

# Youth Partnership

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Partnership between the European Commission  
and the Council of Europe in the field of Youth



## CONTRIBUTION OF PARTNER COUNTRIES TO EU YOUTH WIKI

### CHAPTER 7: ARMENIA HEALTH AND WELL-BEING

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## Contents

7.1. General context .....	3
7.2. Administration and governance .....	5
7.3. Sport, youth fitness and physical activity .....	8
7.4. Healthy lifestyles and healthy nutrition .....	10
7.5. Mental health .....	12
7.6. Mechanisms of early detection and signposting of young people facing health risks .....	13
7.7. Making health facilities more youth friendly.....	16
7.8. Current debates and reforms .....	19

## 7.1. General context

### Main trends in the health conditions of young people

According to the Republic of Armenia (RA) Government's Promotion of Healthy Lifestyle [Strategic Plan](#), current lifestyle and behaviours result in over 25% of the overall burden of diseases. The main risk factors increasing the likelihood of developing diseases (cardiovascular diseases, tumours, external causes of death, respiratory and digestive system diseases) that will cause higher rates of death, illnesses and disabilities are all associated with lifestyle and harmful behavioural habits.<sup>1</sup>

According to the Armenian National Institute of Health, the most widespread risk factors within the 15+ age group of the Republic's population are as follows: daily use of cigarettes – 24% of the entire population (male – 50%, female – 2.3%); overweight and obesity – 49%; lack of physical activity – 17.5%; excessive use of alcohol – 8.2% (15% prevalence among male population).<sup>2</sup>

According to the Health Behaviour in School-aged Children (HBSC) study, 20% of the 17-year-olds surveyed admitted to occasional smoking, and 11% to regular smoking. Around 26% of boys smoke on a regular basis, while 8% of girls have tried smoking, but only 2% smoke on a regular basis.<sup>3</sup>

According to the research results of HBSC, the use of preventive health care services by adolescents is quite low. Around 43% of rural residents and 16% of urban residents have never visited their paediatrician or family doctor; 9% of 17-year-old Yerevan residents and 21% of the same age rural residents have never visited a dentist. In terms of rate of use of preventive health care services, the difference between girls and boys is insignificant.<sup>4</sup> Only 20% of young women and 13% of young men have comprehensive knowledge about HIV/AIDS. Comprehensive knowledge about HIV/AIDS increases with the age of the respondent. It does not vary between respondents who have been married and those who have never been married. Urban youth are more likely than those in rural areas to have comprehensive knowledge about HIV/AIDS. The proportion of young women and men with comprehensive knowledge about HIV increases dramatically as educational level increases.<sup>5</sup>

The study conducted by the UN Population Fund (UNFPA) indicates a controversial attitude of young people towards sexuality, sexual and reproductive health. On the one hand, regardless of how well-meaning women are and of whatever arguments and reasons they may advance, well over 80% of the surveyed respondents effectively deny women the right of control over their own bodies and sexuality and force them to conform to the norms

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1. RA Government's Promotion of Healthy Lifestyle strategic plan, Aroghj aprelakerpi xtanman razmavarakan tsragir, available at [www.e-gov.am/u\\_files/file/decrees/arc\\_voroshum/2104/11/50-4\\_1ardz.pdf](http://www.e-gov.am/u_files/file/decrees/arc_voroshum/2104/11/50-4_1ardz.pdf), accessed 29 October 2021.

2. Armenia's Demographic and Health Research, 2015-2016, available at <https://dhsprogram.com/pubs/pdf/FR325/FR325.pdf>, accessed 29 October 2021.

3. Health Behaviour in School-aged Children, available at <https://iite.unesco.org/wp-content/uploads/2020/01/Armenian-HBSC-2018-Arm.pdf>.

4. Ibid.

5. Ibid.

and standards imposed by the resurgent patriarchal mentality. On the other hand, on the whole, younger respondents (aged 18-24) are less susceptible to stereotypes regarding sexuality than older respondents. In contrast to male respondents, the proportion of the youngest female respondents agreeing with the statements that reproduce stereotypes is the smallest.<sup>6</sup>

According to the STEPS survey,<sup>7</sup> 21% of the Armenian population aged 18-69 is inactive, and does not meet the World Health Organization (WHO) physical activity requirement of at least 150 minutes of average weekly activity. Nearly one-fifth of adults (78%), particularly women (89%), do not engage in high-intensity physical activity. Half of the total physical activity (51%) is related to transport, 44% to work, and 5% to leisure.

According to the HBSC data, the vast majority of adolescents in Armenia do not meet the minimum requirement for physical activity. Only about 30% of adolescents are physically active for at least one hour a day. According to the WHO recommendations, children 5-17 years old and adolescents should do at least 60 minutes of moderate-intensity physical activity daily.

A comparison of the latest available data from the WHO [European Database](#) (Health for All) by country and region shows that life expectancy at birth in Armenia is higher than the Commonwealth of Independent States (CIS) average.

## **Main concepts**

Preventive health care visits are not a common practice for young people. Educational institutions also disregard this issue. Students are not aware of health care services provided at their educational institutions. Some students mention that their blood pressure would sometimes be checked before physical training classes, but this was not a regular practice. The situation is also alarming at schools and other educational institutions, where medical check-ups are just a formality. Hence, there are serious problems relating to the availability and use of health care services in Armenia. The predominant approach is still reflected in the belief that doctors are there for emergency cases. The integration of the internationally accepted friendly health care model is important for Armenia.<sup>8</sup>

Survey data on self-evaluation of health have shown that men, including young men, are more satisfied with their health than women. At the same time, responses to the

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6. Men And Gender Equality In Armenia Report on Sociological Survey Findings, United Nations Population Fund Armenia, 2016, available at [https://armenia.unfpa.org/sites/default/files/pub-pdf/MEN%20AND%20GENDER%20EQUALITY\\_Final\\_0.pdf](https://armenia.unfpa.org/sites/default/files/pub-pdf/MEN%20AND%20GENDER%20EQUALITY_Final_0.pdf), accessed 29 October 2021.

7. The following topics were included in the survey: tobacco use, alcohol consumption, diet, physical activity, history of raised blood glucose, history of raised blood pressure, and history of raised total cholesterol, history of cardiovascular diseases, lifestyle advice, and cervical cancer screening. Additionally, the following measures were taken: blood pressure, height, weight, waist circumference, hip circumference, heart rate, fasting blood glucose, total cholesterol, HDL cholesterol, urinary sodium and urinary creatinine.

8. National Human Development Report 2018/2019, The Right to a future: Youth that transforms Armenia, Armenia, 2019, available at [http://hdr.undp.org/sites/default/files/2019\\_nhdr\\_armenia.pdf](http://hdr.undp.org/sites/default/files/2019_nhdr_armenia.pdf), accessed 29 October 2021.

questions could be connected with gender views and stereotypes, according to which complaining does not benefit men; they should be strong and tough. This type of attitude leads to many problems: men more rarely seek a diagnosis, thus missing the possibility of starting to treat illnesses at their earlier stages, and rarely admit depression.

## **7.2. Administration and governance**

### **Governance**

The [Ministry of Health](#) of the RA (hereinafter – MoH) is the executive power body which develops and implements health policy of the Government of Armenia.

The goals of the MoH are:

- a) human and public health protection, health improvement, prevention of disease, disability and mortality reduction;
- b) the development of government policy and its implementation in the RA;
- c) maintenance of maternal and child health care;
- d) public health and sanitary epidemiological security of the population;
- e) maintenance of employees' health and security.<sup>9</sup>

The [National Institute of Health](#) implements activities aimed at solving problems arising from the main directions of health care development; scientifically substantiates and develops models of health organisation, management and accounting, and medical-economic standards; and prepares drafts of relevant normative documents.

In particular, the Institute implements:

- development of clinical guidelines and manuals;
- development, introduction and control of clinical standards, structural and financial support mechanisms;
- postgraduate continuous trainings to increase the knowledge of doctors, dentists, pharmacists, medical staff, continuous professional development;
- scientific research and monitoring in order to study the health care situation of society;
- recruitment of medical staff and database development of medical staff;
- provision of dental services;
- co-operation with national and international companies;
- scientific-methodological and structural assistance to health authorities;
- publication activity (normative acts, reports on scientific methodology etc.);
- organisation of scientific conferences and seminars to develop health care in the country;

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9. Prime Minister of the Republic of Armenia Decision, 11 June 2018, N 728-L, To Approve the Charter of the Ministry of Health of the Republic of Armenia, HH varchapeti voroshumy HH aroghjapahutyany naxararutyany kanonadrutyany hastatelu masin, available at [www.moh.am/uploads/728%20Statute.pdf](http://www.moh.am/uploads/728%20Statute.pdf), accessed 2 November 2021.

- analysis of medical statistics, collection of medical and sanitary information from health care institutions;
- collection and analysis of epidemiological information on drugs.<sup>10</sup>

The Ministry of Education, Science, Culture and Sport has the following goals relating to health care:

- creation and development of a modern system of population health and physical education based on science-based policy;
- supporting the increase in the role of physical culture, sports, comprehensive and harmonious development of the individual, strengthening of the population's health, formation of a healthy lifestyle, active rest;
- development of a scientifically substantiated system of physical education of the population and training of athletes.<sup>11</sup>

The spheres of activities of the Standing Committee on Health Care at the National Assembly of the RA are:

- health care;
- motherhood;
- childhood;
- the production, import and safety of drugs;
- sanitary and epidemiological safety and laws regulating those areas.<sup>12</sup>

The Medical Complex "Arabkir" – Institute of Child and Adolescent Health was established in 2003. The mission of the Institute is to promote the development of child and adolescent health. The main directions of activity are:

- collection of information on the health situation of children in Armenia – implementation of research and analysis of collected information;
- participation in the development of national policy and regulations;
- development and implementation of professional, educational and investment programmes;
- development of clinical guidelines in the field of child and adolescent health;
- capacity building of medical staff by organising training courses, seminars and lectures;

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10. The Charter of National Institute of Health, Aroghjapahutyany azgayin institute kanonadrutyuny, available at [www.moh.am/uploads/kanon\\_popox\\_2019.pdf](http://www.moh.am/uploads/kanon_popox_2019.pdf), accessed 2 November 2021.

11. The Charter of the Ministry of Education, Science, Culture and Sport of RA, Kanonadrutyun HH krtutyany, gitutyany, mshakuyti yev sporti nakhararutyany, available at [www.arlis.am/DocumentView.aspx?DocID=142270](http://www.arlis.am/DocumentView.aspx?DocID=142270), accessed 2 November 2021.

12. National Assembly of the Republic of Armenia Permanent health issues COMMISSION WORK 2021, Hayastani Hanrapetut'yan Azgayin zhoghovi arrohjapahut'yan hartseri mshtakan handznazhoghovi 2021 tvakani ASHKHATAKARG, available at [www.parliament.am/committee\\_docs8/AhH/300821\\_AhH\\_Voroshum\\_Havelvats.pdf](http://www.parliament.am/committee_docs8/AhH/300821_AhH_Voroshum_Havelvats.pdf).

- support for measures to protect the rights of children;
- implementation of works aimed at promoting a healthy lifestyle;
- improving access to and quality of the health care services provided in a youth-friendly environment;
- assistance in the development of services aimed at improving the early detection and management of chronic diseases in children;
- organising visits of mobile medical teams to different regions of Armenia to provide specialised medical care.<sup>13</sup>

### **Cross-sectoral co-operation**

The purpose of the Regulation on Cross-sectoral Social Co-operation in Armenia is to identify individuals (families) in need of social assistance, to develop and implement individual social programmes, and to ensure ongoing monitoring. The problematic cases to be taken into account in frames of the cross-sectoral cooperation are related the issues of drop out from primary health care services; provision of professional help for persons with mental health problems.<sup>14</sup>

The Ministry of Health works in co-operation with a number of ministries:

- co-operation with the Ministry of Economics and the Ministry of Education, Science, Culture and Sport is aimed at strengthening institutional capacity to prevent non-communicable diseases;
- co-operation with the Ministry of Economics, the Ministry of Education, Science, Culture and Sport, the Ministry of Environment and the Ministry of Labour and Social Affairs is aimed at raising awareness of the impact of risk factors for non-communicable diseases;
- the goal of co-operation with the Ministry of Education, Science, Culture and Sport, the Ministry of Environment and the Ministry of Labour and Social Affairs is implementation of complex measures aimed at a healthy lifestyle of children;
- co-operation with the Ministry of Education, Science, Culture and Sport, the Ministry of Environment, the Ministry of Labour and Social Affairs and the Ministry of Territorial Administration and Infrastructure is aimed at creating favourable conditions for the promotion of a healthy lifestyle.<sup>15</sup>

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13. The Statute of Institute of Child and Adolescent Health, available at [www.arabkirmc.am/files/60d5bd8ec19e2.pdf](http://www.arabkirmc.am/files/60d5bd8ec19e2.pdf), accessed 11 November 2021.

14. Government of the Republic of Armenia Decision 10 September 2015 N 1044-N On the Establishment of the Cross-sectoral Social Co-operation Regulation, Hayastani Hanrapetutyun karravarutyun voroshum 10 septembari 2015 tvakani n 1044-n mijgerateschakan sotsialakan hamagortsaksutyun kanonakargy sahmanelu masin, available at [www.irtek.am/views/act.aspx?aid=82045](http://www.irtek.am/views/act.aspx?aid=82045), accessed 2 November 2021.

15. RA Government's Promotion of Healthy Lifestyle strategic plan, Aroghj aprelakerpi xtanman razmavarakan tsragir, available at [www.moh.am/uploads/827.1.pdf](http://www.moh.am/uploads/827.1.pdf), accessed 3 November 2021.

### 7.3. Sport, youth fitness and physical activity

#### National strategy(ies)

The government approved a National Programme for Mass Dissemination of Physical Culture and Sports in 2017.<sup>16</sup>

The key objectives of the programme are:

- ensuring the popularisation of physical culture and sports among the population of the RA;
- increasing the level of physical fitness among the population of the RA;
- enhancing the necessary state of health and working capacity among the population of the RA, ensuring the necessary readiness and physical training for the defence of the homeland;
- promoting the demand of the population of the RA to consciously engage in physical culture and sports, to lead a healthy lifestyle, to engage in physical culture and sports in different age groups of the population;
- ensuring the mastery of the methods, means and training of independent physical training methods in the society.

The programme consists of 10 levels, including the following age groups:

- 1) First level, 6-9 years old;
- 2) Second level, 10-11 years old;
- 3) Third level, 12-13 years old;
- 4) Fourth level, 14-15 years old;
- 5) Fifth level, 16-17 years old;
- 6) Sixth level, 18-29 years old;
- 7) Seventh level, 30-39 years old;
- 8) Eighth level, 40-49 years old;
- 9) Ninth level, 50-59 years old;
- 10) Tenth level, 60 years old and over.

The implementation of the National Programme is under the direct responsibility of the Ministry of Education, Science, Culture and Sport. The programme has been fully operating since 2020.

#### Promoting and supporting sport and physical activity among young people

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16. National Programme for Mass Dissemination of Physical Culture and Sports, Fizikakan kulturayi yev sporti massayakan taratsman azgayin tsragir, available at <https://escs.am/files/files/2019-08-07/55ce818a43829e73507ac1580fa01fd6.pdf>, accessed 3 November 2021.



The government approved an Annual Programme for Development of Physical Culture and Sport in 2021.<sup>17</sup>

The main objectives of the programme are:

- 1) development and implementation of a legal-economic mechanism to ensure the social priority of the development of physical culture and sports;
- 2) creation of conditions for the increase and development of the effectiveness of the physical education system for the population;
- 3) increasing the level of the population's health, physical development and physical fitness;
- 4) ensuring the effective preparation and participation of athletes, national teams in sports, participation in the Olympic and Paralympic Games, World and European Championships and other major international tournaments;
- 5) improving the personnel training system, development of material and technical base of physical culture and sports;
- 6) expansion of international relations in the field of physical culture and sports;
- 7) improving the management system for development of the sector.

The implementation of the Annual Programme is under the direct responsibility of the Ministry of Education, Science, Culture and Sport. The main source of funding is the state budget of the RA.

### **Physical education in schools**

The main goal of the "Physical Culture" mandatory educational subject for grades 1-12 in secondary schools in Armenia is to create a healthy, well-developed, ready-for-work-activity, self-confident, emergency-oriented and proactive citizen with a healthy and safe lifestyle.

Types of educational activities:

- transfer of theoretical knowledge about physical education through conversation, narration, explanation of educational material and instructions;
- demonstration of exercises, presentation of posters and films; group exercises,
- implementation of independent and collaborative work with the help of new technologies and computer programmes;
- compulsory training groups, which are chosen by the students but may not be attended by children who are already attending sports clubs.

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17. Annual Programme for Development of Physical Culture and Sports, Fizikakan kulturayi yev sporti zargatsman 2021 tvakani tarekan tsragir, available at [www.arlis.am/DocumentView.aspx?docID=146410](http://www.arlis.am/DocumentView.aspx?docID=146410), accessed 3 November 2021.

[The Republican Sports Federation of School-aged Children](#) was established in 2006. In 2011, the federation became a full member of the International School Sport Federation. It helps to form teams according to sports in general education schools. The federation includes young athletes in the Olympic movement and prepares them for major international start-ups through various events. The winners of the Republican Championship get a chance to take part in the World School Championship organised by the International School Sport Federation. The schoolchildren of Armenia have already taken part in International Gymnasiade.

### **Collaboration and partnerships**

Several components on physical activity are incorporated into the National Healthy Lifestyle Strategy. Guidelines on physical activity do not exist, but there are standards for sports schools. In addition, youth-focused NGOs have launched multi-sectoral initiatives and ad hoc community actions to promote physical activity.<sup>18</sup>

## **7.4. Healthy lifestyles and healthy nutrition**

### **National strategy(ies)**

The Government of the RA approved the Promotion of Healthy Lifestyle Strategic Programme in 2014.<sup>19</sup>

The goal of the programme is to develop and introduce legislative, structural mechanisms aimed at promoting a healthy lifestyle, will improve mental health, and reduce trauma.

Monitoring of the strategic programme is carried out by the Ministry of Health of the RA and stakeholder agencies. The monitoring of the programme is carried out through administrative statistical reports with defined information flows, as well as the results obtained during special studies. In particular, it is planned to collect information on the dynamics of indicators using the annual national report [Assessment of the activity of the health care system of Armenia](#), regular surveys on tobacco use among adolescents, demographic and health studies, and other tools.

Promoting a healthy lifestyle among young people is also regulated by the state youth policy concept.

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18. Technical report on the self-assessment of essential public health operations in the Republic of Armenia (2018), available at [www.euro.who.int/data/assets/pdf\\_file/0009/368640/Technical\\_report\\_public\\_health\\_operations\\_in\\_Republic-of-Armenia.pdf](http://www.euro.who.int/data/assets/pdf_file/0009/368640/Technical_report_public_health_operations_in_Republic-of-Armenia.pdf), accessed 1 December 2021.

19. RA Government's Promotion of Healthy Lifestyle strategic plan, Aroghj aprelakerpi xtanman razmavarakan tsragir, available at [www.e-gov.am/u\\_files/file/decrees/arc\\_voroshum/2104/11/50-4\\_1ardz.pdf](http://www.e-gov.am/u_files/file/decrees/arc_voroshum/2104/11/50-4_1ardz.pdf), accessed 1 December 2021.

- a. A healthy lifestyle not only improves the physical and mental health of an individual, but also contributes to the reinforcement and well-being of society as a whole. Physical activity and sports are considered to be an important component of a healthy lifestyle, not only being a good tool for preserving and strengthening health, but also fostering the formation of a system of universal values and the development of moral-volitional qualities of a personality.
- b. Physical activity and sports are perceived by society as a means for a young person's overall spiritual and physical development, health reinforcement, disease prevention, formation of a healthy lifestyle, and organisation of leisure activities.
- c. It is therefore of particular importance to boost sports and a healthy lifestyle among young people, as well as to create the necessary conditions for the promotion of a healthy lifestyle.
- d. In the context of promotion of a healthy lifestyle, the state highlights the importance of the fight against tobacco use and drug addiction among young people, of taking measures against prevention of HIV/AIDS, tuberculosis and other infectious diseases, as well as shaping safe sexual behaviour among young people.
- e. Reproductive health is an important component of a healthy lifestyle, and the related issues include the lack of sexual education, the prevalence of sexually transmitted diseases, infertility, etc., which are not only health problems but also greatly affect demographic security. It is therefore of particular importance for the state to take comprehensive measures against the above-mentioned problems.<sup>20</sup>

### **Encouraging healthy lifestyles and healthy nutrition for young people**

According to an HBSC study data conducted in Armenia in 2018, 70% of adolescents consume sweets several times a day. Vegetables are regularly consumed by adolescents – 43%; fruit – 57%; sweet carbonated drinks – about 30%. Alcohol has been used in 58% of 15-year-old boys and 38% of girls. 21% of 15-year-old boys have ever smoked, and 3% of girls. The results of the survey show that Armenian youth consume too many sweets, almost twice as many as those in other countries in Europe and Central Asia. Almost 50% of teenagers use sweets (i.e. pastries, desserts, confectionery) every day. Sweets are consumed several times a day by 70% of 13-year-old girls, 61% of boys, 68% of 15-year-old girls, 64% of boys, and an average of 51% of 17-year-olds. About 26% of 13-year-old girls and 29% of boys use soft drinks, and 30% of 17-year-olds consume soft drinks every day.

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20. Extract from the Government Session Protocol, Decision of the Government of the Republic of Armenia N54 of 25 December 2014 on Approving the Youth State Policy Concept of the Republic of Armenia (Hayastani Hanrapetutyun karavarutyun nisti ardzanagrutyunic qaghvacq Hayastni Hanrapetutyun eritasardakan petakan qaghaqakanutyun hayecakargin havanutyun talu masin, 25 dektemberi 2014 tvakani N54), available at [www.arlis.am/DocumentView.aspx?DocID=96116](http://www.arlis.am/DocumentView.aspx?DocID=96116), accessed 5 November 2021.

To ensure the continuation and development of the Sustainable School Food programme implemented by the Government of the RA and World Food Programme,<sup>21</sup> the [Sustainable School Food Foundation](#) was established by the decision of the Government of the RA N 1391-N of 22 December 2016:

- 1) ensuring the efficiency of a healthy, varied, balanced food supply to learners in educational institutions;
- 2) contributing to the improvement of the quality of education, health and social protection of learners;
- 3) promoting the organisation of healthy food in educational institutions, the formation of a healthy lifestyle;
- 4) promoting local production;
- 5) involvement of the community, business sector, diaspora organisations and other donors in the organisation of school food and development.<sup>22</sup>

### **Health education and healthy lifestyles education in schools**

Learners are receiving knowledge and skills on healthy lifestyle in the framework of the Physical Culture mandatory subject 8-11 grades. The main goal of the Physical Culture mandatory educational subject for grades 1-12 in secondary schools in Armenia is to create a healthy, well-developed, ready-for-work-activity, self-confident, emergency-oriented and proactive citizen with healthy and safe lifestyle. The [course](#) covers the following topics: healthy eating, bad habits, sexual maturation, reproductive health, HIV/AIDS prevention, sexually transmitted infections, the consequences of unwanted pregnancy and abortion, family planning, stress management, gender roles, sexual violence, trafficking, etc. on the principle of interactive lessons, discussions, and teaching methods based on situational problems and strategies.

### **7.5. Mental health**

#### **National strategy(ies)**

The field of mental health in the RA is mainly regulated by the Law on Mental Health Care and Service, approved in 2004 and adopted in 2020.<sup>23</sup> There is no separate provision in the law regarding the mental health of young people. The 2014-2019 Strategy for Mental Health Care and Improvement in the RA also does not contain a specific provision for young

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21. "Sustainable School Food" Strategy and Implementation Programme, Kaghvatsk Hayastani Hanrapetutyann karavarutyann nisti ardzanagrutyunits 22 ogostosi 2013 tvakani n 33 8. «Kayun dprotsakan snund» tsragri rrazmavarutyann u dra irakanatsman mijotsarumneri, available at <https://escs.am/files/files/2019-07-06/91a37bb7e3adcf19826e8972eedccdac.pdf>, accessed 3 November 2021.

22. Hayastani Hanrapetutyann 2018-2020 tvakaneri petakan mijnazhamket tsakhseri tsragir, Krtutyun yev gitutyun, available at <https://escs.am/am/news/4419>, accessed 3 November 2021.

23. Law on Mental Health Care and Service, Hogebughakan ognutyann yev spasarkman masin Orenky, available at [www.arlis.am/documentview.aspx?docid=144100](http://www.arlis.am/documentview.aspx?docid=144100), accessed 5 November 2021.

people,<sup>24</sup> and the Concept for Mental Care and Alternative Social Services provides employment for young people only.

The mental health is among the other problems faced by the youth mentioned in the Concept of the State Youth Policy of the RA.<sup>25</sup> Mental health is mentioned in the context of a healthy lifestyle; however, at the level of factors, reference is made only to the components of physical health. No official document of the RA has formulated any state policy on youth mental health. The concept of mental health care for children and adolescents is not well developed: many interventions are fragmented and controversial.

### **Improving the mental health of young people**

Currently the youth programmes are mainly implemented in the following areas: employment, social entrepreneurship, professional orientation, civic-cultural participation, healthy lifestyle. In the meantime, there are few programmes implemented in the field of health and preventive health care. Mental health programmes target soldiers and their families by providing psychotherapy and diagnostic services.

There are also programmes for young people from Artsakh, and women and girls with disabilities.<sup>26</sup>

## **7.6. Mechanisms of early detection and signposting of young people facing health risks**

### **Policy framework**

The RA Law on Medical Aid and Service of the Population is regulating primary medical care and specialised medical care provision. In 2020, large-scale changes were made in the law:

- 1) legal regulations have been established for the processing and transfer of personal data, in particular medical confidentiality, including provisions providing for liability, respect for the privacy of citizens, inviolability of privacy, and the protection of the confidentiality of personal data;
- 2) a more clearly formulated framework of patients' rights and responsibilities has been established, ensuring that their rights are more effectively exercised;

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24. The 2014-2019 Strategy for Mental Health Care and Improvement in the Republic of Armenia, Razmavarutyun Hayastani Hanrapetutyunum hokekan arrohjutyun pahpanman yev barelavman 2014-2019 tvakanneri, available at [www.e-gov.am/u\\_files/file/decrees/arc\\_voroshum/2104/04/15-1ardz.pdf](http://www.e-gov.am/u_files/file/decrees/arc_voroshum/2104/04/15-1ardz.pdf), accessed 5 November 2021.

25. Extract from the Government Session Protocol, Decision of the Government of the Republic of Armenia N54 of 25 December 2014 on Approving the Youth State Policy Concept of the Republic of Armenia (Hayastani Hanrapetutyun karavarutyun nisti ardzanagrutyunic qaghvacq Hayastni Hanrapetutyun eritasardakan petakan qaghaqakanutyun hayecargin havanutyun talu masin, 25 dektemberi 2014 tvakani N54), available at [www.arlis.am/DocumentView.aspx?DocID=96116](http://www.arlis.am/DocumentView.aspx?DocID=96116), accessed 5 November 2021.

26. Mental Health of Youth during COVID-19, available at [https://yic.am/wp-content/uploads/2021/08/Report\\_-1.pdf](https://yic.am/wp-content/uploads/2021/08/Report_-1.pdf), accessed 5 November 2021.

- 3) legal bases have been established for the introduction and implementation of the e-health system;
- 4) the peculiarities of the organisation of medical care and services for the victims in case of emergency situations (military, terrorist, etc.) are regulated by law;
- 5) the list of medical examinations has been clarified, the legislative gaps have been filled, the cases of obligatory forensic medical examinations have been defined;
- 6) co-operation relating to the circulation of medical products has been regulated by law; complete legislation in the field of registration, import, circulation, modern institutional structures has been established;
- 7) relations between medical worker and patient, and medical worker and medical worker, have been improved; their regulation is carried out by applying the rules of ethics defined by the legislation; an ethics commission has been established to investigate violations of the rules of ethics of professional activity;
- 8) the types of medical care, service, and telemedicine have been defined; authorising norms have been fixed to define the procedure for its implementation;
- 9) the provision of laboratory activities, the system of the general laboratory network, the functions of the laboratories of each level included in the network, and the requirement of the quality management system and the basic concepts have been defined.<sup>27</sup>

According to the 2020 legislative changes to the RA Law on Medical Aid Service, the definition of the following concepts has been included: medical care quality; continuous improvement of the quality of medical care; quality management system and standards, which were not defined by the RA legislation at all until 2020.

In the legislative changes, special attention was paid to the issue relating to the right to informed consent for children and persons with disabilities.

The target programmes implemented by the state in the field of health care in 2021 are:

- 1) ensuring primary health care of the population;
- 2) provision of medical care and service to persons from separate (special) groups of the socially vulnerable population;
- 3) provision of medical care for social and diseases of special significance;
- 4) ensuring the protection of the mother and child;
- 5) ensuring the hygienic epidemiological security of the population.

Within the framework of the state-targeted health programmes, free medical care on preferential conditions guaranteed by the state is provided at the expense of the state

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27. Law on medical care and service of the population, Bnakchutyan bzhshkakan ognutyany yev spasarkman masin HH orenq, available at [www.arlis.am/documentview.aspx?docID=104958](http://www.arlis.am/documentview.aspx?docID=104958), accessed 8 November 2021.

budget of the RA in accordance with the procedure established by the Government of the RA.

One of the target programmes is to ensure early detection of social and special significance diseases, prevention, organisation of medical care for patients and continuous monitoring, promotion of knowledge on hygiene among the population in 2021.

Social and special significance diseases are:

- 1) infectious diseases (including tuberculosis, HIV/AIDS, sexually transmitted diseases, other bacterial-viral diseases);
- 2) diseases of the cardiovascular system;
- 3) diseases of the nervous system;
- 4) eye diseases;
- 5) mental disorders;
- 6) malignant neoplasms;
- 7) diabetes;
- 8) alcoholism, drug addiction and poisoning;
- 9) injuries and poisonings;
- 10) recurrent disease.<sup>28</sup>

The Law of the RA on Reducing and Preventing the Damage Caused by the use of Tobacco Products and their Substitutes was approved in 2020. It aims to protect present and future generations from the adverse effects of tobacco, tobacco products, tobacco substitutes, the harmful effects of tobacco smoke, their negative impact on the social, economic and environmental spheres, rooting out the use of substitutes as unhealthy and unacceptable behaviour.<sup>29</sup>

Free medical assistance and service to children and adolescences (0-18) is guaranteed by the State Standard of Organisation of Child Medical Care and Service.<sup>30</sup>

The following services for children and adolescents are funded by the state:

- 1) free obstetric services for all pregnant women and neonates including regular check-ups, delivery and postnatal care for both mother and child;

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28. State Health Programmes for 2021, 2021 tvakani arrohjapahakan petakan npatakayin tsragrery, [available at www.arlis.am/documentview.aspx?docid=146404](http://www.arlis.am/documentview.aspx?docid=146404), accessed 8 November 2021.

29. Law on Reduction and Prevention of Health Damage as a Result of Use of Tobacco Products and their Replacements, Tskhakhotayin Artadratesakneri Yev Drants P'vokharinichneri Ogtagortsman Hetevankov Arrohjutyany Hastsvogh Vnasi Nvazets'man Yev Kankhargelman Masin Orenk, available at [www.arlis.am/DocumentView.aspx?docid=139759](http://www.arlis.am/DocumentView.aspx?docid=139759), accessed 5 November 2021.

30 State Standard of Organization of Child Medical Care and Service, Petutyany koghmits yerashkavorvats anvchar bzhshkakan ognutyany yev spasarkman shrjanaknerum yerekhaneri bzhshkakan ognutyany yev spasarkman kazmakerpman chapvoroshich, available at [www.arlis.am/documentview.aspx?docid=97376](http://www.arlis.am/documentview.aspx?docid=97376), accessed 8 November 2021.

- 2) outpatient services for children 0-18 years of age provided by the local polyclinics and ambulatories (where child is “registered”) (i.e., regular check-ups at home and/or at facility [6 times during first year of life, twice during second year], vaccinations according to the national immunisation calendar, consultations at outpatient facilities, or home visits for acute diseases). The state provides approximately €15 per child annually for the health facilities;
- 3) some outpatient laboratory and diagnostic services;
- 4) emergency admissions for all children;
- 5) inpatient services for all children 0-7 years of age and for the children of socially vulnerable groups (certified by the government as having low family income) 0-18 years of age;
- 6) some services and medicines for children with chronic health conditions (e.g., diabetes, epilepsy, arthritis) provided by special follow-up national centres (usually these are licensed by the MoH units within large hospitals) or by polyclinics;
- 7) some inpatient and outpatient rehabilitation and recreation services for children with developmental problems/disability (e.g., cerebral palsy, autism); and
- 8) emergency outreach services for providing special assistance to patients from the provinces who need specialised care not available at local level.

### **7.7. Making health facilities more youth friendly**

The basics of youth-friendly approaches were introduced in 2006 in some health institutions in Armenia.<sup>31</sup> A model of adolescent-friendly health services has been introduced under the support of the World Health Organization, UNICEF, and the United Nations Population Fund. Currently, the project on integration of adolescent health services, school health services, schools, and social services is on track.

The health system of Armenia comprises a network of state-owned, region-owned, and private health facilities. Health services are also under the overall governance of other sectors than the MoH.

Child health care services in Armenia are provided in polyclinic health care (PHC) and hospital facilities. Specialised (secondary-level) outpatient services are currently provided by subspecialists in either the polyclinic or by hospital physicians. Most hospitals provide both inpatient and outpatient services. All PHC services are provided free of charge.

Child public health care services are under the centralised supervision of the MoH. PHC facilities provide health screening and immunisations as well as consultations and identification of communicable diseases among registered children in their districts according to the standards approved by the MoH.

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31. Child and Adolescent Health in Armenia: Experiences and Learned Lessons, Sergey Sargsyan, MD, PhD Yeva Movsesyan, MD, Marina Melkumova, MD, Ara Babloyan, MD, PhD, 2016.



Gynaecologists from maternity units work in polyclinics and are responsible for basic screening of pregnant women according to the approved MoH standards. Women from high-risk groups are screened for toxoplasmosis, rubella, cytomegalovirus, and herpes infections. Almost 100% of Armenian children are born in maternity units. All of these units have neonatal services. However, there is a lack of neonatologists in many provinces, and neonatal care is provided by paediatricians who are not always specialists in neonatal intensive care. Neonatal services in maternity hospitals provide neonatal screening for congenital hypothyroidism, phenylketonuria, hearing disability, and hip dislocation under the direct supervision of the specialised centres and the MoH.

According to national regulations, each parent has the right to make a choice of the polyclinic's health care facility and doctor; however, in the majority of cases, the prevailing factor in such a decision is proximity (i.e., patients are served by local facilities and physicians are responsible for their area of residence). The polyclinic's health care staff includes general practitioners (theraputists) and paediatricians who have a defined population under their care. Particularly, in the case of the paediatrician, the size of the children's (aged 0-18 years) population served varies from 600 to 1 200 depending on such factors as location and availability of paediatricians.

There is currently a problem relating to the physical availability and affordability of health care services. The majority of health care institutions specialising both in outpatient treatment and in inpatient treatment are located in Yerevan and, with a partial volume of service, in several provinces. Therefore, a number of studies show a difference between the levels of availability of health care services in urban and rural residential areas. For instance, a number of RA medical institutions were visited within the framework of the Research on Promoting Sexual and Reproductive Health Rights in Armenia in collaboration with the RA Human Rights Defender's office, as well as the 2015 UNFPA Strengthening Sexual and Reproductive Health Services programme. The research indicated an imbalance between health care services in villages and cities/towns – some services were not available in villages; as a result, women had to travel to the nearest city.<sup>32</sup>

In the last decade, the quality of care for children with chronic disease has significantly improved, particularly because of the development of special units for asthma, diabetes, familial Mediterranean fever and rheumatic diseases. These centres provide direct care as well as clinical guidelines for other care providers.

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32. National Human Development Report 2018/2019. The Right to a future: Youth that transforms Armenia, Armenia. 2019, available at [http://hdr.undp.org/sites/default/files/2019\\_nhdr\\_armenia.pdf](http://hdr.undp.org/sites/default/files/2019_nhdr_armenia.pdf), accessed 9 November 2021.

An e-health programme in Armenia is currently in the implementation phase. Implementation of the system is proceeding in accordance with programmes approved by the Government of Armenia in [2017-2023](#), and [2019](#). In Armenia, the concept of e-health was formed in 2010, with the adoption of [Protocol No. 50](#) “Approval of Electronic Information System implementation concept for Healthcare in RA” by the Government of the RA. In the same year, the Ministry of Economy and the Ministry of Health of Armenia signed a memorandum for introduction of the E-health platform in Armenia. The coordination and implementation of the project was assigned to ["EKENG"](#) CJSC.

According to the Protocol [decision N 43](#) “Implementation of the Electronic Information System in Healthcare system of the RA” approved by the Government of the RA on 25 October 2015, implementation of e-health in Armenia is expected to reach following goals:

- provide complete information about episodes of medical care and services provided, reduce time and money citizens spend on health, diminish malpractice and encourage treatments, researches, appointments;
- reduce public health expenditures due to the access to full up-to-date information. Also, improve quality of health care, ensure transparency, collect accurate statistics and allow medical professionals access to patients’ health records at any time it is required;
- optimise health care business processes and costs;
- replace paper prescriptions with e-prescriptions, and consequently enable doctors to send digital prescriptions to any medication distributor (pharmacy), making the process more efficient and convenient. This option will allow control of the accuracy and relevance of performed prescriptions and reduce miscommunication-associated risks;
- allow insurance companies to use information related to calculation and general control of insurance plans.<sup>33</sup>

Now, the [National Electronic Healthcare Operator](#) CJSC operates the electronic health care system in RA.

Not all stages of health care organisation and management, or provision of health services, have yet been digitised. In particular, paper-based medical documents have not yet imputed, not all health care institutions are fully equipped.<sup>34</sup>

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33. Introduction Programme of Joint Electronic Information System in the Sphere of Health of the Republic of Armenia, Hayastani Hanrapetutyun Arrogghjapahut’yan Volortum Miasnakan Elektronayin Teghekatvakan Hamakargi Nerdrman Tsragir, available at [www.arlis.am/DocumentView.aspx?DocID=79252](http://www.arlis.am/DocumentView.aspx?DocID=79252), accessed 8 November 2021.

34. Available at <https://reforms.am/reforms/healthcare/>, accessed 8 November 2021.

## 7.8. Current debates and reforms

### Ongoing debates

Since 2019, the Ministry of Education, Science, Culture and Sports of the RA has undertaken works on revision, change, and development of the state standard of general education and syllabus. Among other reforms, “Healthy lifestyle” will be included in the school curricula. The pilot standard of the “Healthy lifestyle” subject was developed for grades 5-11. The following topics are included in the subject:

- nutrition and physical activity;
- growth, development, hygiene;
- safety, danger prevention;
- mental, emotional and social health;
- relationships, gender issues;
- bad habits, behavioural diseases;
- violence, persecution, exploitation;
- sexual and reproductive health.<sup>35</sup>

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35. The pilot standard of the “Healthy Lifestyle” course and programmes (grades 5-11) for testing in the general education institutions of Tavush region of the Republic of Armenia in the 2021-2022 academic year, available at <https://escs.am/am/news/9231>, accessed 9 November 2021.

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