

Investing for a safe and healthy Armenia

WHO Health Emergencies Programme
at the country level



© World Health Organization 2019 All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Design and layout: Djordje Novakovic

Investing for a safe and healthy Armenia

WHO Health Emergencies Programme at the country level

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people’s health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,¹ which result in hundreds of people dying or becoming severely ill.

Europe’s 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond to outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

¹ Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. (https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf, accessed 23 August 2019).

The European Region is part of a highly interconnected world. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

Armenia: the case for action

Foodborne and waterborne diarrhoeal diseases; pandemic and seasonal influenza; and chemical poisoning due to accidental chemical spills are priority hazards in Armenia, based on a public health risk assessment. The risk of these events relates to the inevitability of their occurrence, their transmission potential, the high rate of fatalities, and Armenia's limited coping capacity for the management of these incidents.

Radionuclear accidents; laboratory biosafety and biosecurity issues; outbreaks of vector-borne diseases, such as malaria, West Nile, Congo-Crimean haemorrhagic fever and leishmaniasis; and high-threat pathogens, such as anthrax, plague and tularaemia, are considered as moderate priority events, although vulnerabilities and coping capacities to manage these events vary widely.

The WHO Health Emergencies (WHE) Programme continue to scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

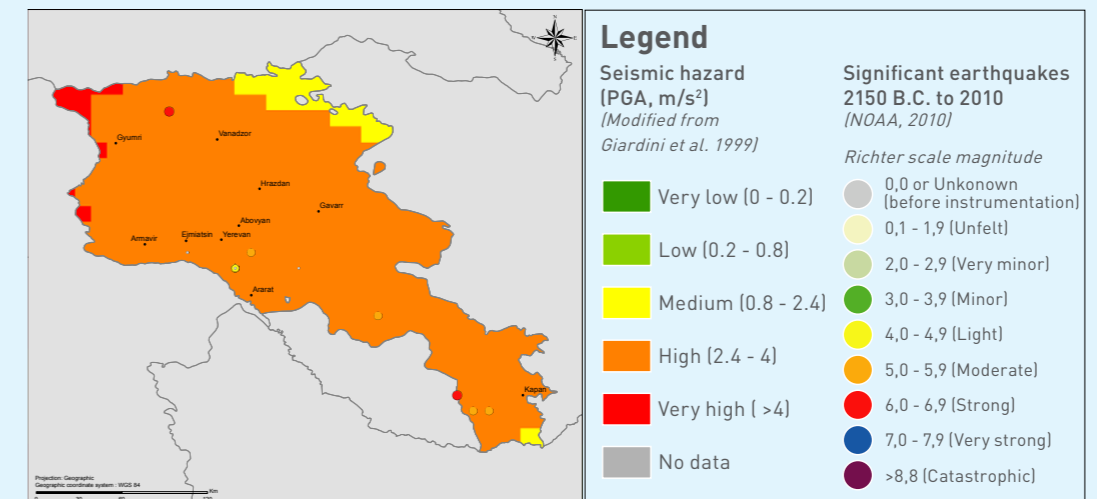
1 BOX

Key emergency threats in Armenia

- Earthquake (Map 1)
- Food and waterborne diarrhoeal diseases, pandemic and seasonal influenza
- Chemical hazards
- Conflict

1 MAP

Armenia: Seismic hazard map²



2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the-volume-1-exposure-to-natural-hazards-version-2.0>, accessed 23 August 2019).

Armenia is striving to achieve Universal health coverage (UHC), in line with the UN's Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the country's progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.



“Universal health coverage and health emergencies are two sides of the same coin”



Dr Tedros Adhanom Ghebreyesus
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries strengthen their emergency preparedness and response capacities, they also strengthen their health system's ability to provide universal health coverage. In the same way, when countries strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

2
BOX

Investing in emergency preparedness makes economic sense

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023³

The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

3 WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

3
BOX

Investing in health emergency preparedness is key to achieving the SDGs

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).



Trainees performing biosafety cabinet (BSC) filter installation during a training.

Photo credit: WHO

4
BOX

The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the core capacities needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

https://www.who.int/topics/international_health_regulations/en/

IHR Core Capacities for monitoring and evaluation

1. Legislation and financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

Armenia's emergency preparedness and response capacities

Overview of IHR monitoring and evaluation in Armenia

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR country capacities. The States Parties Annual Reporting is mandatory; the Joint External Evaluation (JEE), After Action Reviews (AARs) and Simulation Exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and national experts to identify strengths and weaknesses in emergency preparedness and response within the national health system. Results and recommendations from these activities are the basis for the development of a National Action Plan for Health Emergency Preparedness.

Done or in process:

- States Parties Annual Reporting: 2019
- Joint External Evaluation: 2016
- Simulation Exercise: 2016, 2017
- National Action Plan for Health Emergency Preparedness: commenced in 2019

Recommended:

- After Action Reviews

Highlights from Armenia's 2019 self-assessment report on its IHR core capacities

Analysis of its annual reporting data for 2019 shows the IHR core capacities with most room for improvement in Armenia are currently:

- Food safety
- Laboratory
- National Health Emergencies Framework
- Health Service Provision

The government of Armenia is committed to further developing and maintaining strong emergency preparedness and response capacities. In 2016, Armenia undertook a voluntary Joint External Evaluation of its capacities⁴ in the context of implementing the IHR.

⁴ WHO. Joint External Evaluation of IHR Core Capacities of the Republic of Armenia. Geneva: World Health Organization; 2017. (<https://apps.who.int/iris/bitstream/handle/10665/254745/WHO-WHE-CPI-2017.14-eng.pdf?sequence=1>, accessed 23 August 2019).

Key findings from the Joint External Evaluation of Armenia's IHR core capacities⁵

Strengths:

- Pronounced political will and extensive national legislation are in place to support the implementation of the IHR. National policies that are in place facilitate core and expanded functions of the National IHR Focal Point to strengthen core capacities incorporated within the Public Health Law.
- Preparedness is receiving a lot of attention in Armenia, and is a strong point in the country's implementation of IHR. Emergency response plans have been prepared for a variety of scenarios, and each of these contains specific provisions pertaining to public health.
- A well-defined emergency response system involving all tiers of government. High-level capability to activate emergency response operations rapidly, including emergency operations centres (EOCs), as well as those requiring staff "surge" capacities.

Areas for intervention:

- Developing and consistently applying the One Health approach to the interaction between human health and the veterinary sector. Armenia has made some steps in this direction but more needs to be done.
- Moving to a real-time electronic reporting system for surveillance data.
- Strengthening infrastructure at designated points of entry.
- Improving multisectoral coordination and communication across the whole-of-government.

⁵ Ibid.

Armenia's health emergency preparedness initiatives

Strategic risk assessment

A strategic risk assessment conducted in April 2019 provided the basis for further development of contingency plans for priority hazards and the focus for surveillance and laboratory capacity development.

Emergency Operations Plan

Armenia undertook a scoping mission for the development of an emergency operations plan as a preliminary step to the establishment of their emergency operations centre.

Pandemic influenza preparedness (PIP)

Armenia has been a PIP priority country since 2014 and has made progress on strengthening laboratory and surveillance capacities for timely detection of novel influenza viruses with pandemic potential.

Strengthening national laboratories

A national laboratory working group was formed in 2018 with WHO support to develop a National Laboratory Development Strategy and Action Plan, which is now close to completion. WHO also supported the country to assess 60 laboratories nationwide to inform the priority areas for the laboratory strategy.

Risk communication

The Regional Office has launched an Emergency risk communication (ERC) five-step package⁶ for tailored support to each enrolled country to scale up their capacity in this area, by developing, testing and adopting their ERC national plan under the IHR. Armenia has completed steps 1 to 3 of the ERC capacity-building package, including training, capacity mapping and plan writing, and participated in social science training in December 2018.

Assessment of hospital safety and functionality

Two major hospitals in the country have been assessed based on the Hospital Safety Index for structural and non-structural functionality during disaster and emergency response capacities.

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance in Armenia, a national IPC programme and operational plan are available and national guidelines for health care IPC are disseminated. Selected health facilities are implementing the guidelines, with monitoring and feedback in place. WHO Regional Office for Europe is supporting the Ministry of Health of Armenia to create the IPC programme at a national level.

⁶ WHO. Emergency risk communication (ERC) 5-step capacity-building package [online]. Copenhagen: WHO Regional Office for Europe. (<http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/national-health-emergency-risk-communication-training-package>, accessed 23 August 2019).

Opportunities for further progress

The JEE report, and subsequent work by technical working groups convened by the Ministry of Health, have created opportunities to further strengthen and reinforce Armenia's capacities.

The most important opportunity is for the government to adopt a National Action Plan for Health Emergency Preparedness (NAP). Once the draft NAP has been developed, the government of Armenia should rapidly agree the Plan and allocate the resources needed to implement it. Armenia will then be firmly on-track to build robust and sustainable IHR core capacities.



Photo credit: WHO

Success stories

Combating antimicrobial resistance

Since the 2016, JEE Armenia has redoubled its efforts to combat antimicrobial resistance (AMR). The Ministry of Health organized a point prevalence survey on antibiotic resistant infections in health care facilities in Armenia. This has raised substantial interest in Armenia and beyond.

Progress on pandemic influenza preparedness

Armenia achieved substantial progress in pandemic influenza preparedness. Armenia:

- has strengthened its sentinel and laboratory surveillance for influenza and acute respiratory illnesses, including with the implementation of an electronic data management system. It now produces weekly epidemiological bulletins;
- has developed guidelines for outbreak investigation, response and clinical management of severe acute respiratory infections, and trained relevant health staff;
- is in the process of finalizing an updated National Pandemic Influenza Preparedness Plan.

Protecting people from health emergencies together: The way W(H)E work



The WHE Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country is unique, the Programme tailors its support to countries' specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore the Programme places countries at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.
2. At the same time, countries need to develop, test and evaluate their national plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and prepositioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way for countries to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all governments, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
E-mail: euwhocontact@who.int
Website: www.euro.who.int