

Global Health Initiative Strategy

ARMENIA

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List of Acronyms

ANC	Antenatal Care
BBP	Basic Benefit Package
CPG	Clinical Practice Guidelines
DHS	Demographic Health Survey
DoD	Department of Defense
DOTS	Directly Observed Treatment, Short Course
EUR/ACE	Bureau of European and Eurasian Affairs
FP	Family Planning
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, TB, and Malaria
GHI	Global Health Initiative
GIZ	Gesellschaft für Internationale Zusammenarbeit
GOAM	Government of Armenia
HIS	Health Information System
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HS-STAR	Healthcare System Strengthening in Armenia Project
ICT	Information and Communication Technology
IMR	Infant Mortality Rate
IR	Intermediate Results
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCPR	Modern Contraceptive Prevalence Rate
MDG	Millennium Development Goals
MDR-TB	Multi-drug Resistant Tuberculosis
MIDAS-3	Medical Institution Data Analysis System-3 rd Version
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MSF	Medecins Sans Frontieres
NCD	Non-Communicable Disease
NTP	National Tuberculosis Program
ODC	Office of Defense Cooperation
PCV	Peace Corps Volunteer
PHC	Primary Health Care
PPP	Public-Private Partnerships
QA	Quality Assurance
QI	Quality Improvement
RH	Reproductive Health
SHA	State Health Agency
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
U5MR	Under-5 Mortality Rate
WB	World Bank
WHO	World Health Organization
WID/GAD	Women in Development/Gender and Development
XDR-TB	Extremely Drug-Resistant Tuberculosis

Executive Summary

The health system in the Soviet Union focused on specialization and in-patient hospital care with numerous vertical systems aimed at specific service areas. The Soviet system did not generally promote clinical practices based on evidence or guidelines. It also managed budgets centrally and distributed funding based on inputs (i.e., the number of hospital beds or doctors). The government served as both the purchaser and provider of health services, making the system inefficient, discouraging quality improvement, and inducing parallel systems of informal payments.

Since independence, Armenia has made strides in reforming its health system and improving the overall health status of its citizens. Over 90% of the population is now enrolled with a provider of choice, and key health indicators have continuously improved over the past ten years. However, despite impressive strides in health care reform, much work remains. Armenians cannot access all free services contained in the government-guaranteed Basic Benefits Package, and there is a lack of alternative financing mechanisms. As a result, the poorest households are hardest hit, paying the largest share of expenses proportional to income. Furthermore, the primary care reimbursement system is outdated, the government allocates significantly less than the World Health Organization-recommended amount to health care, and these scarce resources are not used effectively. The United States Government, in coordination with the Government of Armenia and other international donors, will work to further reform the health system in order to achieve mutually desired health outcomes through sustainable approaches and increased host-country ownership.

This five-year strategy is intended to be a roadmap for the United States Government to focus its health programming in Armenia in a manner that will effectively support the gains made so far as well as ensure the capacity of the Government of Armenia to follow through with current initiatives. Under GHI, the USG will take a broad, systems-level approach, while prioritizing maternal and child health including family planning health outcomes. The USG will focus programming in three areas: **more efficient use of financial resources, improved quality of services, and enabling citizens to exercise their health rights and responsibilities**. In these three areas, the following health outcomes will ensure a high level of sustainability and minimize potential back-sliding:

- Reduction in out-of-pocket spending, with simultaneous increase in government spending on health care;
- Licensing and certification mechanisms established to improve the quality of health services;
- Improving the treatment and prevention of tuberculosis and multi-drug resistant tuberculosis;
- Reduction of maternal, neonatal, and child mortality; and
- Promotion of modern methods of family planning and access to quality reproductive health services.

Despite improvements in the health status of Armenians over the past decade, work remains to ensure gains are sustainable and the Government of Armenia is positioned to continue implementing reforms.

GHI Vision

The Global Health Initiative (GHI) Strategy for Armenia builds upon the priorities of the Government of Armenia (GOAM) and successes of the United States Government's (USG) health assistance to date. The USG has long lived the principles of the GHI in Armenia through a country-led plan in the form of an Assistance Agreement with USAID, close collaboration with other international organizations and USG agencies, a focus on systems strengthening including instituting systems for monitoring reforms, and a focus on women and girls especially through programs to end domestic violence. This five-year strategy, designed in the context of reduced USG health funding and the need for a strategy with more targeted interventions, will work towards mutually desired health outcomes through a continued emphasis on sustainable approaches and increased host-country ownership. A strong, reliable, and quality health system in Armenia contributes to other USG strategic goals in the region such as improved economic productivity, institutionalized transparent governance, as well as domestic and regional stability. Because of this – and although only USAID receives designated health funding in Armenia – a collaborative approach to the implementation of the GHI strategy in Armenia in the years to come will further USG long-term interests in the region and promote economic and social development of the country.

Over the past decade, the USG and the GOAM have worked closely together to lay the foundation for a more equitable and efficient Armenian health system. A Basic Benefits Package (BBP) was introduced, which provides free primary health care and maternity services to all Armenians. Every resident is also now able to choose his/her own health care provider in the Open Enrollment System. Additionally, improvements were made in family doctor and nursing skills, and independent family medicine practices were introduced.

Despite these impressive strides in the health care sector, targeted work remains to ensure the broadest range of services is available to the Armenian population, especially women and girls, financial resources are used in the most efficient manner, the quality of services continues to improve, and citizens are able to exercise their health rights and responsibilities.

Currently, the GOAM is finalizing an overarching national health plan with the assistance of the World Health Organization (WHO) and USAID. Meanwhile, the GOAM does have individual strategic plans focused on vertical priorities in tuberculosis (TB), primary health care (PHC), reproductive health (RH), child and adolescent health, and non-communicable disease (NCD). The GHI strategy will serve as a roadmap for all involved parties to target assistance and health reform priorities in an integrated manner to ensure sustainability of health reforms and outcomes.

Under GHI, the USG will work in the following areas, in the prioritized order, and according to the funding streams. These areas are of equal priority for the GOAM:

- Reducing maternal, neonatal, and child mortality;
- Improving the treatment and prevention of TB and multi-drug resistant TB (MDR-TB);
- Promoting healthier lifestyles and improving preventive service provision to mitigate the impact of NCDs;
- Promoting modern methods of family planning (FP) and access to quality RH services; and

- Targeting an approach to HIV/AIDS prevention, care, and treatment that leverages Global Fund for AIDS, TB, and Malaria (GFATM) resources.

In its efforts to achieve these health outcomes, the USG, in partnership with the GOAM, will embody key principles of the GHI to guide our assistance in the most effective manner. For instance, along with a strong focus on the promotion of gender equality, the USG will emphasize data-driven decision making through robust monitoring and evaluation (M&E) of projects and initiatives. The USG will also continue to build the capacity of the GOAM to use health statistics in future planning and service provision. By strategically coordinating our assistance with the similarly decreasing funding levels in the wider donor community (World Bank, UNICEF, UNFPA, GFATM, WHO) and working within GOAM country-led plans and priorities, the USG will not only ensure the delivery of evidence-based assistance, but also strengthen local capacity and sustainable Armenian institutions to promote good health outcomes in the long-term, independent of USG resources.

GHI Partner Country Priorities and Context

Despite impressive strides in PHC reform and health outcomes (See Table 1), much work remains to be done in order to use existing financial resources more efficiently, improve the quality of services, and enable citizens to exercise their health rights and responsibilities. Armenians cannot access all free services reputedly contained in the BBP. There is a lack of alternative health financing mechanisms—such as social health insurance, private health insurance, co-payments, fee for services, performance-based remuneration—to make up for the reality that not all services can be subsidized by the GOAM. Currently, the poorest households continue to finance the largest share of health system expenses proportional to household budgets, largely through out-of-pocket payments for services at point of delivery. The primary care reimbursement system is still outdated, relying on per-capita payment to facilities based on the estimated number of clients in the “catchment” area. According to the 2010 Armenia Corruption Survey of Households, the healthcare sector is perceived to be one of the most corrupt sectors in the country. It is generally considered that corruption is derived on the user level of the health system, in the form of under-the-table payments, rather than on an administrative level.

Table 1: Key Health and Population Indicators in Armenia

Indicator		Source
Population	2,967,975	CIA World Factbook (2011 est.)
Life expectancy	70 years	2009 WHO
Fertility rate	1.7	2010 DHS
Contraceptive prevalence rate	54.9% any method 24.2% modern method	2010 DHS
Maternal mortality rate	29/100,000 live births	2008 WHO
Proportion of women accessing antenatal care from a skilled provider	99.1%	2010 DHS
Proportion of deliveries assisted by skilled birth attendant	99.5%	2010 DHS
Neonatal mortality rate	8/1,000 live births	2010 DHS
Infant mortality rate	13/1,000 live births	2010 DHS
Under-five mortality rate	16/1,000 live births	2010 DHS
Fully immunized children <1 year	91.5%	2010 DHS
TB incidence (all forms)	73/100,000 population	2009 WHO
MDR-TB	9.4% new TB cases 43% retreated TB cases	2008 WHO
HIV prevalence	0.1%	2009 WHO
Most prevalent causes of mortality¹	Cardiovascular diseases: 50% Malignant neoplasms: 20% Respiratory system diseases: 6% Traumas and poisoning: 5% Diabetes mellitus: 5% Digestive system diseases: 5%	2009 WHO, MOH, WB
Smoking prevalence	61% men 2.7% women	2006 WHO

According to the 2009 Health Systems Performance Assessment in Armenia, the GOAM allocated only 1.5% of GDP on government health expenditures, among the lowest allocations in the world, and well below WHO-recommended levels of 3-4%. Scarce health resources are not effectively distributed among health care providers and institutions. While a foundation has been established by USAID to track the number of patients registered by facility, as well as understand where improvements are occurring in healthcare outcomes, continued targeted technical support is needed to familiarize the GOAM with these tools which can assist them in more effectively allocating resources.

¹ These figures present the most prevalent causes of mortality in Armenia as a percentage of the total disease burden. Armenia Health System Performance Assessment, 2009

Additionally, problems with structure impede positive change. Under the Soviet system, Armenia had several parallel, vertical systems that were disease-specific which functioned as a person's first point of contact with the health system. Now, more Armenians are using the primary care system when they need care. However, payment methods, incentives, and enforcement mechanisms supporting quality primary care are not in place. While USAID has introduced systems to improve the quality of care, there is limited motivation for health care providers to establish and maintain continuous quality assurance mechanisms at health facilities. Poor licensing regulations and continuous medical education requirements, coupled with the lack of an accreditation system, impede progress in health reform. Private sector capacity is also weak in primary care service delivery. Competitiveness in the health sector is restricted, and motivation for facilities to provide customer-oriented services is low, leading to low quality health services. The GOAM has addressed quality assurance (specifically in terms of guidelines for NCDs), financing and incentives in their Primary Health Care Strategy. It also prioritizes improvements to the quality of healthcare and motivates providers through performance-based financing and incentive payments. This will complement the enrollment based financing for BBP services at the PHC level.

High rates of TB and MDR-TB ensure that Armenia ranks among the countries with the highest burden of the disease (See Table 1). According to WHO, in 2009 the prevalence of TB was 107 per 100,000 population, incidence was 73 per 100,000, and case detection rate was 73 per 100,000. Armenia reports 100% DOTS coverage for treatment, but gaps remain in the quality of implementation of the program and its case detection and treatment success rates. Challenges also exist in the laboratory system in Armenia, with only 35% of new TB cases being confirmed as smear positive.

According to the 2009 Health System Performance Assessment in Armenia, there has been limited progress in reducing maternal mortality, cardiovascular diseases and malignant neoplasms (See Table 1). The 2009 State of the World's Children report noted that women in Armenia are nine times more likely to die from pregnancy or childbirth than women in developed countries. Despite progress towards the Millennium Development Goals (MDG) of reducing maternal mortality rate (MMR) and under five mortality rate (U5MR), data shows that Armenia is not quite on track to easily meet the goals by 2015.

Through several strategy documents, the GOAM has outlined its priorities for PHC, TB and MDR-TB, and maternal and child health (MCH). Table 2 summarizes GOAM priorities in these areas.

Table 2: Priority Areas for the GOAM

Priority Area	Specific Priorities
PHC	Implement quality assurance in PHC services
	Prevent NCD
	Strengthen human capacity, performance-based financing and incentives
	Continue Open Enrollment
	Improve the provider mix
	Raise public awareness

TB and MDR-TB	Reduce morbidity, mortality and drug resistance
	Diagnose 80% of MDR-TB cases
	Treat 60% of MDR-TB cases
MCH	Reduce levels of maternal mortality
	Define standards and responsibilities of PHC providers
	Increase utilization of modern contraceptive means by all those who want to use them
	Integrate RH services in to PHC

In recent years, due largely to donor involvement and coordination, Armenia has made great improvements in the health status of its citizens. It is within this context that the USG will work through GHI to begin to target interventions while building on past successes in integrated systems reform in the health sector. The elements and activities of this strategy are all necessary to reach a point of progress that will be sustainable by GOAM resources and are contingent on the availability of future funding and the nature of earmarks. Sustained USG investment at current levels over the next five years is needed to realize critical health reforms in Armenia, and make those reforms known to and understood by Armenians.

GHI Objectives, Program Structure, and Implementation

The GHI strategy will outline how the USG will address the weaknesses and gaps in the primary health care system and leading causes of maternal and neonatal morbidity and mortality by strengthening the Armenian health care system to:

- Use health resources more efficiently;
- Empower Armenians to exercise their health rights and responsibilities; and
- Improve the quality of health care services.

These three areas of focus were chosen as they are GOAM priorities outlined in several strategy documents, as well as crucial areas that must be improved if the health care system will be sustainable and of high quality. Additionally, USAID signed an Assistance Agreement with the MOH in 2010 which defines these areas as mutual priorities. USAID regularly coordinates with other international donors in the health sector to minimize duplication and amplify results. The USG’s development hypothesis states that by focusing USG efforts in these three areas to address the bottlenecks in the health system, Armenia will have a sustainable health system with improved quality in five years, setting the country on path to meet its strategic goals.

Health Resources Used More Efficiently

Financial resources, both from the government and from individuals, are essential to maintaining and sustaining health reforms. Health funds are generated by increasing government expenditures and/or by using existing resources more efficiently. The USG will focus on the latter while maintaining a dialogue with the GOAM to increase its allocation of public expenditures as a percent of GDP for health programs. GOAM performance in using public financial resources more efficiently will be measured by the proxy indicator of reducing

individuals' out-of-pocket payments as a percent of total health expenditures from 51% in 2011 to 37% in 2015, based on National Health Account data.

Building on the Open Enrollment system implemented by USAID, the GOAM will utilize USG assistance to expand the system to include a provider payment mechanism based on the actual enrolled population at each facility. Incentive payments to PHC facilities will be implemented through an innovative pay-for-performance system that will reward high performance against a set of agreed upon PHC indicators including pre-conception RH care seeking, early prenatal care, and preventive child care visits.

The USG will support the GOAM's work to simultaneously address health purchasing and risk pooling mechanisms. Specifically, USAID will support the State Health Agency (SHA) in the design, development, and implementation of a new hospital payment system to close the funding gap by increasing health system efficiency and linking payment for inpatient care to BBP services; and in strengthening legal, regulatory, technical, and operational frameworks for the national funds for the BBP. The USG will coordinate with other donors, including the WHO and the GFATM, to work with the SHA and National Tuberculosis Program (NTP) on refining the provider payment system for TB services.

The BBP is integral to ensure that all Armenians have access to health services, as well as to achieve GHI goals in MCH, TB, and RH. USAID will work with the GOAM to redefine the health care services and populations covered under the BBP, and ensure that it continues to include and prioritize MCH/RH/FP/TB/NCD and prevention services. Coordination with the World Bank (WB) will contribute to restructuring the co-payment system for inpatient care.

USAID will continue to participate with other donors and the GOAM in a national working group created to identify the most effective organizational structure for PHC in urban areas, encouraging an optimal provider mix. USAID will also support the formation of independent PHC practices, help create an enabling environment for independent providers, provide management support to help newly established private practices, and provide commodity support for those new practices. USAID will closely monitor the progress and ease of establishing these practices to ensure efficiency and effectiveness.

A key component to developing and maintaining a strong health sector is developing and retaining skilled human resources. The current workforce in Armenia continues to favor specialization over general practice, and its distribution remains unbalanced across regions and urban and rural areas. USAID will work with the MOH to build internal capacity, especially targeting women as they comprise the majority of the health workforce, for workforce planning which includes a rapid assessment of the workforce using existing data; automating paper-based exercises that are currently in use to analyze supply; mining health information systems to tease out workforce information; and creating a simple computerized human resource information system linked to other operating health information systems.

In particular, technical assistance provided by USAID will introduce and refine health financing mechanisms, such as provider payment systems and decentralized decision making, and will improve transparency and accountability in resource allocation. By changing how services are

purchased as well as by introducing output-based or market-orientated provider payments systems, transparency will increase as payment rates are published and made clear to health providers and patients. Support to the GOAM to introduce co-payments will make payments for health services explicit and predictable, formalizing previously informal client copayments to providers. Working with government stakeholders and the MOH on health labor restructuring, increased funding for PHC, and pay-for-performance strategies will make it possible to increase salaries for a smaller, high-quality health sector labor force further reducing the demand for informal payments. In addition to improving the health sector, this will also make strides in the USG's work to combat corruption in Armenia overall.

Finally, the USG, through the Department of Defense (DoD) Office of Defense Cooperation (ODC), and the Department of State's Bureau of European and Eurasian Affairs' Humanitarian Assistance Program within the Office of the Assistance Coordinator (EUR/ACE), will work to ensure that key health infrastructure is rehabilitated and well-equipped. In FY11, ODC plans to renovate two health clinics. In addition to rehabilitating clinics, ODC donates medical supplies, such as medical exam tables, pharmaceutical cabinets, instrument supply chest, and furniture. EUR/ACE also supplies medical supplies and medicines throughout the country. The rehabilitation and donation of supplies by ODC and EUR/ACE is valued by the GOAM as it allows the GOAM to more efficiently target their limited financial resources on the health system reform effort.

Armenians Exercise Their Health Rights and Responsibilities

Empowering Armenian citizens to exercise their health rights and responsibilities is an important step towards an effective and efficient health system. Creating a robust demand for health services through public awareness and education will help the supply of health services to appropriately respond to the needs of the population. USAID will work with the MOH by seconding project staff to their newly formed Public Health Education Department. Outcomes will be measured through increased population awareness of key health issues, and strengthened capacity of the Public Health Education Department in the MOH.

Barriers that impede access to health services, particularly for women and girls, include high cost, low health awareness, and difficult accessibility. To address these, the USG will focus on women and children through its efforts to promote health education and appropriate health seeking behavior in MCH, RH and FP, especially on early prenatal care and pre-conception care visits. Aligned with recommendations in the 2010 Gender Assessment, USAID will apply an integrated care approach to improve child survival, impact maternal health, strengthen newborn care, increase access to information on reproductive health, and improve management of common chronic diseases. The USG will promote health care seeking behaviors in communities through active use of community health volunteers and reinforce referrals to community nurses in order to access state guaranteed health care services. Communities will play a stronger monitoring and advocacy role to influence the quality, efficiency, and accountability of health care services.

USAID will also continue to work with Community Health Committees and Health Action Groups, both initiated through previous projects, to function as champions in raising awareness of healthy behavior and empowering citizens to use existing health services. USAID will work with these groups in parallel to build the capacity of the newly formed Public Health Education

Department in the MOH to develop and implement consumer education and promotion activities on priority topics including MCH, TB, common chronic diseases, and general health reform.

At the grassroots level, Peace Corps/Armenia also works to promote health education vis-à-vis its four standing initiative groups: Women in Development/Gender and Development (WID/GAD); Youth Development; HIV/AIDS; and Information and Communication Technology (ICT). Through the WID/GAD, Youth Development, and ICT groups, Peace Corps Volunteers (PCVs) conduct summer camps and other activities meant to communicate and disseminate health messages. Through the HIV/AIDS Initiative group PCVs are working in collaboration with the Armenian Red Cross Society to implement nationwide public seminars on HIV/AIDS and constructing an SMS Helpline funded by PEPFAR through the Peace Corps Office of AIDS Relief.

USAID will work with the MOH and health sector financing institutions to institutionalize funding for key health system functions. For example, USAID will encourage continued GOAM investment, such as maintaining the health information system (MIDAS-3) to expand its use in strategic planning and policy purposes and disseminate information on the BBP. Specific emphasis and support will be given to public-private partnerships including health education and community empowerment activities. To that end, USAID will help establish costs for these activities, lobby for their inclusion in annual budgets, identify institutional actors best positioned to fulfill the associated roles, and help establish mechanisms for the MOH to contract out these GOAM-funded activities to identified institutions/organizations.

Improved Quality of Health Care Services

The core underlying problem of quality systems in post-Soviet countries is rigid clinical practice guidelines (CPG) that are not anchored in evidence-based medicine or best practices, and are applied in punitive fashion. Facility-level quality improvement (QI) techniques alone cannot improve the content of clinical practice. To correct this, the USG will work with the GOAM to increase its capacity to establish a system of sustainable QI processes in targeted health areas. Specifically, USAID will ensure that roles and responsibilities for CPG/job aid development and implementation are clear, and will support the process to ensure that a CPG, job aid, clinical protocol, or WHO standard is approved for implementation before undertaking reinvigorated facility-level QI activities. USAID will also work with the MOH to develop, implement, and scale up appropriate QI activities for small PHC centers. Performance will be measured through establishing systems that provide incentives for improved quality of care and decentralizing the oversight of QI and quality assurance in health care facilities.

USAID will work with the MOH, SHA, and newly established national and regional Quality Improvement Boards to establish system-level mechanisms to monitor provider performance against selected indicators. This will be accomplished by implementing the aforementioned pay-for-performance mechanism which rewards PHC providers for improvements against selected indicators collected through the MIDAS-3 system. System-level monitoring of performance against selected indicators will provide feedback information to the MOH that can be used to further address facility-level and system-level barriers that impede improvements to care. USAID will provide technical support to build the capacity of the MOH, Quality Improvement Boards, and the Professional Associations to support health facilities to implement quality improvements processes.

USAID will strengthen the Quality Improvement Boards at all three levels of the health system—facility, regional, and national—so the Boards themselves can readily assess quality of services. USAID will build the capacity of these boards to use tools such as mystery client visits, patient intercept interviews, focus group interviews, facility walk-throughs, observations of service provision, and facility self-assessments; results will be used to address issues impeding improved quality. Implicit to the success of the Boards is country-level financing and ownership, which USAID will address by working with the National Assembly, Ministry of Finance, MOH, and regional administrations. The goal of this work will be to devise a sustainable source of funding that allows the Boards to provide supportive supervision to PHC facilities. In addition, USAID will work to build host country monitoring systems by collaborating with the MOH and SHA to improve the health information system (HIS), especially at the PHC level, to inform workforce planning and policy decisions.

Quality assurance (QA) mechanisms such as licensing and accreditation have remained contentious in Armenia, and these systems have not been significantly improved or refined in recent years, although important discussions occurred when developing the Law of Licensing and the draft Law on Health Care. USAID will continue to conduct policy dialogue with the MOH and other relevant stakeholders to promote an agreement on QA approaches that define clear institutional roles and separation of functions as well as improve transparency and governance. USAID will provide technical assistance to help further develop QA strategies and plans, and to build capacity of the organizations involved to fulfill their mandates, including medical practice accreditation and licensing policies and procedures in the country.

The USG has been involved in strengthening continuing medical education. ODC has coordinated partnerships in medical education between Kansas State Medical University and Yerevan State University, as well as Kansas State Medical University and the Armenian National Institutes of Health. USAID will also address continuing medical education, specifically in emergency medical care for both ambulance staff and first contact providers, as emergency medical care is a priority for the GOAM. USAID plans to sign a Limited Scope Grant Agreement with the MOH to provide public health education regarding the reforms in the Emergency Medical System, distinguish between emergency and non-emergency calls, and provide training for emergency medical personnel. In addition, USAID will support the MOH to develop and update clinical guidelines and practice standards for emergency care and ambulance services. The DoD Office of Defense Threat Reduction and the US Centers for Disease Control and Prevention work in Armenia to improve internal capacity in surveillance, detection and response of selected pathogens, thereby strengthening parts of the health system by focusing on infrastructure, managerial and specialized workforce capacity in clinical, laboratory and surveillance areas.

Finally, USAID will work to strengthen quality of care in TB services, by improving infection control measures and improving prevention, diagnosis, and treatment for MDR-TB cases. USAID will collaborate closely with GFATM, WHO, Médecins Sans Frontières-France (MSF-France), KfW, and with the GOAM. Using current funds, USAID will continue to second a Resident TB Advisor to the National TB Program to strengthen the capacity of the GOAM. Further USAID activities in TB may depend on receiving additional TB funds in future years.

Under the GHI strategy, USG will work to build the capacity of the GOAM so that it can use health resources more efficiently; empower Armenians to exercise their health rights and responsibilities; and improve the quality of health care services. By working in an integrated manner to strengthen health systems and respond to country priorities, the USG will contribute to meeting the GHI goals in TB, MCH, and FP and RH. Armenia’s health system is at a stage of development where USG investments have the potential to leave sustainable legacies for the people of Armenia.

Sustainability Plan

Since 2000, major strides have been made to improve the overall health care system and the health status of Armenians. The most recent DHS results (See Table 3) show improvement in key MDG health indicators related to maternal and child health.

Table 3: Comparison of DHS results

Indicator	2000	2005	2010	2015 MDG Targets
Immunization Rate (measles only)	72.3%	74.3%	95.4%	>96%
Modern Contraceptive Prevalence Rate (MCPR)	22%	19.5%	27%	—
Antenatal Care (ANC), at least one visit	92%	93%	99%	>98%
Delivery by a skilled birth attendant	97%	97.5%	99%	>99.5%
Infant Mortality Rate (IMR)	36.1	26.0	13	<8
Under 5 Mortality Rate (U5MR)	39	30	16	<10
Maternal Mortality Rate (MMR)	34	32	29 (2008 UN MDG data)	<10

However, several high priority areas remain. These include maintaining gains in MCH and RH, reducing MMR, IMR and U5MR, and increasing access to modern methods of contraception to promote healthy spacing of pregnancies. This sustainability plan is intended to give continuity to programming to ensure success and permanence of health reform results in Armenia. Using the principles of GHI – specifically, encouraging country ownership, health systems strengthening, and leveraging other partners and resources – USAID will encourage sustainability in the country and maximizing the legacy of its program results in the health sector over the next five years, although other USG actors may remain peripherally involved beyond then. USAID will take opportunities through EUR/ACE and the USG participation in the US Armenian Task Force, and in conversations with all GOAM officials, at both the technical and ministerial levels, to stress the importance of sustainability.

As the GHI strategy and sustainability plan both have a timeline of five years, the goals and objectives are linked and applicable for measuring both progress towards achieving GHI goals and USAID/Armenia targets. In addition to achieving GHI objectives and targets, sustainability will be measured by certain high-level triggers in the priority areas of health care financing, quality, TB, MCH, and RH. If these targets are met, it is expected that gains will have been institutionalized in the system.

Targets indicating sustainability include the following:

- An increase of government spending on health care from 1.5% to 3% of GDP.
- Licensing and certification mechanism for health providers established and functioning.
- 50 privately-owned small practices are contracted by the SHA for delivering primary health care services to the Armenia population under the BBP.
- 10 GOAM partnerships with the private sector (including NGOs and Professional Associations) are formed with the mandate to monitor the quality of health care services and advocate for health reforms.
- Achievement of WHO indicators to diagnose at least 70% of people with sputum smear-positive TB and cure at least 85%.
- Maternal, under-5, and infant mortality rates do not back-slide.
- Modern contraceptive prevalence rate reaches 40%.

The first four sustainability indicators are indicators for each of the three GHI focus areas (using health resources more efficiently; empowering Armenians to exercise their health rights and responsibilities; and, improving the quality of health care services) and demonstrate outcomes of the GHI strategy. The subsequent three high-level indicators measure progress made in specific health outcomes in TB, MCH, infant mortality, and RH. In this way, the USG can measure both the achievement of its work with the GOAM, as well as the higher level impact of its programs. The targets set by these last three indicators are set at the absolute minimum that will allow the USG to ensure long-term sustainability. All of these indicators will be achieved in concert with USG partners, the GOAM, and other donors.

This sustainability plan is intended as a roadmap to bring some certainty and continuity to planning processes.

Monitoring and Evaluations and Learning

USAID is the only USG entity in Armenia with designated health funds. Therefore, USAID, in cooperation with the MOH, will be responsible for monitoring and evaluating this strategy. Indicators will reflect the GOAM improvements in institutional capacity to deliver affordable, quality health services responsive to their citizens' needs.

The Strategic Objective – “Improved effectiveness of the health system” – will be measured through increased use of selected health services and increased ability of the health system to meet the population’s needs. Intermediate Results (IR) are tied directly to health projects currently implemented by USAID. Illustrative indicators for each IR are as follows (the full set can be found in the separate Strategy Matrix):

- Health resources used more efficiently
 - Out-of-pocket payments
 - Human resource development
- Armenians exercise their health rights and responsibilities
 - Utilization of health services

- Knowledge of the population regarding specific health issues
- Modern contraceptive prevalence rate
- Improved quality of health care services
 - Quality of care indicators determined by the MOH for provider incentive payments
 - Human capacity development and training
 - Quality assurance systems introduced for under-5 medical management and FP consultations

The data sources for many of the utilization and quality indicators will be the automated patient records system, MIDAS-3, currently being used by the MOH to determine pay-for-performance incentives for PHC facilities. Data is collected and entered from all PHC facilities. The data is later centrally cleaned and managed by the MOH. While the MIDAS-3 system functions well, USAID will continue to provide training and technical assistance for system maintenance and data quality assurance to ensure that the system operates at an optimal level. Other data sources include the DHS survey, the Armenian National Statistical Service, the National Health Accounts, the National TB Program, as well as USAID project records.

The USG in Armenia collects sex- and age-disaggregated data as well as health statistics to monitor progress and evaluate effectiveness of programs on women, girls, and gender equality, where applicable. Programs report on indicators that are included in and/or support national information systems. USAID is working with GOAM to incorporate gender-related outcomes into national reporting systems.

Communications and Management Plan

The Embassy has organized an Assistance Coordination Group that includes all USG agencies working on foreign assistance to Armenia. The group meets regularly to discuss and coordinate ongoing and upcoming projects. In addition, the DoD seeks USAID concurrence on humanitarian assistance projects, including health, that they undertake. The coordination between DoD and USAID occurs informally as USAID will often pass on potential projects to DoD. Cost share and procurements are planned in cooperation with DoD in the cases where infrastructure development should be combined with technical assistance and capacity building activities. Peace Corps conducts community-based health education and health promotion activities primarily through initiative groups. Where there is an opportunity to do so, PC collaborates with USAID programs. This includes, but is not limited to, USAID-funded Small Project Assistance grants, some of which address health issues either formally or informally.

The USG's close coordination and cooperation with the GOAM resulted in a signed Assistance Agreement between USAID and the GOAM in 2010. The agreement is aimed at fostering Armenia's health care reform and supporting activities to improve access to quality health care services in Armenia. This partnership is intended to bring Armenia to a new level of development with more in-depth policy dialogue to ensure that achievements in health care reforms and population health protection are sustained and institutionalized. USAID will continue to coordinate and leverage USG resources in health through its partnerships with the GFATM, WB, UNICEF, UNFPA, and WHO. These partnerships will be maintained by both formal contacts, through the Country Coordination Mechanism, participation in inter-agency

steering committees, and public health research initiatives; and informal contacts on personal level and through discussions and brainstorming.

Women, Girls, and Gender Equality Narrative

While Armenian women are highly educated, present in the workforce and active members of civil society, prevailing norms still dictate that they are primarily responsible for household duties and childcare. There are few initiatives, if any, to address such widely held stereotypes or the double burden on women of taking care of household duties and working outside the home. Employers have largely not taken measures to improve the work-life balance for women and often give preference to male candidates. For these reasons, women, especially those of childbearing age, have a limited influence in the public sphere.

Women and girls are targeted by USG programs across the board. Current and future USAID programs target women directly in two areas: political participation and MCH/RH/FP. The PHC reform effort also works on gender equality by integrating health services and building meaningful and robust referral systems between facilities and the community. Peace Corps has a WID/GAD Initiative through which they implement girls' and boys' summer camps and other gender-related programming as well as integrating gender issues in all of their programs. While the DoD does not specifically focus on gender, infrastructure improvement and continuing medical education activities benefit women and children to a substantial degree. And while it does not directly fit within the purview of the GHI, other programs implemented by the Department of State and Department of Justice, on such themes as anti-domestic violence, anti-trafficking, and promoting entrepreneurship, also have a positive ripple effect on women's health.

In 2010 USAID conducted a gender assessment, which included the following recommendations: USAID programs should ensure that services are accessible to more women, especially in rural areas; support gender-sensitive programs and social marketing campaigns to encourage appropriate health-seeking behavior; and improve health providers' understanding of GBV. Accordingly, USAID will continue its programs on MCH and FP to ensure that such programs address the interconnected issues of violence against women, vulnerability to HIV/AIDS, and RH. In addition, USAID works to ensure that MCH and FP services are accessible to greater numbers of women by supporting marginalized women. For example, the current domestic violence project works to expand service provision for victims of gender-based violence, and will support the replication of successful approaches to more sites. Training for health care providers including emergency response personnel will be included in current and future projects to improve responsiveness to GBV. Future USAID activities will focus primarily on MCH and RH/FP through improving service delivery for women and children and increasing the use of modern contraception to promote health timing and spacing of pregnancies. Peace Corps through its education outreach supports gender-sensitive healthy lifestyle programs aimed at boys and girls and young men and women that address such topics as substance abuse, sexual health, negotiation and dating, family planning, gender-based violence, tolerance and gender roles. The USG will continue to support gender programs, through its gender working group and USAID gender specialist, and to integrate gender into all of its programs.

Linking High-Level Goals to Programs

The following high level activities are critical to implementing each objective of the GHI Country Strategy in Armenia. The activities are described in depth in the GHI Objectives, Program Structure, and Implementation section of this document. The milestones for the activities are included in the separate GHI Strategy Matrix.

Health resources used more efficiently

The USG will work in collaboration with its partners, the GOAM, the WB, and the WHO to:

- Improve the PHC provider payment system.
- Develop and test the health financing and risk-pooling mechanism.
- Redefine the Basic Benefit Package.
- Strengthen independent PHC practice.
- Improve the health workforce planning system.
- Reduce corruption and informal payments for health care services.
- ODC, in collaboration with USAID, will upgrade key health facility infrastructure.

Armenians exercise their health rights and responsibilities

The USG will work in collaboration with its partners, the GOAM, the WB, and the WHO to:

- Strengthen the MOH health education and promotion capacity.
- Increase population knowledge of key MCH, RH/FP, NCD, HIV, and TB issues.
- Leverage additional health funds through public private partnerships.
- Increase access to and utilization of modern methods of contraception.

Improved quality of healthcare services

The USG will work in collaboration with its partners, the GOAM, the WB, and the WHO to:

- Establish mechanisms of provider performance improvement and monitoring.
- Improve supportive supervision and feedback on PHC provider performance.
- Decentralize quality improvement and quality assurance linked MOH functions.
- Establish licensing and certification mechanisms for health providers.
- USAID and ODC, through facilitation by Kansas State, will work to institutionalize continuing medical education. USAID will focus on continuing medical education for emergency care; ODC's focus will be determined by interest from its partners.
- USAID, in collaboration with its partners, the GOAM, Global Fund, MSF, Gesellschaft für Internationale Zusammenarbeit (GIZ), and other donors will work to improve TB and MDR/TB prevention and treatment.
- Improve perinatal screening services for women and newborns.
- Improve neonatal care services and screening, including strengthening pediatric intensive care units in regional hospitals.

These activities work synergistically to support overall reform of the PHC system. The activities focus on the supply side of healthcare, by ensuring a minimum quality of healthcare services, and the demand side of the health care system, by empowering and educating the healthcare consumers. In addition, the activities work to ensure healthcare resources are used effectively.

Table 4 outlines GHI principles and illustrative activities in which the USG is engaging in Armenia.

Table 4: GHI principles and illustrative activities

GHI Principle	USG Illustrative Activity
Promote women, girls and gender equality focus	Support domestic violence prevention and service provision for victims
	Focus on integrating RH into PHC services and encouraging modern contraceptive methods
Encourage country ownership/leadership	Support the GOAM in national priority areas
Strengthen health system and program sustainability	Support the GOAM in reforming the health financing system to encourage quality and efficiency
	Second USAID project staff to the MOH to build internal capacity
Leverage and strengthen key multilateral organizations, global health partnerships and the private sector	Coordinate with other international donors to leverage resources
	Capitalize on comparative advantages
Foster strategic coordination and integration	Continue health discussion in the Embassy-led Assistance Coordination Group
Improve metrics, monitoring and evaluation	Create mechanisms of provider performance improvement and monitoring systems
	Improve the health workforce planning system to monitor and place health care providers
Promote research and innovation	Encourage alternative financing schemes, especially in TB

Despite the improvements that have been made in the health status of Armenians over the past decade, work remains to ensure that these gains are sustainable and that the GOAM is well positioned to continue advancing health sector reforms. This strategy is written with the assumption that FY12 levels of funding will be at the level requested, which will allow the USG to achieve strategic goals and work towards a sustainable and institutionalized health care system that can respond to the population’s needs in an efficient and effective manner. If, however, funding is not made available before the end of the strategy timeline, the degree of sustainability that the GHI strategy foresees may not be fully achieved. Some key indicators, such as maternal and child mortality, TB incidence and treatment success rates, and out-of-pocket expenditures for health care, may not improve, and in some cases, may experience some backsliding. Other donors may not be able to assume the support that USAID has been providing as their funding levels are not increasing or are also expected to decline during the strategy period.

Improved health status of Armenians

Improved effectiveness of health system

Country owned and country led

Health resources used more efficiently

Armenians exercise their health rights and responsibilities

Improved quality of health care services

- PHC provider payment system improved
- Health financing and risk-pooling mechanism tested
- MoH Basic Benefit Package redefined
- Independent PHC practice strengthened
- Health workforce planning system improved
- Corruption and informal payments for health care services reduced
- Key health facility infrastructure

- MoH health education and promotion capacity strengthened
- Population knowledge of key MCH, RH/FP, NCD, HIV, and TB issues increased
- GOAM forms partnerships with private sector including NGOs and Professional Associations for monitoring the quality of health care services and advocating for health reforms
- Utilization of modern methods of contraception increased

Critical Assumptions:

- Health reforms remain priorities for the Government of Armenia
- Economy resumes positive economic growth by 2013

- Mechanisms of provider performance improvement and monitoring established
- Supportive supervision and feedback on PHC provider performance improved
- Quality improvement and quality assurance linked and MoH functions decentralized
- Continuing medical education in emergency care institutionalized
- Licensing and certification mechanisms for health providers established
- TB and MDR/TB prevention and treatment improved
- Pediatric intensive care units strengthened
- Neonatal care services and screenings improved
- Perinatal health screening services

GHI Country Strategy Matrix

GHI Health Goals	Relevant Key National Priorities/Initiatives	Key Priority Action w/Largest Impact	Baseline info/country specific GHI targets	Key GHI Principles	Key Partners
Health resources used more efficiently	Primary Healthcare Strategy: Quality improvement of provided healthcare and increased motivation and sense of responsibility of the healthcare personnel through performance-based financing and incentive payments	PHC provider payment system improved	<p>Outcome indicator: Out of pocket expenditures as percent of total health expenditures (baseline, 51%; target, 40%)</p> <p>Output indicator: Strategies developed with USG support to improve payment systems for priority services (baseline TBD; target TBD)</p>	These activities work together to support reform of the primary health care system. The activities focus on the supply side of healthcare, by ensuring a minimum quality of healthcare services, and the demand side of the health care system, by empowering and educating the healthcare consumers. In addition, the activities work to ensure healthcare resources are used effectively. Reform of the primary health care system by using healthcare resources effectively, empowering and educating the healthcare consumer, and by improving the quality of care is a priority for the GOAM. By supporting this reform, USG is meeting the	World Bank, WHO, World Vision, UNICEF, UNFPA, Global Fund, MSF, GTZ
	Primary Healthcare Strategy: Allocation of BBP funding based on the number of population enrolled with PHC physicians	MoH Basic Benefit Package (BBP) redefined	<p>Outcome indicator: Out of pocket expenditures as percent of total health expenditures</p> <p>Output indicator: Enrollment-based financing scheme is implemented (baseline TBD; target TBD)</p>		
	Primary Healthcare Strategy: Introduction of systems of financial incentives aimed at human resource deployment in healthcare facilities of	Health workforce planning system improved	<p>Outcome indicator: Out of pocket expenditures as percent of total health expenditures (baseline, 51%; target, 40%)</p> <p>Output indicator : Number of workforce planning tools</p>		

	remote, frontier, mountainous and high mountainous settlements		developed with support from USG project (baseline, 0; target TBD)	GHI principle of "Encourage country ownership and invest in country-led plans". By reforming the primary health care level, GOAM hopes to strengthen and build the sustainability of the health system. This reform effort addresses the principle of "Build sustainability of through health systems strengthening". USG plans to collaborate with the World Bank and WHO in health systems and health financing reform issues, with the World Bank to support independent PHC practices, with World Vision on innovative resource generation in the health sector, with WHO, UNICEF, UNFPA, and other bilateral donors in MCH/RH/FP,
	Request by GOAM to incorporate infrastructure upgrade into HSS project	Key health facility infrastructure upgraded	<p>Outcome indicator: Percent of facilities providing in- and out-patient TB services with improved IC supported by USG and that comply with WHO-recommended infection control standards (baseline, 0%; target, 50%)</p> <p>Output indicator: Number of health facilities rehabilitated with USG support (baseline 26; target year one, 41)</p>	
	Primary Healthcare Strategy: Improvement of PHC financing and incentive mechanisms. Increase of management efficiency of State financial resources	Health financing and risk-pooling mechanism tested	<p>Outcome indicator: Out of pocket expenditures as percent of total health expenditures</p> <p>Output indicator: Enrollment-based financing scheme is implemented (baseline TBD; target TBD)</p>	

	Primary Healthcare Strategy: Ensuring prerequisites necessary for the establishment of Independent Family Medicine Practices, assistance to Family Physicians establishing independent practices	Independent PHC practice strengthened	Outcome indicator: Out of pocket expenditures as percent of total health expenditures (baseline, 51%; target, 40%) Output indicator: Number of newly established independent PHC practices contracted by SHA to provide services under state order (baseline TBD; target TBD)		
	Primary Healthcare Strategy: Calculation and application of new and realistic prices of healthcare services based on normative	Corruption and informal payments for health care services reduced	Outcome indicator: Out of pocket expenditures as percent of total health expenditures		
Armenians exercise their health rights and responsibilities	Primary Healthcare Strategy: Behavior change and community mobilization strategy aimed at healthy lifestyle promotion and disease prevention	MoH health education and promotion capacity strengthened	Output indicator: Number of public education materials developed and/or published with USG support (baseline, 0; target, TBD) Outcome indicator: Percent of children who receive DPT3 vaccine by 12 months (baseline, TBD; target, TBD)	and with the Global Fund, MSF, GTZ, and other donors involved in TB control activities. This collaboration meets both GHI principles of "Strengthen and leverage other efforts" and "Increase impact through strategic coordination and	World Bank, WHO, World Vision, UNICEF, UNFPA, Global Fund, MSF, GTZ

	<p>Primary Healthcare Strategy: Necessity of changing population behavior with the purpose of healthy lifestyle promotion and disease prevention</p>	<p>Population knowledge of key MCH, RH/FP, NCD, HIV, and TB issues increased</p>	<p>Output indicators: Number of people who have seen or heard a specific USG-supported FP/RH message (baseline, 300,000; target year one, 300,000); Number of NGO and civil society groups trained with USG support in raising awareness for healthy behaviors and health consumer protection (baseline, 0; target TBD) Output indicator: Number of USG assisted service delivery points offering a basic package of Non Communicable Disease and Injury (NCDI) prevention and control services (baseline, 346; target year one, 349)</p>	<p>integration". USG plans to utilize public private partnerships and the GOAM has already organized a public private partnership to work in emergency medicine. This also contributes to the GHI principle of "Leverage other efforts". In addition, by supporting the primary health care level of service, these activities will address the entire family level of care--providing healthcare for women, children, and men. In addition by ensuring healthcare clinics are accessible this means that women and children can easily access healthcare, as it is often difficult for them to travel large distances to access healthcare. Working at the primary level of healthcare addresses the GHI</p>	
	<p>Example of GOAM prioritization: Emergency Medicine public private partnership established by GOAM</p>	<p>Additional funds leveraged through public private partnerships</p>	<p>TBD</p>		

	Reproductive Health Strategy: Provide Armenian citizens the opportunity to exert their reproductive and sexual rights, in order to have the desired number of children, in safe and healthy conditions, if and when they want to	Integrate RH/FP into PHC	<p>Outcome indicator: Modern contraceptive prevalence rate (baseline, 27%; target, TBD)</p> <p>Outcome indicator: Percent of births receiving at least 4 ANC visits during pregnancy (baseline, TBD; target, TBD)</p>	<p>principle of "Focus on Women, Girls, and Gender Equality." The GOAM with USG support will work to "Promote learning and accountability through monitoring and evaluation". For example, the work in primary health care will focus on creating mechanisms of provider performance improvement and monitoring systems, on improving the health workforce planning system to monitor and decide where healthcare providers are needed, and to establish licensing and certification systems which will monitor and evaluate the skills of providers. All these monitoring tools will help to ensure quality of healthcare. In addition, USG is working to build the capacity of MoH to collect data which should lead to improved data-driven decision-making.</p>	
Improved quality of health care services	Primary Healthcare Strategy: Development and approval of evidence-based medicine clinical standards and guidelines. Application of continuous inspection (monitoring) mechanisms of quality improvement process and results.	Mechanisms of provider performance improvement and monitoring established	<p>Outcome indicator: Number of patients diagnosed with hypertension who had at least one ECG during the reporting period (baseline, TBD; target, TBD)</p> <p>Output indicator: Number of medical and paramedical practitioners in evidence-based clinical practices (baseline, 437; target year one, 837)</p>		World Bank, WHO, World Vision, UNICEF, UNFPA, Global Fund, MSF, GTZ
	Primary Healthcare Strategy: Improve key health indicators through supervision and continuous improvement of the healthcare and service quality on the primary level	Supportive supervision and feedback on PHC provider performance improved	<p>Output indicators: Number of capacity building activities and/or events conducted with USG support (baseline, 0; target, 6). Number of people who have completed USG supported non-clinical training activities (baseline, 0; target,</p>		

			TBD).		
	Primary Healthcare Strategy: Development and introduction of identification mechanisms of quality of care related issues and gaps through quality control mechanisms	Quality improvement and quality assurance linked and MoH functions decentralized	Output indicators: Number of improvements to laws, policies, regulations, or guidelines related to improved access to and use of health services drafted with USG support (baseline, 0; target, 6)		
	Highlighted repeatedly in conversations with GOAM as a priority. GOAM created a public-private partnership to address emergency medicine.	Continuing medical education in emergency care institutionalized	Output indicator: Number of healthcare providers trained in emergency care through continuous medical education supported by USG (baseline, 0; target TBD)		
	Primary Healthcare Strategy: Ensuring continuous education of already specialized medical personnel together with specialization of Family Physicians and Family Nurses	Licensing and certification mechanisms for health providers established	Output indicator: Number of medical and paramedical practitioners in evidence-based clinical practices (baseline, 437; target 837)		

	<p>National TB Control Program: Ensure TB detection at 70%; Ensure successful treatment of 85% of TB cases sensitive to basic drugs; Reduce by two times the number of patients who interrupt treatment; Attain at least 60% treatment success in MDR-TB patients</p>	<p>TB and MDR/TB prevention and treatment improved</p>	<p>Outcome Indicator: Treatment success rate to treat MDR-TB patients (baseline, 67%; target, 79%) Output indicators: Number of people trained in DOTS with USG support (baseline, 658; target year one, 858)</p>		
	<p>Reproductive Health Strategy: Increase positive outcomes related to pregnancy and childbirth</p>	<p>Accessibility and quality of services improved, including training of medical professionals</p>	<p>Impact indicator: Maternal Mortality Rate (baseline, 29 per 1000 live births; target 20 per 1000 live births)</p>		