



Child and Adolescent Health in Armenia: Experiences and Learned Lessons

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The health of children and adolescents of Armenia has been affected by various socioeconomic, environmental, educational, and behavioral factors, demonstrating trends typical for both developed and developing countries. Key issues to be addressed by Armenian pediatricians are child mortality, malnutrition, and growth failure in the early years and overweight in later years. The case of Armenia illustrates how countries in transition are currently tackling both “old” problems (mortality and malnutrition) and “new” emerging morbidities (chronic diseases and adolescent health problems) based on social and health determinants, but the financing of the health system is far from satisfactory. Lessons of Armenia indicate the need for more cooperation between general practitioners and pediatricians at a primary care level. In addition, a better balance between inpatient and outpatient care could be achieved, which is not yet the case. Nevertheless, the overall performance of the Armenian child health care system can be considered satisfactory when bearing in mind the limitation of resources. Among the successful factors are those inherited from the Soviet period health system, including key institutions such as rural health posts and health centers, city polyclinics, and hospitals. These institutions mostly meet the needs of Armenian children and families today. (*J Pediatr* 2016;177S:S21-34).

Armenia is a small country, which declared its independence after the collapse of the Soviet Union in 1991. During the 1990s, Armenia experienced a severe socioeconomic crisis caused by disruption of traditional ties, transition of its economy, and consequences of war. This resulted in dramatic levels of unemployment and a rise in poverty, followed by worsening living conditions and health care systems.

In the last 15 years, the country’s economy has demonstrated continued growth, only temporarily interrupted by the world economic crisis in 2009. The World Bank (WB) graded Armenia as a low-to-middle income country. The transition of the economy has led to health system reforms, including changes in governing systems, privatization of some hospitals, initiation of paid services, and the introduction of private insurance. A key reform affecting child health care was the introduction of general practitioners (GPs) leading to a major change in provision of primary health care (PHC) for children.

Geography and History

The Republic of Armenia is located in Transcaucasia. It borders with Georgia to the north, Turkey to the west, Iran to the south, and Azerbaijan to the east. With a territory of 29 800 km², Armenia is one of the smallest countries of the European region. The registered population in 2013 was 3 million. Armenia is one of the most monoethnic countries of the world; 98% of the population is Armenian.¹

Armenia has a long and dramatic history. The capital city of Yerevan was founded in 782 BC. In 301 AD, Armenia became the first country in the world to adopt Christianity as a main religion. A unique Armenian alphabet was invented in the beginning of fifth century. During the Middle Ages, Armenia survived many wars and was under occupation by Arab Caliphate, Persian, and Ottoman Empires at different times. As a result of the Russian–Persian wars, the eastern part of Armenian plateau was included into Russian Empire in 1828 and became a part of the Union of Soviet Socialist Republics (USSR) in 1920 as the Armenian Soviet Socialist Republic. Some 1.5 million Armenians, who lived in the western part of Armenian plateau in Ottoman Empire, were massacred during the First World War; the survivors were forced to leave the motherland and, thus, formed Armenian Diasporas in many countries of the world. Nowadays, the number of Armenians who live abroad is approximately twice the current population in Armenia.

AMD	Armenian Dram	HBSC	Health Behavior in School-Aged Children
ARI	Acute respiratory infection	IMR	Infant mortality rate
BBP	Basic Benefit Package	MoH	Ministry of Health
CIS	Commonwealth of Independent States	PHC	Primary health care
DHS	Demographic and Health Surveys	UN	United Nations
EU	European Union	UNICEF	United Nations Children’s Fund
GDP	Gross domestic product	USSR	Union of Soviet Socialist Republics
GP	General practitioner	WB	World Bank
		WHO	World Health Organization

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Soviet Armenia was one of the most advanced republics of USSR. Armenia had developed an industrialized sector, supplying machines, electric tools, textiles, shoes, and other manufactured goods to other Soviet republics as well as to other countries. Up to 800 000 of Armenia's population were involved in different forms of industry, largely based on its own research and engineering. Also, Armenia had a relatively well-developed agricultural sector.²

Contemporary Armenia declared its independence in 1991 after the collapse of USSR. Immediately after that, the country experienced a severe socioeconomic crisis related with disruption of traditional trade ties and rapid transition of its economy from a socialist to a market-style economy. The situation was worsened by the consequences of war with neighboring Azerbaijan and the blockade of communications by Turkey. All these factors in mid-1990s resulted in shortages of food, fuel, and power. Living conditions of the population dramatically worsened and led to massive emigration.

Sociodemographic Situation

Because of economic crisis and emigration, the country's population decreased from 3.7 million in 1991 to 3 million in 2012 (Table I). Annual number of births decreased from approximately 80 000 to 43 000 in 2012.³ Decline in births was caused by both emigration and decrease in fertility rate: the number of children per woman of reproductive age decreased from 2.6 in 1990 to 1.7 in 2010.⁴ As is common with many other countries, age of first childbearing has increased. As a result, the proportion of population aged 0-14 years decreased from 30% to 20% of the population, and the proportion of elderly people increased. Age dependency rates for elderly people increased as well. Thus, according to the United Nations (UN) definition, Armenia currently belongs to the countries with fertility under replacement level.⁵ Another key issue is a relatively high prevalence of sex-selected abortions, resulting in sex imbalances at birth.^{1,3}

Political Context

Armenia has a mixed parliamentary/presidential mode of governing. The presidential and parliamentary elections

take place every 5 years. The President of Armenia is mainly responsible for foreign affairs and defense policy. The government is appointed by the President based on results of the parliamentary elections. Overall, the governing system is overly centralized because of the small size of the country and the country's budgeting scheme finance system. The Ministry of Health (MoH) is responsible for developing policies, state health budget, and overall governing of the health system.

There are numerous political parties, 6 of which present in the Parliament (National Assembly). The ruling party is the Republican Party of Armenia, which has the majority of seats in the Parliament and currently forms the Government. Mass media is relatively free; many newspapers and social media expressing different and opposite views are available for the citizens of Armenia. According to the Transparency International Report, Armenia is ranked 94th among 175 countries on the corruption perception index and 82nd on the competitiveness index. According to the Human Development index, Armenia ranks as "high"—87th out of 187 countries.^{6,7}

Armenia is a member of UN, post-Soviet Commonwealth of Independent States (CIS), Council of Europe, and World Trade Organization. Armenia has adopted many of the international conventions such as UN Convention on the Rights of the Child and others. In the field of health, Armenia actively cooperates with UN agencies, such as World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund, and other donor organizations, such as the WB and US Agency for International Development. In addition, Armenia is a member of the Eastern Partnership program of European Union (EU).

Socioeconomic Status

After declaring independence in the mid-1990s, the Armenia gross domestic product (GDP) fell nearly 60% from its 1989 level. Consequently, in the late-1990s, 55% of the country's population lived in poverty, one-third of them in extreme poverty.⁸ The health expenditure was approximately US \$5.4 per capita in the mid-1990s. Despite of all the difficulties, between 2000 and 2008, the national

Table I. Sociodemographic characteristics of Armenia

	1990	1995	2000	2005	2012
Total population	3 544 695	3 223 173	3 076 098	3 014 917	2 969 081
Population 0-14 y (%)	30	29	26	21	20
Population 15-24 y (%)	18.7	16.2	18.3	16.5	15.4
Population 15-64 y (%)	64	62	64	66	69
Population over 65 y (%)	6	9	10	13	11
Annual growth rate of population	57 889	24 118	10 251	11 120	14 881
Population density (per km ²)	124	113	108	105	104
Mean age of woman at first childbirth (y)	22.8	22.5	22.3	22.8	24.1 (2010)
Fertility rate (%)	2.5	2.1	1.7	1.7	1.7
Birth rate (per 1000 people)	22	16	13	14	14
Death rate (per 1000 people)	8	9	8	8	9
Working-age population (%)	56	61	56	50	44
Urban population (%)	67	66	65	64	64

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