



REPRODUCTIVE HEALTH IMPROVEMENT STRATEGY AND ACTION PLAN

2016



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LIST OF ABBREVIATIONS AND ACRONYMS

ADHS	Armenia Demographic and Health Survey
FP	Family planning
GAR	General abortion rate
GoA	Government of Armenia
HIV	Human Immunodeficiency Virus
MCH	Mother and Child Health
MMR	Maternal mortality rate
MISP	Minimum Initial Service Package
MoH	Ministry of Health
NA	National Assembly
NAS	National Academy of Sciences
NGO	Non-governmental organization
PHC	Primary health care
RA	Republic of Armenia
RH	Reproductive Health
RIRHPOG	Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology
RSH	Reproductive and Sexual Health
STI	Sexually Transmitted Infections
TAR	Total abortion rate
TFR	Total fertility rate
UNFPA	United Nation's Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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REPRODUCTIVE HEALTH IMPROVEMENT STRATEGY

I. INTRODUCTION

1. Reproductive Health (RH) is internationally recognized as one of the core components of human and society development. It remains one of the priority directions of healthcare sector policy both in the context of World Health Organization and of the healthcare sphere in the Republic of Armenia, as the population's health, especially reproductive health, is the core basis for national and public security and development.
2. According to the World Health Organization data, in 2014, 289,000 women's death rate was recorded due to pregnancy and childbirth complications. 90 percent of mortality rate is attributed to developing countries.
3. In 2015, worldwide 2,7 mln instances of child mortality up to the age of 5 were recorded, of which 50% - at the first 24 hours after delivery, 75% - during the first 7 days of life, mainly due to complications during pregnancy and childbirth as well as lack of newborn care and reanimation services.
4. Every year 1,7 mln women worldwide are diagnosed with breast cancer and 445,000 with cervical cancer, with mortality rate of 522,000 and 270,000, correspondingly.
5. Situation worldwide in terms of dissemination of sexually transmitted diseases and HIV is highly alarming.
6. According to international statistics, each year 357 mln people worldwide are infected by chlamydia, syphilis, gonorrhea, or trichomonas, 530 mln - by genital herpes, 290 mln by papillomavirus, which cause maternal and perinatal complications and cervical cancer.
7. Currently there are around 36 mln HIV carriers worldwide, out of which 110,000 in post-Soviet countries. During the year 2014, 1,2 mln death outcomes were registered.
8. In view of the above situation, reproductive health improvement strategy has been reflected in WHO's "Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets", Geneva, 2010 No: WHO/RHR/04.8, "Health for all 2020", as well as documents specified and dedicated to reproductive health in UN's Development Support 2016-2020 Programme's Outcome 8, Beijing, "All types of discrimination towards women" and a number of European Demographic international forum resolutions.
9. United Nations Organization in 2015 declared "Transforming our world: the 2030 Agenda for Sustainable Development" and 17 Sustainable Development Goals were adopted by UN member states, including Armenia.
10. These international documents established the following targets defined by the World Health Organization and other international institutions on maintenance and improvement of reproductive health.

- 1) Enable people to pursue their reproductive and sexual health rights throughout their entire lifetime, by 2020 make quality healthcare and services, including sexual and reproductive health services, universally available for all, especially for vulnerable groups,
 - 2) Reduce child and maternal mortality as well as the level of infertility, sexually transmitted diseases, reproductive organs' cancer.
11. It is recommended that the reproductive health services be based on the internationally recognized values and core principles, accessibility and availability, integrity of medical care and services, quality of healthcare and service, evidence-based approaches and technologies.
12. During the past two decades, transformations in Armenia have led to natural reduction of fertility and natural growth, and strained life conditions in post 90-s affected the population's health and especially reproductive health indicators.

II. BACKGROUND

13. National Strategy, Program and Actions Timeframe for 2007-2015 on Reproductive Health Improvement was approved by the RA Government Protocol Decree N 29 dated 26 July 2007.
14. Within the framework of the point 43 of Appendix 2 of the RA Government Decree N 131-N dated 14 January 2016, an assessment of “National Strategy, Program and Actions Timeframe for 2007-2015 on Reproductive Health Improvement” was made, aiming to identify status changes in the sphere of reproductive health, highlight the existing gaps and challenges, specify the imperatives, priorities, substantiate the need for new strategy, as well as develop a new strategy aimed at improvement of reproductive health, increase of fertility rates, healthcare availability and quality.
15. The following activities were carried out towards achievement of measures established by the RA Government Protocol Decree N 29 dated 26 July 2007:
- 1) The information base of the RA Ministry of Health was improved, several medical documents were developed and approved for a number of hospital facilities and female consultation cabinets.
 - 2) Legislation framework in the sphere of reproductive health was developed: a number of legal acts were adopted, as well as 20 guides and rulebooks were developed by Orders of the RA Ministry of Health. RA Government approved the draft law “On making amendments and additions to the RA law “On Human reproductive health and reproductive rights” which were presented to the RA National Assembly. However, reproductive health sphere is not yet fully measurable by metrics and the practical implementation of approved guides is not yet at a sufficient level.
 - 3) A number of targeted programs have been implemented during the recent years (State certificates on childbirth and newborn, perinatal healthcare and service improvement fast response, classification of maternity medical institutions per levels and their modernization, mechanisms of references were clarified, modern methods were introduced for complex testing of adolescents at the age of 15, early diagnostic and treatment of diseases, prevention of obstetric diseases, prevention and treatment of infertility, enhancing safety level of abortions etc.).

- 4) As a result, reproductive health indicators have improved to some extent. Achievements during the years 2006-2015 included total coverage of perinatal and childbirth inpatient facilities, maternal mortality reduced by around 23%, perinatal mortality decreased by 3.9. p.m. points, total rate of abortions decreased around 3 times and infertility decreased 2.2 times.
16. Alongside with the achievement in the reproductive and sexual health in the country, the level of penetration of modern capacities and current requirements is still low.
- 1) The level of maternal, perinatal and newborn morbidity and mortality is still high in comparison to developed European states. The millennium goal of maternal health (to reduce maternal mortality to 12/100000 live births) is not met.
 - 2) Accessibility and availability of family healthcare services are still limited, especially for socially vulnerable groups of population, groups with special needs and limited abilities and adolescents.
 - 3) The level of sexually transmitted diseases is still high, the growth rate in number of HIV positive individuals is alarming. As at 1 January 2015, the number of HIV positive people in the Republic of Armenia was 2000, 1/3 of which were women who acquired the disease through sexual transmission. Around 30 children are HIV positive. It is alarming that during the past 3 years the number of new HIV positive patients has tripled.
 - 4) High rate of Infertility and miscarriages, high percentage of low-weight newborns mortality significantly add to the decrease in natural growth, caused by healthcare factors.
 - 5) Rights to sexual and reproductive health knowledge and services are not universally available among adolescents.
 - 6) Abortion is still used as a family planning method, which is often accompanied by imminent threats to reproductive health that may potentially lead to demographic misbalance.
 - 7) Last years were marked by new challenge associated with gender-discriminatory abortions, that has led to newborns' gender imbalance in recent years.
 - 8) Reproductive organs' cancer and breast cancer have become wide-spread, especially in view of lack of timely attention, the early prevention and treatment of such diseases is viewed as a serious medical and social challenge.
 - 9) There are no comprehensive programs aimed at full evaluation and prevention of consequences of family violence, sexual harassment and human trafficking.
 - 10) Male reproductive health and elderly sexual health issues are almost ignored. Access to these services are limited and complicated for practically all strata of population.
17. Outcomes of point 43 of Appendix 2 of the RA Government Decree N 131-N dated 14 January 2016 an assessment of "National Strategy, Program and Actions Timeframe for 2007-2015 on Reproductive Health Improvement" were taken as a basis for development of Reproductive Health Improvement Strategy 2016-2020.

III. IMPERATIVES OF THE STRATEGY

18. Imperatives of the Reproductive health improvement strategy (hereinafter - Strategy) are:
- 1) disharmony of legal and normative framework for reproductive and sexual health improvement

with the international standards, and need for its improvement,

- 2) Integration of reproductive health services into the level of primary healthcare, aiming to make them more accessible and available to population,
- 3) Need to optimize and enhance efficiency of organizations operating in the sphere of reproductive medical care,
- 4) Still high level of maternal and newborn mortality and morbidity and need to improve the situation,
- 5) Need to implement “Beyond Figures” strategy of the World Health Organization and continuous professional development of medical personnel,
- 6) Need to revise the guidelines of pregnancy and delivery care for pregnant women in high risk group, and bring them into compliance with the criteria established by the World Health Organization as well as internationally acknowledged associations,
- 7) Need to improve referencing and fast response systems in pregnancy, delivery and intensive newborn care,
- 8) Need to implement new diagnostic methods, technologies as well as modern treatment and prevention techniques in the sphere of reproductive health,
- 9) Need to implement screening programs for pre-delivery, newborn and female reproductive organs’ cancer prevention in the sphere of reproductive health,
- 10) Need to develop guidelines for pregnancy, childbirth and newborn treatment in case of existence of sexually transmitted and HIV diseases,
- 11) Need to develop and expand family planning information logistics system, and to integrate it with other services,
- 12) Need to reduce newborn gender imbalance,
- 13) Need to implement Minimum Initial Service Packs in the sphere of Reproductive Health in case of natural and anthropogenic disasters,
- 14) Need to improve the accountability and reporting, monitoring and evaluation systems,
- 15) Need for State support aimed at strengthening close cooperation between civil society and community organizations, protection of human reproductive rights, ethics and equality principles,
- 16) Need for coordination between the other currently implemented national programs and strategies in the sphere of reproductive and sexual healthcare.

IV. OBJECTIVE OF THE STRATEGY

19. Objective of Strategy implementation is to improve the reproductive/sexual health of population in the Republic of Armenia, to reduce maternal and newborn mortality and morbidity, as well as sexually transmitted diseases, abortions and malignant tumors, implement actions towards retaining of reproductive potential and increase in fertility levels conditioned by healthcare factor.

V. ACTION PLAN

20. The reproductive health improvement strategy is envisaged to be carried out in the following 6 directions:

- 1) Strategic Direction 1: Objective – enhancing effectiveness of diagnostics and treatment in the reproductive health sphere, decreasing levels of maternal and newborn mortality and morbidity
- 2) Strategic Direction 2: Objective – improving the accessibility and quality of high level services in the sphere of reproductive health, implementation of evidence-based modern approaches and technologies
- 3) Strategic Direction 3: Objective – improving the legislative and information systems ensuring the monitoring, accounting and reporting systems in the medical institutions carrying out medical health care and services in the sphere of reproductive health
- 4) Strategic Direction 4: Objective – development and implementation of target programs aimed at increasing birth rates caused by healthcare factor
- 5) Strategic Direction 5: Objective – expansion of screening programs at prenatal, newborn, adolescent stages, for women of fertile age and enhancement of their efficiency
- 6) Strategic Direction 6: Objective – ensuring continued education of specialists in the area of reproductive health and raising awareness among population.

VI. STAKEHOLDERS OF THE STRATEGY

21. Stakeholders of the Strategy are the citizens of the Republic of Armenia, including women at the age of 15–49 – 793,800 women, as well as medical personnel rendering reproductive healthcare services, entities performing medical care and servicing, higher and secondary educational institutions, scientific research institutes.

VII. PERFORMANCE INDICATORS OF THE STRATEGY

22. Performance indicators of the Strategy are as follows:

- 1) Three entities implementing modern and enhanced obstetric-gynecological medical assistance and servicing in the sphere of reproductive health care.
- 2) New legal acts required for regulating the sphere of reproductive healthcare,
- 3) Developed and implemented guides related to issues of reproductive healthcare in compliance with international standards.
- 4) The following improved statistical indicators for assessment of the situation:
 - a) Indicator of early prenatal inclusion of pregnant women (up to the 12th week of pregnancy)
 - b) Indicator of inclusion of pregnant women in syphilis and HIV testing
 - c) Number of incidents of mother-to-child transmission of syphilis and HIV
 - d) Indicator of in-patient births inclusion

- e) Indicators of maternal, perinatal, newborn and child mortality
- f) Percentage indicator of users of modern means of contraception
- g) Abortion ratio for 1000 live births and women in fertile age
- h) Percentage indicator of primary and secondary infertility
- i) Indicator of morbidity as a result of cervical and breast cancer
- j) Indicator of mortality as a result of cervical and breast cancer
- k) Percentage indicator of women's inclusion in screening programs

VIII. PROCEDURES FOR MANAGING, EVALUATION, MONITORING AND IMPLEMENTATION OF ACTIVITIES ENVISAGED UNDER THE STRATEGY

23. Regulation, monitoring of processes directed towards prevention, regulation and monitoring of maternal and newborn morbidity and mortality, reproductive system diseases and pathologies, as well as development and implementation of monitoring and evaluation instruments will be carried out by the Ministry of Health of the Republic of Armenia, medical and educational institutions, international and local non-governmental organizations, regional governments (marzpetarans) of the Republic of Armenia as well as Yerevan municipality – each within the scope of their respective authorities. Improvement of medical care and service quality control system, strengthening the regulation over the appropriate use of guides and instructions.

24. Specialized medical unions (associations) upon their consent, will undertake key roles in the areas of external monitoring and improvement of processes aimed at improvement of reproductive health, prevention of maternal and newborn morbidity and mortality, reproductive system diseases.

25. No increase or decrease of budgeted income and expenses is envisaged in connection with the decision making process within state or local self-government authorities. Financing to support the Strategy implementation is expected from the following sources:

- 1) State budget of the Republic of Armenia (within the limits of resources allocated to the Ministry of Health from RA State budget),
- 2) Target financing by international organizations
- 3) Resources of private sector of Armenia
- 4) Target financing by non-governmental organizations
- 5) Other financial resources not prohibited by the laws of the Republic of Armenia.

IX. TIMELINE, EXPECTED STATUS AND OUTCOME OF ACTIVITIES IMPLEMENTED UNDER THE STRATEGY

26. Activities planned by the Strategy will be implemented in two stages:

- 1) Stage 1– years 2016-2018 (development of systems for managing progress of actions and quality control for activities directed towards reducing and preventing maternal and newborn

morbidity and mortality, reproductive system pathologies, improvement of accountability and reporting system, enhancement of monitoring and evaluation system management, enhancing efficiency of diagnostic testing, ensuring the constitutionally guaranteed right of the population to receive quality medical assistance and servicing and protection of human rights, raising awareness among population regarding modern means of contraception, prevention of unwanted pregnancies and STIs). The following outcomes are expected at the end of Stage 1.

- a) Maternal mortality rate for 100000 live births will be less than 18 (baseline – 18,8, target = 16)
 - b) Newborn mortality rate for 1000 live births will be less than 6 instances (baseline – 6,7 target = 5,5)
 - c) Maternal mortality rate attributed to abortions for 100 000 live births will approximate zero (baseline – 3, target = 0)
 - d) Percentage of pregnant women receiving comprehensive prenatal care with all its components will reach at least 95% (baseline – 90, target = 95)
 - e) Modern means of contraception will be included in the list of basic medicines (baseline – not included, target = included)
 - f) Percentage of PHC personnel (non-obstetrician/gynecologists) trained in the sphere of FP consultations and prescription of contraceptives will reach 90% (baseline – 20, target = 90)
 - g) A National program for early discovery, diagnostic and treatment of breast cancer will be developed (baseline – program not available, target = program implemented).
 - h) Use all mass media sources to promote value of female births and prevent gender-based abortions (baseline – not measurable, target = 10-12 broadcasts, meetings, mass events organized)
 - i) In case of natural and homogeneous disasters – localization development of implementation mechanisms (baseline – not available, target = package developed)
 - j) Enhancing supporting reproductive technologies outcomes (baseline – 30 percent, target = 35 percent)
- 2) Stage 2 – Years 2019-2020 (enhancing the information system ensuring quality control and monitoring of health care in medical aid and service institutions, strengthening the system of early detection and prevention of pathologies, ensuring legislative framework in place, inclusion of proper use of evidence-based instruction guides and handbooks as well as educational topics on new standards related to their maintenance in the educational programs for health care institutions and primary health care medical personnel). The following outcomes are expected at the end of Stage 2.
- a) Indicator of early inclusion of pregnant women’s prenatal care will reach 85% (baseline – 65%, target = 85%)
 - b) Maternal mortality rate for 100000 live births will be less than 18 (baseline – 18 target = 15)
 - c) Newborn mortality rate for 1000 live births will be less than 5 instances (baseline – 6,7 target = 5)
 - d) Indicator of use of modern contraceptives will grow up to 35% (baseline – 27, target = 35)
 - e) Secondary fertility among women will not exceed 10% (baseline – 10,6, target <10.0)

- f) Male infertility will not exceed 10% (baseline – 11,6, target <10)
- g) Share of early identified breast cancer will reach 30% (baseline – 15, target = 30)
- h) Share of late detected cervical cancer will decrease to 35% (baseline – 49, target = 35)
- i) Maintaining mother-to child transmission of Human Immunodeficiency Virus (HIV) at zero level (target =0)
- j) HIV positive pregnant women’s inclusion in voluntary counseling and testing examination as a part of prenatal care will reach 98% (baseline – 90, target = 98)

X. RISKS OF STRATEGY IMPLEMENTATION

27. No risks are forecast in the course of Strategy implementation.

As a result of Strategy implementation maternal and children’s mortality and morbidity rates are expected to increase, maternal potential – improved, birth rates conditioned by healthcare factor are expected to grow as a result of reduction of infertility and perinatal miscarriages.

PROGRAMME OF ACTIONS FOR REPRODUCTIVE HEALTH IMPROVEMENT STRATEGY FOR THE YEARS 2016-2020

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
STRATEGIC DIRECTION 1: Objective – enhancing effectiveness of diagnostics and treatment in the reproductive health sphere, decreasing levels of maternal and newborn mortality and morbidity						
1) Implementation of modern art technologies for prenatal diagnostics in obstetric medical institutions performing prenatal medical care and service	RA MoH	International organizations (by consent)	2016-2020	Enhancing the indicators of early inclusion of pregnant women at prenatal stage control and diagnostics of fetus and development defects	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Availability of modern-art algorithms for diagnostics of gestation complications and fetus development defects, availability of relevant professional skills training certificates issued to medical personnel engaged in their implementation by the end of 2020
2) Implementation and application of modern art methods for early diagnostics of pathologies among pregnant women	RA MoH	International organizations (by consent)	2016-2020	Improved indicator of early diagnostics of pathologies among pregnant women	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Availability and implementation of guide-books and algorithms for carrying out early diagnostics of pathologies among pregnant women by the end of 2020

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
3) Improving care for newborns who are under-developed, low-weight and born with pathologies	RA MoH	International organizations (by consent)	2017-2020	Availability of modern guide-books for care as well as maintenance and treatment of newborns who are under-developed, low-weight and born with pathologies (around 10 guidebooks)	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Implemented modern methods for care as well as maintenance and treatment of newborns who are under-developed, low-weight and born with pathologies at the 3 rd level obstetric medical institutions, and 100 percent availability of primary intensive therapy in all obstetric medical institutions by the end of 2020
4) Investigating causality of maternal mortality and implementing a package of measures towards its reduction	RA MoH	International organizations (by consent)	2016-2020	Maternal mortality rate reduced by 15% (from 18.8 to 16)	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Availability of a programme summarizing the analysis on causality of maternal mortality and aimed at its reduction
STRATEGIC DIRECTION 2: Objective – improving the accessibility and quality of high-level services in the sphere of reproductive health, implementation of evidence-based modern approaches and technologies						
1) To implement modern methods of safe abortion in medical institutions practicing induced abortions	RA MoH	International organizations (by consent)	2016-2020	At least 50% of medical institutions practicing induced abortions have implemented modern methods of safe abortion – vacuum aspiration and medicinal method	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	All of medical institutions practicing induced abortions have the required equipment and medicines available for vacuum aspiration and medicinal abortion method by the end of 2020

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
2) To implement World Health Organization's Minimum Initial Service Packs of in the sphere of Reproductive Health in case of emergency situations, i.e. natural and anthropogenic disasters	RA MoH	International organizations (by consent)	2016-2020	Minimum Initial Service Packs in the sphere of Reproductive Health in case of emergency situations, i.e. natural and anthropogenic disasters are implemented in medical institutions of 3 Armenian marzes	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Trained medical personnel and resources for providing relevant services in obstetrical medical institutions in case of emergency situations, i.e. natural and homogeneous disasters
STRATEGIC DIRECTION 3: Objective – improving the legislative and information systems ensuring the monitoring, accounting and reporting systems in the medical institutions carrying out medical health care and services in the sphere of reproductive health						
1) To implement CHANNEL system of accountability and monitoring of contraceptive means	RA MoH	International organizations (by consent)	2016-2020	CHANNEL system implemented	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	By the end of 2017, CHANNEL system of accountability and monitoring of contraceptive means implemented in all outpatient medical institutions
2) To implement referencing system in marzes, by providing a relevant implementation methodology	RA MoH	RA regional self-government, Yerevan Municipality (by consent)	2016-2020	Reducing maternal and perinatal mortality and morbidity by means of implementing referencing system	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Clarified list of pathologies and systems approved and implemented by the authorized body

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
3) Monitoring system of evaluation effectiveness with the purpose of identifying gaps in the prenatal control system for pregnant women in RA marzes and regions and improving the system	RA MoH	RA regional self-government, Yerevan Municipality (by consent)	2016-2020	Implemented monitoring system for evaluating the efficiency of medical care and service in the sphere of prenatal medical control	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Availability of statements and reports on the results of monitoring
STRATEGIC DIRECTION 4: Objective – development and implementation of target programs aimed at increasing birth dates caused by healthcare factor						
1) Improving the social and healthcare support system by enabling infertile couples to receive free of charge or low-price treatment, including by means of reproductive support technologies	RA MoH	International organizations (by consent)	2018-2020	Extended capacities enabling infertile couples to receive free of charge or low-price treatment, including by means of reproductive support technologies	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Implementation of extended system of social and healthcare support to infertile couples by the end of 2020

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
2) Performing research on causalities of primary and secondary infertility	RA MoH	International organizations (by consent)	2019-2020	At least 5 guide-books implemented for slow intrauterine growth, intrauterine infections and perinatal and post-natal maintenance	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Availability of infertile marriages review report and implementation of measures towards its reduction by the end of 2020
3) Slow intrauterine growth, intrauterine infections and perinatal and post-natal maintenance	RA MoH	International organizations (by consent)	2017-2020		From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	Implemented guide-books for slow intrauterine growth, intrauterine infections and perinatal and post-natal maintenance, developed based on scientific and practical research evidence by the end of 2020
STRATEGIC DIRECTION 5: Objective – expansion of screening programs at prenatal, newborn, adolescent stages, for women of fertile age and enhancement of their efficiency						
1) To implement the World Health Organization's screening criteria in medical assistance and servicing organizations	RA MoH	International organizations (by consent)	2016-2020	10% reduction of inborn defects and pathologies in child's development, as a result of improvement of prenatal screening process	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	At least three adopted resolutions and guidance available

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
2) Strengthening and enhancement of cervical and breast cancer prevention services, expansion of cytological screening and mammography services	RA MoH	International organizations (by consent)	2016-2020	New methods of prevention and early detection of reproductive system cancer implemented	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	At least two adopted criteria and guides available
3) Enhancing the screening of congenital phenylketonuria, Hypothyroidism, hearing and visual impairments, coxal and heart congenital defects	RA MoH	International organizations (by consent)	2016-2020	New methods implemented for newborn congenital pathologies' early detection and prevention of their consequences	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	At least five guides available correspondingly for all medical institutions by the end of 2020
4) To expand the scope of screening surveys of adolescent girls at the age of 15	RA MoH	International organizations (by consent)	2016-2020	Implementation of expanded screening among adolescent girls at the age of 15	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	At least 90 percent inclusion of expanded screening among adolescent girls at the age of 15 by the end of 2020

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
STRATEGIC DIRECTION 6: Objective – ensuring continued education of specialists in the area of reproductive health and raising awareness among population.						
1) Development and approval of new modules for continuous professional development system designed for various specialists in reproductive health care, development of new educational guides and their approval by the order of the RA Minister of Health, as well as organization of conference and participation in conferences	RA MoH	International organizations (by consent)	2016-2017	Availability of implemented system of continuous professional development for various specialists in reproductive health care	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	At least five relevant modules, educational guides available, as well as conferences of scientific-practical nature with international participation held by the end of 2020
2) Develop and implement guides for medical personnel directed towards reduction of newborn gender imbalance	RA MoH	International organizations (by consent)	2016-2018	To enhance the knowledge and consultation skills among medical personnel aiming to prevent gender-based abortions	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	At least two available modules, guides approved by the order of the RA Minister of Health by the end of 2019

Activity	Responsible	Co-executor	Timeline for execution	Expected outcome	Expected financial resources	Monitoring criteria
3) Develop and implement guides for population directed towards raising awareness on the need for pre-conception care, prevention of HIV/STI, genital cancers, gender-based abortions	RA MoH	International organizations (by consent)	2016-2018	Raising public awareness on the need for pre-conception care, prevention of HIV/STI, genital cancers, gender-based abortions.	From resources allocated from the RA State budget to the MoH as well as other resources not prohibited by the RA legislation	At least two available modules, guides approved by the order of the RA Minister of Health by the end of 2019

