



The Armenian healthcare system: recent changes and challenges

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Journal of Health Politics, Policy and Law, 2015, Vol. 40, No. 5, pp. 1001–1015

Abstract

Background Armenia has experienced a series of health system reforms since 2000. The reforms have aimed at improving the efficiency of the health system, increasing the quality of care, and reducing the financial burden on patients. However, the reforms have also led to a number of challenges, including a decline in the quality of care and an increase in the financial burden on patients.

Objectives This article examines the recent changes in the Armenian healthcare system and the challenges that have arisen. It also discusses the implications of these changes for the future of the health system.

Methods The article is based on a review of the literature and interviews with key stakeholders in the health system. The data were analyzed using a thematic analysis approach.

Results The article identifies several key changes in the Armenian healthcare system, including the introduction of a new health insurance system, the restructuring of the health system, and the implementation of a series of reforms. The article also identifies several challenges that have arisen, including a decline in the quality of care, an increase in the financial burden on patients, and a lack of transparency in the health system. The article concludes that the Armenian healthcare system is facing a number of challenges that will need to be addressed in the future.

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Handwritten musical notation on a staff, including notes, rests, and a circled section.

Table 3 Number of attached population to the primary care physician, new cocaine (0.9%) and heroin (0.6%) users (ICHD, NSS, NIH and SCAD2005) (Tables 2 and 3).

	Minimal	Optimal	Maximal
Therapist (urban areas)	1,000	2,000	2,500
Therapist (rural areas)	1,000	2,000	2,700
Pediatrician (urban areas)	500	1,000	1,200
Pediatrician (rural areas)	500	1,000	1,400
Family physician	1,000 (300 children + 700 adults)	1,700 (500+1,200)	2,300 (800+ 1,500)

Source: Minister of Health order "On RA State-Owned Primary Healthcare Facilities Medical Personnel Remuneration Setting Procedures", 195, 28 March 2003

cardiovascular diseases, cancer, diabetes, tuberculosis and others. The incidence of major communicable diseases such as tuberculosis and HIV/AIDS has increased. Outbreaks of waterborne diseases were caused by the degradation of poorly maintained water supply networks (Hovhannisyan et al. 2001). According to the "National Survey on the Drug, Alcohol and Smoking Prevalence among the General Population of Armenia" conducted in 2005, tobacco was smoked by 29% of the population of 16 to 75 year olds, including 60.5% of men and 2.2% of women. The number of respondents to the aforementioned survey who knew drug users showed that the proportion of people who knew persons who were taking hashish or marijuana was relatively high (5.4%) and was followed by persons who

The decreasing health status may therefore be the result of unhealthy behavior. Nonetheless, the inefficient health system could also play a significant role, especially in case of the maternal and child health. Table 4 presents data that may prove such a correlation (United Nations Development Program 2005).

In the context of the recent transitions and current main health problems of the Armenian population, the basic challenges for public health in Armenia may be characterized as follows:

Primary healthcare should be emphasized. A fundamental problem in primary care is its accessibility for people, which has become difficult for a large segment of the population due to their inability to pay out-of-pocket for health services. The number of outpatient contacts in 1999 per person per year in Armenia was 2.3, while the average for EU countries was 6.2 and for NIS countries 8.3 (United Nations Development Program 2005) (Hovhannisyan et al. 2001). Since the above-mentioned decision concerning extending the Basic Benefit Package for all ambulatory services was declared, the flow of patients to primary healthcare has been enormously increased. This caused another problem with the inadequate salaries of the healthcare personnel, which has increased, but is said not to correspond to the increase of visits. In Armenia, the sense of individual responsibility for one's health is low. Probably the main reason for this

Table 4 Population's morbidity, not seeking medical care and lack of access to healthcare (percentages)

Population's morbidity*	Proportion of those who did not seek medical care in the total number of people with sickness	Of which the proportion of those who of those
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Conclusions

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