

REPUBLIC OF ARMENIA

STATEMENT

Delivered on Behalf of the Governmental Delegation at the International

Hague Forum on ICPD+5

8-12 February, 1999, The Hague, Netherlands

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Mr. President, distinguished delegates, Ladies and Gentlemen,

On behalf of the delegation of the Republic of Armenia I highly appreciate the opportunity to address this Forum and acknowledge UNFPA and the Government of the Netherlands for arranging this review meeting in such an efficient manner.

Background Situation

The ICPD Programme of Action (1994) provided countries a sound basis for work in the area of Population and Development. During the last five years considerable experience has been gained in Armenia on how government policies and programs can be designed and implemented to address population and development concerns. However, the actual situation in the country is still far away from achieving the ICPD goals.

According to the alarming estimates of independent experts, the actual population of Armenia considerably decreased in size over the last five years. The rapid decline in fertility levels that was reinforced by death of more than 25,000 young people during the earthquake of 1988, and the high emigration rate are producing fundamental changes in the age structure of the population.

The large proportion of the young men gets income abroad to remit part of it to their family members who stay in Armenia. As a result, many young families are separating. Number of children below 10 years is decreasing. The estimated number of emigrants during the last decade is more than 700,000.

During 1988-1993, about 260,000 refugees of Armenian ethnicity have settled in Armenia due to the national conflicts in the region. Besides, there are about 400,000 of ecological migrants displaced within the country, after the earthquake, which took place in Armenia, in 1988.

The current period of economic transition is characterised by a collapse in trade with Central Europe and former Soviet republics, a drastic fall in production, a high rate of inflation, and erosion of real incomes and purchasing power.

The disproportion in the labour market has led to conditions, where the average salary does not even ensure minimal living conditions. Small salaries, low productivity and artificial employment are presently compensated by the shadow economy or by illegal employment.

The past-Soviet social policy in Armenia is presently in a deep crisis. The state does not have financial ability to implement a social safety net of the social guarantees stipulated by the Constitution.

Unemployment is among the highest in the CIS, and poverty comprises more than 50% of the population.

A huge number of beneficiaries entitled to social assistance, received only from about 2.5 to 4 USD. The average monthly pension is only about 6 USD per month. Doctors are paid 12-14 USD a month and teachers received 10 USD, on average. The main form of Armenians adjustment in social-economic crisis seems to be relatives' support. It is becoming increasingly apparent that limited state financial resources, divided among education, health, science, and culture, and allowances to vulnerable groups, do not solve any social problems and only dilutes the budget resources.

Unfortunately, the system of education and its former achievements also are seriously affected at the current phase of social transition. Economic necessity makes many youngsters, especially boys, leave high schools for family income generation.

Severe social and economic conditions primarily affected also people's health, resulting in increased morbidity and mortality rates. Although there is well-developed net of hospitals, clinics and drug stores, as well as impressive number of medical personnel in Armenia, only 80% of the population had access to the health care services in 1997. Both outpatient and ward attendance has drastically decreased mainly due to the financial obstacles. Though socially vulnerable groups should be still covered by the state, in the reality for many of them access to the health care is hampered.

The lack of alternative financing and budget constraints challenges the further development and even the existence of many hospitals and outpatient clinics. A great portion of hospitals and outpatient clinics are in need of capital renovation or repair.

An assessment of the reproductive health situation shows that a significant demand for fertility regulation exists in Armenia, but this demand is not adequately met. Social-economic considerations weigh heavily limiting the family size to less than the expressed ideal and desired number of children. However, people still do not have access to modern means of family planning. Most couples are using unreliable methods, which are free or have little cost. As an outcome, the induced abortion is the main method of fertility regulation. According to the results of the nation-wide survey, each woman has a history of 2.5 induced abortion during her life span, in the average.

Although abortion is legal in Armenia, there is still significant number of unsafe abortion cases with the high rate of the serious and potentially life-threatening complications and consequences. Many women rely on self-induced abortion due to the financial obstacles.

The Maternal Mortality Rate for Armenia (35.2 per 100,000 live births) compares favourably to the average for the Commonwealth of Independent States (40.1), but it is almost 6 times higher than the average for the European Union. There are some positive changes in the dynamics of the infant mortality rate (15.4 per 1000 live births), but in the triennium 1996-1998 it was still considerable higher than the average for European Union.

Assessment shows that there is a significant degree of misinformation among young people about the family planning, STDs/HIV and the routes of their transmission. Due to the unmet needs in their access to information, education, and health services young people are at the high risk of unwanted pregnancy, sexually transmitted diseases, HIV/AIDS and their adverse consequences.

Positive changes

However, there are also examples of positive changes. The ICPD gave the inputs to the development of NGO sector, which includes now more than 2,000 officially registered organizations. Government adopted the policy to foster active involvement of elected representatives of the civil society in

formulating, implementing, monitoring, and evaluating strategies and programs in field of population and development. Some of NGOs have become increasingly important to the implementation of population-related programs, using new approaches and innovative strategies.

Following the ICPD in Cairo, the Parliament of Armenia adopted "The law on Medical Care and Services", where a special paragraph on Reproductive Rights, including rights of adolescents and young people has been included to get appropriate information, education and health services on sexuality and reproductive health.

The concern about Sexual and Reproductive Rights and Health, was recognised by the Ministry of Health in its policy document of the National Program on Reproductive Health, which is on going now with technical and financial support of the UNFPA and WHO. In this document the special attention is given to the needs of adolescents and other vulnerable groups of population.

The UNFPA, WHO and UNICEF have each made a major commitment to women's health, particularly through the Safe Motherhood initiative. Several other International Agencies and NGOs have been also involved in population development activities, in particularly USAID, UNAIDS, IPPF, IOM, Save the Children? CRS, MSF, ICU, ARS, Care, etc. contributing to implementation of this important Program through technical support or on the basis of partnerships and collaboration.

In April 1998 the Government proclaimed Decree on adoption of the "The National Platform of Action for 1998-2000 to improve the conditions of women and to rise their role in the society". This document is the major governmental policy document, which challenged provision of the constitutional principles on the equal rights and opportunities for men and women, UN CRDAW Convention as well as recommendations of the Programme of Action of the World Conference on Women, Beijing, 1995.

There is an apparent political will for reforming, within both the executive and legislative branches of government. Humanitarian assistance from the Armenian Diaspora generously continues to subsidise government and public spending in health sector. There is also a number of successful community-based initiatives operating at the grass-root level that were pioneered by a wide range of local and international organisations.

National policies

In current hard socio-economic situation, when expenditure on health and social security are very low, the policy should be set to improve the health and well-being of the most vulnerable groups, including the poor and migrants.

There is a need to upgrade primary health care local facilities to provide elementary family planning services and obstetric first aid in order to reduce the barriers of distance and lack of transport. The efforts need to be made to enable vulnerable groups of population to escape poverty and insecurity and to benefit from a choice of sexual and reproductive health care and services. The challenge for reproductive health programs is to promote contraception together with safe, affordable and accessible abortion services.

As an integral part of the Trans-Caucasus, we believe that regional co-operation and participation in many regional initiatives will ensure the region's stability. The current state policy towards the neighbouring countries is one of open relations and co-operation. This is not the Forum for political debates, and I would like to finish my speech with couple of words: May never will be war, may nobody lose his children. . .

Thank you very much for your kind attention.

