ÖSTERREICHISCHES ROTES KREUZ

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Anfragebeantwortung zu Armenien: Informationen zur allgemeinen medizinischen Versorgungslage; Informationen zur Krankenversicherung [a-10758-1]

24. Oktober 2018

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Die folgenden Ausschnitte aus ausgewählten Quellen enthalten Informationen zu oben genannter Fragestellung (Zugriff auf alle Quellen am 24. Oktober 2018):

- Verwaltungsgericht Oldenburg: Entscheidungstext 7 A 2946/18, 4. Oktober 2018 http://www.dbovg.niedersachsen.de/jportal/portal/page/bsndprod.psml?doc.id=MWRE180003226&st=null&doctyp=juris-r&showdoccase=1&paramfromHL=true

  „‚Bericht über die asyl- und abschiebungsrelevante Lage in der Republik Armenien (Stand: März 2018)' des Auswärtigen Amtes vom 17. April 2018 im Wortlaut (Seite 19):

  1.3. Medizinische Versorgung

  Die medizinische Grundversorgung ist flächendeckend gewährleistet.

  Die primäre medizinische Versorgung ist größtenteils noch immer wie zu Sowjetzeiten organisiert. Die Leistungen werden in der Regel entweder durch regionale Polikliniken oder ländliche Behandlungszentren/Feldscher-Stationen erbracht. Die sekundäre medizinische Versorgung wird von 37 (Stand: 2016) regionalen Krankenhäusern und einigen der größeren Polikliniken mit speziellen ambulanten Diensten übernommen, während die tertiäre medizinische Versorgung größtenteils den staatlichen Krankenhäusern und einzelnen Spezialeinrichtungen in Eriwan vorbehalten ist.

  Die primäre medizinische Versorgung ist wie früher grundsätzlich kostenfrei. Anders als zu Zeiten der UdSSR gilt dies allerdings nur noch eingeschränkt für die sekundäre und die tertiäre medizinische Versorgung. Das Fehlen einer staatlichen Krankenversicherung

erschwert den Zugang zur medizinischen Versorgung insoweit, als für einen großen Teil der Bevölkerung die Finanzierung der kostenpflichtigen ärztlichen Behandlung extrem schwierig geworden ist. Viele Menschen sind nicht in der Lage, die Gesundheitsdienste aus eigener Tasche zu bezahlen. Der Abschluss einer privaten Krankenversicherung übersteigt die finanziellen Möglichkeiten der meisten Familien bei weitem.

Ein Grundproblem der staatlichen medizinischen Fürsorge ist die nach wie vor bestehende Korruption auf allen Ebenen, ein weiteres Problem die schlechte Bezahlung des medizinischen Personals (für einen allgemein praktizierenden Arzt ca. 200 Euro/Monat). Dies führt dazu, dass die Qualität der medizinischen Leistungen des öffentlichen Gesundheitswesens in weiten Bereichen unzureichend ist. Denn hochqualifizierte und motivierte Mediziner wandern in den privatärztlichen Bereich ab, wo Arbeitsbedingungen und Gehälter deutlich besser sind.

Der Ausbildungsstand des medizinischen Personals ist zufriedenstellend. Die Ausstattung der staatlichen medizinischen Einrichtungen mit technischem Gerät ist dagegen teilweise mangelhaft. In einzelnen klinischen Einrichtungen – meist Privatkliniken - stehen hingegen moderne Untersuchungsmethoden wie Ultraschall, Mammographie sowie Computer- und Kernspintomographie zur Verfügung.

Insulinabgabe und Dialysebehandlung erfolgen grundsätzlich kostenlos: Die Anzahl der kostenlosen Behandlungsplätze ist zwar beschränkt, aber gegen Zahlung ist eine Behandlung jederzeit möglich. Die Dialysebehandlung kostet ca. 35 USD pro Sitzung. Selbst Inhaber kostenloser Behandlungsplätze müssen aber noch in geringem Umfang zuzahlen. Derzeit ist die Dialysebehandlung in 5 Krankenhäusern in Eriwan möglich, auch in den Städten Armavir, Gjumri, Kapan, Noyemberyan und Vanadsor sind die Krankenhäuser entsprechend ausgestattet.

Die größeren Krankenhäuser in Eriwan sowie einige Krankenhäuser in den Regionen verfügen über psychiatrische Abteilungen und Fachpersonal. Die technischen Untersuchungsmöglichkeiten haben sich durch neue Geräte verbessert. Die Behandlung von posttraumatischem Belastungssyndrom (PTBS) und Depressionen ist auf gutem Standard gewährleistet und erfolgt kostenlos.

Problematisch ist die Verfügbarkeit von Medikamenten: Nicht immer sind alle Präparate vorhanden, obwohl viele Medikamente in Armenien in guter Qualität hergestellt und zu einem Bruchteil der in Deutschland üblichen Preise verkauft werden. Importierte Medikamente sind dagegen überall erhältlich und ebenfalls billiger als in Deutschland; für die Einfuhr ist eine Genehmigung durch das Gesundheitsministerium erforderlich." (Verwaltungsgericht Oldenburg, 4. Oktober 2018)

- Lavado, R. et al.: "Expansion of the Benefits Package: The Experience of Armenia", 2018 (veröffentlicht von der World Bank Group)
  http://documents.worldbank.org/curated/en/615741516195329170/pdf/WP-RDC-Armenia-case-study-pages-fixed-PUBLIC.pdf

  „Nevertheless, the country's health system faces several challenges. In recent years, improvements in population health outcomes have been slower than in neighboring countries. Achievement of UHC [Universal Health Coverage] implies access to quality health services when needed for the entire population without facing undue financial hardship in the process: improvements in both service coverage and financial coverage. Armenia fares poorly with regard to the latter. Recent reforms have resulted in a system where general government revenue-financed public spending for health provides extensive coverage through a BBP [Basic Benefit Package] of essential health services. However, its public financing for health is among the lowest in the region. Co-payments for services covered under BBP as well as lack of coverage for expensive aspects of health care, in particular hospital care and outpatient pharmaceuticals, have resulted in OOP [out-of-pocket] spending by households – a generally inefficient and inequitable modality -- being the predominant source of financing for health in the country. High levels of OOP spending increase the risk of households impoverishment when faced with significant health spending, and reduce the potential redistributive capacity of the health financing system. [...] In 2014, 39 percent of total health expenditure was sourced from public spending, 8 percent from international loans and grants and the Armenian diaspora and 51 percent from household OOP. Resources from employers in the form of voluntary health insurance accounted for only 2 percent of total health expenditure (see Figure 2). [...]

  Non-poor patients pay considerably more OOP for health services compared to the poor and extremely poor patients (according to the Integrated Living Conditions Survey (ILCS) 2014 on average they paid Armenian Dram (AMD) 3548, 1320 and 562, respectively). The differences partly reflect the financial protection for the poor and vulnerable provided by the BBP (also called state certificate programs). Since the mid-1990s total health spending rose rapidly while external financing declined, widening the financing gap that has largely been filled through OOP payments, currently accounting for approximately 50 percent of total health spending. OOP payments are made up of formal co-payments for services under the BBP, direct payments for services not covered by the BBP (most notably hospital care for non-vulnerable and outpatient pharmaceuticals for all population) and informal payments." (Lavado, R. et al., 2018, S. 11-14)

  „Following the collapse of the Soviet Union, the government realized that it could not afford the old Semashko system, which guaranteed free primary, secondary and tertiary medical services to the entire population. The Semashko system resulted in the over-construction of facilities and over-hiring of staff since financial flows were related to norms rather than actual health system demand. In order to rationalize resource use, the government decided to earmark budgetary resources as a means of targeting the socially vulnerable population and the so-called socially important diseases. The budget funds PHC [Primary Health Care] services and emergency services for all Armenian citizens, with co-payments (typically 50 percent of the cost) for some services and exemptions or reduced co-payments for the poor

and vulnerable (see Table 1 for details). In addition, inpatient services are provided for free (exceptions include high-tech health care services) for the poor, vulnerable and special categories. This program is called the BBP. [...] The BBP is periodically reviewed, with the range of services and/or population groups covered being extended or reduced, depending on the level of funding available.

Targeting. There are 29 categories of individuals who qualify for BBP coverage, ranging from the disabled, children under 7, pregnant women, and anyone who qualifies for the Family Benefit Program (FBP). [...] The FBP was introduced in 1999 as a social assistance program that provides unconditional cash transfers to the poor. Households applying to receive FBP payments, must apply to the Regional Centers for Social Services, which rate them based on estimated income, social category, disability level, housing status, etc.

Table 2. Outpatient BBP Coverage

Outpatient Care	Poor/Vulnerable/special group	Non-Vulnerable Group
1. All PHC services: doctors, gynecologists, neurospecialists and general laboratory test (blood tests, urine tests, ultrasounds, x-rays)	Most PHC services are free. PHC doctor referral required for neurospecialist consultations and laboratory tests.	Most PHC services are free. PHC doctor referral required for neurospecialist consultations and laboratory tests.
2. High tech and expensive diagnostic services, i.e. MRI, CAT scan, etc.	No copayment required, except for «Social package members». A PHC facility referral is needed.	Full out of pocket payment required. Patients can submit an appeal to the head of the facility, local government head, or Minister of Health. If the appeal is approved, the patient can be treated without charge. Appeals are limited to 5-10% of the annual facility budget.
3. Pharmacy		
a) Pharmaceutical goods procurement	Budget for this is from the PHC services program under General Medical Services group. Drugs must be part of the approved essential drug list. PHC doctor referral is needed. Copayment for some vulnerable groups: (1) No copay for disability 1-2, disabled children under 18, WWII veterans, orphans under 18, children under 18 with disabled parents, children under 18 with families with 4 or more children, military and family, all children under 7. (2) 50% copay for disability-3 population group, Chernobyl, pensioners that are alone and unemployed, pensioners that are alone and unemployed with children under 18 years in the family, children with single mothers (3) 70% copay for pensioners who are not working *note that FBP beneficiaries are not included in the discount. (see Annex 2 for complete pharmaceutical copayment schedule)	Full out of pocket payment required. PHC doctor referral is not needed.
b) Centralized distribution of pharmaceutical products by diseases;		

Households whose score exceed the qualifying cutoff (in 2014 lowered to 30 from 36 to expand coverage) are eligible to receive free inpatient care under the BBP." (Lavado, R. et al., 2018, S. 19-20)

Outpatient Care	Poor/Vulnerable/special group	Non-Vulnerable Group
- Diabetes	Fully covered by the Government. PHC doctor referral needed.	Approximately 68% covered by the Government. PHC doctor referral needed.
- Tuberculosis	Fully covered by the Government. PHC doctor referral needed.	Fully covered by the Government. PHC doctor referral needed.
- Mental health	Fully covered by the Government. PHC doctor referral needed.	Fully covered by the Government. PHC doctor referral needed.
- Cancer and Hematological (malignant form)	Fully covered by the Government. Mainly morphine. PHC doctor referral is needed.	Fully covered by the Government. Mainly morphine. PHC doctor referral is needed.
- Epilepsy	Fully covered by the Government. PHC doctor referral from is needed.	Fully covered by the Government. PHC doctor referral is needed.
- Hemodialysis	Fully covered by the Government. PHC doctor referral is needed.	Fully covered by the Government. PHC doctor referral is needed.
- Chronic Diseases	Fully covered by the Government. PHC doctor referral is needed.	Fully covered by the Government. PHC doctor referral is needed.
4. Child immunization, screenings for cancer, diabetes, reproductive health, hypertension, oral hygiene and newborns	No copayment. Does not require PHC facility referral.	No copayment. Does not require PHC facility referral.
5. Dental services	No copayment. Does not require PHC facility referral.	Full out of pocket payment.
6. Ambulance care	Fully covered by the Government.	Fully covered by the Government.[14]

(Lavado, R. et al., 2018, S. 22-23)

„Inpatient treatment for around 200 socially significant conditions is provided with no copayment for selected poor/vulnerable/special groups (see Annex 2 for inpatient eligibility) while the non-vulnerable population must pay a co-payment based on an approved MOH pricelist. There is no copayment required for ten MOH labeled priority diseases/conditions, such as tuberculosis, infections, Spontaneous Vaginal Delivery (SVD), mental health, malignant cancer, hematology, chemotherapy, hemodialysis, antenatal care, delivery services, and reproductive health, for the poor/vulnerable/special groups, while varying percentages are paid by non-vulnerable groups. Diseases included in 'High Tech and Expensive Services' require full OOP payment from all, however, patients can submit an appeal to the MOH to receive treatment without OOP expenses.

[...]

Table 3. BBP Inpatient Care Coverage

INPATIENT CARE	Poor/Vulnerable/special group	Non-Vulnerable Group
1. Patients with the diseases approved by the MoH and classified under diseases and health statuses that need emergency care.	No copayment. PHC facility referral not required.	Copayment required. MOH approved a pricelist (Yerevan vs Marzes) that includes the payment share. PHC facility referral not required.
2. Patients with MOH approved diseases		
- Tuberculosis	No copayment. PHC facility referral from is required.	No copayment. PHC facility referral is required.
- Infections	No copayment. PHC facility referral is required.	No copayment. PHC facility referral is required.
- Spontaneous Vaginal Delivery (SVD)	No copayment. PHC facility referral is required.	Copayment required. MOH approved a pricelist (Yerevan vs Marzes) that includes the payment share. PHC facility referral is required.
- Mental Health and Narcology	No copayment. PHC facility referral not required.	No copayment. PHC facility referral not required.
- Cancer (Malignant)	No copayment. PHC facility referral required.	Copayment required. MOH approved a pricelist (Yerevan vs Marzes) that includes the payment share.
- Hematology (Malignant)	No copayment. PHC facility referral required.	Copayment required. MOH approved a pricelist (Yerevan vs Marzes) that includes the payment share.
- Chemotherapy	No copayment, but there is a spending limit on medicine.	50% copayment. MOH approved a pricelist (Yerevan vs Marzes) that includes the payment share.
- Hemodialysis	No copayment. PHC facility referral required.	No copayment. PHC facility referral required.
- Antenatal care	No copayment. PHC facility referral required.	No copayment. PHC facility referral required.
- Delivery services	No copayment. PHC facility referral required.	No copayment. PHC facility referral required.
- Reproductive Health	No copayment. PHC facility referral required.	Full out of pocket payment.
3. Conditions for which "high tech and expensive services" are required (i.e. cardiovascular interventions, cosmetic surgery, organ transplant, etc.)	Full out of pocket payment, with some exceptions. Patient can submit an appeal to the Minister of Health. If approved, patient can be treated without charges. Appeals are limited to 10% of annual facility budget.	Full out of pocket payment. Patient can submit an appeal to the Minister of Health. If approved, patient can be treated without charges. Appeals are limited to 10% of annual facility budget.
4. Conditions not included in any of the above (i.e. liver disease, sprains, diabetes complications requiring hospitalization, etc.).	PHC facility referral required. Once referred patients are placed on the hospital wait list.	Full out of pocket payment. Patient can submit appeal to facility head, local government head, or Minister of Health. If approved, patient can be treated without charges. Appeals are limited to 5-10% of annual facility budget.

(Lavado, R. et al., 2018, S. 24-25)

„BBP Coverage. The BBP covers primary health care services for 100 percent of the population. According to administrative data, 38 percent of the population is covered for inpatient services.

Table 4. Data on BBP Coverage

Type of Coverage	Description	Coverage (millions)	Coverage (% of total population)
Contributory compulsory health insurance schemes	There is no mandatory health insurance in Armenia.	0	0
Contributory voluntary health insurance schemes	Voluntary private health insurance for corporations and individuals.	0.032[16]	1.1%
Non-contributory health insurance schemes	Basic Benefit Package (inpatient coverage) for the poor and vulnerable groups; Special Package for civil servants and military personnel.	1.15	~38%
Non-contributory National Health Service (NHS) provision for enrolled participants (does not include NHS scheme coverage for non-insured populations)	BBP primary health care services	3.01	100%--the entire population is covered for PHC services but only 98% is registered.

(Lavado, R. et al., 2018, S. 26)

Annex 2: List of Poor, Vulnerable and Special Categories

Poor/Vulnerable/Special Population Categories	Beneficiaries, 2015	Of which the number of FBP beneficiaries (with a score over 30) qualify as another vulnerable group	Inpatient care eligibility	Participation and % of copayment in Special Drug Program
	Number			%
Total	**1,617,032**	**74,748**	**1,150,752**	
Poor and near poor	**402,197**			
Qualify to receive FBP (score over 30)	402,197		included	not included
Vulnerable group	**233,171**	**61,961**		
Disabled, group I	10,259	3,468	included	0
Disabled, group II	80,307	17,421	included	0
Disabled, group III	101,722	9,386	included	50
WW II veterans and those related to them	943		included	0
Orphans or children without parental care up to 18 years old and those related to them.	333	122	included	0
Children between 8 and 12 years old and those over 65 in need of specific dental care.	*Data not available*		not included	not included
Children up to 18 years old in families with disabled members.	*Data not available*		included	0

Children up to 18 years old in families with 4 or more children.	28,909	28,418	included	0
Up to 18 years old disabled children	7,796	3,146	included	0
Children in orphanages and adults in nursing homes	2,902		included	100
Special group	**981,664**	**12,787**		
Women of reproductive age	58,000		included	not included
Children - up to 7 years' old**	285,866		included	0
Children up to 18 years' old in special care dispensary institutions**	30,018		included	not included
Children up to 18 years' old having one parent****	13,200	12,787	included	not included
14-15 years old males of military age*	35,000		included	not included
Military personnel and their family members, family members of those who died in defense of Armenia and retired or disabled personnel receiving military pensions*, ***	4,512		included	0
Rescue personnel and their family members, as well as retired or disabled rescue servants, and family members of those who died*	7,000		included	not included
Incarcerated individuals	*Data not available*		included	not included
Those involved in Chernobyl nuclear plant cleanup.	644		included	50
Trafficking victims	*Data not available*		included	not included
Asylum seekers	*Data not available*		included	not included
Social package beneficiaries*	100,000		included	not included
Military age men (inpatient services, and diagnosed through hospital examination) *	55,000		included	not included
Children (Up to 18 years old) of single mothers****	1,309		not included	50
Unemployed pensioners	390,223		not included	70

* - Expert estimations
** - Database enrolled population, SHA
*** - There are 4512 family members of military personnel that died in defence of Armenia
**** - In MLSA RA databases registered children of single mothers or single parents, only when they are registered in any benefit programs of government

(Lavado, R. et al., 2018, S. 39-40)

Die aktuelle armenische Liste der unentbehrlichen Arzneimittel finden Sie unter folgendem Link:

- Scientific Centre of Drug and Medical Technology Expertise: List of Essential Medicines of RA, 2018
  http://www.pharm.am/attachments/article/186/EDL_2018_eng.pdf
- IOM - International Organization for Migration: Armenien – Country Fact Sheet, 2018 (verfügbar auf ZIRF/BAMF)
  http://files.returningfromgermany.de/files/CFS_2018_Armenia_DE.pdf

„Gesundheitswesen

1. Allgemeine Informationen

Das Gesundheitssystem besteht aus einem staatlich garantierten und kostenlosen Absicherung und einer individuellen und freiwilligen Krankenversicherung. Informationen zum Gesundheitssystem und zur Rechtslage (inklusive der Personengruppen, die kostenfrei medizinische Versorgung erhalten, sowie eine Liste der Krankheiten, deren Behandlung abgedeckt wird und eine Liste der Institutionen des Gesundheitssektors) sind auf der offiziellen Website des armenischen Gesundheits-ministeriums aufrufbar: www.moh.am

Leistungen:

Die finanziellen Leistungen bzw. Zuschüsse aller Behandlungen und Medikamente sind abhängig vom gewählten Plan der Patienten/Patientinnen (jährliche Vorsorgeuntersuchungen ambulante Untersuchungen, etc.).

Kosten

Im Falle einer individuellen Versicherung beträgt die Beteiligung des Patienten 100%.

2. Medizinische Versorgung und Verfügbarkeit und Kosten von Medikamenten

Medizinische Einrichtungen und Ärzte

Informationen zum Gesundheitssystem, der Rechtslage, sowie eine Liste aller relevanten Gesundheitseinrichtungen, können auf der offiziellen Website des armenischen Gesundheitsministeriums abgerufen werden: http://www.moh.am

Anmeldeverfahren

Um von den kostenfreien staatlichen Gesundheitsleistungen profitieren zu können, müssen sich Rückkehrende zunächst bei einem Krankenhaus im nahen Umfeld melden. Die Aufnahme ist kostenfrei. Benötigt wird dafür lediglich ein gültiger Ausweis oder Reisepass.

Verfügbarkeit und Kosten von Medikamenten

Folgende Personengruppen können kostenfreie Medikamente in lokalen Polykliniken erhalten

▪ Behinderte, 1. und 2. Gruppe (die Kategorien werden vom Ministerium für Arbeit und Soziales bestimmt)
▪ Behinderte Kinder unter 18 Jahren
▪ Veteranen des II.Weltkriegs
▪ Kinder ohne elterliche Aufsicht, sowie Halbwaisen unter 18 Jahren ▪ Kinder (unter 18 Jahren) aus Familien mit 4 oder mehr minderjährigen Kindern ▪ Angehörige von Militärangehörigen, die im Dienste der Republik Armenien verstorben sind
▪ Kinder aus Familien mit behinderten Kindern unter 18 Jahren

▪ Kinder unter 7 Jahre

Eine Kostenerstattung in Höhe von 50% ist für folgende Personengruppen gewährleistet:

▪ Behinderte der 3.Gruppe
▪ Rechtswidrig Verurteilte
▪ Alleinstehende, arbeitslose Pensionäre
▪ Familien bestehend aus arbeitslosen Pensionären
▪ Alleinstehende Mütter mit Kindern unter 18 Jahren

Kostenerstattung von 30% für:

▪ Arbeitslose Pensionäre

Einfuhr von Medikamenten:

Die Einfuhr zum persönlichen Gebrauch ist auf 10 Stück bzw. 3 Verpackungen beschränkt. Es muss ein Nachweis vorliegen, dass das Medikament in Armenien nicht erhältlich ist, sowie eine Bescheinigung des behandelnden Arztes.

Gesundheitswesen: Zugang, insbesondere für Rückkehrende

Berechtigung und Voraussetzungen

Alle armenischen StaatsbürgerInnen, einschließlich Rückkehrenden, Asylsuchenden und Flüchtlingen, haben ohne Einschränkungen das Recht auf Dienstleistungen der Krankenversicherungen. Rückkehrende und ihre Familienangehörigen können gegen Bezahlung eine freiwillige private Krankenversicherung abschließen oder die kostenlose staatliche Krankenversicherung nutzen.

Anmeldeverfahren

Rückkehrende und ihre Familienangehörigen können sich an einer der Polikliniken registrieren und die freie medizinische Versorgung an dieser Poliklinik in Anspruch nehmen. Sie können auch die Dienste derjenigen Poliklinik nutzen, bei der sie vor ihrer Ausreise registriert waren.

Erforderliche Dokumente

Ein gültiger Ausweis oder Reisepass ist erforderlich für die Neuregistrierung oder Erneuerung einer bereits vorhandenen Registrierung." (IOM, 2018, S. 4-5)

- HRC – UN Human Rights Council: Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on his visit to Armenia [A/HRC/38/36/Add.2], 23. April 2018
https://www.ecoi.net/en/file/local/1435126/1930_1528968416_g1811645.pdf

„C. National health-care system

As a post-Soviet State, Armenia inherited a centralized health-care system that guaranteed free medical care and access to a range of services for the population but with an excessive emphasis on hospital care and important geographical imbalances in terms of access and quality. In recent years, the system has undergone important reforms, including a rationalization process and the decentralization of services and transfer of health competencies to provincial and local authorities. [...]

Despite important progress, the health sector faces serious challenges related to financing, access to quality primary care in rural areas and the workforce.

Health sector financing: fulfilling the right to health

One structural challenge is the low level of public expenditure on health, which is below 2 per cent of GDP [Gross Domestic Product], one of the lowest in the world. Health expenditure per capita is among the lowest in the European region: in 2014 it was estimated at $215.

The majority of the financing for public health-care institutions comes from out-of-pocket payments, which account for over 50 per cent of health expenditures (2014)16 affecting mainly inpatient care and access to medicines. The high level of such payments for accessing health care means that for certain sectors of the population, health care is considered unaffordable. That constitutes an important barrier to accessing care and can create inequalities in the health system. Moreover, an important part of the existing investment in health infrastructure, equipment and service provision is donor-based, which raises concerns about sustainability and ownership. [...]

There have been significant efforts to ensure access to services for the most vulnerable sectors of the population, including through the basic benefits package and the State certificate reforms (2010–2011) to ensure that women and children have access to affordable, quality maternity and paediatric services.

32. In 1997, the basic benefits package specified the public services that individuals would receive free of charge. The package provides free medical services for certain types of care, including primary health care, emergency care, the treatment of certain infectious diseases and for socially vulnerable groups who are entitled to all health care free of charge. Services not paid for by the package have to be paid for out of pocket. In 2004, the Government issued decree No. 318-N guaranteeing free medical services for a list of 20 groups in vulnerable situations. In 2006, the basic benefits package was broadened to include a package of primary care services for the whole population, although State funding remains insufficient, which has resulted in continued informal payments for primary care services. [...]

Primary care to address the challenges of the system [...]

The Armenian health system retains an emphasis on inpatient services and despite efforts to reform primary care provision, hospital care continues to dominate. The inpatient system in Yerevan offers an oversupply of capacity and staff, and often provides services to

patients who would be more appropriately treated elsewhere, either in regional hospitals or as outpatients at home. That remains a key challenge to improving efficiency. [...]

Nonetheless, significant challenges remain regarding equitable access to services and the quality of those services throughout the country, as well as a lack of good governance and incentives to manage the different levels of care to encourage the use of primary care. [...]

Health workforce: human rights education and research

Since 1991, the number of people working in the health system has contracted. Although the total number of specialist doctors and dentists has actually increased, the number of mid-level personnel per capita has fallen. Furthermore, there is a shortage of doctors serving in rural areas, while there is a surplus in Yerevan." (HRC, 23. April 2018, S. 6-10)

- WHO – World Health Organization: Global Atlas of medical devices, 2017 http://apps.who.int/iris/bitstream/handle/10665/255181/9789241512312-eng.pdf;jsessionid=E0F84D9B55EB02D5F6C54AF10B275037?sequence=1

Healthcare facility	Public sector	Private sector	Total	Density per 100,000 population
Health post	238	n/a	238	7.996
Health centre	16	n/a	16	0.538
District hospital	54	n/a	54	1.814
Provincial hospital	30	17	47	1.579
Regional hospital	14	5	19	0.638

Medical equipment	Public sector	Private sector	Total	Density per 1,000,000 population
Magnetic Resonance Imaging	6	1	7	2.352
Computerized Tomography Scanner	7	2	9	3.024
Positron Emission Tomography Scanner	0	0	0	0.000
Nuclear medicine	4	0	4	1.344
Mammograph*	5	2	7	22.496
Linear accelerator	1	0	1	0.336
Telecobalt unit (Cobalt-60)	3	0	3	1.008
Radiotherapy	4	0	4	1.344

* Density per 1,000,000 females aged from 50-69 old.

(WHO, 2017, S. 29)

- Human Rights Defender of Armenia: Written submission by the Human Rights Defender of Armenia [A/HRC/38/NI/1], 13. Juni 2018 veröffentlicht von HRC https://www.ecoi.net/en/file/local/1443611/1930_1537271736_g1817940.pdf

„The national health system of the Republic of Armenia faces various issues, among which accessibility, affordability and the quality of health care services should be particularly emphasized. These are widespread and systemic problems at all levels of health care in the State territory, including in penitentiary institutions and other places of deprivation of liberty where the health situation is especially complicated. " (Human Rights Defender of Armenia, 13. Juni 2018, S. 2)