancy and infant);
- Importance of timely immunization;
- Family planning, and sexual health (STI testing, symptom recognition, risk definition)
- Patients' rights to free services; provide explanations for the recent reform changes with the Obstetric Care Certificate.