Improving Access to and Quality of Reproductive and Child Health Care

NATIONAL FORUM

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PRIME II

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List of Acronyms

AIDS	Acquired Immunodefiency Disease Syndrom
ANC	Antenatal Care
ASTP	Armenian Social Transition Program
CPOG	Center for Perinatology, Obstetrics and Gynecology
DHS	Demographic and Health Survey
FM	Family Medicine
HIV	Human Immunodeficieny Virus
IMCI	Integrated Management of Childhood Diseases
ICD	International Classification of Disease
IUD	Intra-uterine Device
MCH	Maternal and Child Health
MOH	Ministry of Health
NIH	National Institutes of Health
NGO	Non-Governmental Organization
PEPC	Promotion of Effective Perinatal Care
PMTCT	Prevention of Maternal to Child Transmission
RCH	Reproductive and Child Health
RH	Reproductive Health
STI	Sexually Tranmitted Infection
SMU	State Medical University
TB	Tuberculosis
USAID	United States Agency for International Development
UMCOR	United Methodist Committee on Relief
WHO	World Health Organization

Executive Summary

The Ministry of Health (MOH) of the government of Armenia and PRIME II, a global reproductive health care project funded by the United States Agency for International Development (USAID), hosted a two-day *National Forum on Expanding Access and Increasing Quality of Reproductive and Child Health Care* in September 2002. The high-level meeting brought together more than 100 international and national experts from the public and non-governmental organization (NGO) sector to discuss priority problems and relevant policy and program actions needed to improve the health status of women and children. Twenty-three keynote and smaller track session presentations addressed such topics as the new World Health Organization's (WHO) recommendations for normal labor and delivery, strategies for reducing high levels of abortion, recognition of the need for adolescent-friendly services, increasing the role of men in meeting family planning needs, addressing biases against hormonal contraception, and integration of sexually transmitted disease treatment and prevention within existing reproductive health (RH) services. The small sessions generated considerable interest, enthusiasm and debate among meeting participants who shared information and experiences with presenters and each other. Government representatives demonstrated commitment to widely disseminating and implementing the recommendations from this important meeting.

Some of the key recommendations developed by Forum participants include the following:

- Introduce modern antenatal and labor and delivery practices including social support for the pregnant women, use of partograph, and 24-hour intensive monitoring of women immediate postpartum
- Expand and reinforce medical and nursing school curriculum in key areas including family planning and breastfeeding
- Train nurses and midwives in reproductive health including family planning service provision, a role currently only ascribed to obstetricians-gynecologists
- Introduce family planning counseling and services at abortion facilities and at the same time educate communities about safer options to avoid unwanted pregnancies
- Integrate and expand sexually transmitted infection (STI) treatment and prevention measures into primary care
- Establish adolescent-friendly health services and the recognition of the need for RH education in and out of schools

Throughout all discussions, common themes emerged with respect to weaknesses and gaps in programs, policies and practices related to reproductive and child health. These themes include the following:

- *National service policies, standards and protocols:* Most professionals who participated in the meeting are aware of many of the relevant international standards and regard them as having merit. Yet current clinical practices and approaches in various RCH topics are in conflict with these international standards for various reasons. In most sessions, presenters and participants pointed to the need for health professionals to have clinical management protocols to guide their practice, ensure uniformity, and encourage quality. Recommendations for the development and wide dissemination of national treatment protocols emerged from the small-group discussions on intrapartum, postpartum and neonatal care, well child care, postabortion family planning, STI prevention, and cervical cancer screening. Further, in some sessions, presenters and participants acknowledged the need for further guidance from the government in the form of policies with respect to how the services should be offered, by whom and to whom.

- *Changing behaviors:* One overriding message emanating from the Forum is the profound need to escalate efforts to educate the population on healthy lifestyles and good disease prevention practices. In every session, participants recommended efforts to educate women and men on their roles in promoting good health. The specific practices include, among many others, educating women in self-care during pregnancy and the benefits of exclusive breastfeeding for the first six

months; educating couples about the need to treat STIs as well as their sexual partners and in the full range of contraceptives available to them. Promotional efforts should combine the use of mass media with more interpersonal efforts to change health behaviors.

- *Health statistics:* Official health service statistics collected from service delivery sites often under-represent the real situation leading to inaccurate problem identification and resource planning. This fact is apparent in such critical indicators as maternal and neonatal morbidity and mortality, sexually transmitted infection, immunization surveillance and cervical cancer screening.

- *Lack of skilled health personnel* to offer high quality services. Repeatedly throughout the meeting, discussions focused on the need to train more and different health providers in critical service areas. Notably, the need to expand the role of midwives and nurses in the provision of antenatal, postnatal, and newborn care as well as family planning and well-child care ppeared to be a priority. Also, several group discussions raised the need for the newly trained family physicians to take on greater responsibilities for reproductive and child health care at the primary level. Lastly, participants raised the need for strengthening teaching programs at medical and nursing institutions, also known as pre-service education. Increased number of instruction hours should be devoted to such topics as breastfeeding promotion, family planning provision and integrated management of childhood illnesses (IMCI); faculty members should be updated; and textbooks and other written materials in Armenian should be published.

- *Coordination:* Participants described the current health system in Armenia as fragmented, with health providers in outpatient facilities such as polyclinics not interacting with health providers from similar facilities or with the hospitals where clients are referred. Participants called for coordination, planning and communication among nearby facilities to ensure a continuum of quality care for the population and to share resources and expertise.

- *Pilot programs:* Many new initiatives in reproductive and child health care are implemented on a pilot basis. These fledging programs in targeted facilities have shown promise in achieving higher levels of performance in such programs as the Baby-Friendly Initiative, IMCI, family planning provision, and adolescent-friendly services. However, these programs are small and limited resources exist to expand them sufficiently to impact national health indicators. Repeatedly throughout the meeting, participants recommended expanding these encouraging programs.

One goal of the National Forum was to create a supportive political environment for the improvement of reproductive and child health care in Armenia. This meeting served to further identify and elucidate the major gaps in policies, services and programs. The MOH, PRIME II and the other organizers of this meeting will fully consider these recommendations and initiate concrete next steps to implement them.

Introduction

The National Forum on Improving Access to and Quality of Reproductive and Child Health Care took place September 25-26, 2002 at the Center for Perinatology, Obstetrics, and Gynecology (CPOG) in Yerevan. The Ministry of Health of the Government of Armenia and the USAID-supported PRIME II project sponsored and organized the event. Among the more than 100 participants were representatives from the MOH; Lori and Shirak Marz Health Departments; facility heads and practicing physicians from maternity hospitals, women's consultations, child consultations in Yerevan and Lori and Shirak Marzes; university lecturers from medical and nursing schools; NGO leaders; international organizations; donors and media.

The objectives of the forum were the following:

1) Provide an opportunity for further analysis of the priority reproductive and child health issues facing the Armenian health system.
2) Share new evidence-based practices and international guidance on key reproductive and child health practices
3) Prioritize key actions needed to increase access to and quality of RCH services.

A technical advisory committee planned the Forum. The 13-member committee included representatives of MOH, USAID, the World Health Organization (WHO), CPOG, the Center for Research on Women and Children, the non-governmental reproductive health organization For Family Health, PRIME II and the USAID-funded Armenian Social Transition Project (ASTP). The advisory committee formulated the objectives and agenda of the forum, identified presentation topics and presenters, and participated actively in the facilitation of the meeting.

PRIME II worked closely with this group to design the meeting to best address the needs of the nation, the government's priorities and the specific Armenian socio-cultural context. The committee met two times, once in July and again in September, and individual members were consulted numerous times throughout the three-month planning phase. The committee had key decision-making responsibilities on the meeting title, the overall objectives, the final agenda, the individual topics and the national presenters. The committee also advised on a variety of other topics such as location for the meeting, a media strategy, and important follow-up actions.

Meeting Format

The National Forum was a two-day interactive event. The Forum started with a plenary session to orient participants on the overall objectives of the meeting and the main reproductive and child health issues facing Armenia. Then, participants attended a series of interactive, small group presentations and discussions divided into four "tracks": *perinatal care, child health, family health*, and *other reproductive health*.

Each track covered four specific sub-topics in small group sessions throughout the afternoon of the first day resulting in a total of 16 sessions. Sessions were led by track chairs who are leading experts in their field from government or private institutions. PRIME II staff served as co-facilitators for each track to assist in leading discussions and note taking. Each session was one-hour in length and consisted of one or two short presentations followed by discussion. Chairs were required to lead the groups into the identification of specific recommendations in each session.

During the second day, participants divided into groups according to the four different tracks. The four groups were led by the track chairs and facilitators and ranged in size from eight to 20 in number. The groups reviewed the outcomes and recommendations of each of the four presentation sessions from the previous day and further elaborated, clarified and defined those recommendations to be sure they were actionable, practical and relevant to the Armenian context. The group work served an important role in reaching consensus among all participants for the recommendations. Each track chair prepared a brief presentation using overhead transparencies to summarize the discussions and present group

recommendations. The forum ended in a plenary session where all the recommendations were shared and discussed, and keynote plenary speakers from the government, CPOG, WHO and PRIME II made summary statements.

Welcome and Introductory Plenary Session

A formal opening ceremony launched the meeting. The MOH Policy Director, Dr. Levon Episkoposyan and USAID Deputy Mission Director Carol Payne Flavell welcomed participants to the meeting. The welcoming speeches emphasized the importance of such a meeting in drawing attention to the specific health problems of Armenian women and children and the need to quickly put recommendations into action after the meeting. Ms. Flavell stated her agency's long-term commitment worldwide to improving maternal and child health care. She pointed out some of the chronic issues facing maternal and child health care in Armenia including underutilization of services and insufficient antenatal care. This is happening even though, improving maternal and newborn health is a priority for the government and people of Armenia. She mentioned that USAID is working closely with the government in the areas of policy change, strengthening and expanding the skills and role of nurses and doctors who work at the primary and community levels, and developing and testing new models for financing health care. USAID believes that these efforts have the potential to improve the distressing realities faced by many Armenian families.

The first plenary session included three presentations. Dr. Razmik Abrahamyan, Director of CPOG and advisor to the MOH on reproductive health, set the stage for future discussions by presenting the government of Armenia's current reproductive health priorities emphasizing the important role of the WHO-endorsed safe motherhood model. He also introduced an integrated framework that defines each critical component of reproductive health and demonstrates their interconnectedness. For perinatal care, the nation's current priority reproductive health component, Dr. Abrahamyan showed data that suggest rates of maternal mortality consistently higher over time than European regional averages, and that the conditions that contribute most to maternal mortality are obstetric hemorrhage and abortion. He also presented trend data over the last 10 years for abortion, contraceptive use, and sexually transmitted infections. Abortion rates increased during the period from 1993-1996, but since then have been on the decline. Use of contraceptive pills and the intra-uterine device (IUD) has been steadily increasing since the introduction of a family planning program in 1996. According to government statistics, gonorrhea rates have been increasing since 1999, but syphilis rates have been leveling off in the same time period.

Dr. Karine Seribekyan, MOH Director of the Maternal and Child Health Unit provided the national and international policy framework for implementing maternal and child health programs in the country and introduced data on national health indicators, relying on official statistics and recent representative surveys, including the 2000 Demographic and Health Survey (DHS). Dr. Seribekyan outlined the major issues facing the national health system as a whole:

- Decrease in health and demographic indicators
- Decentralization of authority for health facilities without the necessary guidance to ensure functionality
- Significant surplus of human resources and health facilities
- Inappropriate distribution of and deterioration of the health resources
- Insufficient financial support for the health system
- Incomplete normative and legal framework for supporting good health care

She went on to state the objectives of Armenia's National Program of Child protection and to define the strategies and resources needed to achieve these objectives. The objectives are stated as follows:

- Decrease child mortality by a third
- Reduce the number of low-birth weight infants by a third
- Fully vaccinate up to 95% of all children
- 65% of women exclusively breastfeeding infants up to 4 months
- Offer rehabilitation programs for 65% of disabled children
- Reduce malnutrition among children with chronic disease by a third

- Reduce anemia by a third
- Eliminate iodine deficiency
- Create adolescent health services

The government of Armenia is seeking to reach these targets by improving perinatal care, reorienting the health care system toward primary care, and the creation of strong referral level systems to address acute medical needs more effectively.

Dr. Marcel Vekemans, obstetrician-gynecologist and medical advisor for the PRIME II project, gave a presentation on the role of international guidelines and best practices in strengthening Armenia's health services. He described what national policies, standards, guidelines and protocols are, the participatory process by which they are developed, and how they can impact quality of care. Studies have proven that policies, standards and protocols have increased adherence to international standards, expanded services, and saved the system and users resources in eliminating unnecessary tests and treatments. Dr. Vekemans noted important policy challenges facing the Armenian health system, including the role of family physicians, primary care group practices, and empowered nurses and midwives in expanding access to reproductive health services; optimization of facilities; and integration of different reproductive health activities into primary health care such as antenatal care, prevention of STIs, and FP service provision.

Session Summaries and Working Group Recommendations

The National Forum recommendations were organized according to each of the four tracks. Each track chair took responsibility for identification of the recommendations with the working group members and for preparing their final presentation. As a follow-up activity to the National Forum track chairs met to discuss the recommendations and to agree on their final format. The recommendations listed here reflect the final editing and organization by each track chair.

Track One: Perinatal Care

Chair: Dr. Medea Vardanyan

Antenatal Care: **Dr. Gayane Avagyan** presented the latest international recommendations for improved antenatal care. She focused her presentation on the following elements:

- Adopting of the WHO recommendation of a minimum of four visits for routine antenatal care of women with no complications or problems.
- Expanding of the role of nurses and midwives in rural FAPs to include provision of antenatal care for women experiencing normal pregnancies.
- Introducing pregnancy and childbirth classes for pregnant women and their partners and families, including educating women about different positions they can assume during labor and birth.
- De-mystifying and de-medicalizing antenatal care – putting emphasis on the normalcy, in most cases, of pregnancy, and reducing the number of medical interventions, including ultrasound.
- Studying the feasibility and acceptability of limiting ultrasounds to only one per pregnancy, when the pregnancy is normal.

Recommendations

- Emphasize the demedicalization of antenatal care through promotion of self-care by pregnant women.
- Eliminate the "risk approach" classifying some women as high risk and others as low risk. Instead, establish similar attentive and careful treatment towards all pregnant women.
- Increase the role of mid-level providers including nurses and midwives, as well as family physicians in caring for pregnant women.

Normal Labor and Delivery: **Certified Nurse-midwife Susheela Englebrecht** identified the best practices for facilitating normal labor and delivery and led an engaging discussion on the need to

encourage their adoption and practice. The best practices discussed during this session include the following:

- Promoting women-friendly care
- Strengthening infection prevention practices focusing on the six "cleans" – hands, perineum, anything entering the body, delivery surface, cord-cutting instrument, and core care
- Diagnosing of active labor at four cm dilation and when fetus has started decent through use of partograph
- Using a partograph to monitor labor
- Using non-invasive, non-drug pain relief
- Allowing women to eat and drink during labor, choose their own position for labor and birth, and to have a birth companion
- Using active management of third stage of labor to decrease the prevalence of postpartum hemorrhage, the leading cause of maternal mortality
- Restricting use of episiotomies
- Surveilling and monitoring in the immediate postpartum (0-6 hours after birth)
- Eliminating certain unnecessary practices such as shaving, enema, routine intravenous infusion, repeated vaginal examination, and separation of labor and delivery rooms

Recommendations

- Expand use of the partograph to monitor labor and delivery, particularly noting the importance of defining active labor when the cervix is four centimetres dilated.
- Use WHO recommendations as a guide during delivery management, assist the pregnant woman in choosing its position during delivery, provide the option to have a person chosen by the women present during delivery, and restrict use of episiotomies.

Obstetric Emergencies: **Dr. Medea Vardanyan** discussed the latest international guidance on managing preeclampsia, eclampsia and obstetric hemorrhage, or bleeding. Dr. Vardanyan stated the importance of using the WHO standards for defining hypertension in pregnancy and for using the WHO protocols for the detection and management of these disorders in all reproductive health facilities throughout Armenia. Every pregnant woman should be assessed for preeclampsia. Women should also be educated in the changes taking place in their bodies during the pregnancy, the possible complications and self-care to promote healthy pregnancy and childbirth. Dr. Vardanyan recommends only partial use of the WHO recommendation for outpatient management of mild preeclampsia. In rural areas trained midwives can effectively monitor the patients at home while in cities the system of home visiting does not exist. The presenter noted the importance of early initiation of antenatal care during the first trimester of pregnancy. In 1999-2002, bleeding in the perinatal period contributed to approximately 30% of maternal mortality. International studies have shown that active management of third stage of labour with oxytocin can decrease the risk of postpartum hemorrhage by 40%. In Armenia, it is necessary to establish national protocols for the prevention and management of obstetric bleeding.

Recommendations

- Obstetric hemorrhage is the leading cause of maternal morbidity and mortality in Armenia. The country should adopt and disseminate the WHO recommendations for prevention and treatment obstetric hemorrhage. These include the following:
  - Define the loss of 500ml blood or more as "postpartum hemorrhage" and treat accordingly
  - Adopt the 24-hour period after delivery as early postpartum period, and monitor the women closely
- Actively manage third stage of delivery.
- Properly handle and dispose of the umbilical cord (slight pulling of the umbilical cord under the control of the fundus palpation of uterus and soft intrapartum canals with the application of oxytocin).

- Preeclampsia and eclampsia also contribute to increased obstetric emergencies. Health providers including obstetrician-gynecologists, midwives, family physicians and nurses should be trained in up-to-date management of preeclampsia.
- Adopting the standard definition for preeclampsia and eclampsia according to the WHO recommendation.
- Manage mild preeclampsia on an outpatient basis in rural areas. Midwives should arrange visits with such women on a 2-3 days per week schedule under the instruction of obstetrician-gynecologists.

Postpartum Care: **Dr. Vekemans** discussed innovative ways to improve use of postpartum care services in Armenia. Care during the first 42 days after delivery is important to decrease morbidity and mortality of both the mother and infant. Problems associated with the postpartum period -- including bleeding, infection, poor breastfeeding and other complications – can be avoided by improving counseling during antenatal care, ensuring safe delivery practices, strengthening immediate postpartum care, and educating women on home care during the postpartum period. Dr. Vekemans outlined the essential components of postpartum care after discharge from the hospital and who should provide that care. He stressed the importance of exclusive breastfeeding in the first six months and the new WHO recommendation of 36-month as opposed to 24-month intervals between births. Armenia would greatly benefit from the promotion of systematic integrated postnatal-newborn visits that involve spouses, development of training standards and curriculum, and establishment of health facility-based support groups for mothers.

Recommendations

- Develop national service and training protocols for management of women during the postpartum period.
- Prioritize the development a strong postpartum services, including the development of training programs and educational materials.

Track Two: Child Health

Chair: Dr. Annahit Hovanissyan

Newborn Care: **Dr. Arshok Dzerdzerjan** presented an overview of the data available on neonatal health while **Dr. Pavel Mazmanyan** focused on strategies to decrease perinatal and neonatal morbidity and mortality. The main causes of neonatal death in Armenia are asphyxia, premature birth, infections and congenital malformations. There are several underlying reasons why neonatal care remains inadequate in Armenia. Inaccurate statistical data underestimates of the problem; lack of awareness of the cost-effectiveness of strengthened neonatal care services; and the false notion that quality neonatal care requires complex and expensive technologies. Dr Mazmanyan identified the critical strategies needed to improve neonatal outcomes including educating women on better practices, improving use of antenatal care services, strengthening obstetric and newborn care including referral systems for women and newborns. The presenter outlined simple principles of good newborn care that do not require highly-technical intensive therapies, including providing a friendly environment during the delivery, ensuring early attachment of newborn to the mother, maintenance of body temperature, support for spontaneous breathing, early initiation of breastfeeding, and prevention and treatment of infections.

Recommendations

- Establish two premier infant reanimation centers in Armenia, including the provision of emergency transport and strong linkages with maternity hospitals throughout the country.
- Improve surveillance methodologies for newborns and infants, including the adoption of the 10th International Classification of Diseases (ICD) in Armenia and future assessment of the factors associated with perinatal mortality.
- Standardize and disseminate national service delivery and training protocols for newborn care, including normal and emergency situations, and conduct training programs for physicians and nurses at all levels of the health care system.

- Educate parents and communities about basic newborn care and handling emergencies.

Breastfeeding/Immunization: Armenia has made great strides in the promotion of breastfeeding over the last five years. **Dr. Karmela Poghosyan** outlined the accomplishments to date including the adoption of a national breastfeeding policy, widespread media campaigns, the prohibition of the advertisement of infant formulas, and the establishment of the "baby-friendly" initiative in eight hospitals. The rate of exclusive breastfeeding until 4 months has increased from 20% in 1994 to 68% in 2001. However, as Dr. Poghosyan and other members of the group noted, there continue to be shortcomings. The control of formula sales is not sufficient. Many physicians continue to recommend feeding supplements, including Narine, to infants under six months for its nutritional and medicinal value. Health providers in primary care settings, such as child polyclinics and women's consultations, have not been oriented to the importance of exclusive breastfeeding and their roles in working with women and children. In addition, breastfeeding is not sufficiently covered in medical and nursing schools in lectures or textbooks.

Dr Ofelja Injikyan highlighted the importance and necessity of immunization during the first year of life and the advantages of immunization over any possible side effects. Dr Injikyan focused her presentation on two diseases – hepatitis B and tuberculosis (TB). Armenia is considered to have medium prevelance of hepatitis B with a rate of 3.5% (low is less than 2% and high is greater than 7%). According to WHO requirements, immunization should be done according to a nationally adopted immunization schedule. Since 1999, Armenia has recommended immunization at birth, although the coverage is only 69% as compared to most national immunization rates in the upper 90th percentile. Negative attitudes of providers and population are thought to contribute to this low rate. Lack of agreement continues in Armenia, and elsewhere, regarding the side-effects of the vaccine. The presenter recommended a national scientific review of the literature and the experiences in Armenia to recommend strategies for addressing the concerns related to side effects and increasing immunization rates. Unlike hepatitis B coverage, newborn TB immunization rates are around 96%. Nevertheless, TB has re-emerged in Armenia due to worsening of living conditions and decrease of the access to and quality of health care.

Recommendations

- Expand the "Baby-Friendly Initiative" to other hospitals and to secondary and primary health care sites including polyclinics, emphasizing the importance of exclusive breastfeeding for the first ***six*** months.
- Expand the teaching of breastfeeding at medical and nursing schools to include more hours of instruction, orientation for faculty and development of up-to-date textbooks.
- Integrate breastfeeding material in other child health programs and interventions such as IMCI and the Promotion of Effective Perinatal Care (PEPC).
- Expand educational programs for new mothers, including support groups, and encourage more breastfeeding friendly work environments for mothers who work and want to continue breastfeeding.
- Create and disseminate a national standardized vaccination schedule based on WHO recommended protocols.
- Develop strategies to increase the vaccination rate for hepatitis B, including educating physicians about its benefits.
- Establish surveillance mechanisms to monitor and better understand the problem of post-vaccine negative reactions, particularly for hepatitis B.

Integrated Management of Childhood Illness (IMCI): IMCI is a WHO-developed and endorsed strategy for improving care for sick children under 5 years of age through symptom-based protocols for providers and caregivers. The strategy focuses on treatment of the major illnesses responsible for most childhood mortality. **Dr. Anahit Hovhannisyan** presented the overall IMCI strategy and its rationale as well as the results and lessons learned of its implementation in Armenia. IMCI has been implemented in selected regions and facilities throughout Armenia and has had tremendous success in improving the quality of diagnosis and treatment in pilot sites. The presenter highlighted some problems hindering the

sustainability of the IMCI strategy, including lack of financial resources; non-sustainable supply of medicines; and need to further develop and adopt the training guidelines and to ensure the continuity of the training process.

Recommendations

- Scale up the IMCI pilot program in Armenia to the national level, including raining of health providers in both inpatient and outpatient settings.
- Address the issue of availability of basic pharmaceuticals necessary for successful implementation of the IMCI program.
- Integrate the IMCI protocols in medical and nursing school curricula.

Well Child/Emergency Care: **Dr. Konstantin Ter-Voskanyan** defined well-child care and stated that the responsibility for such care rests with the district pediatrician, and in the future the family physician. Well child care includes preventive care through:

- Counseling and health education on nutrition, safety rules, healthy growth/behavior development and active prevention of diseases through immunization and vitamin supplementation (vitamin D and iron).
- Early detection of abnormalities and disease through general examinations, growth and development assessments and special screenings.

The presenter outlined the areas of weakness and potential strategies for improvement in basic well-child care. Currently, Armenian physicians do not place sufficient attention to the screening of well children. For example, the country does not have nationally agreed upon protocols concerning childhood safety or for the assessment of neuro-psychological development of children. In addition, physicians have not played any role in ensuring proper posture for breastfeeding mothers. With respect to normal growth and development, Armenian physicians do not use percentile growth charts and no special charts have been developed for Armenia.

Dr. Artashes Kalanteryan discussed emergency health care for children in rural hospitals. Post-neonatal mortality in rural areas is twice as high as in urban areas. The presenter outlined some of the underlying causes for this differential. Only a few rural hospitals have specialized intensive care units. Most hospitals lack appropriate equipment, oxygen and medicines and health care personnel do not have sufficient training in handling emergencies. In addition, neither doctors nor nurses are available 24 hours a day and no special transportation mechanisms exist to move children to specialized centers in urban areas.

Recommendations

- Establish and disseminate nationally accepted protocols for primary health care childhood screening/assessment at each age. Assessment areas are weight, height, head circumference, assessment of breastfeeding and development, screening of hearing, vision, blood pressure, amenia, hip dislocation, and cryptochism.
- Increase pediatricians' understanding of the neuro-psychological and behavioural development of children leading to earlier detection of possible abnormalities.
- Include a component on adolescent health within the well-child care program in Armenia.
- Study the norms of growth for Armenian children and establish a national standardized child growth chart. Disseminate the chart widely to Armenian health facilities.
- Establish childhood safety protocols appropriate to local conditions.
- Establish and upgrade emergency care units in rural facilities with basic equipment, medication and oxygen.

Track Three: Family Health

Chair: Dr. Karine Aroustamyan

Contraception/male involvement: **Dr. Karine Aroustamyan** presented the data on contraception from the 2000 Armenia DHS. While 61% of Armenian women use contraception, only 22% use modern

methods. The most widely used method is withdrawal; 32% of all married women reported using this method. Women state that they do not use contraceptives currently because the method they used in the past failed. For example, during the 12 months prior to the study, withdrawal was reported to fail in 67% of cases, periodic abstinence in 57% of case, and male condom in 33%. Hence, women either use ineffective methods or do not know the correct way of using them. In addition, the study suggests that women do not have sufficient information to be able to make informed decisions, lack knowledge on the effectiveness of different methods, and do not have access to health services that offer contraception. While some participants expressed concern about allowing non-gynecologists to provide FP services, others indicated strong support for expanding the role of other providers such as family physicians, midwives and nurses, even at the level of health post, or FAP. The presenter raised the issue of the role of men in FP, suggesting that currently male involvement is minimal in part because the majority of existing methods are used by women. Current programs target only women, and providers of FP are mainly obstetrician-gynecologists who work with women. The participants agreed that men have to be involved not only in FP issues, but in overall RH issues, because very often men's behavior affect women as well as their own health.

Recommendations

- Improve knowledge on contraception (modern contraceptives, emergency contraception) by organizing the following:
    - Training for nurses and midwives in order to increase their role in the sphere of reproductive health
    - Training courses for medical institutions and nursing colleges
    - Training courses for doctors during post-diploma training
- Increase public awareness on contraception:
    - At the community level, including schools
    - by involving husbands and partners in the issues of FP and RH (for example, organization of training courses in the army during military service)

Abortion. **Dr Aroustamyan** also presented the problem of high abortion rates in Armenia. She focused on data from the 1997 National Reproductive Health Survey and the 2000 Armenia DHS. Sixty-five percent of surveyed women had had at least one abortion. In 2000, 55% of all pregnancies ended up in abortion. Of all those women who ever had abortions, the average number of abortions per woman was three. The abortion rate was higher in women with lower education, in those living in rural areas, and among the age group 25-29 years. About 60% of women who had abortions were not aware of contraception methods. The participants recommended that women need more education on the harmful effects of abortion and on the role of contraceptive methods in reducing unwanted pregnancy. Women could receive this information before and after giving birth and in educational settings. The group also indicated that it is important to improve and expand FP services and to involve other health providers, such as family doctors and midwives, in offering services.

Recommendations

- Improve knowledge on the consequences of abortions, modern contraceptives and emergency contraception:
    - for the providers, especially first level providers, including physicians, nurses and midwives
    - at the community level, including educational institutions
- Provide post-abortion consulting by encouraging urgent application of contraception.
- Improve the quality of FP services.

Breast Cancer: **Dr Hasmik Davtyan** presented new approaches to breast cancer screening. From 1997 to 2001 the breast cancer morbidity increased from 572 to 775, the mortality from 336 to 475, and late stage detection from 146 to 167 per total population of Armenia. The fight against breast cancer should include educating the population and improving the services. Women need to know the three components of healthy breast care: self-examination, clinical examination every six months, and periodic mammography for women over 40 years of age. Services need to be improved through basic training among primary care physicians throughout Armenia and special training among radiologists. Dr.

Davtyan outlined the variety of activities conducted by the Association for Protection of Women's Health and American Armenian Wellness Center to fight breast cancer including various media and health promotion activities, free screening, and a breast cancer "survivor" group. Participants suggested that breast cancer treatment should be covered by the government basic benefit package. Some participants raised the question of the usefulness of self-examination and mass campaign, given the low cost-effectiveness, the high number of false positives, the low quality of the mammographies, and the difficulty of getting treatment in case of confirmed breast cancer.

Recommendations

- Promote the teaching of breast self-examination to women among gynecologists, midwives and family doctors.
- Increase training of general physicians on basic cancer screening techniques.
- Expand use of quality sonography and mammography for the diagnosis of breast disease.

Family Medicine and Reproductive Health: **Dr. Samvel Hovhannisyan** outlined the role of family doctors in reproductive and child health care. Ministry of Health order #81 issued on February 14, 2001 lists some of the responsibilities of a family physician as follows:

- Care of pregnant and postpartum women and newborns
- Monitor the growth and development of children of all ages
- Monitoradolescents' health status
- Consult on family issues
- Consult the family on sexo-psychological issues
- Active monitoring of women's health

During the discussion, debate ensued regarding the value of family medicine to Armenia. Some participants felt that it is "too soon" to introduce the concept and others felt the model itself is not appropriate for the current health care system. Participants acknowledged that there is resistance to family medicine from obstetrician-gynecologists and other narrow specialists.

Recommendations

- Increase cooperation among RH service providers and family physicians to better identify the role of family medicine in providing RH services.
- Clarify the role of family physicians in the prevention and early discovery of cancer and other diseases in RH.

Track Four: Other Reproductive Health

Chair: Dr. Mary Khachikyan

STIs/HIV: **Dr. Seribekyan** presented Armenia's vision for the prevention of maternal to child transmission of the Human Immunodeficiency Virus (HIV). As of August 2002, 196 cases of HIV infection have been reported in Armenia, among those 40 are women and 3 are children. The government of Armenia officially recognized the problem of HIV in April 2002, and to date, there are no protocols for preventing or managing cases of HIV/AIDS (acquired immunodefiniency disease syndrome). Dr. Seribekyan discussed the different treatment regimens recommended for prevention of maternal to child transmission (PMTCT) and outlined some of the issues associated with the establishment of future programs. For example, Armenia currently does not permit experimental or "untested" drugs to be used in the country. She raised the questions of whether or not women's consultations would be able to handle the introduction of HIV testing as part of antenatal care or would obstetricians effectively counsel HIV-positive women on the importance of exclusive breastfeeding. She also addressed the need for stronger practices aimed at protecting health workers from transmission and changing their attitudes toward HIV-positive clients.

Recommendations

- Increase awareness and knowledge among the population of the problem of STIs/HIV and how to stop their spread. In particular, expand condom promotion programs.

- Increase and strengthen early detection and treatment of STIs/HIV through the following:
    - Update national guidelines and protocols for the diagnosis and treatment of STIs at primary health care settings
    - Integrate STI services into primary health care services (polyclinics, women's consultations, and rural ambulatories)
    - Involve the private sector
    - Introduce programs to notify and treat sexual partners of infected individuals
    - Develop targeted programs to reach individuals at high risk for STI/HIV infection including sex workers, truck drivers and migrant laborers
    - Ensure confidentiality for clients seeking treatment
    - Establish quality surveillance system to achieve reliable and valid data on rates and patterns of infection

Cervical Cancer: **Dr. Gagik Bazykayn** gave an overview of the problems and possibilities associated with increasing cervical cancer prevention efforts. Morbidity linked with all cancers is on the rise in Armenia with morbidity associated with cervical cancer increasing seven percent between 1995-2000. During the same period the proportion of patients in 3rd and 4th stage cervical cancer increased by 34% and the average age of patients decreased. Under the Soviet system, every women received a cervical cancer screening each year free of charge. Today, mandatory screening does not exist and women do not seek such services. Dr Gagik Bazykyan presented reasons for low use of services. Women cannot afford screening; they do not know why they should be screened or that if cancer is detected early, they can be treated effectively. Cancer screening efforts could be expanded through establishing service sites in all regions of the country that link effectively with primary care centers, training more specialists, and initiating targeted health education campaigns. At minimum, Armenia could introduce mandatory screening for each women every ten years as studies have shown similar population-based outcomes when women are screened for that time frame as for yearly. Nonetheless, some participants expressed concern over the quality of cervical screening in Armenia, calling into question the usefulness of expanding detection efforts.

Recommendations

- Develop a national policy favorable to the universal screening of women for cervical cancer. This might involve including free screening for women once in her lifetime.
- Expand availability of cancer screening programs through training of specialists and primary care physicians, equipping and supplying laboratories and improving data collection systems.
- Educate women of reproductive age on the importance of screening, on the likelihood of survival if detected early, and on the link with certain STIs.

Adolescent Health: **Dr. Mary Khachikyan** and **Dr. Jasmen Haroutjunyan** outlined the legal, social and service delivery framework for adolescent sexual and reproductive health in Armenia. Over the last decade data suggest that adolescent males and females are tending to start sexual life earlier, with sexual debut among girls coinciding with their marriage and among boys preceding marriage by 5 to 6 years. In 2000, about 5,000 women of 15-19 years of age gave birth; the risk of complication during delivery and the rate of maternal mortality are higher among this age group. According to official data the rate of STIs is increasing while other emerging problems in Armenia such as violence, abuse, prostitution and sex trafficking are also affecting young people. Dr Khachikyan outlined factors that contribute to increasing RH problems among adolescents, including low access to preventative and treatment services and contraceptives; no sexual education in or out of schools; and lack of skills among health personnel. A RH law that provides a strong legal basis for adolescent rights to information and services from a variety of sources has gone through a first reading in Parliament. The topic of reproductive health education was a controversial one. Group members all believed that youth education is necessary, but some participants felt it necessary to limit education only by medical specialists. Others, including organizations in Armenia and international guidance, recommend allowing teachers as well as other students to educate young people on RHh. Dr. Khachikyan also presented the current work being

undertaken to make RH services adolescent-friendly through special training of doctors, offering confidential services and peer education.

Recommendations

- Improve public and health policy environment for adolescent health through implementation of the recently introduced Armenian legislation and increasing efforts to increase public awareness of the problems of adolescents.
- Establish a national adolescent health curriculum and include it in school health programs. Teachers, school nurses, health educators should be trained in its use.
- Create adolescent friendly RH care services within primary health care facilities, including training of health personnel, developing educational materials, increasing access of adolescents to services such as contraception and STI treatment.
- Introduce RH peer education programs in schools, colleges, universities, specialized children/adolescents institutions (like orphanages, penitentiary etc) and youth centers.

Infertility. **Dr. Khachikyan** also presented data on the problem of infertility and its causes. In Armenia, the total fertility rate is 1.7 compared to a rate of 2.8 in 1987. The rate is considerably lower than other former Soviet countries such as Kirgizstan (3.4) and Uzbekistan (3.3). The fertility rate is lower in urban areas (1.5 vs. 2.1) and for women with lower levels of education. The results of a recent infertility survey among 2800 men and women demonstrated that 3.4 % of women suffered from primary infertility and 28% suffered from secondary infertility while 3.4% of men were primarily infertile, and 15.2% - secondarily. As many as 68% of men and 15% of women who reported infertile marriages did not know the reasons for their infertility. Little is known about the actual causes of infertility in Armenia. Also, infertility services were not sufficiently available to women in need of them. **Dr. Avagyan** defined absolute, relative and secondary infertility. A practical definition of infertility is when a woman has not gotten pregnant after two years of regular sexual life with a partner (2-3 coitus per week; no contraceptives, breastfeeding or other measures). Infertile couples must be counseled to regulate sexual activity, treat and prevent STIs in both male and female, avoid preventive measures such as vaginal washing, comply with prescriptions and avoid abortions. The medical personnel must create a warm, friendly atmosphere and be attentive to the problems of infertile couples. The treatment of infertility takes place at third-level referral hospitals and is based on etiology and pathogenesis.

Recommendations

- Conduct further analysis of fertility patterns to determine the potential causes for infertility and the degree of the problem in Armenia.
- Educate the population of the link between infertility and STIs and abortion, and the need to seek immediate treatment for STIs and to avoid unwanted pregnancy through use of contraception.
- Expand access to infertility counseling and treatment by training of primary care providers and strengthening referral to quality services.

Closing Plenary Session

During the final plenary session at the close of the meeting, the track chairs presented the work of their respective groups. The panel speakers included Dr. Hrair Aslanyan, the WHO Liaison Office, Dr. Seribekyan, Rebecca Kohler, PRIME II Country Director, and Dr. Abrahamyan. Each presenter provided summary comments and the recommendations. Dr. Aslanyan thanked PRIME II for their contributions in the area of RH policy development. He stressed the important role that the government can play in defining their policy objectives within the context of public health and the need to implement effectively its stated policies. He mentioned his support for the National Forum focus on cervical cancer, a significant problem in Armenia as in other countries of Eastern Europe and the only preventable cancer. Dr. Seribekyan also applauded the work accomplished during the National Forum

and noted the commonalities among all recommendations in their focus on public education, improvements in basic training and in continuing education among health workers, and the importance of continual monitoring. She recommended that a small working group come together to further prioritize the recommendations and to make plans for their implementation. Lastly, she mentioned the on-going initiative to pass a Law on Reproductive Health. The comprehensive law supports wider access to quality reproductive health services, particularly for adolescents, and has passed its first reading in Parliament.

Rebecca Kohler thanked the presenters, participants and technical advisory committee for their hard work in making the National Forum a success. She encouraged all participants to further review the recommendations from the conference and to work toward their implementation. She challenged the health providers in the meeting to reflect on how they might change and improve their own practices to increase both access to and quality of care. The final speaker, Dr. Abrahamyan stated his support for the finalization and wide dissemination of the meeting proceedings. He also provided some insights into some of the specific recommendations. For example, he stated the need for representative national surveys on the prevalence and contributing factors associated with sexually transmitted infections and infertility. He also cautioned about whether mild pre-eclampsia could be monitored outside the hospital given women's lack of use of health facilities in general. Lastly, he thanked the participants for active engagement throughout the two days and closed the meeting.

Evaluation Results

A short evaluation form was included in the conference packets for each participant. A total of 18 participants completed and returned the forms at the end of the Forum. A large majority of the respondents were pediatricians, while others were obstetricians, representatives of international organizations or university instructors. Pediatricians disproportionately responded to the questionnaire as they made up approximately 30% of the total participants to the meeting. All participants felt the workshop met or somewhat met its objectives and was useful or somewhat useful to their work. The respondents also had a chance to rate the individual sessions they attended. No sessions were rated as "not very useful". As a majority of the respondents were pediatricians, the child health sessions were over-represented in the evaluation. Nonetheless, the four child health sessions were rated the highest among all sessions. Other popular sessions were the ones on antenatal care, postpartum care and adolescent health.

The participants identified certain aspects of the National Forum that they felt were the most useful. These included the work in groups and the open exchange of information and ideas with other expert colleagues. Participants liked the discussions and the identification of specific recommendations. It appeared from the responses that this format for a meeting is relatively new for the participants and a positive experience for them.

The participants also identified those aspects of the meeting that they felt were not very useful. While there were far fewer comments on this section of the evaluation form, the items mentioned include the lack of opportunity to attend all sessions and the limited number of participants in some of the small sessions. Also, one individual felt that there could be further analysis of data presented during some of the plenary sessions.

Media Representation

Four media organizations covered the National Forum. A journalist from one health-focused monthly publication, *Health Care*, attended the meeting as a formal participant throughout the whole proceedings. During the first day, two news agencies, *Noyan Tapan* and *Armenpress*, and one newspaper, *The Republic of Armenia*, attended the opening ceremonies. On the second day, *Prometevs* TV station covered the closing ceremonies. Interviews of PRIME II staff appeared on that evenings news programs.

Appendices

A. Agenda
B. List of Recommendations
C. Planning Committee Members and List of Presenters
D. List of Participants
E. Press Release
F. Evaluation Form Sample
G. Plenary Presentations

APPENDIX A

Agenda

Day One: Wednesday, September 25			
9:00 – 9:30	Registration		
Opening: Chaired by Razmik Abrahamyan			
9:30 – 10:00	Plenary session	Welcoming remarks	Levon Yepiscopsyan, MOH Carol Payne Flavell, USAID
Introductory Plenary Session: Chaired by Gayane Avagyan			
10:00 – 10:15	Demographic indicators and new approaches in reproductive health		Razmik Abrahamyan
10:15 – 10:45	Issues and future strategies of maternal and child health		Karine Saribekyan
10:45 – 11:00	The role of international guidelines and best practices in strengthening Armenia's health services		Marcel Vekemans
11:00 – 11:30	Orientation to track sessions		
11:30 – 12:00	Coffee break		
Concurrent Sessions in 4 Tracks: For presentations/presenters in 4 tracks see attachment			
12:00 – 13:00	Session 1		
13:00 – 14:00	Lunch		
14:00 – 14:55	Session 2		
14:55 – 15:05	Move between sessions		
15:05 – 16:00	Session 3		
16:00 – 16:30	Coffee break		
16:30 – 17:30	Session 4		
Plenary Session			
17: 30 – 18:00	Wrap Up		
Day Two: Thursday, September 26			
9:30 – 10:00	Plenary session	Orient participants to work in tracks	
10:00 –11:30	Working in tracks	Opportunities, obstacles and recommendations for improving access and quality of RH and child health services	
11:30 – 12:00	Coffee break		
12:00 – 12: 30	Plenary session	Presenting recommendations for action	Track Chairs
12:30 – 13: 00	Plenary session	Closing summary	Razmik Abrahamyan Karine Seribekyan Hrair Aslanyan Rebecca Kohler
13:00 – 14:00	Reception		

Sessions in Four Tracks

Track	Session 1:	Session 2:	Session 3:	Session 4:
	12:00 – 13:00	**14:00 – 14:55**	**15:05 - 16:00**	**16:30 – 17:30**
I Perinatal Care Chair: Medea Vardanyan	The basics of antenatal care (Gayane Avagyan)	Normal labor and delivery (Susheela Engelbrecht)	Preeclampsia, eclampsia, bleeding (Medea Vardanyan	Increasing postpartum use (Marcel Vekemans)
II Child Health Chair: Anahit Hovhanni-syan	Newborn health care (Arshak Jerjeryan/ Pavel Mazmanyan)	Breastfeeding/ supplemental feeding (Karmela Poghosyan) Immunization (Ofelia Inchikyan)	IMCI (Anahit Hovhannisyan)	Well child care (Konstantin Ter-Voskanyan) Other child health issues (emergencies) (Hrant Kalanteryan)
III Family Health Chair: Karine Arousta-myan	Meeting contraceptive needs/ Male involvement (Karine Aroustamyan)	Breast cancer screening (Hasmik Davtyan)	Reducing abortions and unwanted pregnancy (Karine Aroustamyan)	Role of family doctors in reproductive health care (Samvel Hovhannisyan)
IV Other RH Issues Chair: Mary Khachikyan	STI/HIV screening and prevention (Haroutune Tanielyan) MTCT (Karine Saribekyan)	New approaches to cervical cancer screening (Gagik Bazikyan)	Adolescents' S&RH (Mary Khachikyan/ Jasmen Haroutiunyan)	Fertility: Prevalence and major causes of infertility (Mary Khachikyan) Meeting needs of infertile couples (Gayane Avagyan)

APPENDIX B

Working Group Recommendations

Track One: Perinatal Care

Antenatal Care

- Emphasize the demedicalization of antenatal care through promotion of self-care by pregnant women.
- Eliminate the "risk approach" classifying some women as high risk and others as low risk. Instead, establish similar attentive and careful treatment towards all pregnant women.
- Increase the role of mid-level providers including nurses and midwives, as well as family physicians in caring for pregnant women.

Normal Labor and Delivery

- Expand use of the partograph to monitor labor and delivery, particularly noting the importance of defining active labor when the cervix is four centimetres dilated.
- Use WHO recommendations as a guide during delivery management, assist the pregnant woman in choosing its position during delivery, provide the option to have a person chosen by the women present during delivery, and restrict use of episiotomies.

Obstetric Emergencies

- Obstetric hemorrhage is the leading cause of maternal morbidity and mortality in Armenia. The country should adopt and disseminate the WHO recommendations for prevention and treatment. These include the following:
  - Define the loss of 500ml blood or more as "postpartum hemorrhage and treat accordingly.
  - Adopt the 24-hour period after delivery as early postpartum period, and monitor the women closely
  - Actively manage of third stage of delivery
  - Proper handle and dispose of the umbilical cord (slight pulling of the umbilical cord under the control of the fundus palpation of uterus and soft intrapartum canals with the application of oxytocin)
- Preeclampsia and eclampsia also contribute to increased obstetric emergencies. Health providers including obstetrician-gynecologists, midwives, family physicians and nurses should be trained in up-to-date management of preeclampsia.
- Adopt the standard definition for preeclampsia and eclampsia according to the WHO recommendation.
- Manage mild preeclampsia on an outpatient basis in rural areas. Midwives should arrange visits with such women on a 2-3 days per week schedule under the instruction of obstetrician-gynecologists.

Postpartum Care

- Develop national service and training protocols for management of women during the postpartum period.
- Prioritize the development a strong postpartum services, including the development of training programs and educational materials.

Track Two: Child Health

Newborn Care

- Establish two premier infant reanimation centers in Armenia, including the provision of emergency transport and strong linkages with maternity hospitals throughout the country.

- Improve surveillance methodologies for newborns and infants, including the adoption of the 10th International Classification of Diseases (ICD) in Armenia and future assessment of the factors associated with perinatal mortality.
- Standardize and disseminate national service delivery and training protocols for newborn care, including normal and emergency situations, and conduct training programs for physicians and nurses at all levels of the health care system.
- Educate parents and communities about basic newborn care and handling emergencies.

Breastfeeding/Immunization

- Expand the "Baby-Friendly Initiative" to other hospitals and to secondary and primary health care sites including polyclinics, emphasizing the importance of exclusive breastfeeding for the first six months.
- Expand the teaching of breastfeeding at medical and nursing schools to include more hours of instruction, orientation for faculty and development of up-to-date textbooks.
- Integrate breastfeeding material in other child health programs and interventions such as IMCI and the Promotion of Effective Perinatal Care (PEPC).
- Expand educational programs for new mothers, including support groups, and encourage more breastfeeding friendly work environments for mothers who work and want to continue breastfeeding.
- Create and disseminate a national standardized vaccination schedule based on WHO recommended protocols.
- Develop strategies to increase the vaccination rate for hepatitis B, including educating physicians about its benefits.
- Establish surveillance mechanisms to monitor and better understand the problem of post-vaccine negative reactions, particularly for hepatitis B.

Integrated Management of Childhood Illness (IMCI)

- Scale up the IMCI pilot program in Armenia to the national level, including raining of health providers in both inpatient and outpatient settings.
- Address the issue of availability of basic pharmaceuticals necessary for successful implementation of the IMCI program.
- Integrate the IMCI protocols in medical and nursing school curricula.

Well Child/Emergency Care

- Establish and disseminate nationally accepted protocols for primary health care childhood screening/assessment at each age. Assessment areas are weight, height, head circumference, assessment of breastfeeding and development, screening of hearing, vision, blood pressure, amenia, hip dislocation, and cryptorchism.
- Increase pediatricians' understanding of the neuro-psychological and behavioral development of children leading to earlier detection of possible abnormalities.
- Include a component on adolescent health within the well child care program in Armenia.
- Study the norms of growth for Armenian children and establish a national standardized child growth chart. Disseminate the chart widely to Armenian health facilities.
- Establish childhood safety protocols appropriate to local conditions.
- Establish and upgrade emergency care units in rural facilities with basic equipment, medication and oxygen.

Track Three: Family Health

Contraception/Male Involvement

- Improve knowledge on contraception (modern contraceptives, emergency contraception) by organizing the following:
  - Training for nurses and midwives in order to increase their role in the sphere of reproductive health
  - Training courses for medical institutions and nursing colleges
  - Training courses for doctors during post-diploma training
- Increase public awareness on contraception:
  - At the community level, including schools
  - by involving husbands/partners in the issues of FP and RH (for example, organization of training courses in the army during military service)

Abortion

- Improve knowledge on the consequences of abortions, modern contraceptives and emergency contraception:
  - for the providers, especially of first level providers, including physicians, nurses and midwives
  - at the community level, including educational institutions
- Provide postabortion consulting by encouraging urgent application of contraception.
- Improve the quality of family planning services.

Breast Cancer

- Promote the teaching of breast self-examination to women among gynecologists, midwives and family practitioners.
- Increase training of general physicians on basic cancer screening techniques.
- Expand use of quality sonography and mammography for the diagnosis of breast disease.

Family Medicine and Reproductive Health

- Increase cooperation among reproductive health service providers and family physicians to better identify the role of family medicine in reproductive health service provision.
- Clarify the role of family physcians in the prevention and early discovery of cancer and other diseases in reproductive health system.

Track Four: Other Reproductive Health

Sexually Transmitted Infections and Human Immunodeficienty Virus

- Increase awareness and knowledge among the population of the problem of STIs/HIV and how to stop their spread. In particular, expand condom promotion programs.
- Increase and strengthen early detection and treatment of STIs/HIV through the following:
  - Update national guidelines and protocols for the diagnosis and treatment of STIs at primary health care settings
  - Integrate STI services into primary health care services (polyclinics, women's consultations, rural ambulatories)
  - Involve the private sector
  - Introduce programs to notify and treat sexual partners of infected individuals
  - Develop targeted programs to reach individuals at high risk for STI/HIV infection including sex workers, truck drivers, and migrant laborers
  - Ensure confidentiality for clients seeking treatment
  - Establish quality surveillance system to achieve reliable and valid data on rates and patterns of infection.

Cervical Cancer

- Develop a national policy favorable to the universal screening of women for cervical cancer. This might involve including free screening for women once in her lifetime.
- Expand availability of cancer screening programs through training of specialists and primary care physicians, equipping and supplying laboratories and improving data collection systems.
- Educate women of reproductive age on the importance of screening, on the likelihood of survival if detected early, and on the link with certain STIs.

Adolescent Health

- Improve public and health policy environment for adolescent health through implementation of the recently introduced Armenian legislation and increasing efforts to increase public awareness of the problems of adolescents.
- Establish a national adolescent health curriculum and include it in school health programs. Teachers, school nurses, health educators should be trained in its use.
- Create adolescent friendly RH care services within primary health care facilities, including training of health personnel, developing educational materials, increasing access of adolescents to services such as contraception and STI treatment.
- Introduce RH peer education programs in schools, colleges, universities, specialized children/adolescents institutions (like orphanages, penitentiary etc) and youth centers.

Infertility

- Conduct further analysis of fertility patterns to determine the potential causes for infertility and the degree of the problem in Armenia.
- Educate the population of the link between infertility and STIs and abortion, and the need to seek immediate treatment for STIs and to avoid unwanted pregnancy through use of contraception.
- Expand access to infertility counseling and treatment by training of primary care providers and strengthening referral to quality services.

APPENDIX C

Technical Advisory Committee Members

Name	Title, Organization
Razmik Abrahamyan	Director, CPOG Head of the National Program on RH
Karine Saribekyan	Head of MCHP Division, MOH
Anahit Hovhannisyan	MCHP Division, MOH
Gayane Avagyan	Assistant Professor, Chair of RH, SMU
Medea Vardanyan	Professor, SMU
Karine Aroustamyan	Deputy Director, Maternal and Child Health Protection Research Institute
Mary Khachikyan	President of Association "For Family and Health"
Edna Jonas	Health Specialist, USAID
Hrair Aslanyan	World Health Organization
Nancy Fitch	Primary Care Advisor, Armenian Social Transition Project
Rebecca Kohler	Country Director, PRIME II
Sona Oksuzyan	Clinical Advisor, PRIME II
Karine Markosyan	Consultant, PRIME II

List of Presenters

Presenter	Title, Organization	Track and Topic
Razmik Abrahamyan	Director, CPOG Head of the National Program on RH	Plenary Session: Demographic indicators and new approaches in reproductive health
Karine Saribekyan	Head of MCHP Division, MOH	Plenary Session: The issue and future strategies of maternal and child health Other RH: Prevention of Maternal to Child Transmissio of HIV
Marcel Vekemans	PRIME II Medical Advisor, USA	Plenary session: The role of international guidelines and best practices in strengthening Armenia's health services Perinatal Care : Increasing postpartum use
Gayane Avagyan	Assistant Professor, Chair of RH, SMU	Perinatal Care: The basics of antenatal care Other RH: Meeting needs of infertile couples
Susheela Engelbrecht	PRIME II, Senior Technical Advisor, USA	Perinatal Care: Normal labor and delivery
Medea Vardanyan	Professor, SMU	Perinatal Care: Preeclampsia, eclampsia, bleeding
Anahit Hovhannisyan	MCHP Division, MOH	Child Health : IMCI
Karmela Poghosyan	Deputy Director, University Children Hospital "Baby Friendly Initiative"	Child Health : Breastfeeding
Ofelja Indzikyan	Chief Specialist, MCHP Department, MOH; Assistant Professor, Chair, Pediatrics, SMU	Child Health: Immunization

Presenter	Title, Organization	Track and Topic
Arshak Jerjeryan	CPOG, Head of the newborn department	Child Health: Newborn health care
Pavel Mazmanyan	Maternal and Child Health Protection Research Institute, Head of the newborn department	Child Health: Newborn health care
Konstantin Ter-Voskanyan	Chairman of Pediatrics' Chair, NIH, President, ARASPED	Child Health : Well child care
Hrant Kalanteryan	Head of the Department of Reanimatology, 1-st Children Clinic Assistant in Pediatrics Chair, NIH	Child Health : Other child health issues (emergencies)
Karine Aroustamyan	Deputy Director, Maternal and Child Health Protection Research Institute	Family Health: Contraception/Male involvement Family Health: Reducing unwanted pregnancy and abortion
Hasmik Davtyan	Chief doctor-radiologist, Armenian-American Wellness Center	Family Health: Breast cancer screening
Samvel Hovhannisyan	NIH, Dean of Department and Chairman of Family Medicine Chair President of Armenian Association of Family physicians	Family Health: Role of family doctors in reproductive health care
Haroutune Tanielyan	Chair of Dermatology, SMU	Other RH : Sexually transmitted infections
Gagik Bazikyan	Director of Anti-Tumor Dispensary	Other RH : New approaches to cervical cancer screening
Mary Khachikyan	President of Association "For Family and Health" Director, ACFPD	Other RH : Adolescent sexual and reproductive realth Fertility: Prevalence and major causes of infertility
Jasmen Haroutiunyan	ACFPD	Other RH: Adolescent Sexual and Reproductive Health
Hrant Kalanteryan	Head of the Department of Reanimatology, 1-st Children Clinic Assistant in Pediatrics Chair, NIH	Child Health : Other child health issues (emergencies)

APPENDIX D

List of Participants

	Name	Organization	Role
1	Razmik Abrahamyan	CPOG	Host, Presenter
2	Levon Yepiskoposyan	MOH Policy Department	Welcoming Speech
3	Carol Payne Flavell	USAID	Welcoming Speech
4	Karine Seribekyan	MOH MCH Department	Welcoming Speech, Presenter
5	V. Pogosyan	MOH, Clinical Care	Opening Ceremony
6	Ruslana Gevoryan	MOH, Media Specialist	Opening Ceremony
7	Edna Jonas	USAID	
8	Charlotte Cromer	USAID	
9	Hrair Aslanyan	WHO	Closing Remarks
10	Karen Daduryan	UNFPA	
11	Liana Hovakimyan	UNICEF	
12	Gayane Avagyan	CPOG	Facilitator, Presenter
13	Medea Vardanyan	SMU	Chair, Presenter
14	Annahit Hovonissyan	MOH, Child Health	Chair, Presenter
15	Karine Aroustamyan	Center for Mother and Child Health Protection	Chair, Presenter
16	Mary Khachikyan	Association for Family Health	Chair, Presenter
17	Sona Oksuzyan	PRIME II	Facilitator
18	Rebecca Kohler	PRIME II	Facilitator
19	Susheela Engelbrecht	PRIME II	Presenter, Facilitator
20	Marcel Vekemans	PRIME II	Presenter, Facilitator
21	Karine Markosyan	PRIME II	Coordinator
22	Karmela Poghosyan	University Children's Hospital	Presenter
23	Ofelja Indzikyan	SMU, MOH	Presenter
24	Arshak Dzerdzerjan	CPOG, Newborn Department	Presenter
25	Pavel Mazmanyan	MCH Protection Institute	Presenter
26	Konstantin Ter-Voskanyan	NIH, Pediatrics	Presenter
27	Hrant Kalanteryan	NIH, Pediatrics	Presenter
28	Hasmik Davtyan	Armenian-American Women's Wellness Center	Presenter
29	Samvel Hovhannisyan	NIH, Family Medicine	Presenter
30	Gagik Bazikyan	Oncology Dispensary	Presenter
31	Jasmen Haroutiunyan	Association for Family Health	Presenter
32	Haroutune Tanielyan	Center for Dermatology and STI	Presenter
33	Laura Khalatyan	PRIME II	Translator
34	Ani Matevosyan	PRIME II	Translator
35	Lusine Hakobyan	PRIME II	Translator
36	Aram Bayanduryan Levasgani	PRIME II	Simultaneous Translator
37	Nune Pashayan	MOH	
38	Mihran Hakobyan	MOH, Policy	
39	Narine Beglaryan	MOH, International Affairs	
40	Lidia Goryunova	MOH, MCH	
41	Andranik Poghosyan	CPOG	
42	Nancy Fitch	ASTP/Abt Associates	Organizing Committee
43	Ellen Dar	ASTP/Abt Associates	

	Name	Organization	Role
44	Nick Avgulyan	ASTP/Abt Associates	
45	Vardan Abovyan	ASTP/Abt Associates	
46	Armine Asoyan	ASTP	
47	Anna Boshyan	ADRA	
48	Tido von Schoen	MSF-Belgium	
49	Aram Babayan	Carelift International	
50	Mariam Sianozova	International Relief and Development	
51	Zara Dganibekyan	Jinishian Memorial Fund	
52	Sergey Sargsyan	Childrens' Health Care Association	
53	Susanna Vardanyan	Women's Rights Center	
54	Sargis Avagyan	Association for Family Health	
55	Izabela Simonyan	UMCOR	
56	Marine Adamyan	World Learning	
57	Marina Ohanyan	Yerevan State Medical University	
58	Anahit Martirosyan	State Medical College	
59	Sos Nahradyan	State Medical University, student	
60	Anna Katinyan	Erebuni Nursing College	
61	Eleonora Mnatsakanyan	Municipality Health Department, Yerevan	
62	Karine Hakobyan	Dispensary of Oncology, Yerevan	
63	Marine Baghramyan	Dispensary of Oncology, Yerevan	
64	Karine Sargsyan	Erebuni Women's Wellness Center	
65	Levon Khachatryan	Maternity Hospital N 3, Women's Consultation, Yerevan	
66	Armen Manoukyan	Maternity Hospital N 4, Yerevan	
67	Ruzanna Martirosyan	Maternity Hospital N 4, Women's Consultation, Yerevan	
68	Anahit Beglaryan	Childrens' Polyclinic, Yerevan	
69	Aida Minasyan	Malatia	
70	Hasmik Varosyan	Polyclinic N 6, Yerevan	
71	Sasounyan Ada	Polyclinic N 6, Yerevan	
72	Ephrosia Nahapetyan	Polyclinic N 8, Yerevan	
73	M. Stepanian	Polyclinic N 9, Yerevan	
74	Nina Hovhanissyan	Polyclinic N 2, Yerevan	
75	Svetlana Ovchiyan	Polyclinic N 11, Yerevan	
76	Danna Hakobyan	Polyclinic N 11, Yerevan	
77	Karine Haroutjunyan	Polyclinic N 22, Yerevan	
78	Areg Nargizyan	Arabkit Child Polyclinic, Yerevan	
79	Elena Sargsyan	Child Consultation N 19, Yerevan	
80	Irina Sarkisyan	Women's Consultation, Yerevan	
81	Margarita Ghazaryan	Women's Consultation, Yerevan	
82	Monika Gevorgyan	Womens' Consultation, N 8 polyclinic	
83	Laura Ghazaryan	Women's Consultation, Yerevan	
84	Anna Balyan	Women's Consultation	
85	Robert Dilbaryan	Lori Marz Health Department	
86	Lusine Vardanyan	Lori Marz Health Department	
87	Alvard Sargsyan	Maternity Department, Vanadzor Hospital	
88	Aram Avalyan	Maternity Department, Vanadzor Hospital	
89	Sonya Arushanyan	Polyclinic N 4, Vanadzor	
90	Amalya Azatyan	Alaverdi Maternity Hospital	
91	Asya Beglaryan	Maternity Center, Spitak	

	Name	Organization	Role
92	Eva Torosyan	Spitak Hospital	
93	Raisa Sahakyan	Women's Consultation, Vanadzor	
94	Nadya Baghdasaryan	Shirak Health Department	
95	Felix Grigoryan	Maternity Hospital, Gyumri	
96	Martuni Mouradyan	Magazine "Health Care"	
97	Emma Harutyunyan		
98	Aida Hovnanyan		
99	Vergine Karakhanyan		

APPENDIX E

PRESS RELEASE, Dated September 25, 2002

United States Agency for International Development (USAID) Mission to Armenia Deputy Director Carol Payne Flavell and RA Deputy Minister of Health will open a ***National Forum on Improving Quality of and Access to Reproductive and Child Health Care.*** The Forum is scheduled for September 25-26 at the Center for Perinatology, Obstetrics and Gynecology in Yerevan. The Ministry of Health (MOH), and the PRIME II project, with support from USAID, organized the Forum to address the priority problems and relevant actions needed to improve the health status of women and children. The National Forum will be held on Wednesday, September 25 from 9 :30 – 18 :00 and on Thursday, September 26, from 9 :30 - 14:00, followed by a reception.

Key note presentations will be made by Dr. Razmik Abrahamyan, Director of the Center for Perinatology, Obstetrics and Gynecology and Advisor to the Minister of Health on Antenatal Care; Dr. Karine Seribekyan, Director of the Maternal and Health Department of the MOH; and Dr. Marcel Vekemans, PRIME II's International Medical Advisor.

Armenian society values healthy women and children, and the government has made a commitment to provide reproductive and child health services as part of the basic benefits package. Yet, broad health and demographic indicators suggest the existence of serious health concerns, particularly among those living in rural areas. Data from the 2000 Armenia Demographic and Health Survey (DHS) and a 1997 Reproductive Health Survey indicate that the health status of the population, particularly women and children, is generally poor and utilization of the health care system is declining. The DHS found an infant death rate of 36 deaths per 1,000 live births, with a 50% higher rate in rural areas. In addition, the study concluded that almost a quarter of all children in Armenia suffer from anemia, a preventable condition. There are increasing trends toward beginning antenatal care late and giving birth at home. Armenia also has a high rate of induced abortion, an average of 2.6 abortions per women over her lifetime. The data suggest that access to and use of more reliable methods of contraception would reduce the incidence of abortion, thus improving the health of the women of Armenia. The abortion rate is significantly lower than Georgia's rate of 4.7 but much higher than the Central Asian Republics of Kazakhstan (1.4) and Kyrgyz Republic (1.6).

The National Forum will bring together more than 100 international and national professionals in reproductive and child health services to discuss the priority reproductive and child issues in Armenia and make policy and program recommendations to the Ministry of Health for action to strengthen health services. Speakers will address topics in perinatal care; child health; family health issues such as birth control, abortion, and reproductive cancers; sexually transmitted infections; and adolescent health. Participants will discuss issues such as the role of nurses and family medicine physicians in expanding primary health care; factors that have contributed to the marked decline in fertility in Armenia over the last decade; and how to improve reproductive health care services.

APPENDIX F

Evaluation Form

1. Are you a (please circle all that apply):

   Obstetrician-Gynecologist

   Pediatrician

   Family Physician

   University Instructor

   Representative of an Armenian NGO

   Representative of an international organization

2. Did the National Forum meet its stated objectives?

   Yes Somewhat No

3. Did you find the National Forum useful for your work? (please circle one)

   Very useful Somewhat useful Not very useful

4. What aspect of the National Forum was most useful?

   _____

5. What aspect of the National Forum was least useful?

   _____

6. Please provide your assessment of each of the sessions of which you participated (put a check in the appropriate column for each session):

Title	Very Useful	Somewhat Useful	Not Very Useful	Did Not Attend
Introductory Plenary Session				
Antenatal Care				
Normal Labor and Delivery				
Obstetrical Emergencies				
Postpartum Care				
Breastfeeding/ Newborn Care				
IMCI				
Immunization				
Well Child Care				
Contraception				
Abortion				
Breast Cancer				
Family Doctors				
STI Screening				
Cervical Cancer				
Adolescent Health				
Fertility				

Thank you for much for your input.

National Forum

Role of international guidelines and best practices in strengthening Armenia's health services

Prof. Marcel Vekemans, Ob/gyn
PRIME II, Chapel Hill,
North Carolina

National Forum on Reproductive and Child Health

Objective

As a basis for action, describe the potential of policy, guidelines and protocols in strengthening the quality of and access to reproductive health care services in Armenia

National Forum on Reproductive and Child Health

Access and Quality: Optimize

- Access (geographic, financial, pyschological, socio-cultural)
- Infrastructure, equipment, supplies, drugs
- Providers' Performance
  - Attitudes, knowledge, skills
  - Motivation (salary, other incentrives)
  - Supportive supervision, follow-up after training

PRIME II

National Forum on Reproductive and Child Health

Policy/Guidelines: International Initiatives

- WHO: Implementing Best Practices (IBP)
- WHO/Europe: Regional Strategy on Sexual and Reproductive Health (2001)
- USAID: Maximizing Access and Quality (MAQ)

PRIME II

National Forum on Reproductive and Child Health

Reproductive Health (RH) Policy

A government endorsed document which, taking into account all existing laws, orders, decrees, ministerial notes, set the basis for all reproductive health interventions

PRIME II

National Forum on Reproductive and Child Health

Policy: Processes I

- Collect data (DHS, MOH statistics)
- Use interactive meetings for consensus and support
- Use participatory approach, as perceptions differ
  - deciders
  - managers
  - health workers
  - patients/clients
  - communities

PRIME II

National Forum on Reproductive and Child Health

Policy: Processes II

- Actual situation for all components
- List issues, objectives, strategies, interventions
- Include prioritization, cost-effectiveness, indicators, information management
- Evolving process
  - test, revise, adapt
- What? When?Where?How? For Whom? By Whom?

PRIME II

National Forum on Reproductive and Child Health

Guidelines and Protocols

- Guidelines
  - Give directives
  - Ensure uniformity in interpreting policies
  - Specify minimum acceptable level of performance and list accepted practices
  - Directs what to do and what not to do
  - States expectations for outcomes

PRIME II

National Forum on Reproductive and Child Health

Guidelines and Protocols

- Protocols
  - Step by step instructions for performaning safely complex tasks
  - Can be translated as written *job aids*, for health workers

PRIME II

National Forum on Reproductive and Child Health

Guidelines and Protocols

- Help suppress medical and other barriers
  - Hospitalization for mild first trimester bleeding in pregnancy
  - Blood tests before contraceptive use
- Rely on evidence-based medicine and international standards

PRIME II

National Forum on Reproductive and Child Health

Some policy challenges in Armenia

- Optimization
  - facilities, beds, staff
- New cadres, accreditation
  - general practitioners
  - family doctors
  - empowered nurses, midwives
- Related training (institutions, curricula) conforming to national standards
- Integration, synergies with RH activities

National Forum on Reproductive and Child Health

Further challenges: RH prioritization

- Antenatal, intra-partum, postpartum, emergency care
- Neonatal care
- Birth spacing, avoiding unwanted pregnancies
- Women's Issues (cancers, STI/HIV, perimenopause)
- Men's issues (involvement, STI/HIV, andrology)
- Other issues:
  - client-provider interaction, gender and domestic violence, community involvement, adolescent, patient's rights/ethics

National Forum on Reproductive and Child Health

WHO Implementing Best Practices (IPB)

A *systematic approach to support dissemination, adaptation and utilization of international technical guidance documents*

- Policies, guidelines, protocols may not reach intended audience
- Must be suited to local policies, cultural norms
- Must be practical and realistic

PRIME II

National Forum on Reproductive and Child Health

MAQ: Maximizing Access and Quality

- Insists on leadership, problem solving, and broad formulation with stakeholders
- Policy can be used for advocacy and fundraising
- Role of international agencies in developing and revising guidelines

PRIME II

National Forum on Reproductive and Child Health

Demonstrated Impact

- Studies have proven **policies, guidelines and protocols**:
  - Reduce practice barriers
  - Increase access, quality, client-provider communication
  - Introduce best and better practices
  - Increase adherence to international standards

PRIME II

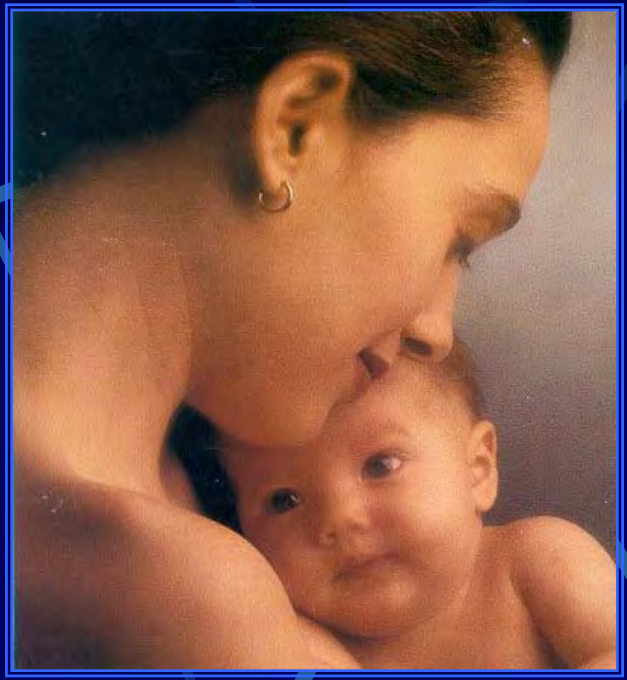
National Forum on Reproductive and Child Health

Demonstrated Impact (continued)

- Studies have proven **policies, guidelines and protocols**:
  - Improve service delivery environment ,management
  - Expand service menu
  - Save money by decreasing unnecessary test, investigations, treatments
  - Training alone does not ensure performance or quality

National Forum on Reproductive and Child Health

"Reproductive health care services that you and your family would like to receive"



Main issues of maternal and child care and further strategy

Speaker – Karine Saribekyan

PREVALENCE OF CHILDREN'S AND WOMEN'S MAIN ISSUES IN INTERNATIONAL DOCUMENTS

- Adoption of International Convention "On elimination of all the types of discrimination against women" in 1967 by UN.
- In 1989 "The International Convention on Children's Rights" was ratified by the United Nations Organizations.
- In 1990 the Declaration "On Children's protection, development and life life support" devoted to children was adopted in the worldwide summit.
- Adoption of declaration in the special session of UN Assembly in 2000 devoted to women's main issues.
- Ratification of regional document on reproductive and sexual health strategy in 2001 by WHO European office.
- The 2002-2015 action plan and declaration "A world that is useful for children" was adopted in 2002 in UN Assembly's special session devoted to children's issues.

REFLECTION OF PREVALENCE OF WOMEN'S AND CHILDREN'S MAIN ISSUES IN ARMENIA

- In 1992 RoA Supreme Council ratified the International Convention "On Children's Rights".
- In 1994 the President of the Republic of Armenia signed the world declaration "On Children's protection, development and life support".
- In 1996 the President of the Republic of Armenia signed the Decree "On Maternal and Child Protection".
- In 1996 RA National Assembly adopted the Law "On Children's Rights¦:
- In 1999 RA MOH Board approved the document "Main issues of maternal and child health and further strategy – 2000-2010.
- In 2002 "The National Program of Children's Protection" was developed.

STRATEGY

RA Ministry of Health

Resolution of RA MOH Board

Main issues of maternal and child protection and further strategy

2000-2010

Yerevan

TARGET PROGRAMS FOR THE IMPROVEMENT OF MATERNAL AND CHILD CARE

- Introduction of strategy of integrated management of child diseases
- Primary protection of child health
- Immunization prevention
- Improve feeding and encourage breastfeeding
- Rehabilitation of disabled children
- Improvement of adolescent health
- Safe motherhood

SITUATION IN THE WORLD

From the speech of Kophy Anan in the Special Session of UN Chief Assembly devoted to HIV

Each year in the world

- die more than 10 million children
- about 600 000 women die in the result of pregnancy and labor
- 150 million suffers from malnutrition
- 13 million children become orphans in the result of AIDS
- 600 000 HIV carriers are born

27th special session of UN Chief Assembly, May 8-12, 2002

LEGISLATIVE BASIS OF HEALTH SERVICE OF WOMEN AND CHILDREN

- **According to RA Constitution**
- *Family, motherhood and childhood are under the protection of the society and the State (Article 32).*

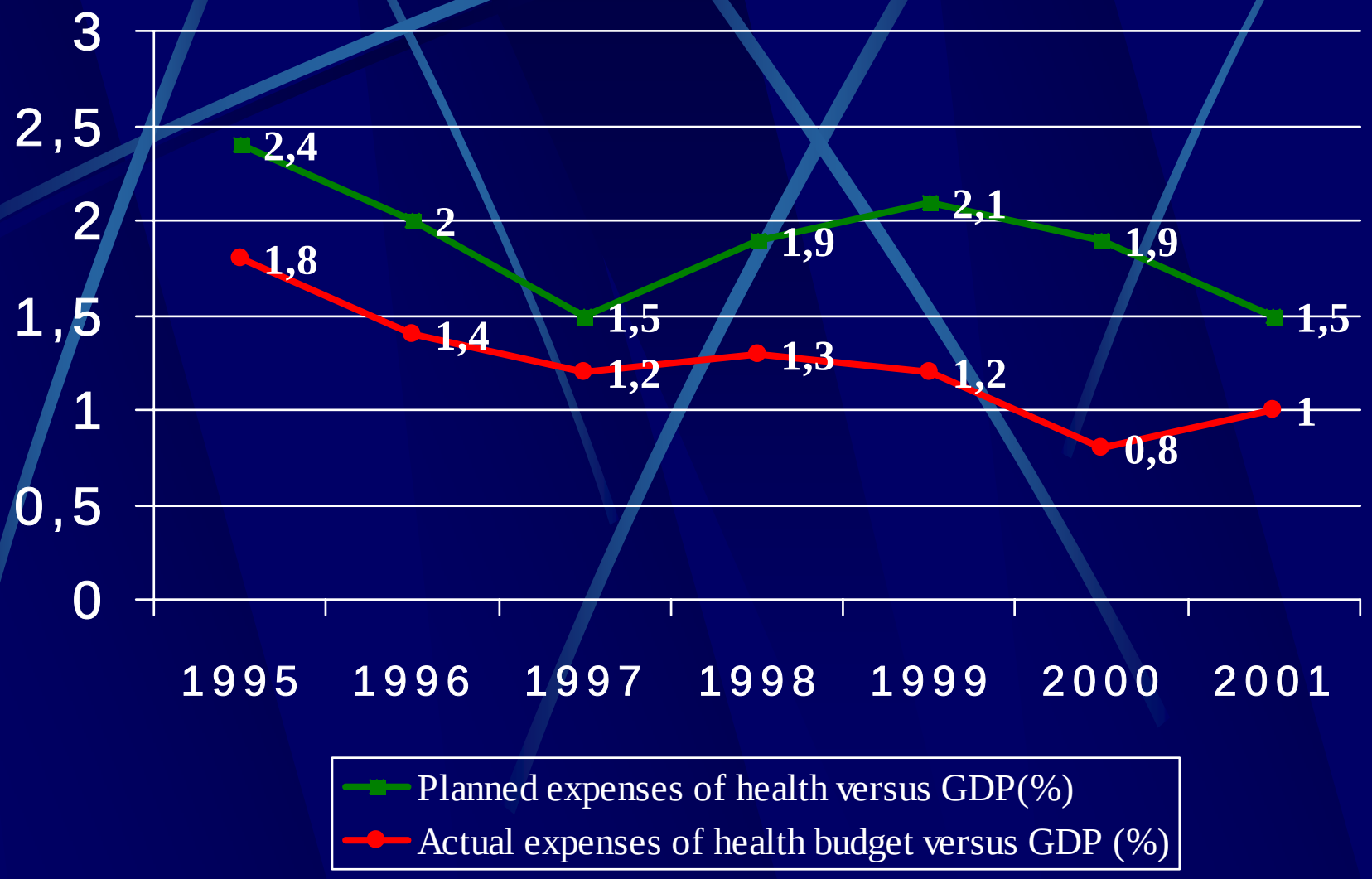
- **According to RA Law "On Medical Aid and Service of Population"**
- *Each child is entitled to receive free medical aid and service in the frames of state health programs (Article 10).*

- **RA Law on Children's Rights**
- Each child is entitled to health protection and strengthening. Relevant state bodies provide opportunity for using free services in the frames of state programs (Article 7)

GENERAL DESCRIPTION AND MAIN ISSUES OF HEALTH SYSTEM

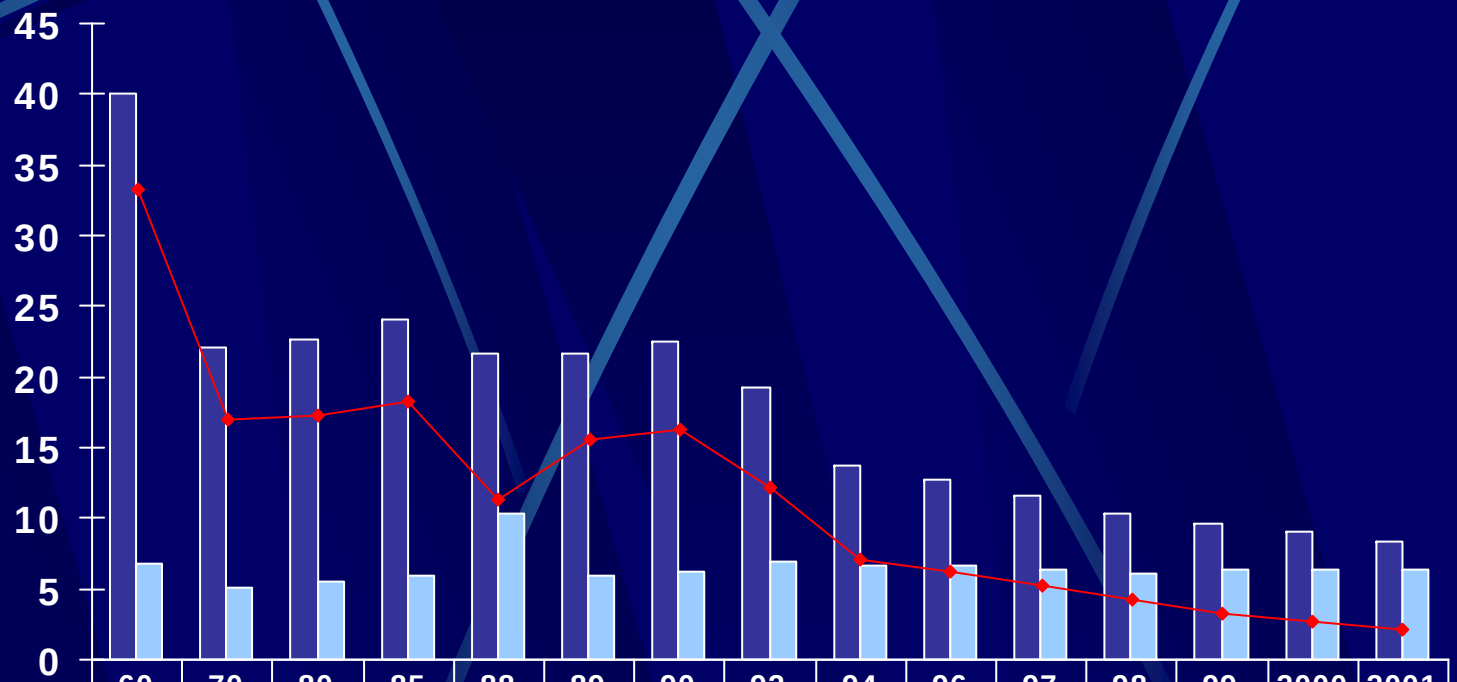
- Decrease of health and demographic indicators of population
- Decrease of the control of the system and functional disintegration
- Significant surplus of resources (human resources, facilities)
- Non-relevant distribution of health resources
- Insufficiency of financial means targeted to the Ministry of Health
- Existence of shadow circulation
- Incompleteness of legal normative field
- Deterioration of health resources (financial, human, material-technical, etc.)

Budget Expenses of Health versus GDP (%)



The similar European indicator varies between 5-11

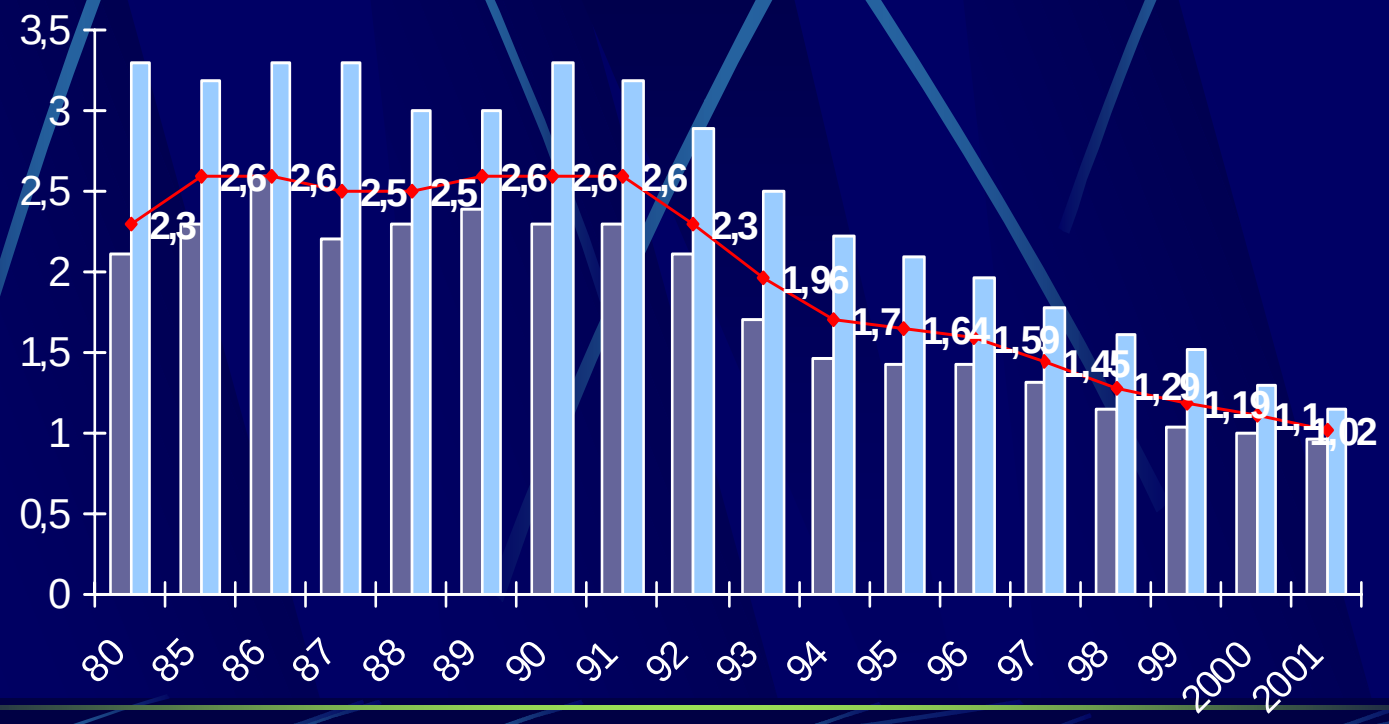
BIRTH RATE, MORTALITY AND NATURAL GROWTH INDICATORS (PER 1000 PERSON), ARMENIA 1960-2000



	60	70	80	85	88	89	90	92	94	96	97	98	99	2000	2001
Birth rate	40,1	22,1	22,7	24,1	21,6	21,6	22,5	19,2	13,7	12,8	11,6	10,4	9,6	9	8,4
Mortality	6,8	5,1	5,5	5,9	10,3	6	6,2	7	6,6	6,6	6,3	6,1	6,3	6,3	6,3
Natural growth	33,3	17	17,2	18,2	11,3	15,6	16,3	12,2	7,1	6,2	5,3	4,3	3,3	2,7	2,1

SOURCE: RA STATE STATISTIC SERVICE

GENERAL FERTILITY INDICATOR, ARMENIA, 1980-2001



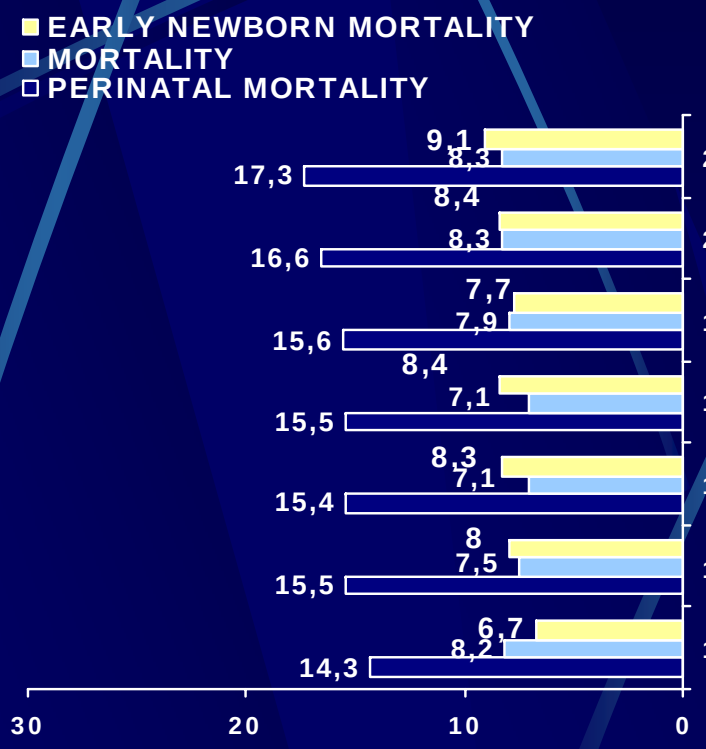
SOURCE; RA STATE STATISTIC SERVICE

DYNAMICS OF CHILD MORTALITY, ARMENIA, CIS, EUROPE,
(CHILDREN"S MORTALITY FROM 0-1YEARS TOWARDS 1000 LIVE BIRTH)

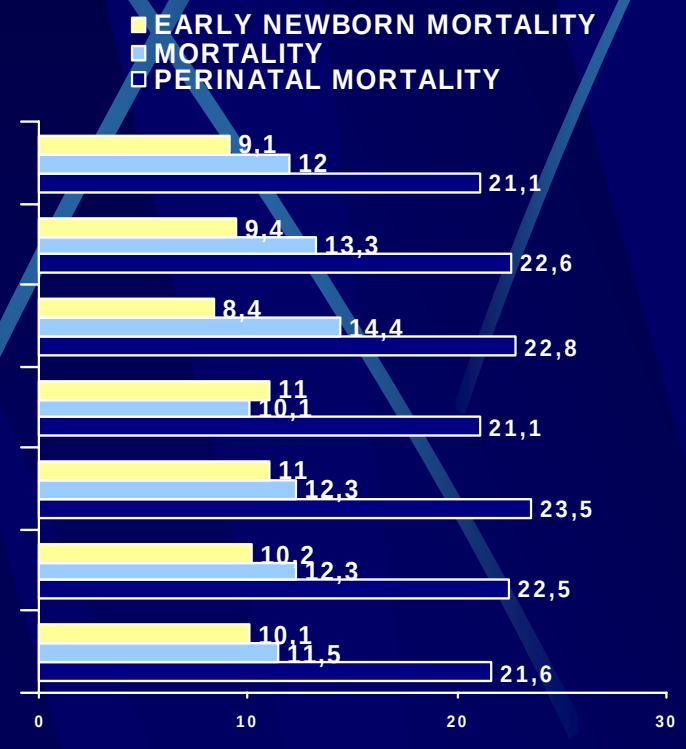
SOURCE; RA MINISTRY OF HEALTH, WHO

PERINATAL MORTALITY DYNAMICS
(OFFICAL AND DEPARTMENTAL DATA)

Official DATA

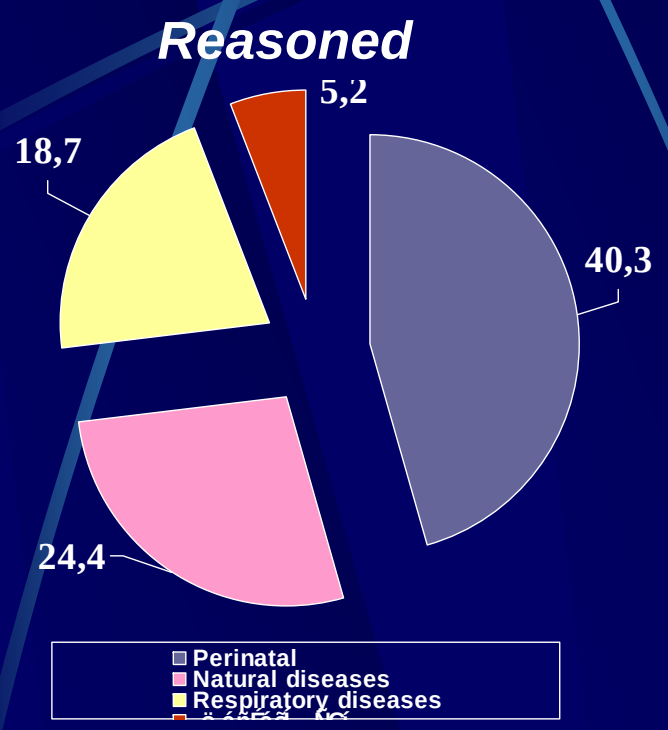


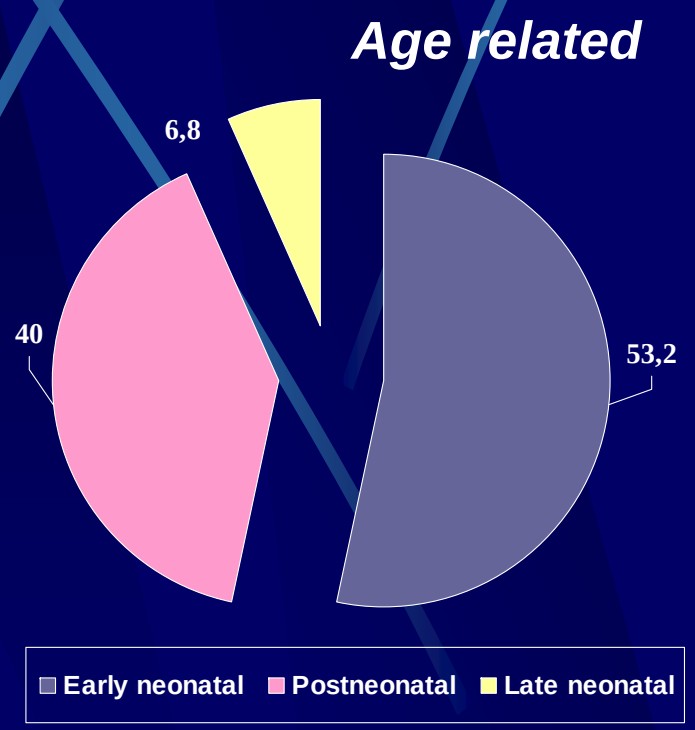
DEPARTMENTAL DATA



SOURCE; RA MINISTRY OF HEALTH, STATE STATISTIC SERVICE

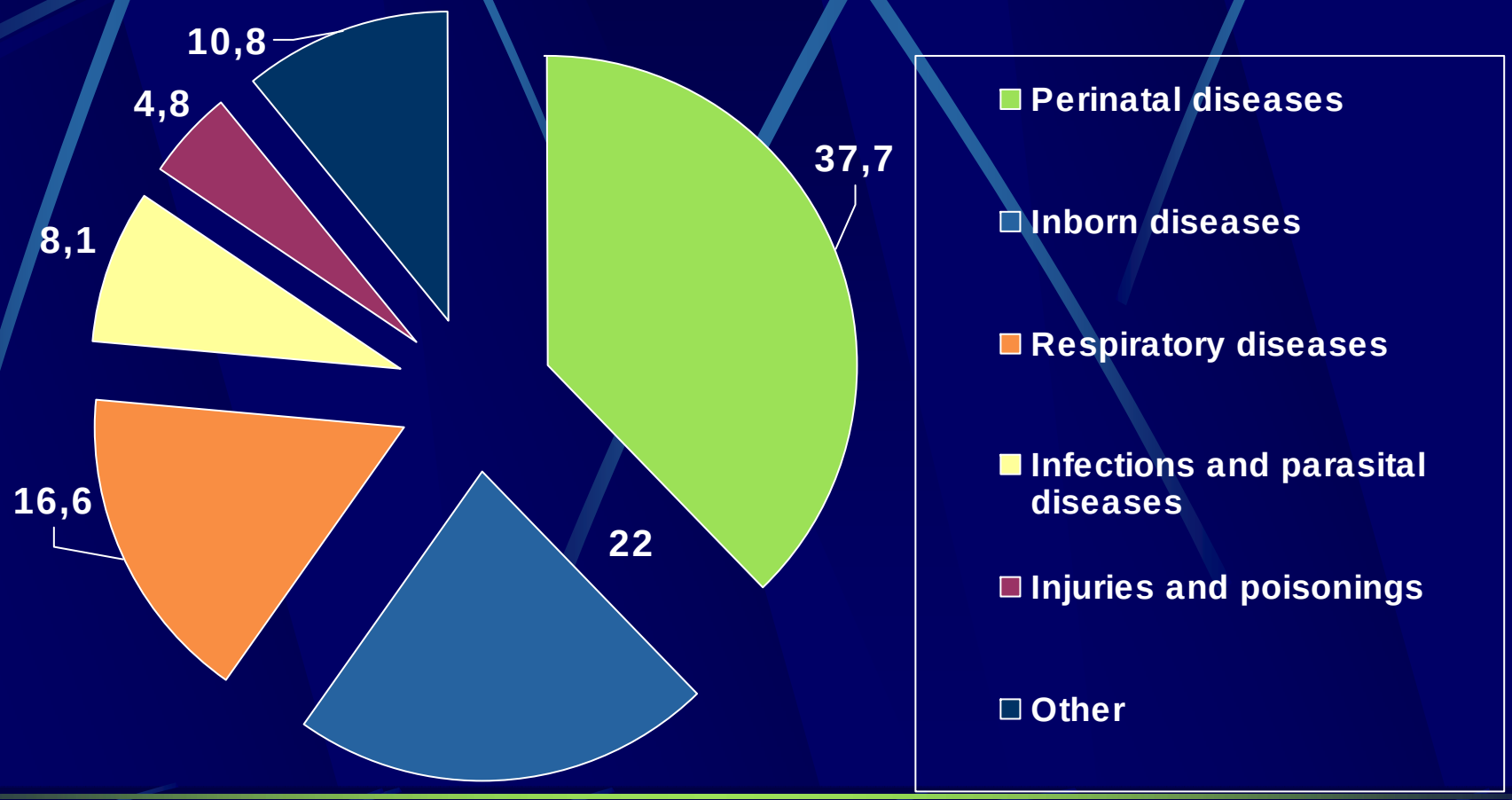
STRUCTURE OF CHILD MORTALITY, ARMENIA 2000 (%)





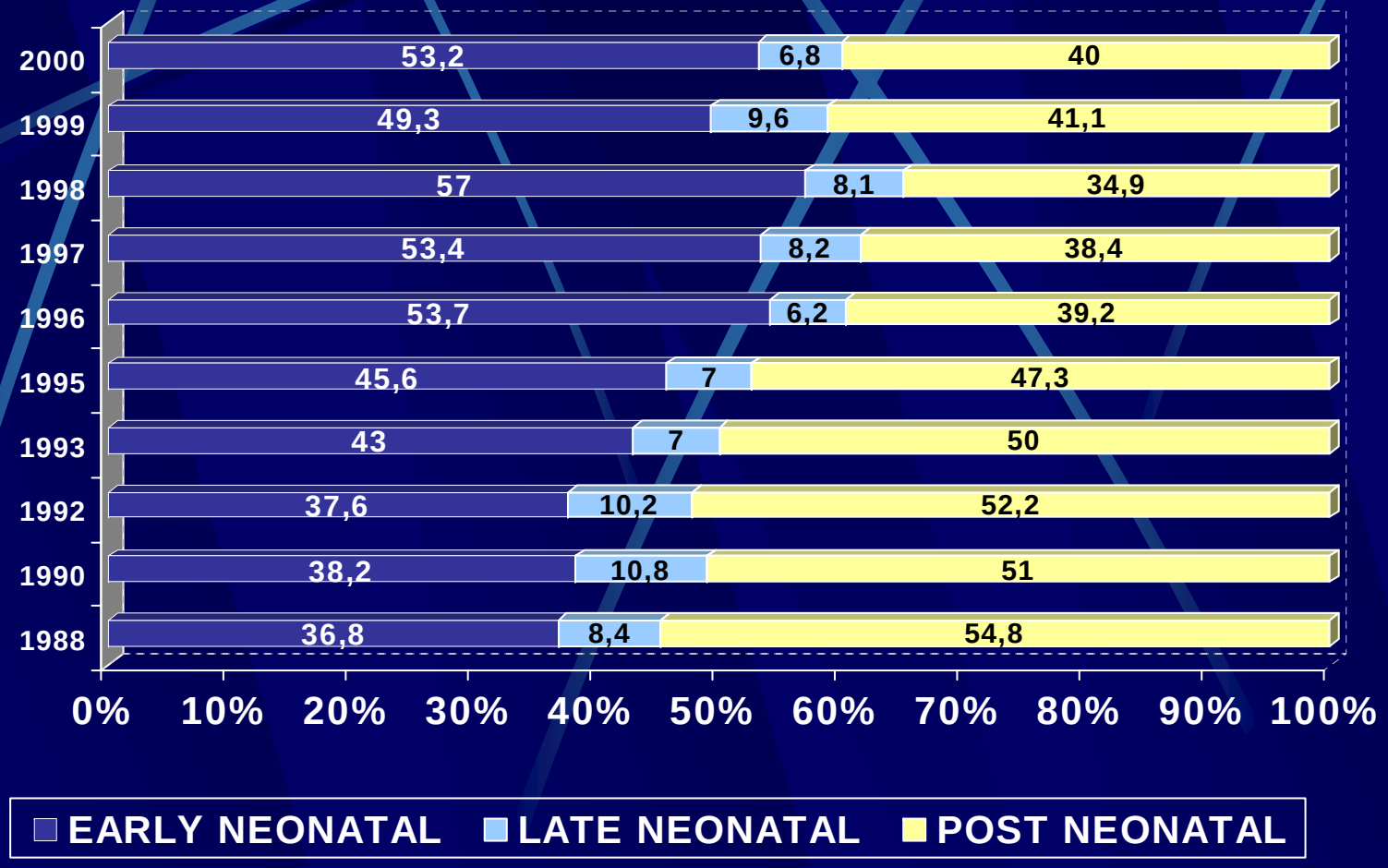
SOURCE: NATIONAL STATISTIC SERVICE

MORTALITY STRUCTURE OF CHILDREN UP TO 5 YEARS, ARMENIA, 2000



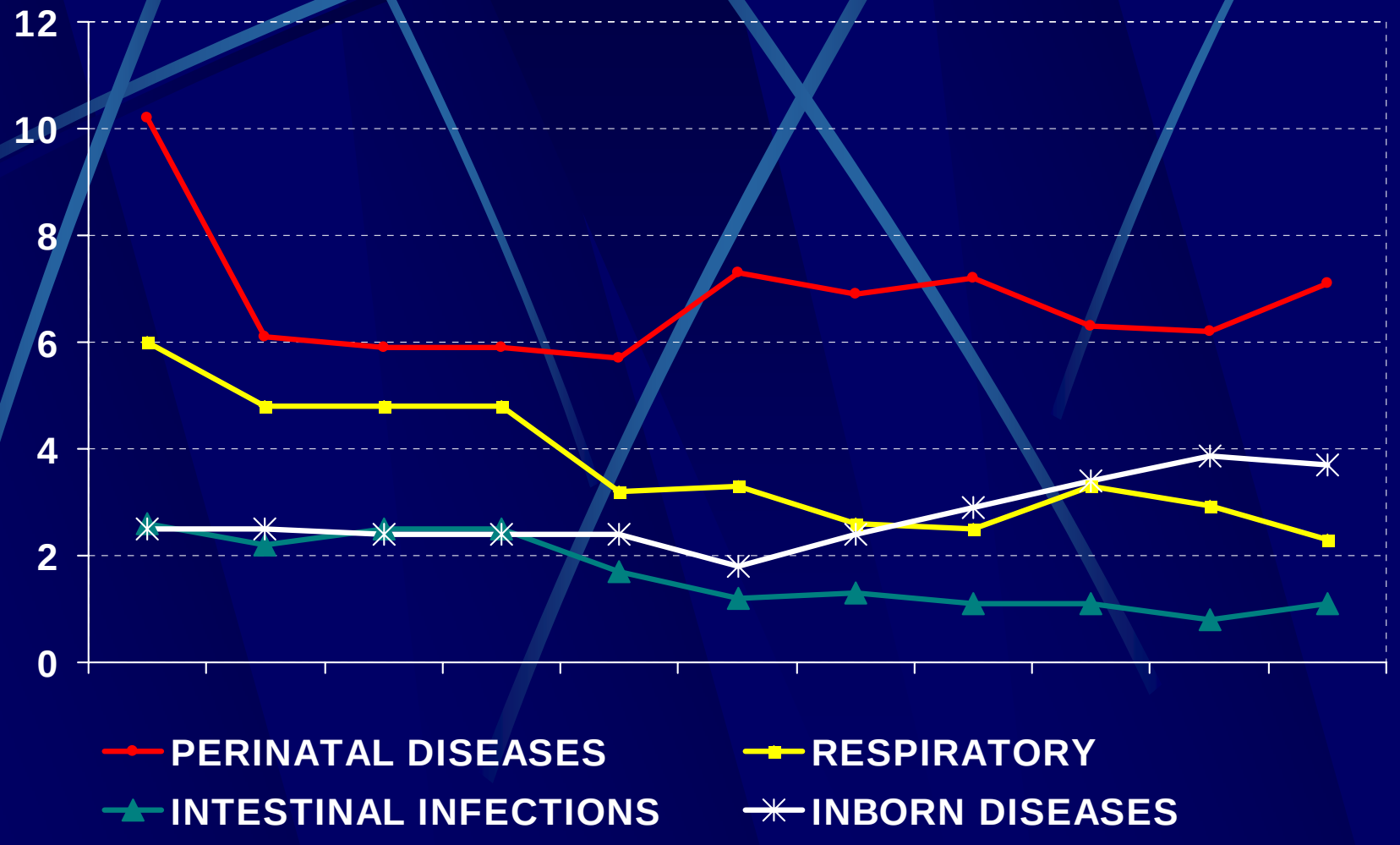
Source: RA Ministry of Health

AGE STRUCTURE CHILD MORTALITY,1988-2000



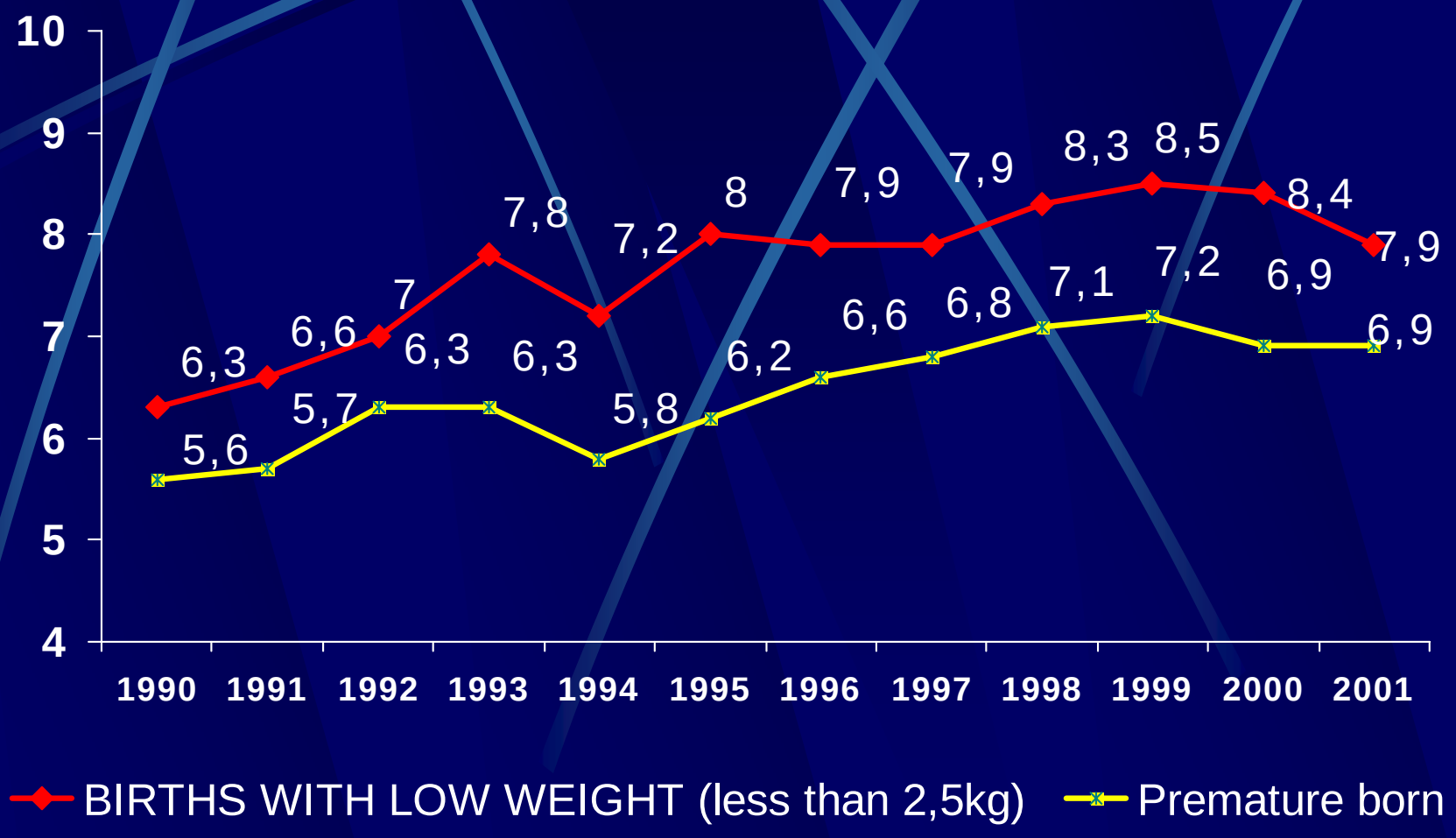
SOURCE; RA MINISTRY OF HEALTH

REASONS OF CHILD MORTALITY, ARMENIA, 1988-2001 (FROM 1000 NEWBORNS)



SOURCE; RA MINISTRY OF HEALTH

DYNAMICS OF LOW WEIGHT BIRTHS AND PREMATURE BIRTHS, ARMENIA, 1990-1999 (% IN GENERAL BIRTHS)



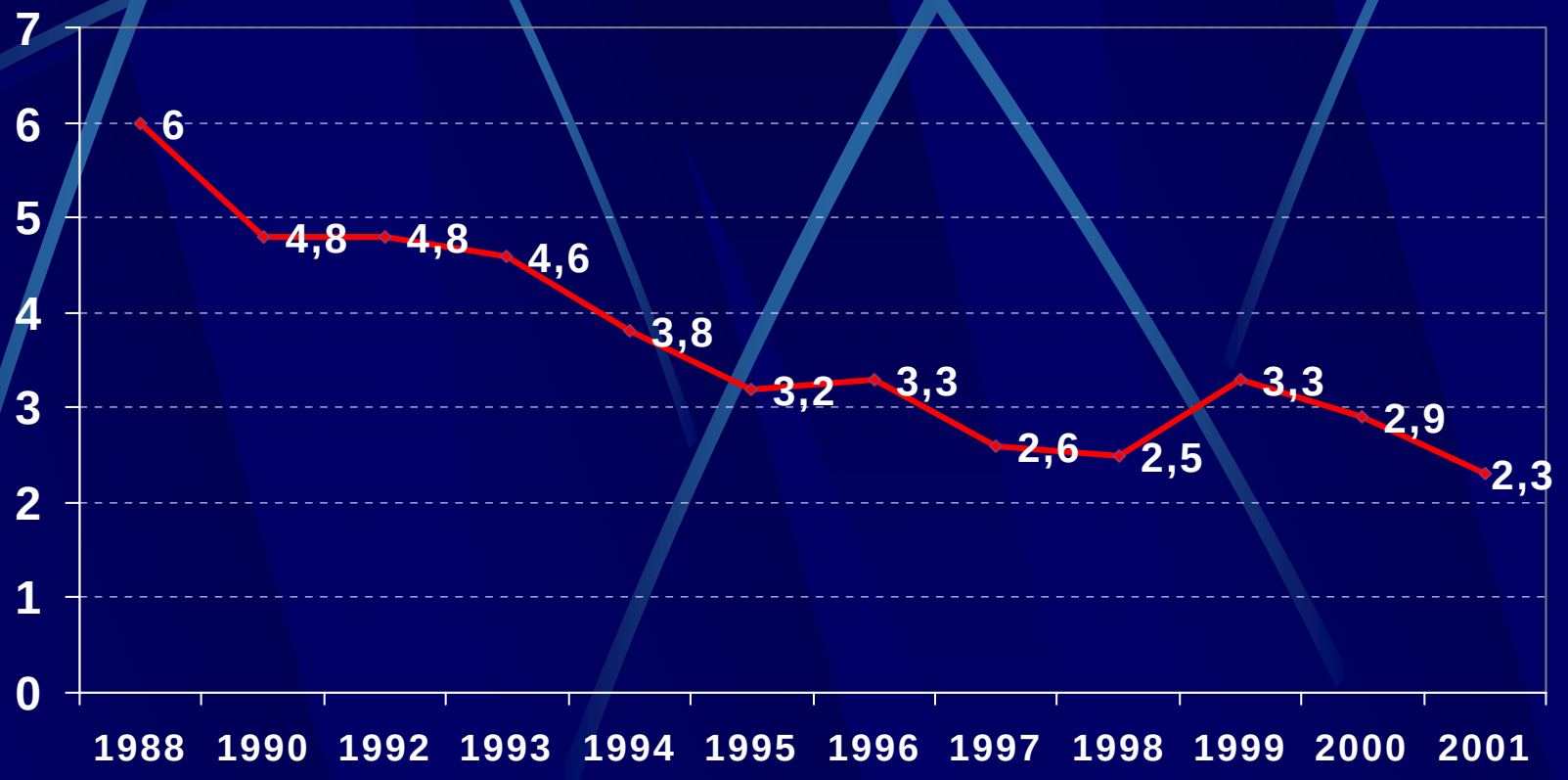
SOURCE; RA MINISTRY OF HEALTH

MORTALITY OF ACUTE DIARRHEA DISEASES (number of child mortality from 0-1 years of age towards 1000 newborns)

SOURCE; RA MINISTRY OF HEALTH

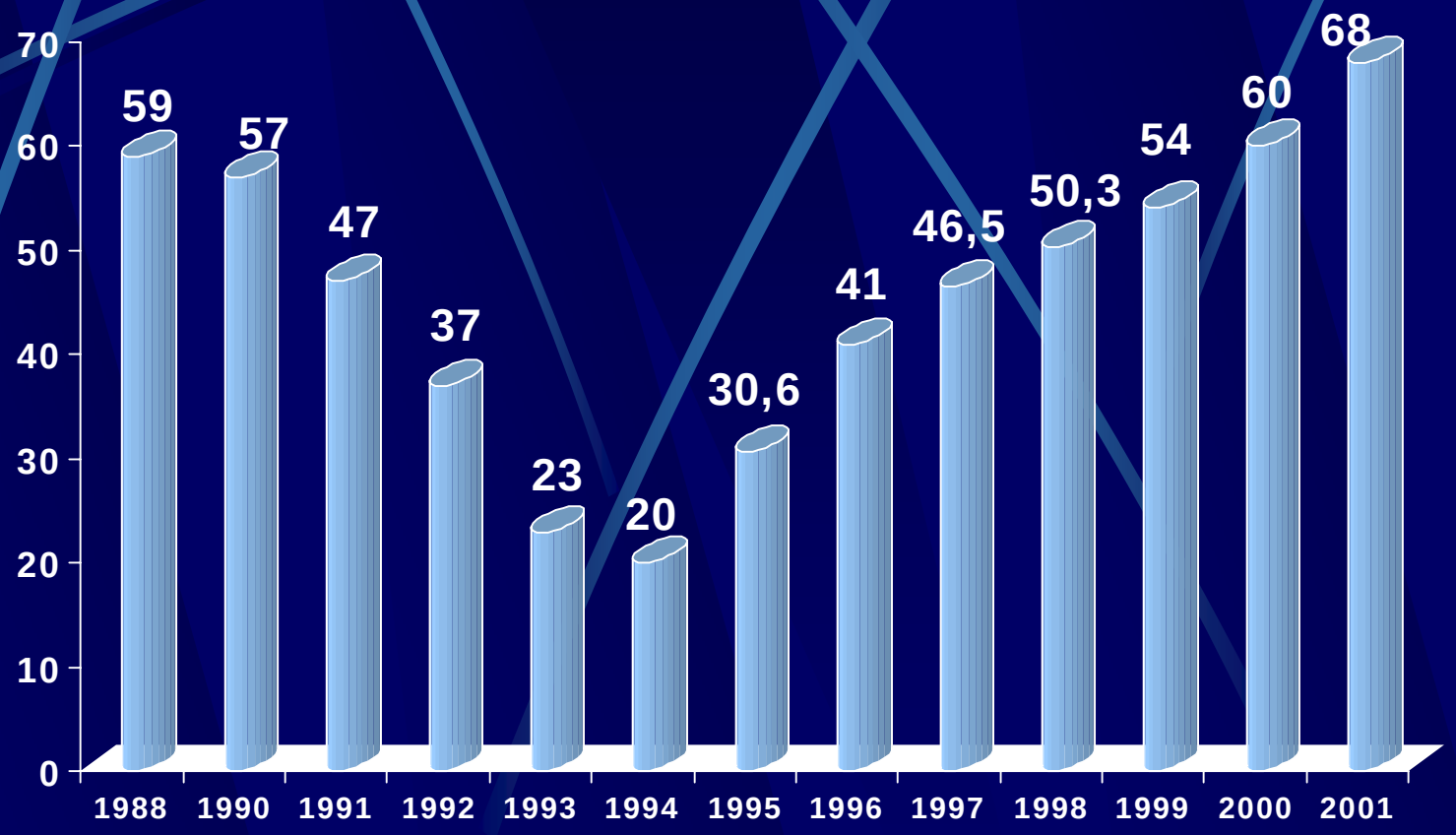
MORTALITY RATE OF ACUTE RESPIRATORY DISEASES

(NUMBER OF CHILD MORTALITY FROM 0-1 YEARS OF AGE TOWARDS 1000 NEWBORNS)



SOURCE; RA MINISTRY OF HEALTH

BREASTFEEDING INDICATOR IN DYNAMICS, 1988-2000, ARMENIA (%)



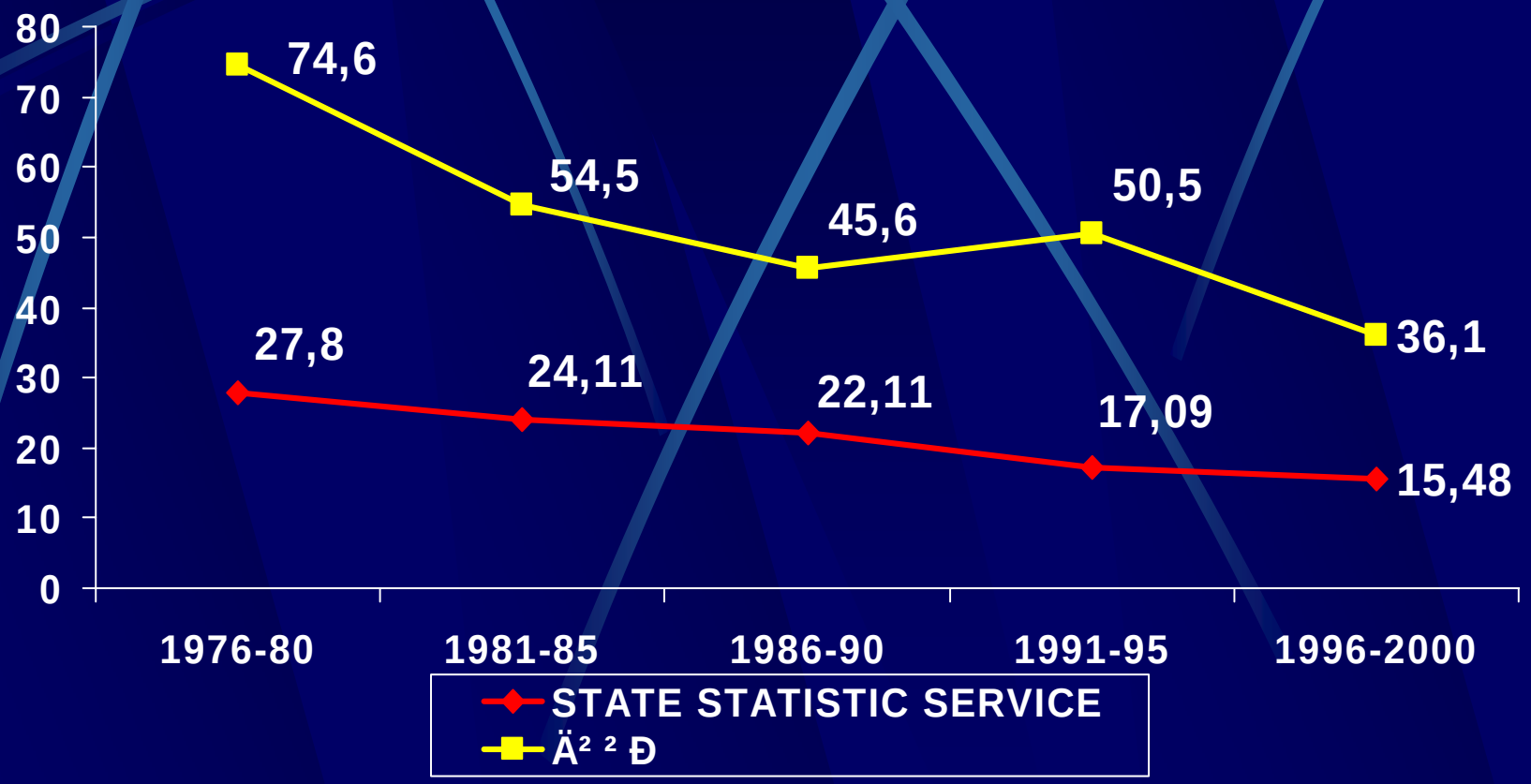
SOURCE; RA MINISTRY OF HEALTH

PECULARITIES OF CHILD MORTALITY ON RURAL/URBAN LEVEL, 2000

MAIN CHARACTERISTIC OF CHILD MORTALITY	AVERAGE IN THE COUNTRY	RURAL	URBAN
CHILD MORTALITY INDICATOR	15.56‰	13.86‰	16.56‰
PERINATAL MORTALITY INDICATOR*	16.66‰	9.4‰	24.8‰
HOME MORTALITY	22.4‰	30.8‰	14‰
INFANTS' MORTALITY (0-28 DAYS)	60%	46%	74% YEREVAN 81.4
POST-NEWBORN MORTALITY	40%	51.2%	28%
MORTALITY RATE FROM DIARRHEA AND RESPIRATORY DISEASES	24%	31.8%	14%
DAILY MORTALITY RATE	16.4%	21.8%	10%

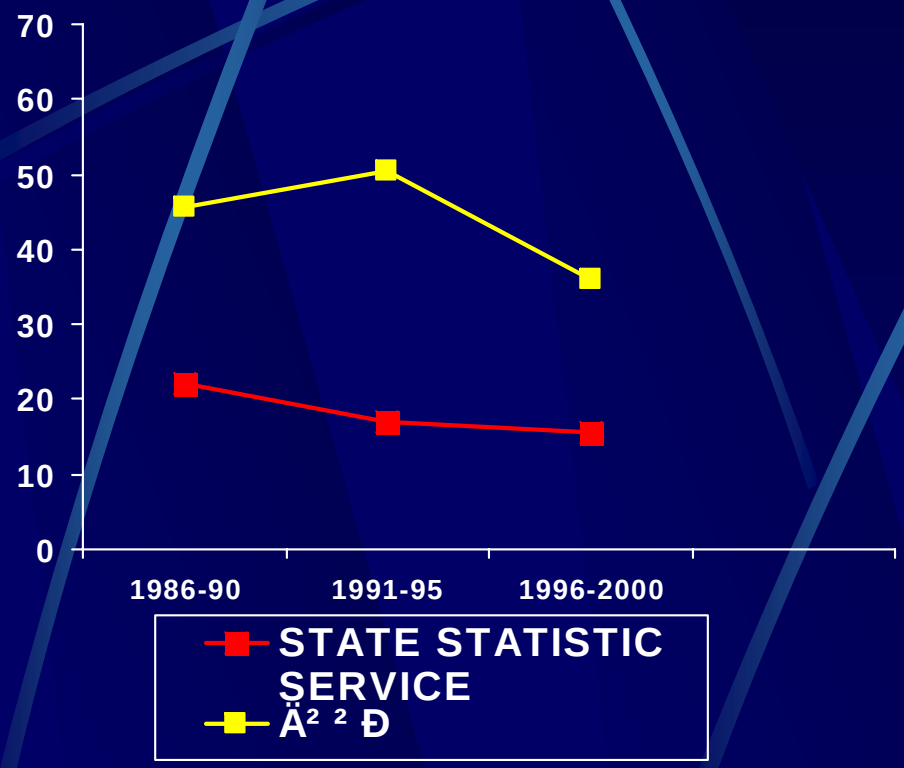
* REGISTERED ACCORDING TO THE DEATH PLACE

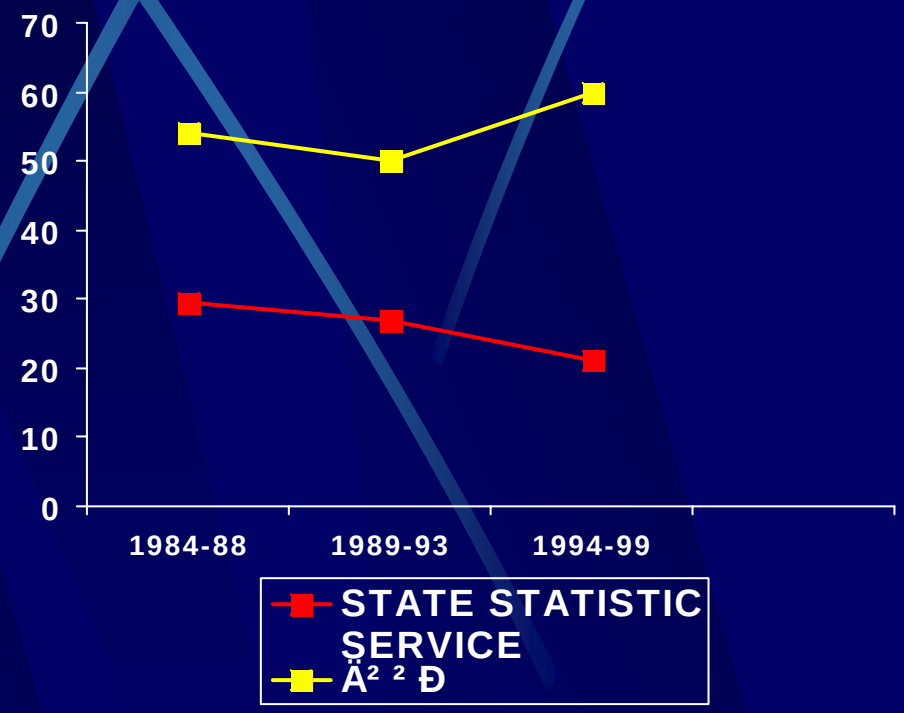
CHILD MORTALITY ACCORDING TO THE SURVEY OF NATIONAL STATISTIC SERVICE STUDY DATA, ARMENIA 1976-2000



SOURCE; RA STATE STATISTIC SERVICE

CHILD MORTALITY ACCORDING TO OFFICIAL SURVEY DATA, ARMENIA, KAZAKHSTAN 1976-2000





SOURCE; RA MOH, RA STATE STATISTIC SERVICE NATIONAL SURVEY

MATERNAL MORTALITY IN DYNAMICS, ARMENIA, CIS, EUROPE (TOWARDS 100 000 BIRTHS)

DYNAMICS OF CHILD FEEDING CHARACTERISTIC, ARMENIA, 1996-98

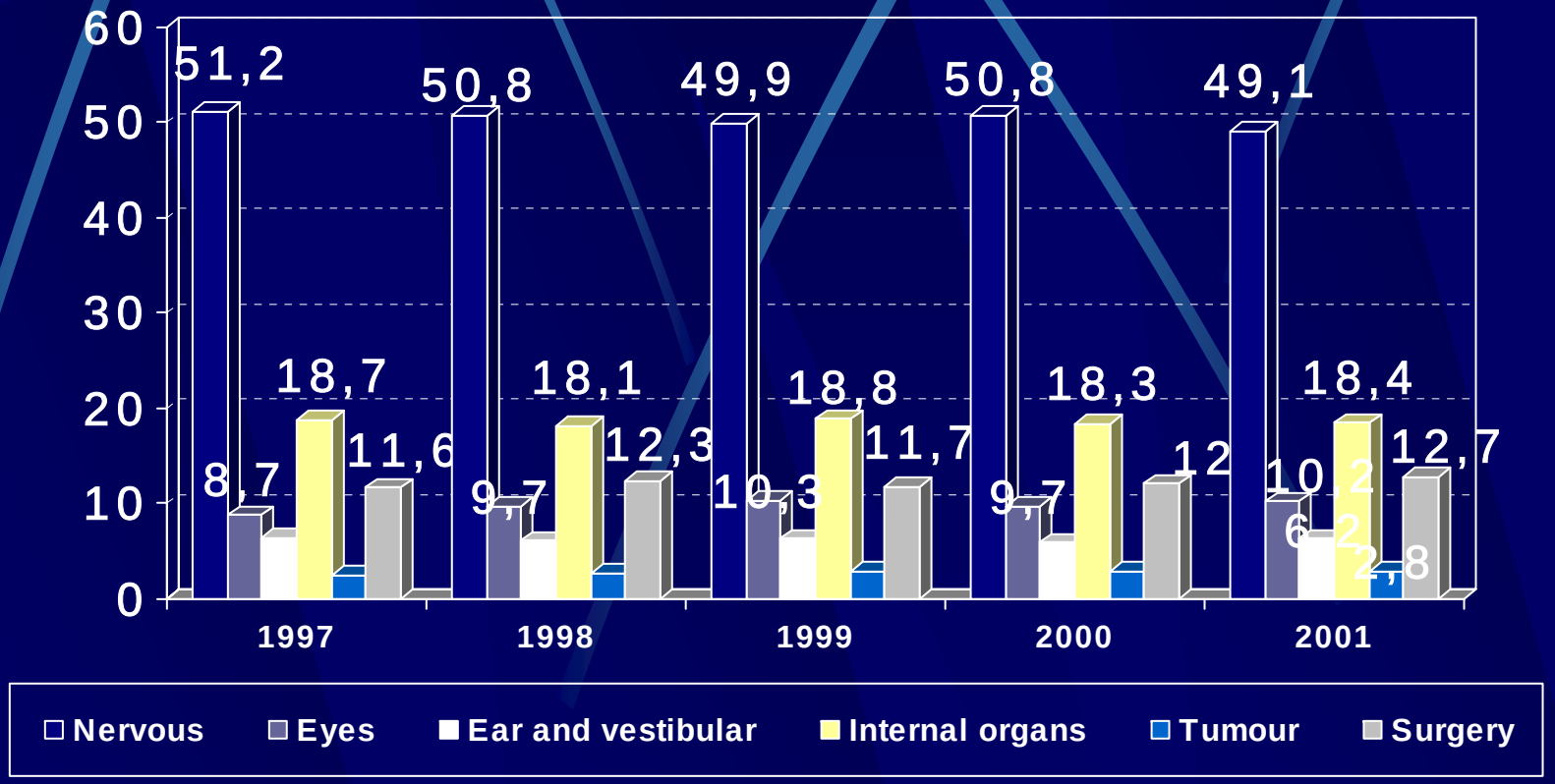
indicator / date	Children's percent below standard value (Z-Score-2)		
	weight/height	height/age	weight/age
1996	1%	8.3%	2.9%
1998	4%	12%	4%
2000(DHS)	2,3%	15,5%	2,8%

SOURCE: Ministry of Health and UNICEF
National feeding survey

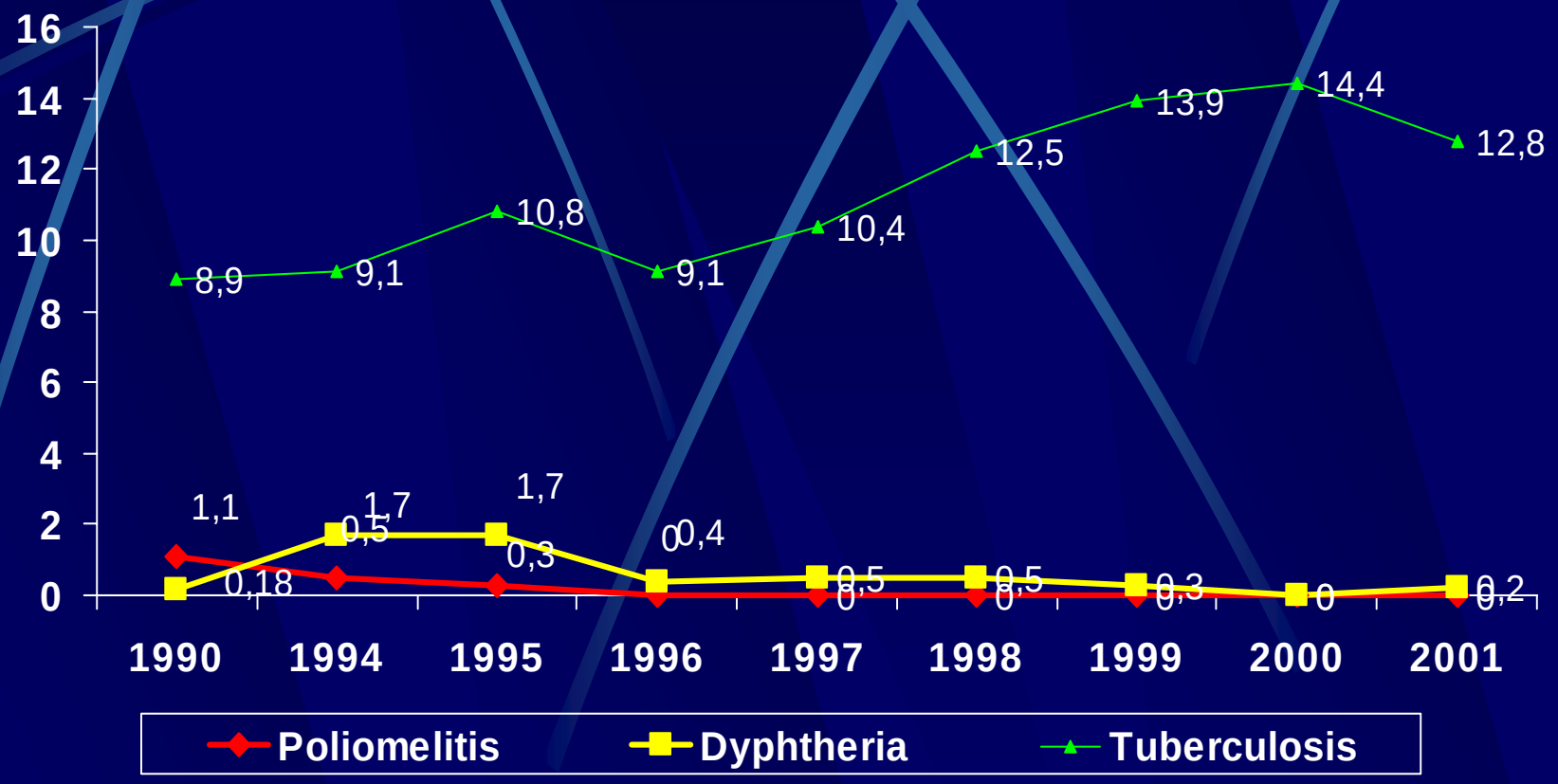
PREVALENCE OF ANAEMIA OF CHILDREN AND WOMEN, ARMENIA

PREGNANCY ANAEMIA (MOH)		ANAEMIA (ACCORDING TO RESEARCH DATA)		
1993	***6.5 %***		CHILDREN	WOMEN
1999	***15.3 %***	1998 (NNS)	***16 %***	***13 %***
2000	***15.6 %***	2000 (DHS)	***24 %***	***12 %***
2001	***14.0 %***			

REASONAL STRUCTURE OF CHILD DISABILITY, ARMENIA 1997-2000



INFEC TIUOUS DISEASES CHILDREN, ARMENIA, 1990-99 (versus 1000 children)



SOURCE; RA STATE STATISTIC SURVEY

CHILDREN'S VACCINATION

YEAR	POLIOMELITIS	DYPHTHERIA	WHOOPING COUGH	MEASLES	MUMPS	TUBERCULOSIS
1990	93.3	82.3	80.4	94.8	85.9	92.3
1994	92.0	86.0	83.0	95.0	78.0	83.0
1995	93.0	98.0	87.0	96.0	5.0	84.0
1996	97.0	86.0	85.0	89.0	0	82.0
1997	97.0	88.1	86.9	91.5	0	72.3
1998	96.4	91.3	82.6	94.2	0	94.7
1999	96.5	92.1	91.1	91.0	0	93.4
2000	96.2	93.3	92.2	91.6	0	96.8
2001	96.8	94.5	93.7	93.8	0	96.4

SPECIAL SESSION OF UN ASSEMBLY DEVOTED TO CHILDREN'S MAIN ISSUES, NEW-YORK, MAY 8-12

Adoption of the Declaration §A world that is useful for the children¦ and action plan

MAIN PREVALENCES OF MPROVEMENT OF GENERAL STATUS OF CHILDREN IN ARMENIA FOR THE NEXT DECADE

Health

- IMPROVEMENT OF MATERNAL AND CHILD CARE AND INCREASE OF SERVICE
- PROVISION OF THE BEST LIFE BEGINNING (IMPROVEMENT OF HEALTH OF EARLY CHILDHOOD – *DECREASE IN CHILD MORTALITY. PROVISION OF CHILD FEEDING, DEVELOPMENT OF CHILDREN'S GROWTH)*
- IMPROVEMENT OF MATERNAL HEALTH *(DECREASE OF MATERNAL MORTALITY AND FEEDING OF PREGNANT WOMEN, REDUCTION OF ANAEMIA, PROVISION OF QUALIFIED PRENATAL CARE AND OBSTETRIC CARE)*
- PROTECTION AND DEVELOPMENT OF ACHIEVED SUCCESSES IN THE SPHERE OF IMMUNIZATION PREVENTION AND BREASTFEEDING

NATIONAL PROGRAM OF CHILDREN'S PROTECTION

OBJECTIVES (2015)

- Decrease of child mortality by 1/3 (not more than 10%)
- Decrease of child mortality by 1/3 (not more than 20/100.000)
- Reduction of the number of infants with low weight by 1/3 (not more than 7%)
- Provision of vaccination with 95% and more indicators
- Only breastfeeding in 65% of children up to 4 months.
- Rehabilitation program of 65% of disabled children
- Reduction of malnutrition of children with chronic diseases by 1/3 (not more than 8%)
- Reduction of anemia by 1/3
- Elimination of iodine deficit
- Creation of health services for adolescents

THE WAYS TO ACHIEVE THE GOALS

RESERVES

- DECREASE OF CHILD MORTALITY THROUGH STRENGTHENING OF PERINATAL SERVICE, I.E. THROUGH IMPROVEMENT OF PRENATAL CARE, OBSTETRIC AND NEWBORN CARE.
- DECREASE OF MORTALITY IN POST-NATAL PERIOD, INCLUDING HOME MORTALITY THROUGH DEVELOPMENT AND IMPLEMENTATION OF PROGRAMS IN PRIMARY HEALTH SYSTEM.
- DECREASE OF DAILY MORTALITY THROUGH DEVELOPMENT OF SERVICES OF IN-PATIENT CARE AND URGENT INTENSIVE THERAPY ON PRIMARY LEVEL.

RESOURCES

- INCREASE OF QUALITY OF MEDICAL CARE THROUGH THE IMPROVEMENT OF STRENGTHENING OF MATERIAL_TECHNICAL RESOURCES OF THE SYSTEM (INCLUDING FINANCIAL RESOURCES) AND PROFESSIONAL SKILLS OF MEDICAL STAFF.
- IMPROVEMENT OF KNOWLEDGE AND SKILLS OF MOTHERS (FAMILY) ON ORGANIZATION OF CHILD CARE.
- EFFICIENT INTERNATIONAL AND INTERDEPARTMENTAL COOPERATION.
- IMPROVEMENT OF SOCIO-ECONOMIC SITUATION OF THE COUNTRY.

MOH

WHO

UNICEF

Other IOs

NGOs

Other Ministries