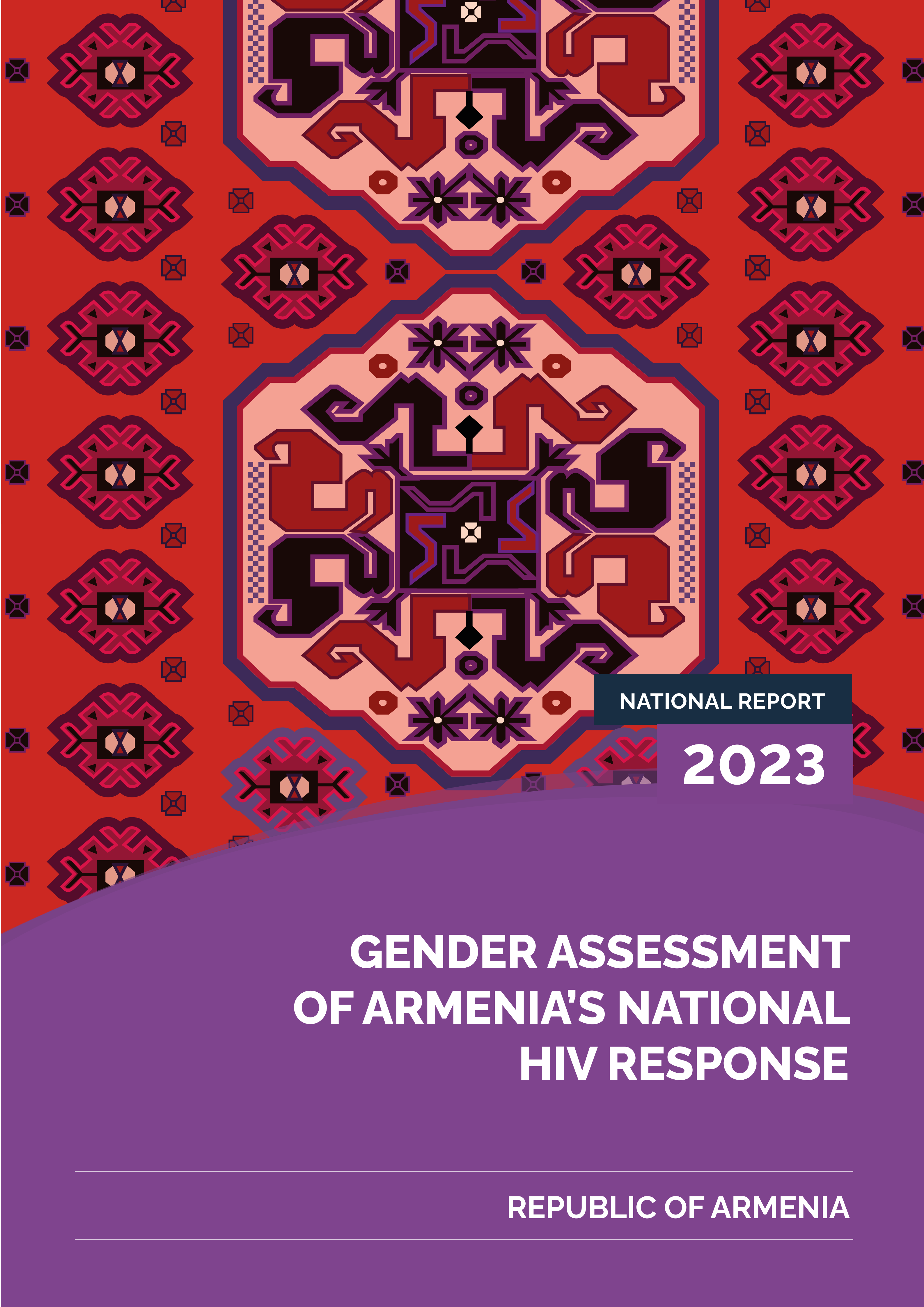


NATIONAL REPORT

2023

GENDER ASSESSMENT OF ARMENIA'S NATIONAL HIV RESPONSE

REPUBLIC OF ARMENIA

Yerevan, 2022

AUTHORS AND ACKNOWLEDGEMENTS

This research was conducted by a team of experts: Rosa Babayan, UNAIDS Country Director in the Republic of Armenia; Sevilya Abrahamyan, Lawyer at the Global Fund Project Coordination Group of the Ministry of Health; Zhenya Mayilyan, President of the non-governmental organisation "Real World, Real People"; Sergey Mkhitaryan, Gender Issues Expert; and Elena Rastokina, Director of the Branch of the Public Fund "Answer" in Almaty, Kazakhstan. The research project was enabled by the generous support of UNAIDS through a grant from the Grand Duchy of Luxembourg. We extend our heartfelt appreciation to all our colleagues who contributed their valuable experience, insights, recommendations, and feedback during the process of conducting the gender assessment of Armenia.

DISCLAIMER

This gender report is intended to evaluate the HIV epidemic, its context, and the response from a gender perspective, with the goal of fostering a gender-transformative, equitable, and rights-based approach to support the Government of the Republic of Armenia in its efforts to combat the HIV epidemic. UNAIDS is not responsible for the use or interpretation of the data, findings and recommendations presented in this report by third parties.

The conclusions and recommendations presented in this report represent the perspectives of the authors and may not necessarily align with the views of other stakeholders. The information included in this report was obtained from open sources and responses to official inquiries. UNAIDS cannot guarantee the absolute accuracy of data provided by third parties and does not endorse the opinions of third parties quoted in the report.

This document may be subject to revisions. UNAIDS retains the right to make changes to the report without a public announcement.

CONTENTS

Authors and acknowledgements 3

ABBREVIATIONS AND ACRONYMS 6

CHAPTER 1. INTRODUCTION 8

CONCLUSIONS AND RECOMMENDATIONS 10

1. Public awareness and stigmatization 10

2. People living with HIV, key populations and vulnerable groups 12

3. Legislative gaps 14

4. Gender-based violence and HIV 16

II. OBJECTIVES OF GENDER ASSESSMENT 18

III. METHODOLOGY 19

CHAPTER 2: UNDERSTANDING THE NATIONAL HIV EPIDEMIC 20

I. HIV EPIDEMIC IN REPUBLIC OF ARMENIA 21

II. HIV PREVENTION 27

1. Laws regulating HIV prevention in the Republic of Armenia 27

2. Awareness of HIV among the general population 32

3. Results of prevention programmes 33

III. MEDICAL AND SOCIAL SERVICES 38

1. Legal framework for ensuring access to medical services and quality of health and social services 38

IV. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH 43

1. Laws governing the provision of SRH services 43

2. Cultural norms on SRH 45

3. Access to sexual and reproductive health services 46

V. DISCRIMINATION 48

1. Discrimination at the legislative level 48

2. Stereotypes and public opinion 52

3. Encountering stigma and discrimination 52

VI. STATUS OF WOMEN 53

1. Legislation concerning women's status 53

2. Existing educational programmes on gender equality 55

3. Addressing Gender Inequality in HIV response policy 55

4. Gender stereotypes 57

5. Women in the RA Parliament 58

VII. GENDER-BASED VIOLENCE 59

1. Policies and laws to combat gender-based violence 59

2. Stereotypes regarding gender-based violence 61

3. Prevalence of violence 61

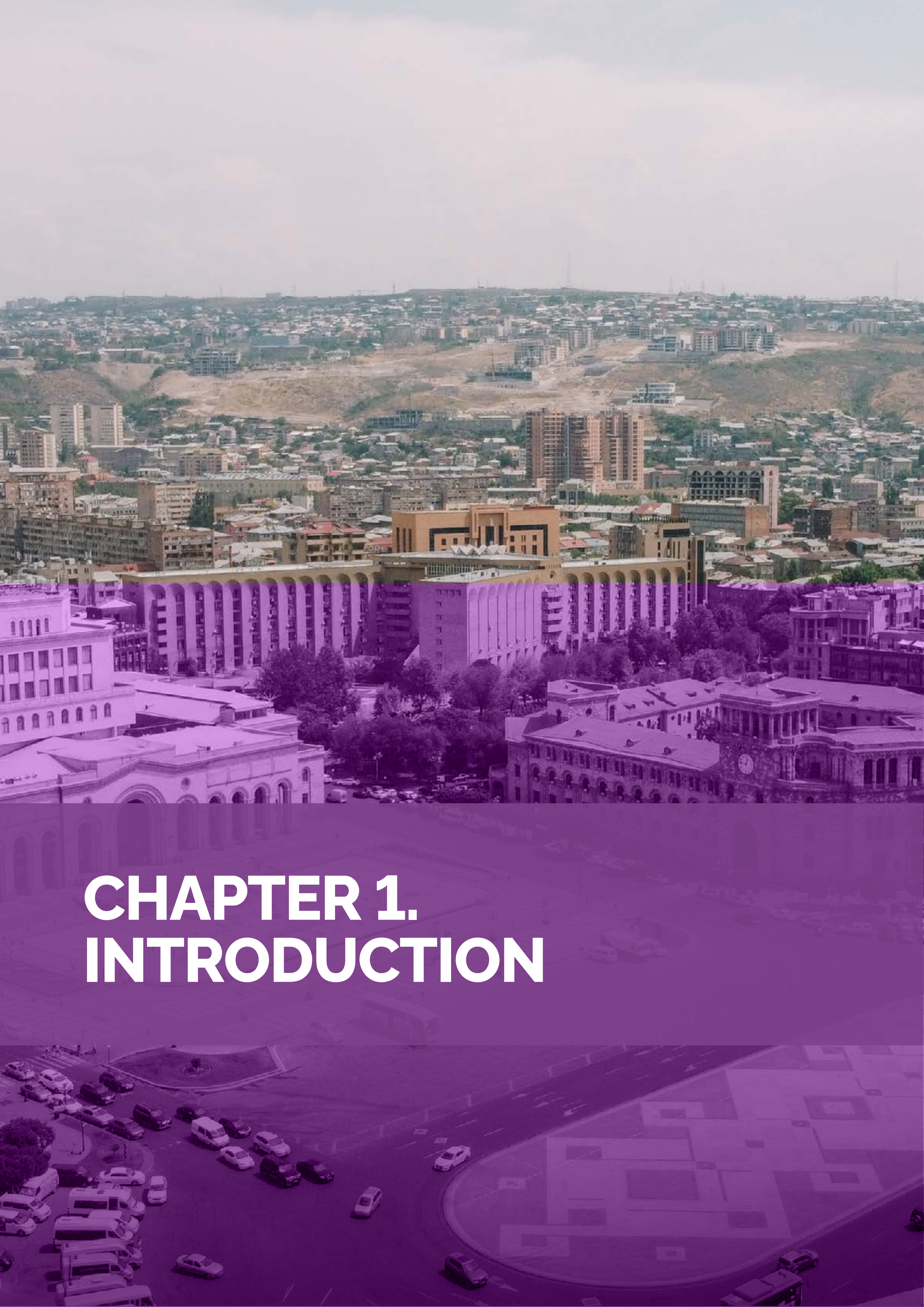
VIII. CIVIL SOCIETY PARTICIPATION 64

REFERENCES 66

ABBREVIATIONS AND ACRONYMS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
CC RA	Criminal Code of the Republic of Armenia
CCM	Country Coordinating Mechanism
DST	drug substitution therapy
HIV	human immunodeficiency virus
HPV	human papillomavirus
KP	key population
MSM	gay men and other men who have sex with men
NCID	The National Centre for Infectious Diseases of the Ministry of Health of the Republic of Armenia
NGO	non-governmental organisation
PEP	post-exposure prophylaxis
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
PrEP	post-exposure prophylaxis
PWID	people who inject drugs
RA	The Republic of Armenia
SOGI	sexual orientation gender identity
SRH	sexual and reproductive health
STI	sexually transmitted infections
SW	sex workers
TGW; TGP	transgender women; transgender people
UNAIDS	The Joint United Nations Programme on HIV/AIDS

STIGMASIZ HAYOT
OIV HUKM EMAS
TENGLASHISH VAQTI



CHAPTER 1. INTRODUCTION

INTRODUCTION

The 2021 UN Declaration and the UNAIDS goals underscore the significance of addressing gender equality and eradicating discrimination based on gender and other factors. Efforts to combat the global HIV epidemic have now extended beyond prevention to encompass achieving the 95–95–95 treatment cascade targets and prioritizing the quality of life for people living with HIV and key populations, who often contend with multiple forms of discrimination and the 10–10–10 targets provide a compelling motivation for states to pursue these objectives.

This document draws on desk analysis, publicly available data and research to further explore the needs of women living with HIV and women from key populations.
The application of UNAIDS' gender assessment methodology enabled a comparative examination of various aspects, including epidemiology, policy, legislation, general population perceptions, and monitoring data, offering insights into the prevailing challenges within each of the highest priority areas. While it was not feasible to conduct a detailed analysis of all aspects due to the limited availability of regular research, particularly in areas such as sexual and reproductive health among the general population and HIV awareness, this study has been instrumental in outlining immediate actions to advance the UNAIDS objectives.

It is important to acknowledge that the Republic of Armenia has made notable progress in aligning its legislation with international standards related to the provision of social services for people living with HIV, Armenia has eliminated entry restrictions for people living with HIV and does not hinder the adoption of children by individuals living with HIV. However, in light of the enduring patriarchal norms and preserved traditions in rural settlements, it remains crucial to persist in efforts aimed at enhancing legislation and public awareness which is pivotal in establishing the groundwork for gender equality and ensuring unhindered access to services for women living with HIV and those who belong to key populations.

CONCLUSIONS AND RECOMMENDATIONS

Recommendations for Decision-Makers to Strengthen the HIV Response from a Gender Perspective in Armenia

Throughout the gender assessment, the team pinpointed significant challenges and shortcomings in both policy and implementation, hindering the integration of gender equality into Armenia's HIV response. As a result of this analysis, the team formulated the following recommendations to address the identified deficiencies.

1 . PUBLIC AWARENESS AND STIGMATIZATION

Gaps:

- The presented data on the awareness of the general population in the field of HIV shows a low level in more than half of the cases; awareness in matters of SRH is also very outdated, since over the past 7–8 years there have been serious changes in the field of HIV treatment in the world. During this period, the concept "U = U" has been established, signifying that an undetectable viral load equals untransmittable HIV infection.
- The absence of accessible data regarding public awareness of HIV, its prevention, detection, and treatment. Consequently, stakeholders can only rely on assumptions when assessing awareness levels in different contexts, such as rural versus urban areas or among different demographic groups, including women versus men.
- Low public awareness makes citizens more vulnerable to HIV and perpetuates stigma against HIV and people living with HIV.
- Lack of awareness and lack of work in remote regions limit the rights of young girls and girls from ethnic minorities [1] and negatively affect the sexual and psychological health of girls and young women.
- Difficulty to reach HIV education and lack of access to updated, verified and unbiased information (in rural areas of Armenia in particular) ultimately increases the vulnerability of a certain proportion of women to the epidemic.
- Due to widespread stigma, a significant portion of the population refrains from undergoing HIV testing unless deemed necessary. This attitude potentially jeopardizes the benefits of early diagnosis and treatment.

RECOMMENDATIONS

- There is a need for social campaigns and public events to increase awareness among the general population.

- Implement educational programmes, targeting both the general population and youth, with a focus on gender-specific aspects and HIV transmission ways.

- Develop and/or update college and university curricula to incorporate subjects related to HIV/AIDS and gender aspects.

- Conduct more recent research on HIV awareness and SRH awareness, with a compulsory inclusion of rural areas in the sampling process.

- Undertake initiatives to enhance awareness of women's rights, sexual health, and contraception in regions where insufficient awareness and activities hinder the rights of young women and girls from ethnic minorities while adversely affecting the sexual and psychological well-being of girls and young women.

- Together with the wide range of media outlets including websites, social networks, radio and television, raise awareness of the HIV epidemic and reflect scientific and medical advances in HIV treatment, introduce video content promoting inclusive and tolerant attitudes towards girls and women living with HIV for the general population.

2. PEOPLE LIVING WITH HIV, KEY POPULATIONS AND VULNERABLE GROUPS

Gaps:

- Stigma in various sectors of society makes it even more difficult for key populations to prevent, test and treat HIV, and to lead normal lives. They face stigma not only from the general public, but also from medical professionals, law enforcement officials and the judicial system. This, in turn, complicates the prevention, diagnosis and treatment of HIV.
- While more men than women currently live with HIV in Armenia, cultural norms and gender disparities present challenges for women in acquiring essential information about HIV. For the same reason, women often find navigating and accessing treatment more difficult. Some women in the regions do not have access to a smartphone to search for information, while others require permission from their husbands/in-laws even to visit a doctor.

RECOMMENDATIONS

- Given the specific challenges facing women and the number of people on pre-exposure prophylaxis (PrEP) (25 people at the time of official inquiry in 2022), it is necessary to expand PrEP programmes for women from various key populations (sex workers, people who inject drugs, and transgender women). Increase the number of PrEP sites in the regions, time to receive PrEP, develop and support index testing programmes to more effectively identify female sexual partners of people who inject drugs, gay men and other men who have sex with men, and people living with HIV. It is necessary to increase the number of opioid substitution therapy (OST) sites, as well as the number of free of charge slots in the programme. Consider the possibility of placing gender services at OST sites (friendly gynaecologists) to increase the attractiveness of programmes for women who use injection drugs.

- Considering the high level of stigma towards women within the community of people who inject drugs, consider the option of separate rooms for male and female OST [2] patients.

- Develop and implement additional training programmes on tolerant attitudes towards key populations and people living with HIV, especially in the context of ensuring women's rights, at the level of diploma and postgraduate education for medical workers.

- Implement mechanisms for regular monitoring of the provision of health services to girls and women living with HIV, with the publication of data in open sources.

- Establish a system for providing legal assistance to girls and women living with HIV who have experienced harm due to actions by healthcare professionals.

- Develop a mechanism to ensure that women living with HIV are aware of the susceptibility of people living with HIV to cancer. Implement routine referrals and testing for cervical cancer for women living with HIV.

- Capacity building of NGOs working on gender issues and with people living with HIV, key populations and vulnerable groups through grants to NGOs that facilitate government and civil society collaboration.

- Establish a stigma index mechanism and regularly collect data on stigma and discrimination faced by people living with HIV, key populations and vulnerable groups.

- Promote the development of leadership skills among women living with HIV, both at the regional level and, more broadly, at the national level.

- Develop targeted informational materials on HIV prevention, diagnosis, and treatment with a focus on gender perspectives.

3. LEGISLATIVE GAPS

Gaps:

- Even though the law on HIV allows HIV testing in the 14–18 age group without the consent of parents/legal representatives, the law on Medical Care Provision allows any medical intervention without the consent of the latter for adolescents above 16 years of age. This can create a barrier to providing timely treatment for teenagers, particularly if cultural or social norms suggest that teenage girls should not engage in sexual relations before marriage. This discrepancy between testing and treatment regulations can complicate healthcare access and needs to be addressed to ensure the well-being of adolescents in such situations.
- The requirement for spousal consent to use assisted reproduction technologies (in vitro fertilization or extra-corporal fertilization) contradicts the same law that states, "Rights related to reproduction belong to every person, regardless of gender," and these rights are inherent to every individual, regardless of their civil status, whether married or divorced.
- Administrative fines for drug use and prostitution lead to limited availability of prevention programmes for people who inject drugs and sex workers, which hinder the spread of HIV infection in the community of people who inject drugs and sex workers.
- Given recent scientific advancements, it is crucial to address offenses like "intentional transmission of HIV" or "HIV transmission" by considering the suspect's viral load. This data should be conveyed to judges and prosecutors involved in such legal cases.
- Changing a person's civil status (getting a divorce) under current law is based on disclosing HIV/drug-use status.
- The national plan currently focuses on HIV prevention, diagnosis, treatment, care, and other activities for the most vulnerable groups. Still, it lacks specific measures tailored to the distinct needs of women and men. However, there is a growing acknowledgment of the importance of transitioning towards a more gender-transformative approach in implementing various initiatives and services.

RECOMMENDATIONS

- Elimination of legal discrepancies in Armenian laws (RA Law "On Medical Care and Services to the Population", Article 16, and "On Prevention of Diseases Caused by HIV", Article 10), to ensure access to HIV prevention and treatment for adolescents aged 14–18 years.

- Resolving legislative conflicts related to the use of assisted reproduction technologies.

- Conduct a legal analysis, review international best practices, and provide a comprehensive justification for removing administrative fines related to drug use and sex work.

- Advocacy for the allocation of funds for the institutionalization of community-based monitoring tools for violations of the rights of women with HIV, which will include both the development of an algorithm for monitoring, training on monitoring issues, and funding for its annual implementation, as well as the protocols for responding to specific cases of rights violations, and the national platform (CCM), where the results can be reported and measures taken to eliminate negative practices.

- In light of recent scientific advancements, consider drafting an amendment to the Criminal Code to remove the article related to the "transmission of HIV."

- It is necessary to perform an analysis of recommendations from international organisations regarding the practice of discharging employees from military units, police, and other organisations upon being diagnosed with HIV and then develop a comprehensive justification for removing this provision from the legislation of the Republic of Armenia.

- Carry out a legal analysis and review international best practices related to changes in civil status, particularly in the context of obtaining divorces due to the disclosure of HIV status or drug use and then prepare a well-founded justification for excluding this norm from the legal framework.

- To introduce the differentiated needs of women and men into the national plan, it is necessary to determine the scope and feasibility of implementing such options and calculate their cost at the national level to further allocate national funds for these activities. Examples of such services could be:

  1. Providing treatment and ultrasound for sex workers.
  2. Providing support for cases of discrimination against women involving medical staff.
  3. Moms' school of parenting for women living with HIV.
  4. Establishing temporary accommodation centres for victims of violence from key populations. Assisting women from key populations impacted by violence.

4. GENDER-BASED VIOLENCE AND HIV

Gaps:

In light of the "normality of gender-based violence against women" in certain proportion of the general population,[3] it is vital to recognize that upon acquiring an HIV-positive status, a woman's situation can worsen, as now there is a "reason" for violence. This is evident when comparing data on the experiences of violence among women from the general population with those of women living with HIV.[4] On the flip side, if sexual violence is prevalent in society,[5] it heightens the risk of HIV transmission to women. Societal power imbalances may make it difficult for women to insist on condom use or refuse unprotected sex, often relying on their husbands for these decisions.

As evidenced by the studies "an average woman living with HIV tends to have a secondary education, is around 41 years old, unemployed, residing in an urban area, living with a husband or partner, and typically has an average of 3 family members". Several factors cited in the study of the general population[6] indicate that a woman living with HIV is susceptible to physical and sexual violence:

- Sexual violence is more common among women aged 35–44.
- Rural women are at a higher risk of encountering moderate to severe physical violence compared to their urban counterparts.
- The lower a person's education level, the higher the prevalence of moderate and severe physical violence.

Additionally, a study on women living with HIV[7] reveals that violence is prevalent among close relatives in 57.3% of cases and among relatives of the spouse in 30.7% of cases.

National HIV policies lack provisions to promote men's involvement in community-based care and support. These policies also fail to address the link between gender-based violence and HIV, even in conflict and post-conflict settings, and do not consider the heightened risk of violence associated with one's HIV status.

RECOMMENDATIONS

- Considering the aforementioned research findings, gender-based violence in Armenia is a real concern. Information campaigns should not be limited to women living with HIV alone. Anti-violence programmes should encompass efforts to promote positive masculinity among boys and men, starting from early education through adulthood. Additionally, informative campaigns, including easy-to-understand 30-second videos, should be disseminated through widely accessible communication channels in rural areas. The primary target audience should be the rural population, including both women and men. Specific efforts should be directed at women living with HIV to enhance their awareness of their rights, available support services in violence cases, and the appropriate course of action.

- When addressing the needs of women, including those from key populations, it is crucial to guarantee their access to crisis centres and other services designed to support women affected by violence.

- Develop an action plan to encourage men's involvement in care and support at the community level within the national HIV policy.

- Develop and incorporate initiatives into the national policy aimed at preventing the connection between gender-based violence and HIV, including in conflict and post-conflict contexts, as well as addressing the increased risk of violence related to HIV status.

- To enhance transparency in efforts to prevent HIV transmission from mother to child and ensure compliance with international standards for the "Elimination of HIV transmission from mother to child," it is advisable to involve women living with HIV in the National Committee for Coordination of Measures to Prevent the Transmission of Human Immunodeficiency Virus, Syphilis, and Hepatitis B from mother to child.

II. OBJECTIVES OF GENDER ASSESSMENT

1. To evaluate the state of the HIV epidemic from a gender perspective, with a focus on factors contributing to gender inequality in Armenia, such as sociocultural and economic factors;

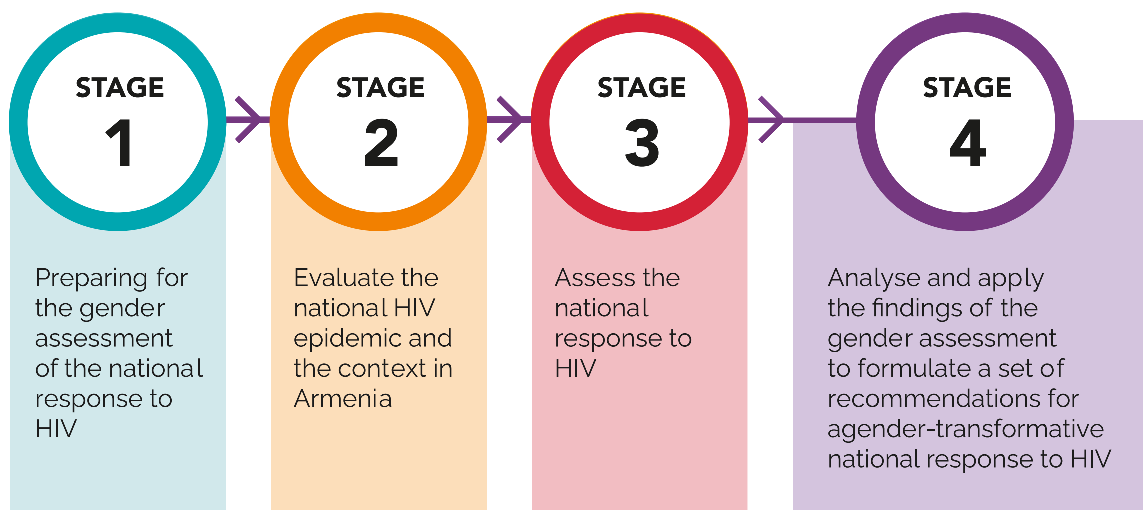
2. Study and analysis of legislative documents and other available materials to assess the current national response to HIV from a gender perspective;

3. Develop recommendations to make the response to HIV gender-transformative, equitable and rights-based, and ultimately more effective;

4. Providing recommendations for further strategic planning, resource mobilization and management of HIV programmes in Armenia from a gender perspective.

III. METHODOLOGY

This gender assessment of the national HIV response in Armenia was conducted following the recommendations detailed in the 2018 UNAIDS Gender Assessment Tool on Gender Transformative Responses to HIV. The UNAIDS Gender Assessment Tool for National HIV Responses offers a structured framework of recommendations to facilitate the evaluation of the HIV epidemic, its context, and the response, all through a gender perspective. The tool is structured to facilitate the systematic analysis of the national HIV response, with a deliberate approach encompassing four distinct stages:



CHAPTER 2: UNDERSTANDING THE NATIONAL HIV EPIDEMIC

I. HIV EPIDEMIC IN REPUBLIC OF ARMENIA

According to data provided by the National Centre for Infectious Diseases, the estimated number of people living with HIV in the Republic of Armenia is 4,850 people. From 1988 to December 31, 2021, there were 4,579 recorded cases of HIV infection among the citizens of the Republic of Armenia.

The distribution of registered cases of HIV infection is predominantly as follows: males account for 3,174 individuals (69%), while females represent 1,405 cases of infection (31%). Approximately 49.4% of citizens diagnosed with HIV were in the age group of 25–39 years. There were 78 cases of HIV infection (1.6%) registered among children aged 0–15 years.

By December 31, 2021, approximately 73.1% of citizens in the Republic of Armenia who are living with HIV are aware of their HIV-positive status. The number of people living with HIV in Armenia is 3,546 people. 2,633 people living with HIV of them are taking antiretroviral drugs.

TABLE 1

People living with HIV on ART, from key populations

Vulnerable Groups	2022
Sex workers	26
People who inject drugs	246
Gay men and other men who have sex with men	189
Transgender people	3
People in prisons and other closed settings	21
Other	2,148
Labour migrants	400[8]
Total:	**2,633**

As of December 31, 2021, 74.25% of people living with HIV had received treatment. Their distribution by gender and age is presented below.

TABLE 2

Percentage of men and women on antiretroviral therapy

Share of people living with HIV undergoing treatment (%)			
Age Group	**Man**	**Woman**	**Total**
0–14 years old	92.31%	88.89%	90.91%
15–29 years old	79.80%	82.44%	80.85%
30–39 years old	74.55%	80.46%	76.63%
40–49 years old	68.14%	78.86%	71.56%
50+	68.49%	78.10%	71.60%
Total:	**71.45%**	**79.72%**	**74.25%**

As depicted in Table 2, the proportion of women aged 15–51 is higher, suggesting that women tend to exhibit a more responsible approach to their health compared to men.

The number of people living with HIV with an undetectable viral load was 71.74% as of December 31, 2021.[9]

TABLE 3

People living with HIV with undetectable viral load, by age

People living with HIV with undetectable viral load			
Age Group	**Man**	**Woman**	**Total**
0–14 years old	50%	88.89%	64%
15–29 years old	66.04%	62.86%	64.77%
30–39 years old	69.28%	75.14%	71.43%
40–49 years old	73.88%	79.33%	75.74%
50+	68%	77.94%	71.29%
Total:	**69.61%**	**75.64%**	**71.74%**

Young women between the ages of 15–29 years display lower adherence to therapy compared to men in the same age group. The difference was 3.18%. Though the analysis of these indicators shows that there is no significant difference between women, however, professionals of NGOs working with women, as well as the women themselves, state that both they and the non-governmental organisations that support them are working hard to raise this indicator.

Women living with HIV have vulnerable position of women within their families. The need to hide their pill usage from their immediate circle, such as their husbands and parents, affects women's adherence to therapy.[10]

As of October 31, 2021, 88.2% of adults and 79.4% of children remained in treatment[11] for 12 months or more among those receiving antiretroviral therapy. It is presented in the form of a table below.

FIGURE 4

Percentage of people living with HIV who did not interrupt antiretroviral therapy within 12 months

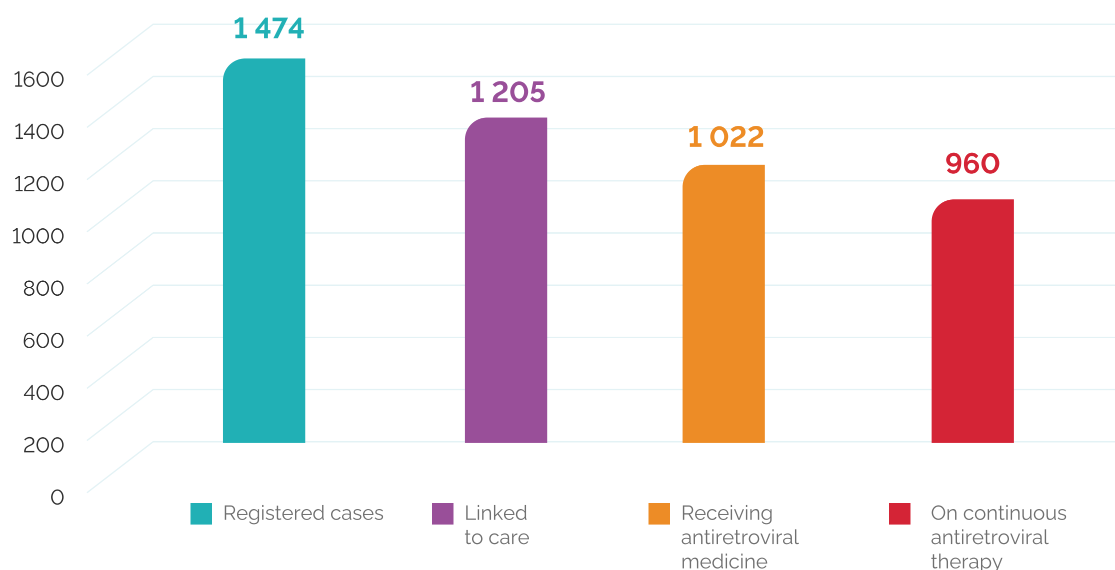
Age	People living with HIV on treatment as of October 31, 2022	People living with HIV without interruption in treatment during the last 12 months	%
Aged 0–14	34	27	79.41%
Aged 15+	2,569	2,270	88.36%
Total	**2,603**	**2,297**	**88.24%**

From December 31, 2021, to October 31, 2022, a total of 326 cases of antiretroviral therapy interruption were recorded, with 67.8% occurring among men and 32.2% among women. By October 31, 2022, out of the 2,603 RA citizens undergoing treatment, 63.4% were men, while 36.6% were women.[12]

It is necessary to identify the reasons why patients interrupted antiretroviral therapy, and to study and implement successful practices in new methods in the field of HIV detection, as well as adherence to therapy.

EPIDEMIC AMONG WOMEN IN ARMENIA[13]

As of June 30, 2022, 1,474 cases of HIV among women were registered (five of them people who inject drugs, 55 sex workers). There are 1,205 women registered at the STI clinic (four PWID, 39 sex workers). 1,022 women (two women who inject drugs, 29 sex workers) receive antiretroviral therapy. Over the past 12 months, 960 women received continuous antiretroviral therapy (two women who inject drugs, 25 sex workers).



Thus, at each stage, a certain percentage of women living with HIV drop out of the process of containing the spread of HIV infection:

- 18.25% at the stage of linking to care;
- 15.19% at the stage of starting antiretroviral therapy;
- 6.07% of patients have poor adherence to therapy.

The primary modes of HIV transmission include[14]:

- heterosexual transmission (74.8%)
- infection through injection drug use (16.4%)
- homosexual transmission (5.8%)
- mother-to-child transmission (1%)
- transmission through blood (0.1%).

Based on the data provided, it is evident that the primary mode of HIV transmission is through heterosexual intercourse.

As of October 31, 2022, Shirak was the region with the highest prevalence of HIV cases in Armenia, followed by the regions of Lori and Gegharkunik.[15]

TABLE 5

Registered cases of HIV, AIDS, and deaths from 2017 to 2021[16]

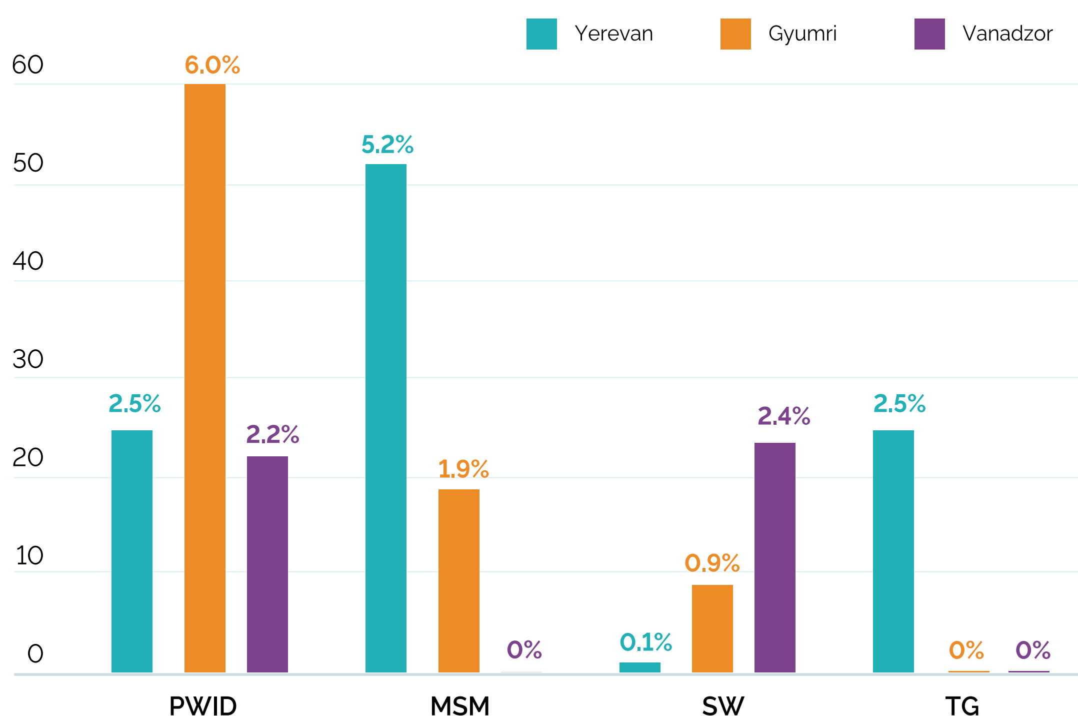
	2017	2018	2019	2020	2021
Estimated number of PLHIV		3,500		3,600	4,850
Reported HIV cases	358	429	448	369	425
Number of PLHIV	2,215	2,557	2,926	3,223	3,546
Number of PLHIV on ART	1,530	1,893	2,220	2,345	2,633
AIDS cases	144	211	173	153	197
Deaths	**99**	**87**	**79**	**72**	**102**

In comparison to 2020, the mortality rate increased by 30% to reach a total of 102 cases. According to the research team, this trend may be linked to late detection of HIV cases and inadequate efforts to promote adherence to antiretroviral therapy.

High HIV prevalence[17] was detected in gay men and other men who have sex with men (5.0% in 2021) in Yerevan. This marks a growing HIV prevalence among gay men and other men who have sex with men compared to 2018 when the rate was at 2.7%. In other groups, HIV prevalence was as follows: 2.6% among people who inject drugs, 2.5% among transgender women, and 0.2% among sex workers (see Figure 2).

FIGURE 2

HIV prevalence among key populations in the Republic of Armenia



As evident from Figure 2, the highest prevalence of HIV is among gay men and other men who have sex with men and transgender women in Yerevan. This is completely consistent with global patterns as these groups often gravitate towards the most developed and socially tolerant cities in a country.

POPULATION DATA[18]

The latest population estimates in Armenia are as follows:

- 8,140 female sex workers (0.61% of total female population)
- 22,716 gay men and other men who have sex with men (1.71% of the total male population)
- 13,712 men who inject drugs (1.03% of the total male population) and 398 women who inject drugs (0.03% of the total female population)
- 1,015 transgender women (0.08% of the total assigned male at birth population)

II. HIV PREVENTION

1. LAWS REGULATING HIV PREVENTION IN THE REPUBLIC OF ARMENIA

According to the legislation, all efforts aimed at periodically educating the public about AIDS preventive strategies and activities related to moral and sexual education of minors, including incorporating HIV/AIDS prevention topics into educational programmes, are overseen by the Government of the Republic of Armenia.[19]

In 2022, programmes for the prevention, early detection, and treatment of HIV/AIDS and tuberculosis will persist mainly in the scope of the grant programmes funded by the Global Fund, aligned with the health goals set for that year.[20] Medical organisations and relevant penitentiary services receive regular supplies of antiretroviral and anti-tuberculosis drugs, HIV diagnostic kits, laboratory consumables, infection control tools, and equipment. Ongoing efforts include the continuous training of medical personnel, the provision of social support and home care, the implementation and enhancement of electronic information systems, as well as outreach activities and research initiatives. Targeted programmes are designed for vulnerable populations, including migrant workers and their families, to ensure access to HIV prevention and testing. Furthermore, the methadone substitution therapy programme for intravenous drug users will be sustained to prevent HIV and other blood-borne infections.

Prevention measures are also extended to detention facilities, with plans to broaden the basic package to encompass screening for and treatment of the hepatitis C virus, provision of syringes/needles, and condoms. Currently, only male condoms are distributed. Additionally, there are intentions to extend the availability, reach, and quality of HIV prevention and harm reduction services for individuals who inject drugs.

The National HIV/AIDS Prevention Programme for 2022–2026 builds upon previous national programmes by addressing ongoing priorities related to service delivery, including prevention, testing, and treatment, as well as establishing supportive social, legal, and political conditions. Simultaneously, the new national programme seeks to broaden existing programmes and services to tackle emerging issues and introduce or expand innovative approaches such as PrEP, HIV self-testing, specialized services for transgender individuals, and innovative responses to the challenges posed by COVID-19.

PREVENTION OF VERTICAL TRANSMISSION OF HIV

One of the objectives of the state health programmes for 2022 is the implementation of the programme "Prevention of transmission of HIV infection from mother to child,"[21] which involves counselling and examination of all pregnant women, training of medical personnel, provision of information and raising awareness among the population. These efforts aim to maintain the country's status, which was confirmed as having eliminated vertical transmission of HIV in 2016.

Breastfeeding is discouraged, and women are provided with detailed and comprehensive information about breastfeeding and postpartum feeding, their benefits and potential risks to the baby. Breastfeeding is legally permitted if a woman receives antiretroviral therapy, strictly adheres to the medication regimen, and has an undetectable viral load.

In the event when the mother takes the necessary precautions, but the infection still is transmitted to the child, the act is not deemed intentional. In this case, the issue of negligence in the action should be considered. The type of negligence can be determined only after identifying the specific circumstances of the act. If the act is committed with criminal recklessness, then it is subject to criminal culpability under Article 178 CC RA, but if it is committed with criminal negligence, then there is no criminal liability for it. In fact, there are no cases of breastfeeding once women are advised not to breastfeed. Obviously, this practice is caused by a reluctance to put a woman before a choice, showing her the only right path.

It is important to note that many changes in the legislation of the Republic of Armenia occurred after the release of the Political Declaration on Ending AIDS,[22] State AIDS Programme, changes were made to the specialized law and guidelines on epidemiological control.[23]

The four priority areas of the National HIV/AIDS Prevention Programme for 2022–2026[24] (paragraph 21) and priority strategies correspond to the 10 result areas and cross-cutting issues of the Global AIDS Strategy.[25]

POPULATIONS COVERED BY NATIONAL HIV RESPONSES

According to the National HIV Programme (paragraph 16), the highest risk groups include people who inject drugs, female sex workers and their clients, gay men and other men who have sex with men, transgender women, people in prisons and other closed settings and migrant workers. These populations are prioritised in the National Strategic Plan for 2022–2026.

Epidemiological data, results of integrated biological and behavioural studies (IBBS 2021),[26] and program data show that key populations, including people who inject drugs, sex workers and their clients, gay men and other men who have sex with men, transgender women, people in prisons and other closed settings, migrant workers and their partners are at much higher risk of HIV infection than the general population due to a combination of biological, socio-economic and structural factors. In addition, key populations, people who inject drugs and transgenders in particular have significantly lower access to facility-based services than the rest of the population; therefore, special efforts and strategic investments are needed to enhance the coverage, equity and accessibility of HIV services. Measures pertaining to vulnerable groups, however, are meant to apply to every member of those groups; age limitations do not apply.

People with disabilities, as well as the elderly, are not targeted populations for HIV programmes in a concentrated pandemic, so there are no specific measures for them included in national HIV responses. However, the Programme Measures for the Implementation of Gender Policy in the Republic of Armenia for 2019–2023 [27] provides for the following measure: Implementation of training programmes aimed at protecting the sexual and reproductive rights of women with disabilities for specialists of organisations specializing in women's health services.

The national programme recognises migrants as a key group: "Improve the provision, coverage and quality of HIV prevention services and programmes for the general population and other vulnerable groups, including migrant workers and their partners". [28]

In 2014, by protocol decision, the government approved the concept of the Youth State Policy of the Republic of Armenia for 2015–2025, suspended in 2021. The government does not currently have any specific youth-focused policies or initiatives in place. The state youth policy in the Republic of Armenia is developed and implemented by the Ministry of Education, Science, Culture and Sports of the Republic of Armenia.

POST-EXPOSURE AND PRE-EXPOSURE PROPHYLAXIS

In Armenia, clinical protocols[29] provide for both pre-exposure and post-exposure prophylaxis. The definitions are as follows:

Post-exposure prophylaxis is a medical intervention that includes first aid, counselling and risk assessment, HIV testing after obtaining informed consent, and, depending on the risk of infection, a short course of antiretroviral treatment (28 days).

Pre-exposure prophylaxis is a medical intervention that involves the use of antiretroviral drugs and is designed for individuals who do not have HIV but are at high risk of contracting the virus. These individuals include: injection drug users, women engaged in commercial sex work, gay men and other men who have sex with men, people in prisons and other closed settings, migrants, and the sexual partners of these individuals.

TESTING

In the Republic of Armenia, HIV testing is anonymous and voluntary.[30] People can choose to be tested for HIV in public or private laboratories that have been licenced for this purpose.

However, to have their HIV-positive status officially registered at the National Centre for Infectious Diseases, some individuals are required to undergo a confirmatory test. There are also population groups in Armenia that are subject to mandatory HIV testing:

- blood and biological fluid donors, as well as recipients of tissues and organs;
- children born to mothers with HIV.

HIV testing is provider initiated among the key populations and the pregnant, while all groups of the population have the right to receive HIV counselling and testing for HIV voluntarily. All groups of the population have the right to receive HIV counselling and testing for HIV voluntarily.

TABLE 6

Spending on HIV response in Armenia in 2021[31]

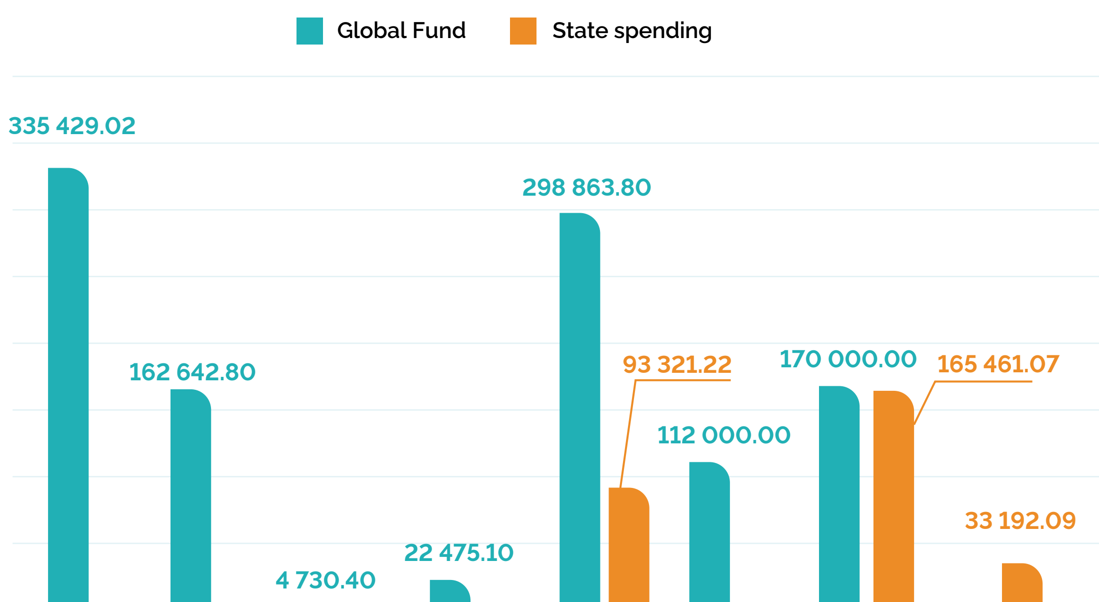
Name of expense item	Global Fund, USD[32]	Government spending, USD	Spending in Armenian drams
Gay men and other men who have sex with men	335,429.02		132,990,897.84
Female sex workers and their partners	162,642.80		64,484,617.34
Transgender people	4,730.4		1,875,508.99
People in prisons and other closed settings	22,475.1		8,910,927.64
People who inject drugs	298,863.8	93,321.22	155,493,516.72
Social support	112,000		44,405,760.00
Antiretroviral drugs	170,000	165,461.07	133,003,608
Prevention of Mother to Child Transmission (PMTCT)		33,192.09	13,160,000
Total:	**1,781,290.35**	**953,851.75**	**1,084,429,142**

UNAIDS contributed $506,455 USD for HIV prevention among migrants, PMTCT, decentralised distribution of antiretroviral medicines, and gender-related programmes.

The state budget has been fully executed, with a 100% completion rate.

FIGURE 3

HIV costs in Armenia in 2021, in US dollars



The data indicates that there were no allocated resources from any source for specific HIV prevention programmes targeting young girls and women (except of the wives or partners of migrants, covered by HIV testing under the grant programmes supported by the Global Fund), nor for initiatives aimed at addressing gender inequality in the context of HIV. It appears that the prevention programmes developed for key populations are generally designed for the general population, without adequately addressing the specific needs of women, with the exception of female sex workers and programmes related to the prevention of mother-to-child transmission.

Currently the Government does not yet allocate funding for the coverage of key populations such as gay men and other men who have sex with men, transgender people, sex workers and people in prisons and other closed settings, along with HIV prevention services provided by the Global Fund.

2. AWARENESS OF HIV AMONG THE GENERAL POPULATION

The survey conducted in Armenia in 2015–2016, showed that people aged 15–24 had the following degree of awareness of HIV[33]:

- 82% of 1,653 surveyed women;
- 70% of 813 surveyed men.

HIV prevention programmes during the 2015–2016 period focused their messages and efforts on safe sex practices, particularly correct condom use (using a condom every time you have sex) and being faithful to one HIV-negative partner who has no other partners. Overall, according to the study, women and men agree that people can reduce their chances of contracting HIV by:

- limiting sexual contacts to one HIV-negative partner(79% women and 77% men);
- using condoms (76% women and 78% men). (It is important to emphasize that during sexual intercourse it is mainly the man who decides whether to have protected sex or not. Women sometimes do not have a choice);
- Just over 7 in 10 women (72%) and men (73%) mentioned both using condoms and limiting sex to one HIV-negative partner.

Young people aged 15–19 years:

- 43.1% of women and 43.3% of men know that a healthy-looking person can have HIV;
- 33.6% of women and 15% of men know that HIV cannot be transmitted by kissing a person who has the virus;
- 35.9% of women and 27.9% of men know that HIV cannot be transmitted through mosquito bites;
- 51.7% of women and 30.7% of men know that HIV cannot be contracted by sharing food with an HIV-infected person;
- 59.1% of women and 41.7% of men know that HIV cannot be transmitted by shaking hands with a person who has HIV.

The data presented indicate a low level of awareness within the population in more than half of the cases, highlighting the necessity for training programmes. These programmes should be conducted among both the general population and young people, with a specific emphasis on gender-related aspects.

These data also reveal a connection with the prevailing perceptions of men and women's roles in Armenian society. It's important to note that, in the context of HIV prevention, women tend to view limiting their sexual activity to one partner as more acceptable than using condoms. This attitude is a societal norm for women and young girls, as they are taught from a young age that premarital sex is not permissible, and their husbands are supposed to be their life mentors; they are not supposed to talk about dating other men. While men, especially teenagers, on the contrary, see the advisability of using condoms rather than limiting themselves to one partner (7.3% difference).

The data from the 2015–2016 studies are quite outdated, since over the past 7 years the world has undergone major changes in the field of HIV treatment. During this time, the expression U = U has been proven, which means undetectable viral load = untransmittable HIV infection. The advancement of science has opened up new opportunities, including the ones mentioned, which necessitate further research.

3. RESULTS OF PREVENTION PROGRAMMES

Having an HIV test in the last 12 months or knowing your HIV-positive status: was relatively low among people who inject drugs (24.5%) and sex workers (37.6%), higher among gay men and other men who have sex with men (54.0%) and very high among transgender women (91.8%).

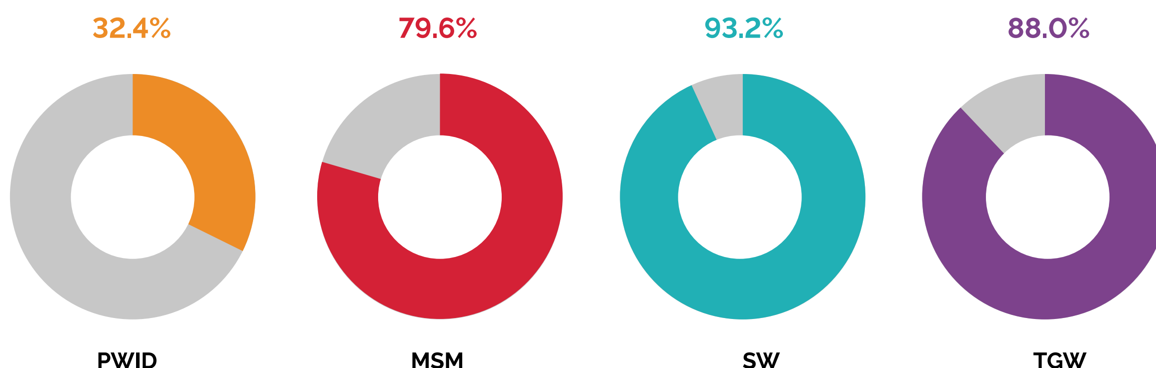
Condom use

Among the general population, according to the 2015–2016 survey, just 6.8% of women reported ever used a condom with their current (last) partner/spouse.

Among key populations, condom use[34] at last sexual intercourse was:

32.4% among people who inject drugs, 93.2% among sex workers, 79.6% among gay men and other men who have sex with men, and 88% among transgender women.

FIGURE 4
Condom use among key populations



The data highlights that key populations are more likely to use condoms, mostly due to their awareness of the risks involved. However, with increasing sexual transmission, particularly through heterosexual contacts (more than 74.8%), along with the insufficient share of people living with HIV on treatment (74.25%), and the limited effectiveness of treatment (71.74%), it is crucial to inform the general population about the necessity of using barrier methods of protection, with due regards to the gender-sensitive aspects. It is important to note that in certain areas, such as awareness and behaviour, women from the general population, like wives of migrants, have lesser knowledge and experience than sex workers. This emphasizes the need for targeted awareness and educational programmes for these groups, too.

BIO-BEHAVIOURAL CHARACTERISTICS OF KEY GROUPS AND PROGRAMME RESULTS:

PEOPLE WHO INJECT DRUGS

The bio-behavioural surveillance study for people who inject drugs[35] involved only 20 women out of 600 participants, representing 3.33% of study participants.

- Only 1% of people who inject drugs noted that they do not use condoms with a regular partner due to taking pre-exposure prophylaxis.
- 34.33% [36] of people who inject drugs had ever paid for sex, of which 19.66% did not use a condom during their last paid sexual experience.
- Research shows that the percentage of people who inject drugs who report using sterile injection equipment the last time they injected is 99%.
- The indicator for people who inject drugs living with HIV who know their HIV-positive status was 79%.
- As of June 30, 2022, a total of 485 people was undergoing opioid substitution therapy (OST) at the National Centre for Addiction Treatment in Armenia, and among them, only six were women. It is important to note that OST is not widely available across Armenia and is only accessible in four cities. While free access is provided for 630 patients, which includes those in places of detention, others can enter the programme on a paid basis, with costs ranging from about 100–140 USD per month.

- Among people who inject drugs covered by HIV prevention programmes funded by the Global Fund from 2019 to June 30, around 3.4% were women among 13.865 people who inject drugs.

Only twenty women took part in the bio-behavioural survey of people who inject drugs. Only 3.37% of women also became clients of the Global Fund's HIV prevention programmes for the period from 2019 to 2022. And in the OST programme, women make up only 1.23% (six clients). This may be due either to the fact that there are very few women in this group overall, or to cultural factors that prevent women who inject drugs from participating in surveys. A focus group among women who inject drugs drew attention to the fact that even the estimated number does not reflect the real size of the group of women who inject drugs. This group is more closed in Armenia than man who inject drugs, since registration significantly limits women's rights and the level of discrimination against them, even from man who inject drugs, as well as direct dependence on a partner who prohibits participation in services, restricts their access to prevention programmes. Women who use drugs also need access to naloxone and the opportunity to undergo drug treatment without registering.

Only a third of the surveyed people who inject drugs used a condom during the last intercourse (see Figure 4), while only 1% noted that they did not use a condom because they participated in the PrEP programme. It is necessary to disseminate more information about the PrEP programme among the people who inject drugs as the demand for condoms in this community is low due to persistent reasons why people who inject drugs often refuse to use them.

Considering the vulnerability of women who inject drugs and the low accessibility of this group, as well as involvement in the provision of sexual services for remuneration (more than 30%), it is necessary to increase the coverage of women who inject drugs with the PrEP programme, as well as migrant people who inject drugs who engage in risky behaviour outside the country.

It is necessary to expand index testing programmes among men who inject drugs or people living with HIV to timely identify female partners of people who inject drugs.

It is necessary to expand the number of OST service providers to cover more cities in Armenia.

SEX WORKERS[37]

- More than 93.3% of sex workers reported using a condom during their last sexual intercourse with a commercial partner.
- Three people in Vanadzor reported that they did not use condoms with non-commercial partners because they were on PrEP.
- 18.33% of individuals had ever used drugs, and more than half of them had engaged in sexual intercourse while under the influence of some drug.
- The rate of sex workers living with HIV who know their status was 96%.
- Cumulative number of sex workers involved in HIV prevention programmes financed by the Global Fund from 2019 to 30.06.2022 was 10,490.
- When conducting a focus group for sex workers,[38] it was also indicated that, due to clients' refusal to use male condoms, sex workers need to be provided with female condoms. The package of services also includes a consultation with a gynaecologist, including basic examinations (sonography of the pelvic organs, etc.).

Despite all the efforts of prevention programmes, about 20%[39] of sex workers still practice sex without a condom with their current/last commercial partners, and the coverage of the PrEP programme among sex workers remains low. It is necessary to expand the number of participants in the PrEP programme among sex workers.

GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN[40]

- The majority of gay men and other men who have sex with men (75.33%) used a condom during their last anal sex with a man.
- 71% or more of gay men and other men who have sex with men reported that they had ever had sex with a woman. Just 52% of men who have sex with men in Yerevan reported consistent condom use during sex with a female intimate partner.
- The indicator "gay men and other men who have sex with men living with HIV who know their status" was 82%.
- Cumulatively 15,532 gay men and other men who have sex with men were involved in the HIV prevention programmes financed by the Global Fund from 2019 to June 30, 2022.

Key trends from the bio-behavioural research report suggest that the development of HIV prevention interventions targeting bisexual men should focus on the risks associated with inconsistent condom use among both male and female sexual partners.

It is crucial to expand the practice of index testing for female sex partners of gay men and other men who have sex with men living with HIV and continue promoting the PrEP programme for gay men and other men who have sex with men.

TRANSGENDER WOMEN

- 49.1% of transgender women indicated sex work as their main source of income.
- 18% of transgender women took hormones to enhance female sexual characteristics, 71% of whom had a prescription from a medical professional. Most transgender women do not know whether the hormones they took had side effects. The primary method of taking hormones was via pills.
- 88% or 85 transgender women reported using a condom the last time they had anal sex with a man.
- 31% of transgender women have ever had sex with a female partner, of whom 85% used a condom the last time they had sex.
- Cumulatively, 340 transgender individuals were involved in the HIV prevention programmes financed by the Global Fund from 2019 to June 30, 2022.
- As part of the focus groups, transgender women spoke about the need to include antiseptics in the service package, such as topical Miramistin. It is also indicated that when examining for STI in medical institutions, doctors do not know how to take a smear from those women who have undergone gender-affirming procedures.

PEOPLE IN PRISONS AND OTHER CLOSED SETTINGS

70% of people in prisons and other closed settings were tested for HIV in 2021. Currently, needles and syringes are not available to people who inject drugs in places of detention, but these services are provided for in the National Plan for 2022–2026.

Prevention programmes based on antiretroviral drugs

The number of people receiving pre-exposure prophylaxis (PrEP) increased from 20 people in 2021 to 25 people in 2022.[41]

The number of people on PrEP is extremely small, given the findings of bio-behavioural studies. It is necessary to increase the number of patients on PrEP, including various key groups: people who inject drugs, sex workers, gay men and other men who have sex with men, and discordant couples until an undetectable viral load is achieved.

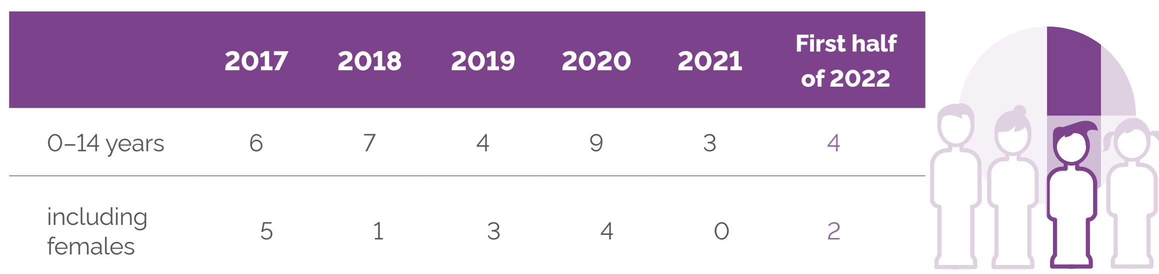
As of December 31, 2021, 56 citizens had received post-exposure prophylaxis (PEP).

Prevention of Mother to Child Transmission (PMTCT)

During the period from Jan 1, 2017 to June 30, 2022, 242 (71%) women living with HIV received PMTCT. There were 344 new cases among women.

Estimated percentage of children diagnosed with HIV infected by their mothers living with HIV is depicted in the table below.

TABLE 7
Children infected with HIV in the period 2017–2022



	2017	2018	2019	2020	2021	First half of 2022
0–14 years	6	7	4	9	3	4
including females	5	1	3	4	0	2

As of June 30, 2022, 48 infants born to women living with HIV received formula immediately after birth, in quantities available for one month at a time until the child was 9 months of age.[42]

During 2021, three cases of mother-to-child transmission of the virus were reported. Over the ten months of 2022, five cases of HIV infection were registered among children 0–15 years old, four of which were vertical transmissions.

Although there are no restrictions on breastfeeding, no cases of HIV transmission have been reported in Armenia until the end of the breastfeeding phase.

III. MEDICAL AND SOCIAL SERVICES

1. LEGAL FRAMEWORK FOR ENSURING ACCESS TO MEDICAL SERVICES AND QUALITY OF HEALTH AND SOCIAL SERVICES

According to the national HIV strategy and action plan, activities related to prevention, diagnosis, treatment, care, social protection, and other aspects are designed in alignment with the most vulnerable groups. However, specific measures addressing the distinct needs of women and men are not explicitly outlined in the plan.

The priority areas of the national HIV plan for 2021–2026 are aligned with the 10 result areas of the Global AIDS Strategy, namely: "Healthcare systems and social protection systems: projects that promote enabling environments, well-being and improved livelihoods people living with, at risk of or affected by HIV, aimed at reducing inequalities and enabling these people to live and thrive".[43]

MEDICAL SERVICES

In the Republic of Armenia, medical care is provided free of charge or at preferential rates through various health promotion programmes, medical insurance, and personal payments. Every individual is entitled to receive medical care and services in a compassionate, non-discriminatory, and respectful manner.[44]

In 2022, by order of the Minister of Health, a working group was created to develop a tool for monitoring and controlling cases of discrimination in healthcare institutions, as well as problems related to the confidentiality of personal data of patients.

In the Armenian legal framework, HIV is considered one of the diseases that pose a danger to others in the Republic of Armenia.[45] Individuals living with HIV are entitled to free medical care and services provided by the state, as well as treatment in healthcare facilities possessing the appropriate licensing. The availability of condoms and the syringe exchange programmes are supported through funding from the Global Fund and various other projects, with NGOs responsible for implementing these services as they are not currently funded by the Government.

Based on studies,[46] women living with HIV confront the following issues when receiving services in outpatient clinics:

- being demanded to pay higher prices for services (61.7%) than other women;
- being demanded to undergo unnecessary additional medical examinations due to their HIV-positive status (32.9%);
- being denied access to health services (22.0%);
- their medical records are unfairly flagged (8%).

In view of the gaps identified by research[47] in the provision of medical services to people living with HIV, it is necessary to:

- develop training programmes and introduce additional training programmes at the diploma and postgraduate education levels for medical workers;
- conduct regular monitoring of the provision of medical services to people living with HIV, with the publication of data in open sources;
- introduce legal support mechanisms for people living with HIV who have suffered from the actions of medical workers.

Screening for cervical cancer is not mandatory in Armenia. However, in order to reduce and prevent the incidence of cervical cancer in the Republic of Armenia, a screening programme for non-communicable diseases has been launched, within the framework of which a cytological examination (Papanicolaou smear) is carried out free of charge in clinics for the purpose of early diagnosis of cervical precancer and cancer prevention in women 30–60 years old.

The clinical guidelines for HIV testing and laboratory diagnostic counselling recommend that women living with HIV[48] are recommended to undergo cervical cancer screening upon their HIV diagnosis and then repeat the screening six months later.

Currently, within the framework of a grant from the Government of Germany to the United Nations "Development of a mechanism for the delivery of antiretroviral drugs to Armenia through the implementation of a pilot decentralized delivery of antiretroviral drugs in 5 selected regional cities", papal analysis of the cervix is being carried out on a voluntary basis among women aged 30–60 years with HIV-positive status. From March 13, 2022 to January 31, 2023 334 PAP tests were performed, of which in 235 cases the result was negative.

Vaccination against the human papillomavirus (HPV) is also carried out in accordance with the state programme of the national immunization programme for 2021–2025 and the list of priority activities,[49] where the national vaccination calendar is approved, which defines the timing and frequency of vaccinations, as well as within the framework of certain by-laws.[50] Screening for HPV and other sexually transmitted infections is carried out in primary outpatient clinics.[51]

It is crucial to raise awareness among women living with HIV about their heightened susceptibility to cancer, as many may not possess adequate information on this matter. Additionally, it is important to ensure that women living with HIV have access to regular cervical cancer screening and testing.

ACCESS TO POST-RAPE CARE PROGRAMMES

Urgent primary care for survivors of sexual violence includes post-exposure prophylaxis for HIV, STIs and pregnancy prevention (emergency contraception).[52] Prevention programmes are offered to both men and women in accordance with clinical guidelines. These programmes encompass initial psychological support and provide access to emergency contraception and safe abortion services,[53] particularly when pregnancy is a result of sexual assault, as it is legally considered a valid reason (social basis) for terminating a pregnancy.

ACCESS TO PSYCHOSOCIAL SUPPORT FOR PEOPLE LIVING WITH HIV

Free HIV/AIDS services include not only clinical observation and treatment with antiretroviral drugs, diagnostics of the effectiveness of treatment and infections, but also the provision of medical, socio-psychological assistance and legal counselling.[54]

ACCESS TO SOCIAL PROTECTION

Armenia has ratified the European Social Charter, where in Article 13 the following can be observed:

"...to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition".

According to the legislation of the Republic of Armenia, people living with HIV can receive social services if they are recognized as a person in a difficult life situation.[55]

A difficult life situation is an objective situation that interferes with a person's life, caused by one of the circumstances of the loss of self-care skills due to disability, illness, age, lack of parental care, poverty, unemployment, conflicts, domestic violence, violence, exploitation of people (human trafficking), defencelessness, loneliness, social exclusion, harmful habits, accident or emergency situations, residing in places of deprivation of liberty or returning from these places or a complex of circumstances that a person is unable to overcome on their own. Thus, just the presence of HIV infection is not enough to consider a person to be in a difficult life situation.

On November 10, 2022 the government of the Republic of Armenia approved the resolution "On Amendments to the Resolutions of the Government of the Republic of Armenia dated September 25, 2015 N 1112-N[56] and dated October 29 N 1292-N", namely "On the procedure for providing care for the elderly and/or disabled, conditions, standards, form of support card and the amount of financial support provided, on approval of the list of diseases that may be the reason for refusal to provide care for the elderly and/or disabled," which eliminated earlier existing grounds for refusing care for the elderly and/or disabled people with HIV and non-communicable tuberculosis. According to this decree, people living with HIV can receive care and support in social support centres, shelters and crisis centres.

In Armenia, children under the age of 18 living with HIV enjoy the rights of children with disabilities under the age of 16.[57]

Parents or legal representatives/guardians of an HIV-positive child have the right:

a) Stay with the child in the hospital, with their release from work for this period, and receive benefits established for children and their families.

b) Use annual leave at a convenient time. The period of release from work for the purpose of caring for an HIV-positive child is taken into account in the working experience register.

The achievements accomplished in 2022 with regard to the access to social services for people living with HIV demonstrate Armenia's dedication to the objectives outlined in the 2021 political declaration. These achievements can serve as a model for other countries where social services are not yet readily accessible to people living with HIV.

IV. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH

1. LAWS GOVERNING THE PROVISION OF SRH SERVICES

The 2017 World Health Organization unified guidelines on sexual and reproductive health and rights of women living with HIV were not adopted as a separate legal act in Armenia, however, the approaches presented in the document are generally acceptable for the RA Ministry of Health and are reflected in sectoral strategic programmes, epidemiological control, examination, consulting, laboratory diagnostics, in addition, the recommendations presented in the manual are taken into account when reviewing relevant documents and procedures.[58]

PROVIDING CARE TO MINORS

In the Republic of Armenia, adolescents/minors are considered to be the age group of persons from 10 to 18 years and characterize the transition period from childhood to adulthood.

The Government of the Republic of Armenia conducts initiatives focused on the moral and sexual education of minors, which also involve incorporating relevant themes related to HIV/AIDS prevention into educational programmes.[59] However, the amount of information may not be consistently standardized or methodologically regulated. There are no recommendations on conducting information work among adolescents in the field of HIV; the results of this work, the level of knowledge given, and the ethics of educational training are not monitored by anyone.[60]

Sex education for adolescents in secondary schools and other educational institutions is carried out by persons with special training, in close cooperation with the family, health services, public organisations, and the public.[61]

Armenia lacks policies and laws on denying access to condoms or sexual and reproductive health services to persons under 18 years of age.

According to the "Law of the Republic of Armenia on Human Reproductive Health and Reproductive Rights,"[62] adolescents are granted rights to:

1. receive sex education and safeguard sexual and reproductive health;
2. acquire knowledge about puberty, sexual and reproductive health, including information on abortion, sexually transmitted diseases, and contemporary methods of preventing HIV;
3. access friendly and confidential medical guidance and, when needed, medical support for matters concerning puberty, sexual health, and reproduction.

HIV TESTING

Children below 14 years of age undergo examinations when requested or with the approval of their legal guardians, while those aged 14–18 years are examined based on their request or with their consent, except in situations prescribed by law.[63]

HIV TREATMENT

The law "On the Prevention of Diseases Caused by HIV" does not mandate parental consent for HIV testing in adolescents. However, in the "Law of the Republic of Armenia on Medical Care and Services to the Population,"[64] medical intervention, including HIV treatment, falls under its scope, and it specifies that consent from a legal representative is required for patients under the age of 16.

In practice, there can be a conflicting situation due to the legal requirement for the consent of legal representatives for HIV treatment in adolescents aged 14–16, even though the law allows HIV testing in the age group 14–18, while any medical intervention including treatment is allowable without parental or legal representative's consent under the Law on Medical Care Provision. This can create a barrier to providing timely treatment for teenagers, particularly if cultural or social norms suggest that teenage girls should not engage in sexual relations before marriage. This discrepancy between testing and treatment regulations can complicate healthcare access and needs to be addressed to ensure the well-being of adolescents in such situations.

SEXUAL AND REPRODUCTIVE RIGHTS OF CITIZENS OF THE REPUBLIC OF ARMENIA

The law stipulates that the sexual and reproductive rights of citizens in the Republic of Armenia are inclusive and extend to every individual, irrespective of their gender.[65]

RIGHT TO TESTING

In Armenia, there are no legal requirements for spousal consent for HIV testing. Concerning access to sexual and reproductive health services for married women, the "Law of the Republic of Armenia on Reproductive Health and Human Reproductive Rights" grants the right to certain individuals to utilize assisted reproduction technologies, such as in vitro fertilization. Specifically:

- within a legally registered marriage in accordance with Armenian law, the use of assisted reproductive technologies requires the mutual consent of both spouses;
- a man who is not in a legally registered marriage or a woman under the age of 53 has the right to access assisted reproductive technologies at their own discretion.

The requirement for a spouse's consent to utilize assisted reproductive technologies appears to conflict with the law's assertion that "Reproductive rights belong to every individual, irrespective of gender," and that these rights are inherent to every person, regardless of their marital status (whether married or divorced).

Polygamous marriages are not legally recognized in Armenia,[66] and according to the Family Code of Armenia, marriage necessitates the mutual and voluntary consent of both a man and a woman, and both parties must be at least 18 years of age. However, with the consent of their parents, adoptive parents, or legal guardian, an individual may marry at the age of 17. In cases where one of the parties is 18 or older, and the other is 16, the marriage is allowed with the consent of the parents, adoptive parents, or guardian of the 16-year-old.

2. CULTURAL NORMS ON SRH

Based on studies that have explored cultural norms[67]:

- approximately 40% of both male and female respondents perceive a woman carrying a condom as promiscuous, whereas about 30% of respondents think the same about men carrying a condom;
- roughly 40% of male and female respondents hold the view that contraception is primarily the responsibility of women;
- men are twice as likely as women to oppose a woman's right to choose abortion, with 18% of male respondents compared to 9% of female respondents expressing this belief.

The provided information indicates that there is a prevalent belief that women should primarily be responsible for pregnancy planning, and that unplanned pregnancies should not result in abortions. While these beliefs are held by less than half of the surveyed individuals, they are still present in society. It is important to recognize that such beliefs can influence reproductive and gender dynamics and may contribute to discussions and policies related to reproductive rights and responsibilities.

It's crucial to take note of studies[68] examining the high occurrence of child marriage within Yazidi communities, an ethnic minority residing in Armenia. In villages like Ria-Taza and Alagyaz, the research reveals specific issues: when it comes to marriage, Yazidi women often have restricted agency in selecting their future spouses. Instead, the process typically involves collaborative decision-making between both sets of parents, with the woman's parents primarily responsible for granting or declining consent to such arrangements.

Child marriages pose significant challenges for young women, as they often encounter issues related to early sexual activity, pregnancy, and childbirth. These experiences can impose a physical and psychological burden, as they occur at a time when individuals are not fully prepared to handle such responsibilities. In such cases, sexual activity may commence for both girls and boys before reaching adulthood, essentially coercing minors into actions they may not be equipped to decide upon independently and consciously. Another critical concern is the lack of sexual health information within the Yazidi community. Couples are frequently not adequately informed about contraception methods and other crucial topics, placing women in particularly vulnerable positions once again. This emphasizes the importance of comprehensive sexual education and support to address these issues.

Insufficient awareness and limited outreach in remote areas have adverse implications for the rights and well-being of young girls and women, particularly affecting their sexual and psychological health. It is imperative to extend efforts to raise awareness and provide education on women's rights, sexual health, and contraception to these underserved regions. This inclusivity ensures that girls and young women in remote areas also have access to vital information and support.

3. ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Unintended Teenage Pregnancy, Unmet Contraception Needs, and Intergenerational Relationships

As per a 2015–2016 study[69] in Armenia, 4% of women aged 15–19 years (teenagers) experienced the initiation of childbearing, with the following breakdown:

- 3% reported that they were already mothers;
- 1% became pregnant with their first child.

It is worth noting that none of the 15-year-old women began childbearing. The percentage of women who started giving birth increases with age, with 1% of 16-year-olds, and a range of 12% to 17% among 18–19-year-olds having commenced childbearing.

Between 2013 and 2016, 5.9% of women under 20 years of age underwent abortions. During this time frame, there were a total of 64 pregnancies among women under 20 years of age. Notably, pregnancies were more frequently terminated through abortion among rural women (27%) compared to their urban counterparts (19%).

Between 2015 and 2016, 13% of married women aged 15 to 49 experienced an unmet need for family planning. Among married women, 82% had their family planning needs addressed, but less than half of these needs were fulfilled through modern contraceptive methods (40%). The predominant demand for family planning centred on birth control (45%).

Unmet needs for family planning were most prevalent among married women aged 20–24 years, with a rate of 20%. For married women aged 15 to 19 years, the unmet need stood at 9.3%. According to the study, unmarried women did not engage in sexual intercourse, hence they did not have family planning needs.

There were only slight variations in unmet family planning needs based on factors like location, education, and wealth level. However, substantial regional differences were observed, with unmet needs ranging from a low of 5% among married women in Aragatsotn to a high of 22% among women in Shirak.

The data indicates that 15% of women aged 15–19 and 4% of men aged 15–19 engaged in sexual activity within the past 12 months with a partner who was at least 10 years or more older than them.[70]

CONDOM USE

More than nine out of every ten married women are aware of male condoms (96.3%), intrauterine devices (87.9%), and birth control pills (89.1%). However, the 2015–2016 study reveals that other modern contraceptive methods are less familiar.

Among the 725 women aged 15–19, 98.5% reported not currently using any contraception, while only 0.6% reported using male condoms.

Of the married women aged 15–19 (33 women), 67.6% do not use contraceptives, 14% use male condoms, and 10.5% rely on traditional contraception methods.

Only 6.8% of women reported having ever used a condom with their current or last commercial partner.

The data indicates that 7.7% of women reported that their current or most recent partner/spouse had refused to use a condom. Notably, condom use is more prevalent among women aged 35 and older.

Given the potential changes since the 2015–2016 survey, it is indeed essential to conduct a fresh study to assess the current level of awareness regarding sexual and reproductive health issues among young women, both married and unmarried, including those in rural areas. These findings can serve as a basis for tailored awareness and education programmes. Considering that the highest prevalence of HIV cases was observed in the Shirak region, it is imperative to target key groups, including youth, married and unmarried women, with initiatives aimed at enhancing awareness about sexual health, reproductive rights, and contraception. These efforts can contribute significantly to improving the overall sexual and reproductive health landscape.

V. DISCRIMINATION

1. DISCRIMINATION AT THE LEGISLATIVE LEVEL

The national plan incorporates the review and update of the HIV-related legal framework and other pertinent documents (clause 3.2.1). Additionally, it entails the monitoring of human rights infringements (clause 3.2.2).

CHALLENGES RELATED TO DISCRIMINATION IN THE NATIONAL HIV PROGRAMME

In general, initiatives to address stigma and discrimination are outlined within the "Equality and Non-discrimination" chapter of the Action Plan for 2020–2022, which derives from the Republic of Armenia's Human Rights Protection Strategy.

Furthermore, more specific actions are laid out in the Gender Policy Implementation Programme for 2019–2023. This includes conducting an "HIV Infection" course for healthcare professionals, aimed at enhancing their knowledge and reducing potential stigma and discrimination, particularly concerning women living with HIV.[71]

The National HIV/AIDS Programme 2022–2026 aligns with the 2025 HIV targets to reduce inequalities, placing people living with HIV and communities at the centre of risk (UNAIDS, 2021).

The national plan encompasses crucial elements in the fight against discrimination, including efforts to work on legislative acts and monitoring violations. Notably, there have been significant advancements in revising social service provisions for people living with HIV. However, there is a concern regarding the monitoring of women's rights, especially in the context of their HIV-positive status.

Effective monitoring requires allocating resources for the establishment of tools for this purpose. This includes the development of a monitoring algorithm, training on monitoring issues, funding for its annual execution, as well as protocols for responding to specific rights violations. A national platform (CCM), should be presented the results and implement measures to eliminate negative practices in this regard.

CRIMINALIZATION OF DRUG USE

In Armenia, drug use is an administrative offense[72]:

1. The use of narcotic drugs or psychoactive substances without a doctor's prescription results in a fine ranging from one hundred to two hundred times the minimum wage[73] (up to 396,97 USD).[74]
2. If the same act is committed repeatedly within a year, it leads to a fine ranging from two hundred to four hundred times the minimum wage (up to 793.9 USD).
3. A person who voluntarily seeks medical care from an appropriate healthcare facility due to the use of narcotic drugs or psychoactive substances without a prescription is exempt from administrative liability for the offense outlined in this article.

The administrative penalties for drug use restrict the availability of prevention programmes for people who inject drugs having a detrimental impact on the transmission of HIV within the community of people who inject drugs. It is essential to perform a legal assessment, examine international practices, and provide a justification for removing this regulation from administrative offenses.

CRIMINALIZATION OF HIV TRANSMISSION

In Armenia, criminal prosecution for HIV infection involves two aspects of the crime: intentional infection[75] and infection through negligence, outlined in Articles 177 and 178, respectively. Additionally, the article on intentional infection is divided into two parts, with the first part carrying a maximum sentence of up to five years. The second part, concerning infection of specific vulnerable groups like pregnant women, minors, and individuals in a helpless state, carries a sentence of four to eight years. For the transmission of HIV through negligence with criminal intent, the first part of the law stipulates imprisonment for a maximum of three years, while the second part, pertaining to the mentioned vulnerable groups, imposes imprisonment ranging from two to five years. The legislation does not specify the mode of HIV transmission, which implies that the law can be applied concerning the transmission of HIV from a mother to her child.

In light of recent scientific advancements and evolving understanding of HIV transmission, there is a need to consider drafting an amendment to the Criminal Code to remove the specific article related to the "transmission of HIV."

CRIMINALIZATION OF SEX WORK

"Engaging in prostitution" results in a fine of 20 times the minimum wage (equivalent to approximately USD 39.69). If the same actions are repeated within one year following the imposition of an administrative penalty, it leads to a fine of 40 times the minimum wage (approximately USD 100).[76]

Sex work is not officially recognized as a profession. There is no constitutional prohibition of discrimination based on occupation.

The imposition of administrative fines for sex work has adverse effects on the access of this population to HIV prevention services and escalates the risk of HIV transmission. It is essential to undertake a legal examination, analyse international practices, and provide a justification for the removal of this regulation from administrative offenses.

PROHIBITION OF DISCRIMINATION ON THE BASIS OF SOGI (SOCIAL ORIENTATION OF GENDER IDENTITY)

In the Republic of Armenia, there are no legal provisions that criminalize sexual orientation and/or gender identity.

The Constitution defines the prohibition of discrimination as follows: "Discrimination based on sex, race, skin colour, ethnic or social origin, genetic features, language, religion, world view, political or other views, belonging to a national minority, property status, birth, disability, age, or other personal or social circumstances shall be prohibited".[77] The Constitution of the Republic of Armenia does not explicitly include a ban based on gender identity. While the Constitution does protect against discrimination on the basis of "sex," it does not specifically mention "gender identity" as a protected characteristic. However, the Constitution defines an open list of protected characteristics (other circumstances of a personal or social nature), which allows for a broader interpretation. In addition, Armenia has ratified Protocol No. 12 of the European Convention, which establishes a general prohibition of discrimination without specifying particular grounds.

The Criminal Code of Armenia also does not highlight the sign of SOGI as a separate aggravating circumstance. For example, Article 155 for murder provides as an aggravating circumstance the commission of murder "with motives of hatred, intolerance or enmity based on racial, national, ethnic or social origin, religion, political or other views, or other personal or social circumstances" (para 15 part 2). Crimes committed on the grounds of SOGI may be considered under this paragraph.[78]

Crimes of causing grave and moderate harm to health are considered on the same principle.[79] Armenia's Criminal Code contains a separate article that addresses punishment for making public statements intended to incite or promote hatred, discrimination, intolerance, or enmity against an individual or a group of individuals. This pertains to factors such as racial, national, ethnic or social origin, religion, political or other beliefs, and other social or personal characteristics. It underscores the legal measures in place to combat and penalize such forms of discrimination and hatred.[80]

There are no restrictions on entry, stay and residence for HIV-positive persons in the Republic of Armenia; such a ban existed until 2011 and became invalid on June 30, 2011 by Decree of the Government of the Republic of Armenia N 896-N.

EMPLOYMENT DISCRIMINATION

In the Republic of Armenia, there are restrictions on the employment of individuals who are HIV-infected in national security agencies, as police officers,[81] in military units[82] and in the anti-corruption committee. A diagnosis of HIV/AIDS is considered grounds for professional incompetence in these specific roles.

There is also a separate list of prohibited occupations for HIV-positive persons.[83] This list includes various fields of medical and surgical activity, such as transplantation, blood transfusion, haemodialysis, anaesthesia and resuscitation, general surgery, cardiovascular and pulmonary surgery, ENT (ear, nose, and throat) surgery, neurosurgery, obstetrics and gynaecology, burn treatment, ophthalmology, and dentistry.

There is a need to perform a legal assessment, examine international practices, and create a rationale for the prohibition of terminating employment in military units, police agencies, and other organisations based on an HIV status. It is essential to facilitate the transfer of these employees to roles that do not involve potential exposure to situations that may harm the skin.

GETTING MARRIED

In Armenia, there is no requirement for individuals to undergo HIV testing in order to get married. However, if it is subsequently discovered that one spouse has concealed the presence of a sexually transmitted disease, including HIV, or a drug addiction, the other spouse has the right to seek legal recourse by applying to the court to have the marriage declared invalid.[84]

At the same time, future spouses have the right, if they wish, to contact a health care organisation for consultation and examination on family planning issues. The results of the examination are disclosed only with the consent of the person undergoing the examination.

The provision that allows for the potential dissolution of marriage based on the disclosure of a drug addiction or HIV status is indeed a matter of concern, as it can be discriminatory towards people living with HIV and those with a history of drug addiction. It is important to conduct a legal analysis, consider international best practices, and develop a rationale for the removal of this norm from the legislation of the Republic of Armenia.

2. STEREOTYPES AND PUBLIC OPINION

In Armenia, there is a prevailing hostility towards homosexuality, which is perceived as shameful and abnormal behaviour. The survey indicated[85] that approximately 85% of respondents expressed opposition to same-sex relationships, with no significant variations based on geographic location, age, gender, or other factors. Although younger generations appear to be more open and informed about gender identity and the LGBTQ+ community, homosexuality remains widely viewed as morally unacceptable. As per a survey conducted by the non-governmental organisation “Real World, Real People” in Armenia in 2018, discrimination against members of the LGBT community is primarily experienced within their families, educational institutions, public spaces, and workplaces.

Attitudes among Armenians towards sex workers and sex work in general are unfavourable. Sex workers are considered inferior, having chosen this route to make ends meet.

Intense hostility towards homosexuals and sex workers contributes to incidents of sexual violence, heightening the risk of HIV transmission. As stated above, sex workers are considered inferior, which creates a societal perception that they may be subjected to sexual violence.[86]

3. ENCOUNTERING STIGMA AND DISCRIMINATION[87]

TABLE 8

Manifestations of stigma and discrimination against key minority groups in the Republic of Armenia

Manifestations of stigma and discrimination	Women with HIV	Women who inject drugs	SW	MSM	TGP
prohibited from participating in any activities (feel excluded from family activities)	25.6%	36.33%	11%	7.66%	53%
avoided health care due to stigma		18%	18.9%		20%
avoided HIV testing in the past 12 months		8.66%	13.66%		17%
Unfair remarks due to type of activity, behaviour, HIV status	18.8%	34.33%	21%		61%
Are ashamed of their activities, behaviour, gender identity, HIV status	12%	9.6%	54.33%	70.33%	12%

The table reveals that gay men and other men who have sex with men, transgender people, women from key populations, and women living with HIV face stigma and discrimination. This highlights once again the importance of implementing programmes promoting tolerance and understanding for these communities.

VI. STATUS OF WOMEN

1. LEGISLATION CONCERNING WOMEN'S STATUS

The Republic of Armenia has established a strategy and programme for implementing gender policy,[88] with the current programme of activities spanning from 2019 to 2023. This programme aims to broaden economic, educational, and social opportunities, enhance access to support for women who are victims of violence, and promote the full participation of women in the country's political life, among other objectives.

It is important to highlight that the gender policy also encompasses the development of programmes that focus on raising awareness about HIV/AIDS, promoting safe sexual behaviour, conducting HIV research within communities, particularly those with high levels of migration, including border areas. Additionally, the policy seeks to implement measures to reduce the vulnerability of women to HIV, raise awareness, and protect the sexual and reproductive rights of women, particularly those belonging to vulnerable groups (as outlined in Clause 2, Section 4).

Numerous amendments were introduced to the legislation of the Republic of Armenia in alignment with the ratification of the Beijing Declaration from the Fourth World Conference on Women in 1995. These changes were incorporated into various regulations, including the constitution, gender policy plans, anti-trafficking programmes, and more.

The implementation of the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) Declaration is reflected in various legal instruments in Armenia, including the constitution, criminal, labour, judicial, and electoral codes, as well as the law on public organisations, citizenship, and many other documents.

As stipulated in the Civil Code of Armenia, the right to inherit property[89] is granted to all citizens without regard to gender.

EDUCATION

The Constitution of the Republic of Armenia upholds the right to education for every individual. It specifies that secondary education is provided free of charge, and individuals can also access higher and specialized education institutions without tuition fees through a competitive selection process.[90]

EMPLOYMENT

Armenia has ratified the Convention concerning Discrimination in Respect of Employment and Occupation or Discrimination (Employment and Occupation Convention) where the term "discrimination" includes:

> **(a)** any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation;
>
> **(b)** such other distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation as may be determined by the Member concerned after consultation with representative employers' and workers' organisations, where such exist, and with other appropriate bodies.

The prohibition of discrimination in employment is reflected in the "Law on Occupation" and the Labour Code of RA.[91]

The Republic of Armenia has also ratified the European Social Charter, which regulates the "Right to equal opportunities and equal treatment in employment and professional activities without discrimination on the basis of sex."

The legislation in the Republic of Armenia concerning women's status aligns with international recommendations. Nevertheless, there is a noticeable disparity between the laws and the real circumstances, as highlighted in the 2022 study on gender norms and stereotypes. This gap necessitates the implementation of monitoring mechanisms to ensure women's rights are upheld, along with awareness-raising programmes, particularly for women in rural areas, to enhance their knowledge of existing laws.

2. EXISTING EDUCATIONAL PROGRAMMES ON GENDER EQUALITY

The National Institute of Health provides the following types of "Postgraduate additional education":

- advancement training of medical workers;
- certification of medical workers.

An evaluation is also included for:

- ongoing professional development programmes designed for healthcare professionals;
- initiatives focused on enhancing credit scores within the continuing education programme for medical practitioners.

These educational programmes include subjects related to sexual reproductive health and rights, as well as addressing stigma and discrimination. However, it is important to note that topics like gender equality, gender-based violence, and human rights are still not included in the training curriculum.

There has been no evaluation of the quality and regularity of these training sessions.

Educational initiatives related to gender equality are included in the programme of activities for implementing gender policy in the Republic of Armenia for 2019–2023. Advanced training courses are organized for various groups, such as police officers, specialists in women's health services, disaster management experts, young mothers who lack competitiveness in the job market and professional skills, and more. Non-governmental organisations also participate in the implementation of these programmes through separate grant initiatives.

3. ADDRESSING GENDER INEQUALITY IN HIV RESPONSE POLICY

The National HIV/AIDS Program 2022–2026 is closely aligned with the 10 result areas and five cross-cutting issues outlined in the Global AIDS Strategy 2021–2026[92] and one of these cross-cutting issues is focused on promoting gender-neutral social norms and gender equality, with the aim of eliminating gender-based violence and reducing HIV-related risks and consequences among women, girls, men, and boys across diverse backgrounds. Additionally, the 2022–2026 programme places significant emphasis on gender equality as a cross-cutting priority. This involves giving special attention to the gender identities of sexual minorities and addressing the unique needs of women and men within high-risk groups.

The priority strategies of the National HIV/AIDS Prevention Programme for 2022–2026 encompass:

- enhancing the coverage, comprehensiveness, and quality of HIV prevention services for transgender people;
-]reinforcing the sustainability of national HIV/AIDS responses while diminishing stigma and discrimination, and advocating for human rights and gender equality (refer to Chapter 3 of the programme for details.)

One of the programme's goals to address inequalities in the national HIV prevention programme[93]: less than 10% of people living with HIV, women and girls, and members of the most vulnerable groups have experienced gender inequality and gender-based violence.

However, at this stage the HIV response does not include provisions to change attitudes towards violence against women and gender-based violence (for example, sexual harassment and violence in the workplace) among service providers such as health workers, law enforcement officers and teachers.

A sign that people involved in the HIV response, including decision-makers and service providers, demonstrate awareness of the implications of gender inequalities in the context of HIV is the presence of a gender working group within the CCM.[94]

There is no separate budget allocated for HIV and gender equality concerns within the national programme, with the exception of resources allocated for preventing mother-to-child transmission of HIV (amounting to AMD 13,160,000), which can be linked to the particular requirements of women living with HIV. The challenges linked to the implementation of gender and HIV budgets involve deficiencies in capacity and a lack of political dedication. This encompasses the oversight of developing policies and programmes that cater to the distinct needs of people living with HIV based on their gender. Another significant problem is the healthcare system's inadequate funding.

Addressing gender discrimination in the socio-economic sphere and enhancing economic opportunities for women is outlined in the Strategic Plan for the Implementation of Gender Policy in the Republic of Armenia for 2019–2023. However, these aspects of gender inequality, when comparing women and girls to men and boys, are not integrated into the National HIV Programme.

In the National Programme to Combat HIV/AIDS in the Republic of Armenia for 2022–2026 (para 16), only transgender women are specifically identified as one of the most vulnerable groups. However, the programme's measures are not differentiated between transgender women and transgender men, encompassing transgender people in general. The programme outlines a range of activities related to prevention, diagnosis, treatment, care, and social protection, but it does not include separate measures to address the specific needs of women and men separately.

Nonetheless, the programme acknowledges the necessity of transitioning towards a more gender-transformative approach in delivering initiatives and services. While this recognition exists, the actual transition has yet to be fully realized. Therefore, it is crucial to determine the scope, feasibility, and associated costs of implementing such measures at the national level. This assessment will facilitate the allocation of national funds for these activities moving forward.

4. GENDER STEREOTYPES

A study published in 2022 on gender norms and stereotypes,[95] which also included Armenia among other countries, involved the participation of 450 men and 550 women, with approximately 80% of the respondents falling within the age group of 18 to 59 years. The survey included participants from key regions of Armenia, including Ararat, Armavir, and the capital city, Yerevan. The data presented below is based on the findings of this survey:

- 75% of male participants expressed feeling less comfortable working for women and were less inclined to support better representation of women in politics. Moreover, over 50% of male respondents believed that men are more effective in senior political roles, and 56% of them stated their preference against increased female participation in national politics. This data also indicates that 45% of all respondents did not desire to see more women in national politics
- 66% of female respondents and 75% of male respondents believe that it is better for a child if his mother does not work.
- 49% of female respondents and 53% of male respondents agree that it is more important for a man to advance in his career than for a woman.
- The majority of respondents (89% of women and 77% of men) said that women in their family mainly do unpaid domestic work (for example, cleaning, cooking and laundry). 61% of female respondents and 40% of male respondents stated the same regarding care work.
- While 50% of female respondents believe that family decisions should be shared, overall, only 29% of male respondents agree with this, and 68% believe that the man has the final say.
- 64% of female respondents and 71% of male respondents believe that a good wife should never question her husband's opinions and decisions, regardless of her own views.

The respondents in another study[96] expressed the belief that women should not be engaged in politics, which subsequently restricts their participation in decision-making processes. This viewpoint hinders the development of gender-transformative policies aimed at reducing gender inequality and addressing issues such as gender-based violence and the risk of HIV transmission.

According to respondents,[97] there is a prevailing belief that women should not question their husband's decisions, particularly in matters related to sexual relations; therefore, women cannot refuse sex if their husband wants it. Furthermore, some individuals hold the view that men have the final say in decision-making, which can limit women's autonomy to make choices independently. This may also impact a woman's ability to access healthcare services, including antiretroviral therapy, if her husband decides not to allow her.

In rural areas, women tend to hold more traditional and stereotypical views that emphasize a woman's role in submitting to her husband, and they consider it important for a man to assert his authority as the head of the household. These beliefs are relatively less pronounced among urban women. Nevertheless, when considering both rural and urban areas, it is evident that these traditional perceptions have deep-rooted foundations and are prevalent in society. This is a very important indicator, which suggests that **a significant portion of women believe that a woman should obey her husband in any case, no matter what (58.45%),**[98] **and a man should continue to show that he is a leader (60.85 %)**.

The level of education of women plays an important role in this issue. The bearers of the idea "a good wife obeys her husband, even if she does not agree" are especially those who have basic and lower education (up to 9th grade). A large number of women with this level of education also agree that a man must show a woman that he is in charge. Interestingly, while college-educated women have been able to overcome the stereotype that a good wife should submit to her husband even if she disagrees, the importance of the man being the boss remains ingrained. This shows that this stereotype is so ingrained that even education does not bring about any change. The main bearers of this division of roles between men and women are women aged 35–44 years.

Based on the research findings presented, it is crucial to launch active public awareness campaigns using tools like social networks to improve the situation for women. Programmes focused on HIV prevention and sexual and reproductive health should incorporate a component addressing human rights and the status of women to address these issues effectively.

5. WOMEN IN THE RA PARLIAMENT

According to the regulatory framework,[99] the number of representatives of each gender in the Central Electoral Commission of Armenia and district election commissions should not be less than two.

With regard to parties and the nomination of candidates for municipal councils, the number of representatives of each gender should not exceed 70%.

In 2022, the total number of deputies in the Armenian parliament is 107, of which 37 are women. (National Assembly 34% percent women).

The number of members of the current government is 16, of which 2 are women (12.5%). At the same time, in the Republic of Armenia there are no legislative acts determining the number of women in the government.

VII. GENDER-BASED VIOLENCE

1. POLICIES AND LAWS TO COMBAT GENDER-BASED VIOLENCE

In Armenia, protections against domestic violence are governed by several legal frameworks, including the Program of Measures for the Implementation of Gender Policy in the Republic of Armenia for 2019-2023,[100] the Action Plan for 2020-2022 stemming from the Strategy for the Protection of Human Rights of the Republic of Armenia,[101] and a dedicated law on the prevention of violence in the family.[102] The policy recognizes that various categories of the population, including women, children, persons subjected to domestic violence, and the elderly, are vulnerable to violence and are in need of protection.

The law distinguishes five types of family violence: physical, sexual, psychological, economic, as well as neglect by the parent of the minimum requirements necessary for the well-being of the child or unemployed and disadvantaged parents.

It is worth noting that the definition of psychological violence in Armenian law also includes coercion to terminate a pregnancy. Additionally, the Criminal Code of Armenia stipulates a prison sentence of 3–7 years for those who use violence, threats, blackmail, or other means of coercion to force a woman to undergo an abortion or sterilization. If this crime is committed by a close relative, partner, or former partner, the penalty increases to 5–10 years in prison.[103]

The Criminal Code also contains a separate article on forced marriage, divorce or the birth of a child,[104] this act is punishable by restriction/imprisonment of no more than 2 years.

Sexual violence committed by a partner, ex-partner or close relative is punishable by imprisonment from 5 to 10 years.[105] The same term of imprisonment is specified in the Criminal Code for violence against a person who is in financial or other dependence (applicable to the workplace); The Labour Code also prohibits any form of violence against workers.[106]

Measures to combat abuse of power by the police are provided for by the Law on Police[107] and the Criminal Code of the Republic of Armenia.[108]

Measures aimed at preventing torture and ill-treatment in prisons are governed by the Criminal Executive Code of the Republic of Armenia. This code emphasizes that the execution of punishments and other forms of criminal law should not involve physical or psychological violence against an individual, nor should it lead to changes causing a delay in personality development. Furthermore, there is also a system of public control in place to prevent torture.[109] As a national preventive mechanism, the Ombudsman publishes and submits to the National Assembly, during the first quarter of each year, a separate report on activities aimed at preventing torture and other forms of ill-treatment during the previous year.[110]

National HIV policies typically lack provisions to promote men's involvement in community-based care and support. These policies often do not address the connection between gender-based violence and HIV, including in conflict and post-conflict scenarios, nor the heightened risk of violence related to an individual's HIV status.

PREVENTION OF VIOLENCE

In Armenia, issues of protection from domestic violence are regulated by a special law.[111]

Protecting victims of domestic violence consists of three stages:

1. Warning (domestic violence has been detected for the first time, the act does not contain signs of a crime and there are no grounds for immediate intervention).
2. Decision on urgent intervention (if there is a threat of recurrence or continuation of violence).
3. defensive decision (actions to limit the rights of the offender).

Each stage provides for specific actions to prevent domestic violence.

The Ministry of Social Affairs operates crisis centres that provide social and psychological support and counselling to women facing violence.[112] Some NGOs also have shelters for victims of violence.[113]

The course "Preventing and combating violence against women and domestic violence in Armenia" is included in the annual training programme for judges and persons included in the list of candidates for judges, as well as prosecutors and investigators.[114]

Trainings are conducted for police officers on the topic "Gender-based violence, domestic violence, combating discrimination against women."

2. STEREOTYPES REGARDING GENDER-BASED VIOLENCE

Before discussing the survey results on domestic violence against women, it is important to understand one important fact. Armenia's closed cultural milieu and prevailing norms restrict the acknowledgment of the issue. There are many reasons for this, including the shame of having to talk openly about this phenomenon, the fact that women consider the situation to be "normal occurrence," and the fear that the violence may escalate. Another peculiarity of Armenian society is that women cannot always distinguish between manifestations of violence, considering them an everyday, common occurrence.[115]

Respondents believe that everything related to family matters, including conflicts and quarrels, should remain secret. Additionally, women must remain silent and tolerate violence to keep the family together. This prevents women from reporting domestic violence, increasing the risk of HIV transmission.

Respondents also had little awareness of legal provisions and remedies regarding sexual violence and rape.

It is believed that in some cases a man has the right to hit a woman, according to women. It turns out that the most intolerant attitude is observed in cases of **adultery (marital infidelity)** (54.35%). Intolerance is so acute in the case of a woman's infidelity that a man has a good reason **to hit her even in case of simple suspicion** (26.45%). And the third most frequently cited situation that women believe is grounds for a man to hit a woman is when **a woman disobeys her husband** (21.95%). In other words, the patriarchal system is so deeply rooted that even violence and restrictions against a person and his gender are considered normal and acceptable. It is also important that 7% of female respondents and 10% of male respondents witnessed their mother being beaten in childhood. The majority of both female (72%) and male (71%) respondents said that conflicts between husbands and wives should remain private, even if the conflicts involve violence.

3. PREVALENCE OF VIOLENCE

GENERAL POPULATION AND WOMEN LIVING WITH HIV

The study on domestic violence against women[116] was conducted in a group of 19–59-year-olds, 2,560 of whom have or have had a partner in the past. Importantly, the lower a person's education level, the higher the prevalence of moderate and severe physical violence. A woman's place of residence is also an important factor in determining the type of violence. Rural women are more likely to experience moderate to severe physical violence than urban women. By age group, the prevalence of physical and sexual violence is highest in the 35–44 age group (17.5%). Furthermore, physical violence is more common among those aged 15–24 years, while sexual violence is more common among those aged 35–44 years.

WOMEN LIVING WITH HIV AND PEOPLE WHO INJECT DRUGS[117]

Sociodemographic data indicate that the typical woman living with HIV in this context is around 41 years old, has a high school education, is unemployed, resides in an urban area, and lives with a husband or partner, along with an average of three family members.

Over the past 12 months, 81.5% of woman living with HIV and women who inject drugs experienced violence from a spouse or partner. Of these, more than half experienced both insults and beatings, while a smaller number experienced only insults (30.8%).

Taking into account the prevalent perception of violence against women as "normal" within the general population, it is crucial to recognize that when a woman acquires an HIV-positive status, her situation often deteriorates further, as the perception of a "justifiable reason" for violence becomes more pronounced. This distinction becomes evident when comparing data on experiences of violence among women from the general population and women living with HIV:

TABLE 9

Comparison of experiences of violence among women from the general population versus women living with HIV

Type of violence	Women from the general population[118]	Women living with HIV and who inject drugs[119]	SW
Moderate physical violence	13.1%	44.1%	+31.1%
Brutal physical violence	5.5%	29.6%	+
Sexual violence	17.5%	21.2%	+3.7%
Psychological violence (insults)	12.4%	30.8%	
Economic violence (prohibits looking for work, going to work)	29.2%	20.4%	

The table provides a clear illustration of the connection between HIV and violence after acquiring HIV-positive status. However, it is essential to acknowledge the reciprocal nature of this issue. Widespread sexual violence in society increases the risk of HIV transmission to women since they may face difficulties refusing unprotected sex and are often obliged to comply with their partner's wishes. As indicated by the study, the typical woman living with HIV is a person with a high school education, approximately 41 years old, unemployed, residing in an urban area, and living with a husband or partner, alongside an average of three family members.

Several factors cited in the study of the general population indicate its susceptibility to physical and sexual violence:

- Sexual violence is more common among women aged 35–44;
- Rural women are more likely to experience moderate to severe physical violence than urban women;
- The lower a person's education level, the higher the prevalence of moderate and severe physical violence.

Also, from a study on women living with HIV, it is clear that violence from close family members (relatives, spouses) also occurs (57.3% and 30.7%).

Given that gender-based violence has deep roots in Armenia, it is not enough to conduct information work only among women living with HIV.

Anti-violence programmes should include clear 30 second videos on the most common communication channels in villages. The main target group is the rural population, not only women, but also men.

Separate work should be carried out with women living with HIV to raise awareness regarding their rights, existing services in case of violence, and algorithms for specific actions.

TABLE 10

Different forms of violence experienced[120] by key populations (sex workers, people who inject drugs, gay men and other men who have sex with men, and transgender people)

	SW	PWID	MSM	TGP
Scolded because of their activities and behaviour	19%	36.33%	12%	64%
Were subjected to blackmail because of the type of activity or behaviour	14.3%	5.66%	7.1%	21%
Experienced physical violence	9.66%	17% (of which 53% involved police)	4%	36%

Based on the research findings, it is essential to increase collaboration with the police on information and interaction with transgender and drug-using communities.

For these key population groups, it is important to ensure access to crisis centres, as well as other services for victims of violence.

VIII. CIVIL SOCIETY PARTICIPATION

The only formal mechanism to ensure that decision-making processes in response to HIV take into account the views and rights of key populations is the Country Coordination Mechanism (CCM).[121] There are no additional coordination mechanisms for joint action to advance gender equality in national HIV responses beyond the CCM.

The CCM against HIV/AIDS, Tuberculosis and Malaria of the Republic of Armenia[122] was established in accordance with the approval of the project proposal for the prevention of HIV/AIDS of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and decisions on the current prevailing control strategies with HIV/AIDS for the purpose of distributing and continuously monitoring the financial resources of the Global Fund. Currently, the CCM staff[123] consists of representatives of ministries, seven NGOs, the UN, etc. Organisations working with diverse communities, people living with HIV, TB, people who use drugs, gay men and other men who have sex with men, transgender people and other key groups participate in the CCM and in working groups within the CCM and have a voice and a seat in the CCM.

The NGO representation in CCM includes: the "Real World, Real People" social non-governmental organization (NGO), the "Centre for Research and Prevention of Tuberculosis", the "Pink" human rights defender NGO, the "Open Society Foundation-Armenia", the "New Generation" humanitarian NGO, "UMCOR Armenia" charitable foundation, and the Armenian Red Cross Society. A working group has been established called the "Community Engagement, Human Rights and Gender Equality" Working Group.[124]

The main activities of the Country Coordination Mechanism (CCM) are related to the entire process of financing Global Fund grant projects implemented in the Republic of Armenia (submission of project proposals, their approval and supervision, receipt of reports, etc.).

These activities are carried out in accordance with the core principles and goals of CCM (transparency, organisational involvement, partnership, creation of equal opportunities).

There is also a technical working group on HIV/AIDS within the CCM.[125]

Technically, there is no prohibition on the inclusion of women living with HIV, sex workers and women who use drugs in CCM working groups, but at the moment only women living with HIV are involved in the development of policies, guidelines and strategies affecting their health. The CCM includes NGOs that defend the rights of these groups. No other mechanisms have been developed to involve key populations in the policy-making process.

In addition, there are Public Councils under various ministries, in which women can also participate.

A dedicated website[126] is also actively used for publishing draft legal acts, where drafts are published for public discussion, and everyone can express their comments and recommendations. Not all comments are taken into account, but nevertheless, the following mechanism is available: if the submitted proposals are not accepted, then the entity that submitted the draft for public discussion must be offered reasons for the non-acceptance.

Women living with HIV, as well as NGOs that protect the rights of women living with HIV, are not included in the National Committee[127] for Coordination of Measures to Prevent Mother-to-

Child Transmission of Human Immunodeficiency Virus, Syphilis, and Hepatitis B. There are no regulations in the Republic of Armenia that would exclude any key group from participation in the national HIV response.

To ensure transparency of work on the prevention of vertical HIV transmission, as well as compliance with elimination of mother-to-child transmission of HIV, it is necessary to include women living with HIV in the National Committee for Coordination of Measures to Prevent Transmission of the Human Immunodeficiency Virus, Hepatitis B from mother to child.

LAWS ON REGISTRATION AND FINANCING OF NGOS

The RA National Strategy for HIV Prevention names one of its priority strategies as "Strengthening the institutional and organisational capacity of civil society organisations working with key populations to ensure a comprehensive, community-led response to HIV for a transformative and sustainable fight against HIV" (3.1).

The law "On Public Organizations" regulates the establishment, funding, and operations of public organisations in Armenia. Based on this regulatory act:

- The organisation is deemed established from the moment of its state registration.[128]
- The Organization may at its own initiative or that of the bodies of public administration and local self-government implement or participate on a contractual or other basis and by a mutual consent in social, healthcare, educational, cultural, sports programmes and other events of the bodies of public administration and local self-government.[129]
- The organisation is required to submit an annual activity report in accordance with the legal provisions, following the specified deadlines.[130] The reporting form of NGOs working in the field of HIV does not differ from other public organisations.
- The organisation's property[131] can be formed by: contributions by the members of the organisation; fees of the members of the organisation; means generated from entrepreneurship; own means or means received from another organisation of which it is a participant; allocations from the state budget; donations, including grants; contributions; and other means not prohibited by law.
- In Armenia, there is no legislation on foreign agents, which, in certain countries, can hinder the operations of NGOs.

NGO ACCOUNTABILITY

In Armenia, non-governmental organisations (NGOs) post brief reports and publications on their activity on public organisation websites.[132]

REFERENCES

1 The Women's Resource Centre NGO; The Invisible Rights of Women in the Republic of Armenia. The Overall State of Reproductive Health and Rights Among Various Groups of Women. 2018. https://womenofarmenia.org/hy/publications/

2 "Real World, Real People" NGO; Report on the Study of Discrimination in Various Areas of Public Life Against People Living with HIV/AIDS, LGBT Persons and IDUs. August, 2018. https://realwrp.org/news_attachments/32_-_7_-_6.pdf

3 The survey on Domestic Violence against Women (DVAW). Analytical Report. 2021 https://armstat.am/en/?nid=82&id=2487

4 Report. Manifestations Of Gender Based Violence Against Women Living with HIV and Women Intravenous Drug Users in the Republic of Armenia. "Real World, Real People" NGO, 2021, https://shorturl.at/lrsJ4

5 Submission to the UN Universal Periodic Review Thirty Fifth Session of the UPR Working Group of the Human Rights Council January – February 2020 Submitted by: Equality Now, Sexual Assault Crisis Centre and the Armavir Development Centre NGO. https://saccarmenia.org/wp-content/uploads/2022/01/UNUPR-1.pdf

6 The survey on Domestic Violence against Women (DVAW). Analytical Report. 2021. https://armstat.am/en/?nid=82&id=2487

7 Report. Manifestations of Gender Based Violence Against Women Living with HIV and Women Intravenous Drug Users in the Republic Of Armenia. "Real World, Real People" NGO, 2021 https://shorturl.at/lrsJ4

8 Information provided by the "Real World Real People" NGO.

9 Data provided by the National Centre for Infectious Diseases

10 Report. Manifestations of Gender Based Violence Against Women Living with HIV And Women Intravenous Drug Users in The Republic of Armenia. "Real World, Real People" NGO, 2021, https://shorturl.at/lrsJ4. Information from focus group discussions conducted by RWRP

11 Data provided by the National Centre for Infectious Diseases

12 Data provided by the National Centre for Infectious Diseases

13 Ibid.

14 Data provided by the National Centre for Infectious Diseases

15 Ibid.

16 Ibid.

17 Integrated Bio-Behavioural Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

18 Ibid.

19 Law of the Republic of Armenia on Prevention of Disease Caused by Human Immunodeficiency Virus. Article 4

20 National Programme on HIV/AIDS Prevention in the Republic of Armenia 2022–2026, Paragraph 1.6.1

21 Decision of the Government of RA "On the approval of the health target programmes for 2022", September 30, 2021, N 1596-L. https://www.arlis.am/DocumentView.aspx?DocID=156457

22 Protocol Decision No. 25 of the Government of the Republic of Armenia dated June 15, 2017 "About the approval of the state target program for the prevention of HIV/AIDS in the Republic of Armenia for 2017-2021, a list of priority measures"; https://new.arlis.am/am/acts/5314

23 Order of the Minister of Health of the Republic of Armenia on the Approval of the Countermeasure Program on HIV/AIDS. 31 January 2022, N 375-L https://moh.am/uploads/375-L.pdf

24 Order of the Minister of Health of the Republic of Armenia on the Approval of the Countermeasure Program on HIV/AIDS. 31 January 2022, N 375-L https://moh.am/uploads/375-L.pdf

25 Eliminate inequality. End AIDS. Global AIDS Strategy 2021–2026. Joint United Nations Programme on HIV/AIDS, 2021, pp. 14–15. https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_ru.pdf

26 Integrated Bio-Behavioural Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID. https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

27 Paragraph 1. Chapter 8.

28 NSP 1.8

29 Clinical Guidelines for Treatment and Prevention of HIV Infection Using Antiretroviral Drugs, 2017, p. 196 https://ncid.am/uploads/shared-files/%D5%80%D5%A1%D5%AF%D5%A1%D5%BC%D5%A5%D5%BF%D6%80%D5%B8%D5%BE%D5%AB%D6%80%D5%B8%D6%82%D5%BD%D5%A1%D5%B5%D5%AB%D5%B6-%D5%A4%D5%A5%D5%B2%D5%A5%D6%80%D5%AB-%D5%AF%D5%AB%D6%80%D5%A1%D5%B-C%D5%B4%D5%A1%D5%B4%D5%A2-%D5%84%D4%BB%D4%B1%D5%8E-%D5%BE%D5%A1%D6%80%D5%A1%D5%AF%D5%AB-%D5%A2%D5%B8%D6%82%D5%AA%D5%B4%D5%A1%D5%B6-%D6%87-%D5%AF%D5%A1%D5%B6%D5%AD%D5%A1%D6%80%D5%A3%D5%A5%D5%AC%D5%B4%D5%A1%D5%B6-%D5%AF%D5%AC%D5%AB%D5%B6%D5%AB%D5%AF%D5%-A1%D5%AF%D5%A1%D5%B6-%D5%B8%D6%82%D5%B2%D5%A5%D6%81%D5%B8%D6%82%D5%B5%D6%81.pdf

30 Law of the Republic of Armenia About the Prevention of Diseases Caused by Human Immunodeficiency Virus http://www.parliament.am/legislation.php?sel=show&ID=1574&lang=rus

31 Information provided by the Ministry of Health

32 1 US dollar = 396.48 Armenian drams https://finance.rambler.ru/calculators/converter/2021-USD-AMD/?ysclid=ldr6wm-i4v8328406176

33 Armenia Demographic and Health Survey 2015–16, National Statistical Service, Yerevan and Armenia Ministry of Health, Yerevan, Armenia, https://nih.am/assets/pdf/dhs/DHS-2015-2016-english.pdf

34 Integrated Bio-Behavioural Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID. https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

35 Integrated Bio-Behavioural Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID. https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

36 Hereinafter the average number between the data of Vanadzor, Yerevan and Gyumri are indicated, according to the IBBS study

37 Integrated Bio-Behavioural Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID. https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

38 Focus group for sex workers on compliance of preventive programmes with gender needs of women. "New Generation" NGO.

39 Integrated Bio-Behavioural surveillance survey among people who inject drugs, female sex workers, men who have sex with men and transgender persons. NCID. 2018 https://ncid.am/uploads/shared-files/IBBS_ARMENIA_2018_eng_FINAL.pdf

40 Integrated Bio-Behavioural Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID. https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

41 https://ncid.am/uploads/shared-files/%D5%84%D4%B-

B%D4%B1%D5%8E-%D5%81%D4%BB%D4%B1%D5%80-%D5%AB%D6%80%D5%A1%D5%BE%D5%AB%D5%B3%D5%A1%D5%AF%D5%A8-%D5%80%D5%80-%D5%B8%D6%82%D5%B4-2022%D5%A9-3.pdf

42 Government of RA. 25/09/2015 Decision No. 1105-N "On Establishing the Procedure for Providing Baby Food and Related Products Free of Charge or at Reduced Prices"

43 Priority strategy for 2022–2026. (clause 2.3, clause 3.3)

44 "Law of the Republic of Armenia on Medical Care and Services to the Population," Ed. dated 06.05.2020, Article 13.14. Legislation: National Assembly of RA (parliament.am)

45 Decree of the RA Government N 1286 dated December 27, 2001

46 Report "Manifestations of gender-based violence against women living with HIV and women intravenous drug users in the RA". RWRP NGO. 2021 https://realwrp.org/news_attachments/42_-_%D4%B1%D5%B6%D5%A3%D5%AC%D5%A5%D6%80%D5%A5%D5%B6%20%D4%B6%D5%A5%D5%AF%D5%B8%D6%82%D5%B5%D6%81,%2021.02.22.pdf

47 "Clinical recommendations for the treatment and prevention of HIV infection using antiretroviral drugs" approved by order of the Minister of Health of the Republic of Armenia No. 2429-A dated August 7, 2017 (paragraph 264) https://www.moh.am/uploads/Draft_ART%20GUIDE_24%2007%2017%20(2).pdf

49 Decree of the Government of the Republic of Armenia No. 2129-N dated December 18, 2020. "On approval of the state program of the national immunization program for 2021–2025 and the list of priority activities of the national immunization programme"

50 Order of the Minister of Health of the Republic of Armenia dated December 5, 2017. N3467-A "On the implementation of vaccination against human papillomavirus infection in the Republic of Armenia." Order of the Minister of Health of the Republic of Armenia dated January 29, 2019. N194-A "On improving the vaccination process against human papillomavirus infection and extending the age of vaccination"

51 The procedure for conducting research related to sexually transmitted infections is determined by the order of the Minister of Health of the Republic of Armenia No. 02-N dated February 1, 2016 "Epidemiological control of sexually transmitted infections" No. 3.1.1- No. 031-2016 on the approval of sanitary rules and hygienic standards https://www.arlis.am/DocumentView.aspx?DocID=104180

52 Clinical recommendations on the principles of organizing and providing medical care to persons subjected to sexual violence", approved by Order N 2344-A of the Minister of Health dated August 6, 2013. https://armenia.unfpa.org/sites/default/files/pub-pdf/Clinical_guidelines_VSV_2014_with_cover.pdf

53 The procedure and conditions for termination of pregnancy were approved by Decree of the Government of the Republic of Armenia No. 180 of February 23, 2017. subparagraph 4 of paragraph 13. https://www.arlis.am/DocumentView.aspx?DocID=111980

54 Order of the Minister of Health of the Republic of Armenia N75-N, dated November 22, 2013, on Approval of State Standards for the Organization of Prevention and Treatment of HIV/AIDS

55 Legislation: National Assemly of RA (parliament.am) https://www.arlis.am/DocumentView.aspx?DocID=165185, RA Law on Social Assistance http://parliament.am/legislation.php?sel=show&ID=5161&lang=rus

56 Government Decree No. 1112-N dated September 25, 2015, Appendix N3 https://www.arlis.am/DocumentView.aspx?DocID=151134

57 Law of the Republic of Armenia on Prevention of Disease Caused by Human Immunodeficiency Virus. Article 15

58 Response to an official inquiry from the Ministry of Health of the Republic of Armenia

59 Article 4. Clause D. Law of the Republic of Armenia About the Prevention of Diseases Caused by Human Immunodeficiency Virus http://www.parliament.am/legislation.php?sel=show&ID=1574&lang=rus

60 Focus group of PLHIV on education.

61 Law of the Republic of Armenia on Human Reproductive Health and Reproductive Rights, article 5, paragraph 2

62 Law of the Republic of Armenia on Human Reproductive Health and Reproductive Rights, article 5. Legislation: National Assembly of RA (parliament.am)

63 Law of the Republic of Armenia on Prevention of Disease Caused by Human Immunodeficiency Virus, Article 10, part 6 http://www.parliament.am/legislation.php?sel=show&ID=1574&lang=rus

64 Law of the Republic of Armenia on Reproductive Health and Reproductive Human Rights Adopted Nov. 12, 2002 http://www.parliament.am/legislation.php?sel=show&ID=7162&lang=arm

65 Ibid., Article 4 Legislation: National Assembly of RA (parliament.am)

66 Family code of RA. Article 10.

67 Baseline study (5.0) on gender norms and stereotypes in the countries of the Eastern Partnership. UN Women, UNFPA. February 2022. https://eca.unwomen.org/sites/default/files/2022-03/BASELINE%20STUDY-5_0.pdf

68 The Invisible Rights of Women in the Republic of Armenia: The Overall State of Reproductive Health and Rights Among Various Groups of Women; https://rb.gy/53cz5

69 Armenia Demographic and Health Survey 2015-16, National Statistical Service Yerevan and Armenia Ministry of Health Yerevan, Armenia, August 2017. https://dhsprogram.com/pubs/pdf/FR325/FR325.pdf

70 HIV/AIDS and Sexually Transmitted Infections. Armenia Demographic and Health Survey 2010. Chapter 13 https://armstat.am/file/article/adhs_2010_ang_g_21.pdf

71 Programme of Measures for the Implementation of Gender Policy in the Republic of Armenia for 2019–2023, Chapter 4, Paragraph 3. (https://www.arlis.am/DocumentView.aspx?DocID=134904&fbclid=IwAR3HUJhP4sJvdBhacqRxSWWXlhbnFNlRUT5CvrYAo_mwlxapOUV9khw4K6w)

72 Code of Administrative Offenses, Article 44.2 https://www.arlis.am/DocumentView.aspx?DocID=138078

73 The minimum salary in Armenia is 75,000 AMD

74 Average US dollar exchange rate for 2021 = 503.81 drams

75 Criminal Code of the Republic of Armenia, Article 177 https://www.arlis.am/documentview.aspx?docid=153080

76 RA Administrative offences code, Article 179/1 https://www.arlis.am/documentview.aspx?docid=165459

77 Constitution of the Republic of Armenia The National Assembly of the Republic of Armenia, Article 29. | Official Web Site | parliament.am

78 Criminal Code of the Republic of Armenia, Article 155 https://www.arlis.am/documentview.aspx?docid=153080

79 Article 166 and 167 of the Criminal Code of the Republic of Armenia. https://www.arlis.am/documentview.aspx?docid=165459

80 Article 329 of the Criminal Code of the Republic of Armenia https://www.arlis.am/documentview.aspx?docid=165459

81 The Resolution of the Government of the Republic of Armenia, dated January 23, 2003, No. 175 N, titled "On establishing professional, physical training and health requirements for a police officer". https://www.arlis.am/DocumentView.aspx?DocID=154519

82 The Decree of the Government of the Republic of Armenia, dated April 12, 2018, No. 404-N, titled "On establishing a list of diseases that determine the degree of suitability of a citizen or military serviceman for military service, as well as conditions for military service despite the state of health of the citizen or military man".

83 The Decree of the Government of the Republic of Armenia, dated December 11, 1997, No. 573, titled "On approval of the list of prohibited activities for persons infected with the human immunodeficiency virus". https://www.arlis.am/DocumentView.aspx?DocID=6368

84 Family Code of the Republic of Armenia. http://www.parliament.am/legislation.php?sel=show&ID=2124&lang=rus

85 Baseline Study on Gender Norms and Stereotypes in the Countries of the Eastern Partnership. UN Women, UNFPA, February 2022. https://eca.unwomen.org/sites/default/files/2022-03/BASELINE%20STUDY-5_0.pdf

86 Integrated Bio-Behavioural Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID. https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

87 "Real World, Real People" NGO; Report on the Study of Discrimination in Various Areas of Public Life Against People Living With HIV/AIDS, LGBT Persons and IDUs. August, 2018. https://realwrp.org/news_attachments/32_-_7_-_6.pdf

88 The Decree of the Government of the Republic of Armenia dated September 19, 2019, No. 1334 L, pertains to the approval of the strategy and programme of activities for the Implementation of Gender Policy in the Republic of Armenia for the Period of 2019-2023. https://www.arlis.am/DocumentView.aspx?DocID=134904

89 Article 21 of the Civil Code of Armenia. https://www.arlis.am/documentview.aspx?docid=165459

90 Constitution of the Republic of Armenia. Article 38. https://www.arlis.am/documentview.aspx?docID=102510

91 Article 3.1 of the RA Labour Code http://www.irtek.am/views/act.aspx?aid=150003

92 UNAIDS, 2021, pp. 14–15

93 National Programme on HIV/AIDS Prevention in the Republic of Armenia 2022–2026, Ministry of Health Republic of Armenia, Yerevan, December 2021

94 CCM Working Group Function http://ccmarmenia.am/hy/cmm-armenia/working-groups/community-engagement-human-rights-and-gender-equality-working-group/crg-working-group-bylaws/

95 Baseline Study on Gender Norms and Stereotypes in the Countries of the Eastern Partnership. Prepared as part of the EU4 Gender Equality: Together Against Gender Stereotypes and Gender-Based Violence program, funded by the European Union and jointly implemented by UN Women and UNFPA. https://eca.unwomen.org/sites/default/files/2022-03/BASELINE%20STUDY-5_0.pdf

96 Ibid.

97 Ibid.

98 Survey on Domestic Violence Against Women. Analytical Report. 2021.

99 Article 3, 42, 43, 83, 100, 130, and 141 of the Constitutional Law of the Republic of Armenia and the Electoral Code of the Republic of Armenia, adopted on May 25, 2016. http://www.parliament.am/legislation.php?sel=show&ID=5479&lang=rus

100 Government of the Republic of Armenia, 19 September 2019, N 1334-L, on Approving the 2019-2023 Gender Policy Implementation Strategy and Program of Events in the Republic of Armenia. https://www.arlis.am/DocumentView.aspx?DocID=134904

101 Government of the Republic of Armenia on the Approval of the National Strategy for the Protection of Human Rights and the Plan of Actions for 2020–2022 Resulting from It, N 1978-L of December 26, 2019. https://www.arlis.am/DocumentView.aspx?DocID=159241

102 The RA Law on "The Prevention of Domestic Violence, Protection of Persons Subjected to Domestic Violence, and Restoration of Solidarity in Family", Article 3, 2.1 https://www.arlis.am/documentview.aspx?docID=118672

103 Criminal Code of the Republic of Armenia, Article 176

104 Ibid., Article 197

105 Criminal Code of the Republic of Armenia, Article 198

106 Labour Code, Article 3

107 RA Law "On Police," Article 43

108 Criminal Code of the Republic of Armenia, Article 441

109 http://pmg.am/hy/library/annual-reports

110 Yearly and Special Reports. Office of the Ombudsman of RA.https://www.ombuds.am/am/site/SpecialReports

111 RA Law on Prevention of Domestic Violence, Protection of Persons Subjected to Domestic Violence and Restoration of Family Solidarity, Article 5, https://www.arlis.am/documentview.aspx?docID=118672

112 Official website of the RA Ministry of Labour and Social Affairs. https://www.mlsa.am/?page_id=19928

113 Official Website of the Women's Support Centre NGO. https://www.womensupportcenter.org/?lang=en

114 https://www.justiceacademy ; https://www.justiceacademy.am/#1616

115 The survey on Domestic Violence against Women (DVAW). Analytical Report. 2021. https://armstat.am/en/?nid=82&id=2487

116 The survey on Domestic Violence against Women (DVAW). Analytical Report. 2021. https://armstat.am/en/?nid=82&id=2487

117 Report. Manifestations of Gender-Based Violence Against Women Living with HIV and Women Intravenous Drug Users in the Republic of Armenia. "Real World, Real People" NGO, 2021

118 The survey on Domestic Violence against Women (DVAW). Analytical Report. 2021

119 Report. Manifestations of Gender-Based Violence Against Women Living with HIV and Women Intravenous Drug Users in the Republic of Armenia. "Real World, Real People" NGO, 2021

120 Integrated Bio-Behavioral Surveillance Surveys and Key Population Size Estimations among People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men, and Transgender Persons. 2021. NCID. https://ncid.am/uploads/shared-files/Armenia_IBBS-2021_ENG.pdf

121 Annex 1 to the Order of the Minister of Health of the Republic of Armenia N 1350-a dated April 20, 2021. "Rules of the Commission on HIV/AIDS, Tuberculosis in the Republic of Armenia and Coordination of Measures to Combat Malaria" http://ccmarmenia.am/shared-files/1263/1350-CCM-order-Annex1-1.pdf

122 CCM Armenia Official Website. About Us. http://ccmarmenia.am/en/ccm-armenia/about-us/

123 Prime Minister of the Republic of Armenia Regulation N 347-A on Establishing a Commission to Coordinate Measures Against HIV/AIDS, Tuberculosis, and Malaria in the Republic of Armenia, as well as the Administration of the Republic of Armenia After Recognition of Decision N 785-A of August 19, 2011 Invalid. https://www.arlis.am/DocumentView.aspx?DocID=151422

124 CCM Working Group Function. Official Website. http://ccmarmenia.am/hy/cmm-armenia/working-groups/community-engagement-human-rights-and-gender-equality-working-group/crg-working-group-bylaws/

125 HIV Working Group Bylaws. CCM website. http://ccmarmenia.am/en/ccm-armenia/working-groups/hiv-working-group/hiv-working-group-bylaws/

126 Unified Website for Publication of Draft Legal Acts. RA Ministry of Justice https://www.e-draft.am/

127 Order of the Minister of Health No. 2912-A of 2020

128 RA Law "On Public Organizations", Article 10, part

129 Ibid., Article 9, part 3

130 Ibid., Article 24

131 RA Law "On Public Organizations", Article 7, para 3

132 Official Website of "Real World, Real People" Social NGO, https://realwrp.org/ Official Website of New Generation humanitarian NGO, https://ngngo.net/en/home/

UNAIDS
Joint United Nations
Programme on HIV/AIDS

UN House
14 Petros Adamyan str.
0010 Yerevan Armenia

Tel: +374 10 521341

unaids.org