

Armenia

The Republic of Armenia is a small, mountainous, landlocked country, covering 29,800 km² and bordered by Georgia in the north, Azerbaijan in the east, Turkey to the west, and Azerbaijan, Iran and Turkey in the south ...67% of the population [are] urbanized and almost half [are] living in the capital, Yerevan.

Administratively, the country is now divided into 11 marz, one of which is Yerevan (there were 37 administrative regions under the Soviet Union). The 10 marz other than Yerevan are further subdivided into 931 communities.¹



¹ *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: 1.

1 Palliative care service provision

1.1 Current services (last updated: May 2002)

The following palliative care services are known to exist in Armenia:

		<i>Existing services (2002)</i>
Adult	Inpatient - Freestanding	0
	- Hospital unit	0
	- Hospital mobile team	0
	Nursing home	0
	Home care	3
	Day care	0
	Total	3
Paediatric	Inpatient	0
	Home care	0
	Day care	0
	Unspecified	0
	Total	0
Grand total		3

Current projects (last updated: May 2002)

The following palliative care projects are known to exist in Armenia; these are not yet operational services:

		<i>Known hospice/ palliative care projects (2002)</i>
Adult	Inpatient - Hospital	0
	- Hospice	1
	Home care	0
	Unspecified	0
	Total	1
Paediatric	Hospital	0
	Hospice	0
	Home care	0
	Unspecified	0
	Total	0
Grand total		1

The group 'Hospice of Armenia' (part of the 'Hoosaber' Foundation) began its work in 1999, providing home care and visiting patients in hospital in Yerevan and has

plans for a freestanding hospice, with beds.² It has had financial support from the Danish Missionary Council and has organised visits to low income families, providing medical and financial aid, including hired care givers for people with serious physical problems and has also contributed to the body of law relating to patient care and hospice. In addition there appear to be two other palliative care services, 'Sakura' and 'Mekenas', though their status and links with Hospice of Armenia are unclear.

Armenia has an oncological dispensary in Yerevan and a network of district oncologists 'who conduct palliative treatment of cancer patients in the final stage at home.'³

There are no palliative care services for children: 'There is no hospice homecare [for children] in Yerevan and the whole region. The patients with incurable disease of the blood get palliative care in the children's department of the Haematological Centre. These patients either stay in our department to the end, or die at home without any help.'⁴

1.2 Reimbursement and funding for services

Public funding for health services in Armenia is poor, making the role of international organisation important in the financing of services. One oncologist has made the following comments concerning funding:

... Because the financing of the system of public health is very poor, the assistance of public and international organisations is necessary (approximately 3,500 patients are registered every year as incurable) in supplying with medicaments, in solving the sanitary/hygienic problems of patients, [and in giving] moral and psychological help. The organisation of hospices and ensuring their sound financing requires the co-operation and mutual aid of countries and members of the [EAPC] Eastern European palliative care project.'⁵

² Armen Khachatryan, personal communication, 30 August 2001.

³ Questionnaire data (EAPC East)

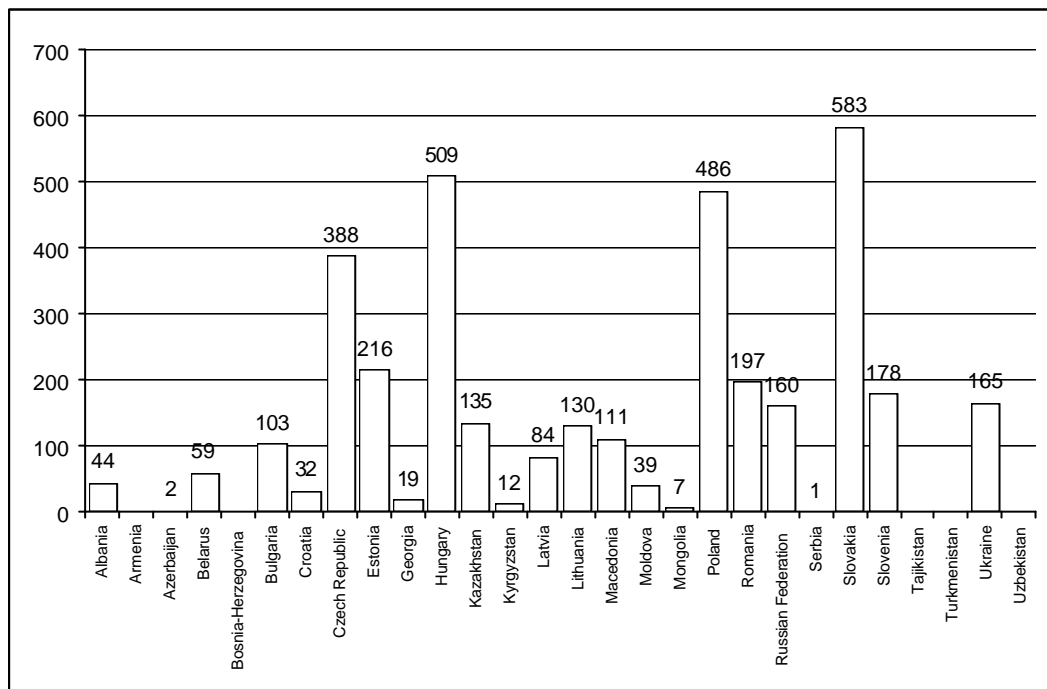
⁴ Questionnaire data (EAPC East)

⁵ Questionnaire data (EAPC East)

1.3 Opioid availability and consumption

There are no available INCB data on opioid consumption in Armenia in 1998 and none on the average daily consumption of defined daily doses of these drugs per million inhabitants between 1994-1998.⁶

Average defined daily doses of morphine, Central and Eastern Europe (1994-1998)



Source: Clark D, Wright M (2002) *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*. Buckingham: Open University Press

One respondent writes as follows on obtaining necessary drugs:

‘The district oncologists write a prescription for drugs on special forms. [Staff] at the polyclinic commission, together with the district oncologist examine a patient, determine the intensity of pains and on the special form write the prescription for a certain quantity of drug ampoules. There are special pharmacies which supply the drugs. The used empty ampoules are returned to the pharmacy.’⁷

1.4 National and professional associations

There are no relevant national societies in Armenia, no regional training centre and an absence of palliative care networks abroad.

⁶ International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

⁷ Questionnaire data (EAPC East)

1.5 Palliative care 'coverage'

There is a service providing palliative care for every 1.23 million people in Armenia.

*Ratio of hospice/palliative care services per million population,
Commonwealth of Independent states (2002)*

CIS	Ratio 1:
Armenia	1: 1.23m
Moldova	1: 1.40m
Russia	1: 2.08m
Kyrgyzstan	1: 2.45m
Belarus	1: 3.67m
Ukraine	1: 7.07m
Azerbaijan	1: 8.00m

Source: Clark D, Wright M (2002) Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia. Buckingham: Open University Press

1.6 Palliative care workforce capacity

No information currently available.

2 History and development of palliative care in Armenia

2.1 Narrative history of palliative care in Armenia

The Armenian Apostolic Church ‘Hoosaber’ – bringer of hope - Benevolent Foundation has a significant role in the development of hospice ideas and services in Armenia. Its mission is to ‘support people suffering from cancer and other fatal diseases as well as others near death and their families. Areas of support include: medical, financial, social, spiritual and legal.’⁸

2.2 Hospice/beacon case studies

No information currently available.

2.3 Life/oral histories

No information currently available.

⁸ ‘Hoosaber’ Benevolent Foundation leaflet, nd.

3. Public Health Context

3.1 Population

The population was 3,798,200 at the end of 1998, though this is thought to be an overestimate since large numbers (c700,000) have left the country following the collapse of communism. Over 93% of the population was Armenian in 1989 and the predominant religion is that of the Armenian Apostolic Church.

3.2 Epidemiology

During the soviet era, Armenia had ‘one of the best developed health care systems in the Soviet Union’,⁹ but subsequent political and economic problems have eroded this, with major implications for health status. It is estimated that 50% of the country lives in poverty and that 80% have access to health care. Life expectancy fell in the early 1990s, but had risen to 74.70 overall by 1999. Tobacco consumption is rising rapidly. The incidence of cancer is increasing.

Population and life expectancy, Commonwealth of Independent States & Mongolia (2000)

Country	Population <i>Millions</i>	Life expectancy	
		<i>Male</i>	<i>Female</i>
Armenia	3.7	64.4	71.2
Azerbaijan	8.0	61.7	68.9
Belarus	10.1	62.0	74.0
Georgia	5.2	65.7	71.8
Kazakhstan	16.1	58.0	68.4
Kyrgyzstan	4.9	60.0	68.8
Moldova	4.2	63.1	70.5
Russia	145.4	59.4	72.0
Tajikistan	6.0	60.4	64.7
Turkmenistan	4.7	60.0	64.9
Ukraine	49.5	62.6	73.3
Uzbekistan	24.8	62.1	68.0
[Mongolia]	2.5	61.2	66.9

Source: World Health Report 2001

⁹ *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems:5.

*WHO age standardised death rates per 100,000 population,
Commonwealth of Independent States & Mongolia (1995-1998)*

Country	Year	All causes	Cancer
Armenia	1997	696.7	97.7
Azerbaijan	1997	814.4	84.5
Belarus	1998	1015	141.8
Georgia			
Kazakhstan	1997	1196.7	152.9
Kyrgyzstan	1998	1033.2	91.9
Moldova	1996	1202.5	125.5
Russia	1997	1084.4	151.
Tajikistan			
Turkmenistan			
Ukraine	1998	1010.7	135.9
Uzbekistan			
[Mongolia]			

Source: World Health Organisation: World Health Statistics 1997-1999

3.3 Health care system

During the soviet era, Armenia had ‘one of the best developed health care systems in the Soviet Union’,¹⁰ but subsequent political and economic problems have eroded this, with major implications for health status.

Armenia has in fact undergone little significant change to the organisational structure of its health care system since independence. However, the Ministry of Health has undergone major change: it has reduced in size and now commissions much of its work from freestanding agencies. In 1998 an attempt was made to separate health care provision from financing, and the newly-created State Health agency assumed the responsibility of a third party payer – a move towards the creation of an insurance-based system of health care financing. At the moment, however, all health care financing is via tax revenues.¹¹

One oncologist commented thus on the palliative care situation in Armenia:

‘[Politicians] in general support the idea of palliative treatment on incurable oncopatients, but because of the difficult economic situation in our country they have no possibility to give real help. [The general public] also support the idea of palliative

¹⁰ *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems:5.

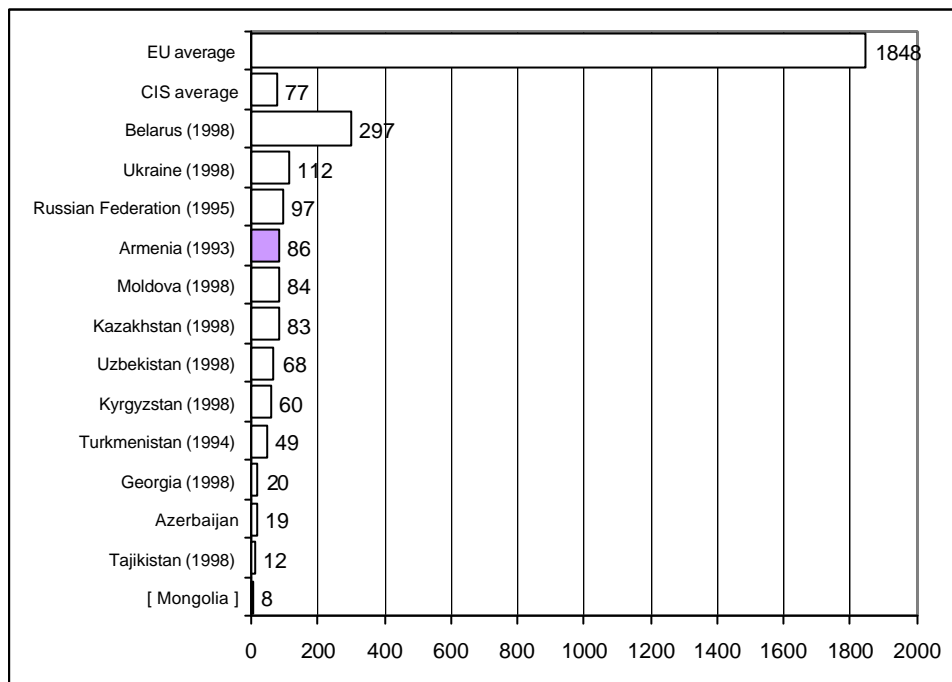
¹¹ *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: passim.

care of patients, however some difficulties arise when conducting explanatory work with relatives and ‘nearests’ about the restricted possibilities of district oncologists and of public health in general.¹²

Health care expenditure (US\$) per capita, Commonwealth of Independent States and Mongolia

Information is not available on health expenditure per capita in Armenia.

Health care expenditure (US\$) per capita, CIS



Source: WHO Regional Office for European Health for All database and HiTs

3.4 Political economy

Under the Soviet Union, Armenia had a history of border concerns, particularly in relation to those regions with high concentrations of Armenians and where territories had been given to Azerbaijan. Full-scale war took place in 1991 and there was eventually a Russian-mediated ceasefire in 1994. ‘Ongoing talks between Armenia and Azerbaijan have as yet failed to produce a solution.’¹³ Armenia formally declared its independence in 1991; its constitution of 1995 and subsequent amendments gives

¹² Questionnaire data (EAPC East)

¹³ *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: 3.

sweeping powers to the president. Its early years of independence have been fraught with difficulties:

‘... the lasting impacts of the 1988 Spitak earthquake; the conflict over the Nagorny Karabakh enclave; the war with Azerbaijan in 1992-3; the Azerbaijani-Turkish blockade of Armenia; terrorist attacks on energy supply lines; and economic collapse in neighbouring Georgia all contributed to the collapse of the Armenian industrial base and the destruction of infra-structure.’¹⁴

GDP contracted by 50% in 1992 and hyperinflation reached nearly 11,000% in 1993 (the highest among all former Soviet republics in the transition years). Inflation had fallen to 9% by 1998 and there was mild deflation (-0.4%) in 2000 due to falling food prices and low consumer demand. There is a significant ‘black economy’, estimated to have fallen in recent years to around 20% of GDP. There are major problems of pollution, despite the decline in industrial activity.

¹⁴ *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: 3.

4 Ethics and ethnography

4.1 Ethical issues

No information currently available.

4.2 Ethnographic studies

No information currently available.

5 References and further reading

5.1 References

- 1: *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: 1.
- 2: Armen Khachatryan, personal communication, 30 August 2001.
- 3: Questionnaire data (EAPC East)
- 4: Questionnaire data (EAPC East)
- 5: Questionnaire data (EAPC East)
- 6: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 7: Questionnaire data (EAPC East)
- 8: ‘Hoosaber’ Benevolent Foundation leaflet, nd.
- 9: *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems:5.
- 10: *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems:5.
- 11: *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: passim.
- 12: Questionnaire data (EAPC East)
- 13: *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: 3.
- 14: *Health Care Systems in Transition: Armenia* (2001) Copenhagen: The European Observatory on Health care Systems: 3.