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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

PROPOSAL TO GFATM

STRENGTHENING OF THE NATIONAL TB CONTROL PROGRAMME IN RA

Timetable: Fifth Round

Deadline for submission of proposals	June 10, 2005
Board consideration of recommended proposals 2005	September 28 – 30,

1 Eligibility

Proposal title: Strengthening of the National TB Control Programme in RA

Name of applicant:

Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues in the Republic of Armenia

Country: Armenia

Type of application:

- National Country Coordinating Mechanism
- Sub-National Country Coordinating Mechanism
- Regional Coordinating Mechanism (including Small Island Developing States)
- Regional Organization
- Non-Country Coordinating Mechanism

Proposal components

- HIV/AIDS¹
- Tuberculosis²
- Malaria
- Health system strengthening

Currency in which the Proposal is submitted

- US\$
- Euro

¹ In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

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1 Eligibility

Country/countries	
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- Low-income
 Lower-middle-income [see paragraph 1.1 below]
 Upper-middle-income [see paragraph 1.1 below]

1.1 Lower-middle-income and upper-middle-income country

1.1.1 Counterpart financing and greater reliance on domestic resources

In 2003, 23.7% of Armenian population were living below 1 USD per day and 15.2% of population was in extreme poverty (source: Country progress report on the Millennium Development Goal, March 2005). GDP per capita in 2004 was 904 USD. According to the Medium-Term Expenditure Framework of the Republic of Armenia 2005-2007, the Government of Republic of Armenia has shown strong commitment to TB control with increasing the allocated budget for TB Control. In 2001, the national budget for TB Control was 735,000 USD which increased to 1,200,000 USD in 2004. KfW and other donors have also pledged funds for TB Control up to 2,250,000 USD for five years. Despite the increasing government funding and other external resources, there is a financial gap which needs to be addressed in order to implement a comprehensive approach to TB control with expanded framework of DOTS and addressing drug resistant form of tuberculosis.

Table 1.1.1 – Counterpart Financing and Greater Reliance on Domestic Resources

Financing sources	In US\$				
	Year 1	Year 2	Year 3 estimate	Year 4 estimate	Year 5 estimate
Total requested from the Global Fund (A) [from Table 5.1]	2,010,730	1,887,925	1,430,875	1,189,294	1,105,307
Counterpart financing (B) [linked to the interventions for which funds are requested under (A)]	4,603,200	3,613,200	3,808,000	3,056,700	3,515,200
Counterpart financing as a percentage of: B/A x 100 = %	229%	191%	266%	257%	318%

1.1.2 Poor or vulnerable populations

Describe how these populations have been identified, and how they will be involved in planning and implementing the proposal.

According to statistics of the Ministry of Labor and Social Affairs of Armenia and registration of TB hospitals, tuberculosis affects mainly the poor and vulnerable part of the population including homeless people, refugees and prisoners among other social vulnerable groups. In Armenia, women constitute less than 18 percent of TB cases notified and this may reflect barriers to diagnosis and/or stigmatization of the disease among women (source: MOH data 2004). Women refer at a very late stage of disease or may opt for self-administered treatment. The proposal aims at identifying barriers to diagnosis and treatment and addressing them through multi-disciplinary approaches including innovative TB health education activities involving female and male ex-TB patients.

1 Eligibility

Currently TB is mainly managed in TB facilities and general health care services are not involved. With training of general Health care staff in rural and urban areas on DOTS and establishment of Laboratory diagnostic centers in certain primary health care services, it is expected to improve access of the poor and vulnerable population to diagnosis and treatment of the disease.

In collaboration with the Armenian Red Cross Society, social support in form of food parcels will be introduced in ambulatory phase of treatment. This intervention will be assessed in a controlled setting to evaluate its impact on improving treatment adherence. The result of introduction of incentives would be evaluated before possible expansion and extension of incentives scheme. Armenian Red Cross Society has branches across the country and with their involvement in TB health education and social support to patients, proximity to vulnerable population will be improved. Red Cross Society will train ex-TB patients in collaboration with NTP and supervise their activities.

Based on CCM decision, an ex-TB patient will become a member of CCM to promote patient-centered approach. It is also planned to advocate for establishment of Association of TB patients who will give voice to patients.

1 Eligibility

1.2 CCM functioning - eligibility criteria

1.2.1 Demonstrate CCM membership of people living with and /or affected by the diseases.

As per the CCM Decision of 29.04.2005 relevant amendments have been made to the CCM regulations, according which people living with TB and having history of malaria can become CCM members. Currently there are representative of people living with HIV/AIDS and ex-malaria patient in the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria (CCM) Issues in the Republic of Armenia.

Based on the amended CCM Regulations, the NTP discussed with medico-prophylactic institutions the candidature of an ex-TB patient for including into the CCM. The suggested an ex-TB patient was included into the CCM by the 30.05.2005 CCM decision.

1.2.2 Provide evidence that CCM members representing the non-governmental sectors have been selected by their own sector(s) based on a documented, transparent process developed within each sector.

The initiative group formed out of CCM member NGOs made an announcement inviting non-governmental organizations working in the field of HIV/AIDS epidemic prevention to discuss themes on NGOs participation in CCM. 12 NGOs took part in the discussion and established the procedure for including NGOs in CCM. They held election according to the procedure. As a result 9 NGOs were elected. The procedure for including NGOs in CCM is attached. Since there are few NGOs working on TB in Armenia, CCM chair sent letters to all national and international NGOs involved in TB control in Armenia, inviting them to join CCM. (letters of the CCM Chair to the above-mentioned organizations and their letters of application, as well as minutes of the CCM meeting and decision of the 29.04.2005 are attached).

1.2.3 Describe and provide evidence of a documented and transparent process to:

a) Solicit submissions for possible integration into the proposal

According to the CCM decision of 05.04.2005 the CCM Chair apply to the Minister of Health of the Republic of Armenia to present nominees responsible for the National programmes on TB and malaria for including in the CCM. According to the same decision the CCM Chair suggested the World Health Organization, GTZ, MSF-France and UMCOR organizations to becoming CCM members according to the CCM regulations (the minutes of CCM meeting and decision of the 05.04.2005 are attached). The World Health Organization and Armenian branch of "UMCOR" NGO confirmed their agreement to become full member of the CCM in response to CCM Chair suggestion applied for the CCM membership.

b) Review submissions for possible integration into the proposal

Round table meeting and gap-analysis workshop was organized jointly by NTP, KNCV Tuberculosis Foundation and WHO in WHO office on 10 April 2005. During this meeting, representatives of stakeholders, NGOs, ICRC, MoJ, MoH, KNCV and WHO participated and organizations discussed the problem of TB in Armenia, participants also proposed activities which were submitted to CCM for discussion. Armenian Red Cross Society was solicited and their proposed submission was reviewed and after few suggestions by NTP, KNCV and WHO experts, the final version was approved in CCM to be integrated in the proposal for GFATM.

1 Eligibility

Following the CCM decision of 29.04.2005 the Director of the National TB Control Programme in RA provided the CCM members with the project proposals on TB to be submitted to GFATM for them to present their recommendations and comments. The recommendations and comments of the CCM members were discussed within NTP and the final version of the project proposal was presented to the CCM members by NTP. The project proposal was approved at the CCM meeting on 30 May 2005.

c) Nominate (the) Principal Recipient(s) and oversee program implementation

Based on CCM decision of 30 May 2005, National Tuberculosis Program Central Unit (NTP CU), which is CCM member, has been selected as the Principal Recipient (PR) for the TB Proposal to GFATM. Allocation and control of funds is conducted by the PR (NTP CU). The PR (NTP CU) will act under the general guidance of the CCM. All sub-recipients will receive the funds allocated to them through the PR (NTP CU). The Grant Agreement will be entered into between the PR (NTP CU), for the CCM and the Secretariat for the Global Fund. The PR (NTP CU) is responsible for financial management as well as the programme implementation, including receiving and allocating funds to implementing agencies, control and technical maintenance, monitoring and regular accounting during the programme implementation, submitting to the GFATM regular reports on of financial and programmatic status.

2 Executive Summary

2.1 Executive Summary

- 2.1.1 Briefly describe the (national) disease context, existing control strategies and programs as well as program and funding gaps. Explain how the proposed interventions complement existing strategies and programs, particularly where funding from the Global Fund has been received or approved.
- 2.1.2 Describe the overall strategy by referring to the goals, objectives and service delivery areas for each component, including expected results and associated timeframes. Specify for each component the beneficiaries and expected benefits (including target populations and their estimated number).
- 2.1.3 If there are several components, describe any synergies expected from the combination of different components—for example, TB/HIV collaborative activities (by synergies, we mean the added value that the different components bring to each other, or how the combination of these components may have broader impact).
- 2.1.4 Indicate whether the proposal is to scale up existing efforts or initiate new activities. Explain how lessons learned and best practices have been reflected in this proposal and describe innovative aspects to the proposal.

2.1.1 Tuberculosis has been on rise in Armenia in the last decade. According to statistics department of the Ministry of Health, notified new TB cases and mortality that started in 1993 continued to rise over the last years: incidence of notified new cases (all forms) increased from 15.8 in 100,000 in 1993 to 48.5 in 100,000 in 2004. Armenia adopted DOTS as national strategy to control TB in 1995, started its piloting in five regions and expanded nationwide by 2002. In 2003, the new cases notification rate (all forms) in Armenia was 48.8 per 100,000 population, with the estimated case detection rate as low as 36%. The treatment success rate among new smear-positive patients in 2002 cohort was 77.1%. However, despite the fact that DOTS coverage is considered to be 100%, some patients are not enrolled on DOTS. In 2003 with technical and managerial support of GTZ, the current team of NTP was established and emphasis has been made to supervision at all levels. Each year more eligible patients are being enrolled on DOTS. The case detection is poor and treatment outcomes data are not reliable since a significant proportion of patients are not evaluated. In addition TB is mainly diagnosed and managed in TB facilities and access to diagnosis and treatment is limited in the peripheries and particularly in mountainous regions. Focus will be put on decentralization of TB case finding and ambulatory treatment through involvement of PHCs. Treatment will be organized closer to the patient's domicile and a treatment adherence strategy will be established, consisting mainly of regular health education and social support to the patients. Social support will be carefully evaluated to learn its impact before its further expansion or extension. Currently MDR patients receive no or irregular treatment and pools of these patients aggravate transmission of the disease into the society. In 2005-2008, MSF and the Ministry of Health will be implementing a MDR TB control programme in two districts of Yerevan. This project may be used as a pilot and demonstration site and Global fund will make extension and expansion possible. The current proposal will make a comprehensive approach to TB control possible using the national capacity and building up what has been offered by international partners including GTZ, ICRC and MSF. The present proposal also has a synergy on the GF proposal of Armenia on HIV/AIDS and complements activities that are covered under that proposal. TB/HIV collaborative activities have been largely discussed between HIV/AIDS Prevention programme and TB Control Programme and identified gaps are proposed to be addressed through the current proposal. Taking into account the domestic funds and existing external resources, 7,624,131 USD is needed in five years to address the needs for implementing a comprehensive TB control in Armenia

2.1.2 The present proposal is put forward to GFATM to implement a comprehensive approach to TB control in Republic of Armenia. The goal of the proposal is reduced

2 Executive Summary

burden of the disease which is the common purpose of the National TB Control Programme. There are nine objectives foreseen under the current proposal. They are interlinked and are supposed to effect in a synergistic way. Under objective one, primary health care services will be involved in TB control. These activities bring quality diagnosis and treatment closer to where patients are living. Objective two considers strengthening TB laboratory network across the country. Objective three attempts to improve patients' adherence to treatment through social support and TB health education, objective four includes training and workshops to orient mass media and provides them necessary tools so that the general public will have a better understanding of Tuberculosis and attempts to decrease stigma of TB using mass media and TB health education. Objective five includes a comprehensive DOTS-Plus both in civilian and penitentiary sectors. Second-line drugs will be ordered through GLC mechanism and GLC consultants will be involved in preparation of the project through GLC. Objective six covers those TB/HIV collaborative activities which have not been addressed by Armenian GF HIV/AIDS proposal. Under objective seven management capacity of NTP, MOH and MOJ and regional coordinators will be improved. Objective eight will reinforce DOTS in the penitentiary sector of Armenia. Under objective nine, TB case management will be improved. The proposed activities will be conducted under the following service delivery areas (SDAs):

Timely Detection and Quality Treatment of Cases, Identifying Infectious cases, Timely Detection and Quality Treatment of cases, Improved Treatment adherence, Timely Detection and Quality Treatment of Cases, Diagnosis of Multi-drug resistant Tuberculosis MDR-TB and Treatment of Multi-drug resistant Tuberculosis MDR-TB, Prevention of HIV in TB Patients, Human Resources, Timely Detection and Quality Treatment of Cases and Monitoring and Evaluation (M&E)

2.1.3 The current proposal has TB component since Armenia has already successfully applied to GFATM for HIV/AIDS. However there are several TB/HIV joint activities that are yet to be addressed to the synergy of the two proposals. The activities which are not addressed under the HIV proposal have been considered under the current TB proposal.

2.1.4 The proposal aims to scale-up the existing TB Control activities based on national TB Control Strategy. Under this proposal DOTS-plus will be implemented and patients irrespective of their drug resistance pattern would benefit from best available treatment. The proposal also envisages new innovative approaches. Social support packages for patients adhering fully to treatment will be introduced within the first three years of the proposal. The impact of social support in improving treatment adherence will be evaluated. Joint TB/HIV activities and increasing collaboration between all sectors including health sector of Army have been foreseen. Ex-TB patients will be recruited as Red Cross volunteers for TB health education, distribution of food packages and follow-up of defaulters in different Marzes. Under this proposal with technical assistance of international partners, mass media will be mobilized to improve understanding of the population on TB to help de-stigmatize the disease.

2.2 Component and Funding Summary

Table 2.2 – Total Funding Summary

	Total funds requested in US\$					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV/AIDS						
Tuberculosis	2,010,730	1,887,925	1,430,875	1,189,294	1,105,307	7,624,131
Malaria						
Health systems strengthening						
Total	2,010,730	1,887,925	1,430,875	1,189,294	1,105,307	7,624,131

3 Type of Application

Table 3 – Type of Application

Type of application:	
<input checked="" type="checkbox"/> National Country Coordinating Mechanism	→ go to section 3.1
<input type="checkbox"/> Sub-National Country Coordinating Mechanism	→ go to section 3.2
<input type="checkbox"/> Regional Coordinating Mechanism (including Small Island States)	→ go to section 3.3
<input type="checkbox"/> Regional Organization	→ go to section 3.4
<input type="checkbox"/> Non-Country Coordinating Mechanism	→ go to section 3.5

3.1 National Country Coordinating Mechanism

Table 3.1 – National CCM: Basic Information

Name of National CCM	Date of Composition
Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues in the Republic of Armenia	April 2002, revised in May 2005

<p>3.1.1 Describe how the National CCM operates—in particular, the extent to which the CCM acts as a partnership between government and other actors in civil society, including non-governmental organizations, the private sector and academic institutions, and how it coordinates its activities with other national structures (such as National AIDS Councils) (2 paragraphs).</p>
<p>The CCM is a major coordinative body during the whole lifetime of the grant proposal to the GFATM. The CCM ensures efficient and coordinated implementation of programme activities where a wide variety of implementers are expected to participate. An implementing agency submits the package of necessary documents for CCM consideration. The CCM submits the decision on providing financing to implementing agencies in written form. The CCM provides the GFATM with the list of selected implementing agencies and the documentation in accordance with the preliminary agreement. The GFATM submits the decision on providing financing to implementing agencies in written form. The Principal Recipient (PR) for the CCM receives fund allocated by the Global Fund. Principal Recipient in Armenia is (NTP CU)., which is the CCM member. Allocation and control of funds is conducted by the PR (NTP CU). The PR (NTP CU) will act under the general guidance of the CCM. The Grant Agreement will be entered into between the PR (NTP CU) for the CCM and the Secretariat for the Global Fund. The PR (NTP CU). is responsible for financial management as well as the programme implementation, including receiving and allocating funds to implementing agencies, control and technical maintenance, monitoring and regular accounting during the programme implementation, submit to the GFATM regular reports on of financial and programmatic state.</p>

3 Type of Application

3.2 Sub-National Coordinating Mechanism

Not Applicable

3.3 Regional Coordinating Mechanism (including Small Island Developing States)

Not Applicable

3.4 Regional Organizations

Not Applicable

3 Type of Application

3.5 Non-Country Coordinating Mechanism

Not Applicable

3.6 Proposal Endorsement and Membership Section

3.6.1 Representation

Table 3.6.1 – National CCM Leadership Information

	Chairperson	Vice Chairperson
Name	Mr. Mkhitar Mnatsakanyan	Mr. Vladimir Davidyants
Title	President of the "Armenian Red Cross Society"	Head State Sanitary Doctor, Ministry of Health of the Republic of Armenia
Mailing address	21 Paronyan Str., 375015 Yerevan, Republic of Armenia	N 3 building of Government, 375010 Yerevan, Republic of Armenia
Telephone	+37410-34 52 00	+ 37410-58 03 03
Fax	+37410-39 00 14	+ 37410-56 27 83
E-mail address	iptrc@arminco.com	cdc@arminco.com, drd@armhealth.am

3.6.2 Contact information

Table 3.6.2 – Non-CCM Applicants and Regional Organizations: contact information

NOT APPLICABLE

3 Type of Application

3.6.3 Membership information

Table 3.6.3 – National CCM Member Information

National CCM member details			
Member 1			
Agency/organization	Armenian Red Cross Society	Website	
Type	Non-governmental	Sector represented	Non-governmental
Name of representative	Mr. Mkhitar Mnatsakanyan	CCM member since	
Title in agency	President	Fax	+37410-39 00 14
E-mail address	iptrc@arminco.com	Telephone	+37410-34 52 00
Main role in the Coordinating Mechanism and the proposal development	CCM Chair Proposal preparation, review	Mailing address	21 Paronyan Str.
			375015 Yerevan
			Republic of Armenia
National CCM member details			
Member 2			
Agency/organization	Ministry of Health	Website	
Type	Government	Sector represented	Government
Name of representative		CCM member since	26-Apr-2002
Title in agency	Head State Sanitary Doctor, Ministry of Health of the Republic of Armenia	Fax	+ 37410-56 27 83
E-mail address	cdc@arminco.com, drc@armhealth.am	Telephone	+ 37410-58 03 03
Main role in the	CCM Deputy Chair Proposal preparation, review	Mailing	N 3 building of Government

3 Type of Application

Coordinating Mechanism and the proposal development		address	375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 3			
Agency/organization	Ministry of Health	Website	
Type	Government	Sector represented	Government
Name of representative	Norayr Davidyan	CCM member since	2003
Title in agency	Minister	Fax	+ 37410-56 27 83
E-mail address		Telephone	+ 37410-58 24 13
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities on HIV/AIDS, TB and malaria Proposal preparation, review	Mailing address	N 3 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 4			
Agency/organization	Ministry of Agriculture	Website	
Type	Government	Sector represented	Government
Name of representative	Levon Rughkyan	CCM member since	29-Apr-2005
Title in agency	Deputy MInister	Fax	

3 Type of Application

E-mail address	rukhhyan@netsys.am	Telephone	+ 37410-52 87 38
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities on malaria Proposal review	Mailing address	N 3 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 5			
Agency/organization	National Security Service	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Romik Harutyunyan	CCM member since	2004
Title in agency	Deputy Head	Fax	+37410-58 08 79
E-mail address		Telephone	+37410-58 08 79
Main role in the Coordinating Mechanism and the proposal development	Coordination of efforts of relevant institution in the context of the national security of the country Proposal review	Mailing address	104 Nalbandyan Str.
			375001 Yerevan
			Republic of Armenia
			Republic of Armenia
National CCM member details			
Member 6			
Agency/organization	Ministry of Justice	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Tigran Mukuchyan	CCM member since	26-Apr-2002
Title in agency	Deputy Minister	Fax	

3 Type of Application

E-mail address	tigmukuch@softhome.net	Telephone	+ 37410-52 45 16
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities on Harm reduction (needle exchange) conducting among individuals in penitentiary institutions; coordination of review of legislation related to HIV/AIDS Proposal review	Mailing address	15 G.Lusavorich Str.
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 7			
Agency/organization	Ministry of Foreign Affairs	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Armen Baibourtyan	CCM member since	2005
Title in agency	Deputy Minister	Fax	+ 37410-52 45 16
E-mail address	a.baibourtian@mfa.am	Telephone	+ 37410-54 40 41
Main role in the Coordinating Mechanism and the proposal development	Organization of resource mobilization and international cooperation Proposal review	Mailing address	N 2 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 8			
Agency/organization	Ministry of Education and Science	Website	
Type	Government	Sector represented	Government
Name of representative	Ms. Anahit Muradyan	CCM member since	July-2004
Title in agency	Leading specialist of the secondary education Department	Fax	

3 Type of Application

E-mail address	muradyan_anahit@yahoo.com	Telephone	+ 37410-52 47 77
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted in schools and higher educational institutions Proposal review	Mailing address	N 3 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 9			
Agency/organization	Ministry of Culture and Youth Affairs	Website	
Type	Government	Sector represented	Government
Name of representative	Ms. Lilit Asatryan	CCM member since	07-Apr-2004
Title in agency	Deputy Minister	Fax	+37410-52 62 97
E-mail address	sepuh_2000@yahoo.com	Telephone	+3741-52 68 69
Main role in the Coordinating Mechanism and the proposal development	Coordination of information/ education campaigns; coordination of projects implemented among young people outside the formal education system and those who do not work Proposal review	Mailing address	N 3 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 10			
Agency/organization	The Police	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Armen Yeritsyan	CCM member since	26-Apr-2002
Title in agency	Deputy Chief of the Police	Fax	

3 Type of Application

E-mail address		Telephone	+37410-59 67 17
Main role in the Coordinating Mechanism and the proposal development	Ensuring legal support of carried out preventive projects among IDUs and FSWs Proposal review	Mailing address	130 Nalbandyan Str.
			375025 Yerevan
			Republic of Armenia
National CCM member details			
Member 11			
Agency/organization	Ministry of Defense	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Arthur Aghabekyan	CCM member since	26-Apr-2002
Title in agency	Deputy Minister	Fax	
E-mail address		Telephone	+37410-28 40 69
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among the young people in the military Proposal review	Mailing address	60 G. Chaoush Str.
			375088 Yerevan
			Republic of Armenia
			Republic of Armenia
National CCM member details			
Member 12			
Agency/organization	Ministry of Labour and Social Affaires	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Filaret Berikyan	CCM member since	2004
Title in agency	Deputy Minister	Fax	+37410-56 37 91

3 Type of Application

E-mail address	berikyan@freenet.am	Telephone	+37410-58 54 18
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among people living with HIV/AIDS and their family members Proposal review	Mailing address	N 3 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 13			
Agency/organization	Ministry of Territorial Management and Substructures Coordination	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Gagik Aslanyan	CCM member since	20-Apr-2004
Title in agency	Deputy Minister	Fax	
E-mail address		Telephone	+37410-52 35 92
Main role in the Coordinating Mechanism and the proposal development	Coordination of monitoring in the country regions Proposal review	Mailing address	Building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 14			
Agency/organization	Ministry of Finance and Economy	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. David Avetisyan	CCM member since	26-Apr-2002

3 Type of Application

Title in agency	Deputy Minister	Fax	+37410-54 58 15
E-mail address	ave_david@yahoo.com	Telephone	+37410-59 52 77
Main role in the Coordinating Mechanism and the proposal development	Coordination of resource mobilization and financial audit Proposal review	Mailing address	1 Melik Adamyany Str.
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 15			
Agency/organization	Migration and Refugees Department by the Government	Website	
Type	Government	Sector represented	Government
Name of representative	Ms. Lyalya Aslanyan	CCM member since	26-Apr-2002
Title in agency	Deputy Head	Fax	+37410-22 58 65
E-mail address	migration@dolphin.am	Telephone	+37410-22 58 65
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among migrants and refugees Proposal review	Mailing address	4 H.Kochar Str.
			375033 Yerevan
			Republic of Armenia
National CCM member details			
Member 16			
Agency/organization	State Hygienic and Antiepidemiological Inspection of the Ministry of Health	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Artavazd Vanyan	CCM member	29-Apr-2005

3 Type of Application

		since	
Title in agency	Head of Inspection	Fax	+37410-65 46 95
E-mail address	nuneb11@web.am	Telephone	+37410-52 06 60
Main role in the Coordinating Mechanism and the proposal development	Coordination of surveillance Proposal preparation, review	Mailing address	10 G.Hovsepyan Str., Nork-Marash
			375047 Yerevan
			Republic of Armenia
National CCM member details			
Member 17			
Agency/organization	Ministry of Health of Armenia	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Souren Krmoyan	CCM member since	29-Apr-2005
Title in agency	Adviser to the Minister of Health of Armenia on Legal issues	Fax	+ 37410-56 27 83
E-mail address	gencounsel@armhealth.am	Telephone	+37410-56 43 20
Main role in the Coordinating Mechanism and the proposal development	Legal expert Proposal preparation, review	Mailing address	N 3 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 18			
Agency/organization	Ministry of Health	Website	
Type	Government	Sector represented	Government

3 Type of Application

Name of representative	Mr. Vahan Poghosyan	CCM member since	29-Apr-2005
Title in agency	Head of National TB Control Programme of Armenia	Fax	+ 37410-56 27 83
E-mail address	vahane@armhealth.am, NTP-ARM@netsys.am	Telephone	+ 37410-56 06 72
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities on TB Proposal preparation, review, component coordinator	Mailing address	N 3 building of Government
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 19			
Agency/organization	National Center for AIDS Prevention	Website	www.armaids.am
Type	Government	Sector represented	Government
Name of representative	Samvel Grigoryan	CCM member since	26-Apr-2002
Title in agency	Director	Fax	+ 37410-53 07 71
E-mail address	armaids@armaids.am	Telephone	+ 37410-53 07 71
Main role in the Coordinating Mechanism and the proposal development	CCM Secretary Proposal preparation, review	Mailing address	56a Pushkin Str.
			375002 Yerevan
			Republic of Armenia
National CCM member details			
Member 20			
Agency/organization	National Malaria Control Programme	Website	
Type	Government	Sector represented	Government

3 Type of Application

Name of representative	Mr. Ara Keshishyan	CCM member since	29-Apr-2005
Title in agency	Director of the National Malaria Control Programme	Fax	
E-mail address	keshar@freenet.am	Telephone	+ 37410-62 99 30
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities on malaria Proposal review	Mailing address	9 D.Malyan Str.
			375096 Yerevan
			Republic of Armenia
National CCM member details			
Member 21			
Agency/organization	Health Programmes Implementation Unit	Website	
Type	Government	Sector represented	Government
Name of representative	Mr. Sergey Khachatryan	CCM member since	29-Apr-2005
Title in agency	Director of the Unit	Fax	+37410-62 23 34
E-mail address	hpiu@arminco.com	Telephone	+37410-62 23 10
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities on malaria Proposal review	Mailing address	2 Acharyan Str.
			375040 Yerevan
			Republic of Armenia
National CCM member details			
Member 22			
Agency/organization	UNAIDS	Website	www.unaids.org
Type	Multilateral and Bilateral Development Partner	Sector represented	Non-governmental
Name of	Ms. Renate Ehmer	CCM	23-Apr-2004

3 Type of Application

representative		member since	
Title in agency	Intercountry Coordinator	Fax	+37410-54 70 99
E-mail address	ehmerr@unaids.org	Telephone	+37410-54 70 88
Main role in the Coordinating Mechanism and the proposal development	Coordination of resource mobilization, coordination of activities of international organizations, coordination of activities on introducing new strategies Proposal review	Mailing address	14 Adamyán Str.
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 23			
Agency/organization	UNDP Armenia	Website	www.undp.am
Type	Multilateral and Bilateral Development Partner	Sector represented	Non-governmental
Name of representative	Mr. Artashes Mirzoyan	CCM member since	03-May-2005
Title in agency	Project Coordinator for the "Support to the National Programme on HIV/AIDS Prevention", Health Component Manager for the Community Development Project	Fax	+37410-54 38 11
E-mail address	artashes.mirzoyan@undp.org	Telephone	+37410-56 60 73
Main role in the Coordinating Mechanism and the proposal development	Coordination of resource mobilization, coordination of activities of international organizations Proposal review	Mailing address	14 Adamyán Str.
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 24			
Agency/organization	UNICEF	Website	
Type	Multilateral and Bilateral Development Partner	Sector represented	Non-governmental

3 Type of Application

Name of representative	Mr. Sheldon Yett	CCM member since	05-Apr-2005
Title in agency	Representative	Fax	+37410-54 38 10
E-mail address	syett@unicef.org	Telephone	+37410-52 34 46
Main role in the Coordinating Mechanism and the proposal development	Coordination of resource mobilization, coordination of activities of international organizations Proposal review	Mailing address	14 Adamyán Str.
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 25			
Agency/organization	USAID	Website	
Type	Bilateral Development Partner	Sector represented	Non-governmental
Name of representative	Ms. Anna Grigoryan	CCM member since	25-Nov-2003
Title in agency	Specialist of programmes management	Fax	+37410-46 47 00
E-mail address	agrigoryan@usaid.gov	Telephone	+37410-46 47 00
Main role in the Coordinating Mechanism and the proposal development	Coordination role with USAID implementing partners Proposal review	Mailing address	1 American Avenue
			Yerevan
			Republic of Armenia
National CCM member details			
Member 26			
Agency/organization	WHO	Website	
Type	Multilateral and Bilateral Development Partner	Sector represented	Non-governmental

3 Type of Application

Name of representative	Ms. Elizabeth Danielyan	CCM member since	29-Apr-2005
Title in agency	Liaison Officer	Fax	+37410-51 20 01
E-mail address	Review	Telephone	+37410-51 20 04
Main role in the Coordinating Mechanism and the proposal development	Coordination of resource mobilization, coordination of activities on TB and malaria Proposal preparation, technical input, financial input	Mailing address	9 A. Manukyan Str.
			Yerevan
			Republic of Armenia
National CCM member details			
Member 27			
Agency/organization	"Open Society Institute Assistance Foundation - Armenian Branch"	Website	
Type	International NGO	Sector represented	Non-governmental
Name of representative	Ms. Anahit Papikyan	CCM member since	26-Apr-2002
Title in agency	Public Health Coordinator	Fax	+37410-54 21 19
E-mail address	panaida@osi.am	Telephone	+37410-54 21 19
Main role in the Coordinating Mechanism and the proposal development	Coordination of implementation of Harm reduction projects, programme audit Proposal review	Mailing address	1/2 Pushkin Str.
			375010 Yerevan
			Republic of Armenia
National CCM member details			
Member 28			
Agency/organization	Medecins Sans Frontieres - Belgium (Armenian Branch)	Website	
Type	NGO	Sector represented	Non-governmental

3 Type of Application

Name of representative	Mr. Roland Prevot	CCM member since	01-Sept-2004
Title in agency	Head of Mission	Fax	+37410-28 59 81
E-mail address	msfb@arminco.com	Telephone	+37410-27 42 93
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among FSWs and migrants Proposal review	Mailing address	48 Manushyan Str.
			375012 Yerevan
			Republic of Armenia
National CCM member details			
Member 29			
Agency/organization	UMCOR	Website	
Type	Non-governmental	Sector represented	Non-governmental
Name of representative	Ms. Victoria Avagova	CCM member since	29-Apr-2005
Title in agency	Health Programme Coordinator	Fax	+ 37410-24 92 15
E-mail address	victoria@umcor.am	Telephone	+ 37410-24 81 41
Main role in the Coordinating Mechanism and the proposal development	Coordination of resource mobilization Proposal review	Mailing address	14 K. Ulnetsu Str.
			375037 Yerevan
			Republic of Armenia
National CCM member details			
Member 30			
Agency/organization	"World Vision International" Armenian Branch	Website	www.worldvision.am
Type	Non-governmental	Sector represented	Non-governmental

3 Type of Application

Name of representative	Mr. David Thomson	CCM member since	26-Apr-2002
Title in agency	National Director	Fax	+37410-74 91 48
E-mail address	david_thomson@wvi.org	Telephone	+37410-74 91 46; +37410-74 91 47
Main role in the Coordinating Mechanism and the proposal development	Coordination of partnership with Church and involving Mass Media into the HIV/AIDS prevention activities Proposal review	Mailing address	1 R. Melikyan Str.
			375065 Yerevan
			Republic of Armenia
National CCM member details			
Member 31			
Agency/organization	AIDS Prevention, Education and Care	Website	
Type	Non-governmental	Sector represented	Non-governmental
Name of representative	Mr. Artak Musheghyan	CCM member since	26-Apr-2002
Title in agency	President	Fax	+37410-27 70 29
E-mail address	aidsapac@freenet.am	Telephone	+37410-22 87 37
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities of the information centre and national hotline, coordination of activities conducted among PLWHA and their family members Proposal review	Mailing address	Kochar 1 blind alley, House 5
			Yerevan
			Republic of Armenia
National CCM member details			
Member 32			
Agency/organization	Antidrug Civil Union	Website	
Type	Non-governmental	Sector represented	Non-governmental

3 Type of Application

Name of representative	Mr. Arthur Potosyan	CCM member since	29-Sept-2004
Title in agency	President	Fax	+37410-22 10 51
E-mail address	antidrug@arminco.com	Telephone	+37410-22 10 51
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among IDUs Proposal review	Mailing address	1/38 Gai Ave.
			Yerevan
			Republic of Armenia
National CCM member details			
Member 33			
Agency/organization	Armenian Public Health Association	Website	
Type	Non-governmental	Sector represented	Non-governmental
Name of representative	Mr. Ashot Davidyants	CCM member since	16-March-2005
Title in agency	Director	Fax	
E-mail address	armpha@yahoo.com	Telephone	+374 10-23 69 11
Main role in the Coordinating Mechanism and the proposal development	Coordination of monitoring and evaluation process Proposal review	Mailing address	49/4 Komitas Ave.
			Yerevan
			Republic of Armenia
National CCM member details			
Member 34			
Agency/organization	Scientific Association of Medical Students of Armenia	Website	
Type	Non-governmental	Sector represented	Non-governmental
Name of representative	Mr. Alexander Ter-Hovakimyan	CCM member since	26-Apr-2002

3 Type of Application

Title in agency	President	Fax	+37410-58 32 25
E-mail address	samsa@arminco.com	Telephone	+37410- 56 16 26
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among youth Proposal review	Mailing address	2 Korjun Str.
			375025 Yerevan
			Republic of Armenia
8National CCM member details			
Member 35			
Agency/organization	Youth Cultural Organization	Website	
Type	Non-governmental	Sector represented	Non-governmental
Name of representative	Mr. David Manukyan	CCM member since	26-Apr-2002
Title in agency	President	Fax	+37410-65 07 64
E-mail address	yco@europe.com	Telephone	+37410-65 07 64
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among youth Proposal review	Mailing address	288 Noriki-aiginer
			375025 Yerevan
			Republic of Armenia
National CCM member details			
Member 36			
Agency/organization	Armenian National AIDS Foundation	Website	
Type National CCM member details	Non-governmental	Sector represented	Non-governmental

3 Type of Application

Name of representative	Ms. Nelli Cholakhyan	CCM member since	25-Nov-2003
Title in agency	Executive Director	Fax	+37410 - 53 40 22
E-mail address	aidsfund@armaids.am	Telephone	+37491 - 49 31 15
Main role in the Coordinating Mechanism and the proposal development	Coordination of education/information activities conducted among different population groups Proposal review	Mailing address	12 Vagharshyan Str.
			375012 Yerevan
			Republic of Armenia
National CCM member details			
Member 37			
Agency/organization	AIDS Prevention Union	Website	
Type	Non-governmental	Sector represented	Non-governmental
Name of representative	Mr. Mihran Sevumyan	CCM member since	25-Nov-2003
Title in agency	President	Fax	
E-mail address	aidspu@freenet.am	Telephone	+37410-53 55 90
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among FSWs Proposal review	Mailing address	48/56 Galshoyan Str.
			Yerevan
			Republic of Armenia
National CCM member details			
Member 38			
Agency/organization	Real World, Real People	Website	
Type	Non-governmental	Sector represented	Non-governmental
			People living with HIV/AIDS

3 Type of Application

Name of representative	Mr. Hovhannes Madoyan	CCM member since	25-Nov-2003
Title in agency	Co-President	Fax	
E-mail address	realwrp@yahoo.com	Telephone	+37410-54 74 75
Main role in the Coordinating Mechanism and the proposal development	Coordination of activities conducted among people living with HIV/AIDS and their family members Proposal review	Mailing address	5/54, 2nd side, Bahgyan Str.
			375019 Yerevan
			Republic of Armenia

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3.6.4. National CCM Endorsement of Proposal

PROPOSAL TITLE: *Strengthening of National TB Control Programme in RA*

“We, the undersigned, hereby certify that we have participated in the proposal development process and have had sufficient opportunities to influence the process and this application. We have reviewed the final proposal and support it. If the proposal is approved we further pledge to continue our involvement in the Coordinating Mechanism during its implementation.”

Table 3.6.4 – National CCM Endorsement

Agency/organization	Name of representative	Title	Date	Signature
“Armenian Red Cross Society”	Mkhitar Mnatsakanyan	President		
Ministry of Health of Armenia	Norair Davidyan	Minister		
Ministry of Health	Vladimir Davidyants	Head State Sanitary Doctor of Armenia		
Ministry of Agriculture of Armenia	Levon Rukhkyan	Deputy Minister		
National Security Service of Armenia	Romik Harutyunyan	Deputy Minister		
Ministry of Justice of Armenia	Tigran Mukuchyan	Deputy Minister		
Ministry of Foreign Affairs of Armenia	Armen Baibourtsyan	Deputy Minister		
Ministry of Education and Science of Armenia	Anahit Muradyan	Leading specialist of the secondary education Department		
Ministry of Culture and Youth Affairs of Armenia	Lilit Asatryan	Deputy Minister		
State Police of Armenia	Armen Yeritsyan	Deputy Chief		
Ministry of Defense of Armenia	Arthur Aghabekyan	Deputy Minister		
Ministry of Labor and Social Affaires of Armenia	Filaret Berikyan	Deputy Minister		
Ministry of Territorial Management and Substructures Coordination of Armenia	Gagik Aslanyan	Deputy Minister		
Ministry of Finance and Economy of Armenia	David Avetisyan	Deputy Minister		
Migration and Refugees Department by the Government of Armenia	Lyalya Aslanyan	Deputy Head		
State Hygienic and Antiepidemiological Inspection of the Ministry of Health of Armenia	Artavazd Vanyan	Head		
Ministry of Health of Armenia	Souren Krmoyan	Adviser to the Minister of Health of Armenia on Legal issues		

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Agency/organization	Name of representative	Title	Date	Signature
National TB Control Programme of Armenia	Vahan Poghosyan	Director		
National Center for AIDS Prevention	Samvel Grigoryan	Director		
National Malaria Control Programme of Armenia	Ara Keshishyan	Director		
Health Programmes Implementation Unit	Sergey Khachatryan	Director		
UNAIDS	Renate Ehmer	UNAIDS Intercountry Coordinator for Southern Caucasus		
UN	Anoush Avanesyan	Adviser to UN Resident Coordinator		
UNICEF	Sheldon Yett	UNICEF-Armenia Representative		
USAID	Anna Grigoryan	Specialist of programmes management		
WHO	Elizabeth Danielyan	Liaison Officer		
"Open Society Institute Assistance Foundation - Armenia"	Anahit Papikyan	Public Health Coordinator		
"Medecins Sans Frontieres - Belgium"	Roland Prevot	Head of Mission		
UMCOR	Viktoria Avagova	Health Programme Coordinator		
"World Vision - Armenia"	David Thomson	National Director		
"AIDS Prevention, Education and Care" NGO	Artak Musheghyan	President		
"Antidrugs civil union" NGO	Arthur Potosyan	President		
"Armenian Public Health Association" NGO	Ashot Davidyants	Director		
"Scientific Association of Medical Students of Armenia" NGO	Alexander Ter-Hovakimyan	President		
"Youth Cultural Organization" NGO	David Manukyan	President		
"AIDS Prevention Union" NGO	Mihran Sevumyan	President		
"Real World, Real People" NGO	Hovhannes Madoyan	Co-president		
"Armenian National AIDS Foundation" NGO	Nelli Cholakhyan	Executive Director		

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3.6.5 CCM Endorsement Details for Applications from Regional Organizations:

Not Applicable

4.1 Identify the Component Addressed in this Section

- HIV/AIDS³
- Tuberculosis⁴
- Malaria
- Health system strengthening

4.1.1 Indicate the Estimated Start Time and Duration of the Component

Table 4.1.1 – Proposal Start Time and Duration

	From	To
Month and year:	April 2006	April 2011

4.2 Contact Persons for Questions Regarding this Component

Table 4.2 – Component contact persons

	Primary contact	Secondary contact
Name	Vahan Poghosyan	Masoud Dara
Title	Head of National TB Control Programme of Armenia	Senior Consultant
Organization	Ministry of Health Republic of Armenia	KNCV Tuberculosis Foundation
Mailing address	N 3 building of Government, Yerevan	Parkstraat 17, 2514 JD The Hague, The Netherlands
Telephone	+ 37410-56 27 83	+31 70 416 72 22
Fax	+ 37410-56 06 72	+ 31 70 358 40 04
E-mail address	vahane@armhealth.am NTP-ARM@netsys.am	Daram@kncvtbc.nl

³ In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

⁴ In contexts where HIV/AIDS is driving the tuberculosis epidemic, tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

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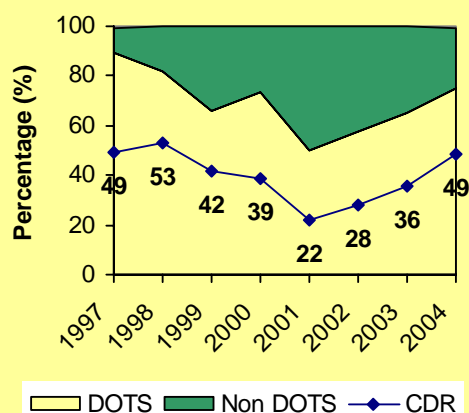
4.3 National Program Context and Gap Analysis for this Component

4.3.1 Epidemiological and Disease-Specific Background

Describe, and provide the latest data on, the stage and type of epidemic and its dynamics (including breakdown by age, gender, population group and geographical location, wherever possible), the most affected population groups, and data on drug resistance, where relevant. (Information on drug resistance is of specific relevance if the proposal includes anti-malarial drugs or insecticides. In the case of TB components, indicate, in addition, the treatment regimes in use or to be used and the reasons for their use.)

Armenia is located in the southern Caucasus and occupies a territory of 29,800 sq. km. It is bounded by Georgia on the north, Azerbaijan on the east, Iran on the south, and Turkey on the west and is a land of rugged mountains and extinct volcanoes. Armenia has been established as an independent state in May 1918, joined to the ex-Soviet Union in 1920, and regained independence in September 1991. According to the results of the census performed in October 2001 the population numbered 3,200,000. Until 1960 the population was primarily rural, but since that time because of the rapid process of urbanization it changed to mainly urban. As per the administrative subdivision there are 11 regions in Armenia, so called "Marzes". The capital city Yerevan, with 1.26 million inhabitants making up one third of the total population of the country has also a status of Marz.

In Armenia, WHO estimates an incidence of 70 total new TB cases and 32 pulmonary smear-positive new TB cases per 100,000 population (Global Tuberculosis Control, WHO TB report 2005). From these estimates, around 2200 new TB cases are expected to occur every year in Armenia. Therefore, Armenia has the 13th highest TB incidence rate and the 24th highest number of incident TB cases among the 52 countries of the WHO European Region. According to statistics department of the Ministry of Health, notified new cases and mortality that started in (1993 was 15.8 in 100,000) 1998 continued to rise over the last years: incidence of notified new cases (all forms) increased from 37.4 in 1998 in to 48.5 in 2004 (11.2%), and mortality rose from 3.5 in 1998 to 11 in 100,000 in 2003. In 2003, the overall CDR was 35.5%, ranging from 47.2% in Yerevan to 5.7% in Geghargunik marz. In 2003, out of the total new TB cases registered under DOTS, only 35.2% were pulmonary smear-positive, 43.2% smear-negative and 21.6% extra-pulmonary. The smear-positive cases were detected at the lowest rate in Geghargunik marz (21.7%) and at its highest in Yerevan (46.9%). Clearly, NTP detects new TB cases at the highest rate in Yerevan, where the largest proportion of registered new TB cases is found smear-positive, most probably because of the better access to microscopy services. The external review mission by WHO, GLC, KNCV and other partners in 2005 concluded that the real situation of TB in Armenia may be worse, as many cases, particularly difficult cases are either not notified or reported as non-DOTS and hence not evaluated.



The increase in the proportion of patients with destructive forms (from 68.5% in 2002 to 69.8% in 2004) shows that many patients are referring at late stage of the disease (source: Abovyan Republican Hospital).

The highest number of both male and female patients was reported in the age group 15-24 years. The peak of new smear-positive patients in the 15-24 years age-group indicates the prevalence of TB exogenous re-infection and the still on-going TB transmission in the community. Striking is the so low female:male ratio of new TB cases reported by NTP (1:4).

There is no national surveillance of TB drug resistance in Armenia available. The laboratory of the Republican TB Dispensary in Abovjan performs systematic sputum culture and drug susceptibility testing (DST) on its patients. These results are not representative of the whole country; however, they may give some understanding of the levels of resistance to first-line anti-TB drugs. There are no DST data available on second-line anti-TB drugs. In 2003, among 426 patients with a DST result and never treated for TB, 51 (12%) were found with multidrug-resistant (MDR) TB. Among the 137 previously treated TB patients tested, 78 (57%) had MDR. It is estimated that like other former Soviet Union countries, 10-12% of new cases and not less than 40% of previously treated cases would have MDR-TB; that is, 110-120 'new' MDR-TB cases are to be expected every year in Armenia. In

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addition, there is a pool of 'chronic' patients (around 500, according to NTP estimate), and not less than half of them should be MDR-TB.

Year	TB patients tested for HIV	TB patients positive for HIV
1997	?	1
1998	?	1
1999	?	?
2000	?	3
2001	0	3
2002	105	4
2003	41	3
2004	269	8
2005 (Jan)	20	5

HIV-related tuberculosis

WHO/EURO includes Armenia among those countries with a high priority for interventions to control TB and intermediate priority for interventions to prevent and control HIV/AIDS. This could be explained by the high TB burden and growing burden of HIV/AIDS in Southern Caucasus, following the collapse of the Soviet Union.

The National programme on HIV/AIDS prevention (NAP) in Armenia benefits from a 5 year GFATM grant of US\$ 1.5 million, through an agreement signed in October 2003 with World Vision International (Armenian branch) as principal recipient. A "3 by 5" Programme Officer for Armenia has started her activities, based in WHO office. The main interventions under the GFATM grant are: HIV

information/education/communication and voluntary counseling and testing (VCT) among risk groups (youth, IDU, FSW, MSM, prisoners, migrants and refugees), construction of a new HIV national reference laboratory, anti retroviral treatment (ART) to 20 patients during two years, isoniazid preventive therapy (IPT) and TB screening (by referring suspects to TB facilities), blood screening..

TB in the penitentiary sector

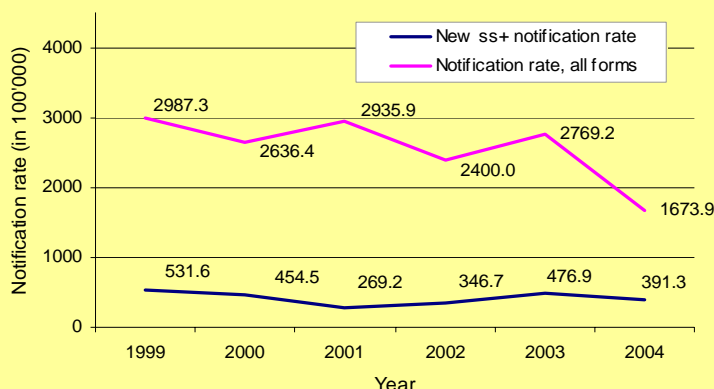
The problem of the increasing TB epidemic in Armenia is of particular intensity and concern in the penitentiary system. The policies within the penitentiary system may allow conditions that support the upsurge of TB and become the epicentre of TB transmission and breeding grounds for drug resistant strains.

The prison system in Armenia has undergone remarkable changes after its transfer from the Ministry of Internal Affairs to the authority of the Ministry of Justice, in October 2002. In present there are 12 detention facilities in the country. The total prison population has been drastically reduced after introduction of a new Penal Code in 2003, and in present the average number of detainees is 2'900. Each year 1'500 people are being detained and about the same number of people leaves the prison (yearly turnover is approximately 6'500 persons).

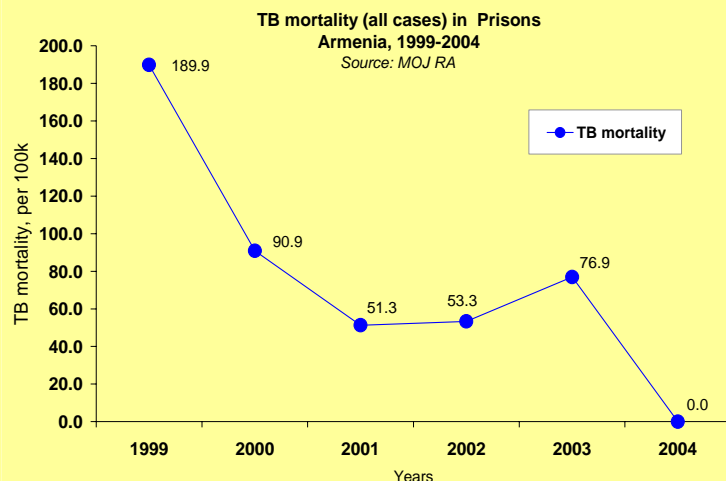
Despite the regular flourography screenings in detention centers and screening on entry performed at the biggest pre-trial institution, due to the discrepancy between the number of patients and available TB beds and irregular drug supply, TB was widely spread amongst the prison population and the death rates were high. In 2003 the TB incidence rate inside of prisons was 30 times higher of the same indicator in the civilian sector (1'360/44.9). (See the charts below).

**TB Notification rates in Prisons
Armenia 1999 - 2004**

Source: MOJ RA



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Based on the TB prevalence study conducted by the ICRC in 1999 (the prevalence of SS positive cases was 3.5% to 5.1%), a new TB Department for 200 beds was rehabilitated with the ICRC funds.

Since the start of the treatment programme in November 2002 more than 260 patients have been detected and treated in the penitentiary sector. 80% of the detained population had access to quality TB services by May 2005. Cumulative treatment success of the MOJ TB Control programme for 2003 – 2004 was 59%. TB in Prisons Guidelines has been developed and will be printed in June 2005.

Treatment regimen

Increasingly, the majority of new cases are receiving WHO recommended standardized treatment regimen (cat I and cat III according to the result of sputum smear examination and severity of the disease). Seemingly more re-treatment patients are also receiving WHO standardized category II treatment. This is being ensured with improved supervision by NTP. So far there has not been any effective treatment available for those who fail the category II or patients and are identified with Multi-Drug Resistant form of TB. MSF in collaboration with the Ministry of Health will pilot DOTS plus in two districts of Armenia and apply through Green-Light Committee for second-line drugs with reduced price. Under the present proposal to GFATM, the Ministry of Health and Justice would expand DOTS-plus from the year 3 of the proposal, requesting GLC for second line drugs, technical assistance and monitoring and evaluation. WHO standardized treatment regimen would be continued. With assumption of high resistance level to anti-TB drugs, all new cases would receive Cat I regimen and all re-treatment patients would receive Cat II. Failures of Cat II regimen and other eligible patients elaborated in the application to GLC would go through culture and DST and receive DOTS-Plus treatment. The national Drug Resistance Surveillance is planned in collaboration with the WHO/IUATLD Global Project on Anti-Tuberculosis Drug resistance Surveillance to start in the second semester of 2005. As evidence builds up details of treatment with second line drugs (including standardized and/or individualized treatment) will be further elaborated in consultation with international partners, WHO and GLC.

4.3.2 Health Systems, Disease-Control Initiatives and Broader Development Frameworks

- a) Describe the (national) health system, including both the public and private sectors, as relevant to fighting the disease in question.

The country is still facing enormous economic difficulties after the collapse of the Soviet Union. This has led to crisis in social spheres including that of the health care system. The health system of the Republic of Armenia, as it stands today, mainly emerged during the Soviet years, which capacity of which was inflated and inconsistent with the social and economic capability of a newly-independent state. Health system was characterized with absolute centralization of administrative and financing functions in the hands of the

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state with emphasis on increasing health capacity, building new facilities, and training additional tailored specialists. Patients did not get to choose their physicians and medical institutions freely, the extreme shortage of medicine, maintenance and supervision..

The situation was further exacerbated by the consequences of the 1988 earthquake, the transport blockade due to the Nagorno-Karabagh conflict, and the ensuing overall acute social and economic crisis in the country.

The first attempts at system-wide reform in the health sector were undertaken in 1993 and were aimed at enhancing the management efficiency of medical institutions by means of revising their legal status. As a trial, some medical institutions switched their status to that of state enterprises (later converted to state closed joint-stock companies), which awarded them additional rights in the organization of their activities and management of resources. These efforts were sustained and their scope broadened; as a result, the bulk of health enterprises (save for the sanitation and epidemiology system, which retains its status of a budgetary entity until today) received the same status in 1995-1996. Thanks to the process of decentralization underway in the health system during this period, hundreds of hospitals, polyclinics, dispensaries, ambulatories, and other medical institutions received the status of sovereign legal entities, although the majority of them used to operate within the structure of regional medical unions.

At present the health care delivery system is clearly divided between outpatient and inpatient care. The inpatient care is presented by multi and mono-profile hospitals. There are separate hospitals for maternity and for children. Outpatient care is presented by polyclinics providing primary care services through district internists and pediatricians, as well as outpatient specialist services. Today, with around 10 US\$ of public financing per person available to pay for health services annually, the country can not afford to maintain the current abundant number of facilities and capacities. Investments in the sector are absent. These factors have seriously undermined the quality and accessibility of health care services in the country.

Private sector has not been developed in health care system of Armenia. Currently DOTS is only limited to TB facilities and primary health cares are not involved in TB control except for few clinics. However the World Bank and other aid agencies have been promoting family medicine and introducing evidence-based medicine and public health.

- b) Describe comprehensively the current disease-control strategies and programs aimed at the target disease, including all relevant goals and objectives with regard to addressing the disease. (Include both existing Global Fund-financed programs and other programs currently implemented or planned by all stakeholders and existing and planned commitments to major international initiatives and partnerships).

Armenia adopted DOTS as national strategy to control TB in 1995 and implemented it in all TB facilities of the country by 2002. However, only part of the TB patients was registered under DOTS during these years.

As shown in the table below each year increasing number and percentage of TB patients have been enrolled on DOTS. The national goal of the national TB control Programme is to reduce burden of TB with increasing TB case detection and improving treatment adherence. GTZ has been providing managerial support and through KfW microscopes and drugs have been purchased. In addition, GTZ has assisted NTP in supervision activities. Since August 2000 the International Committee of the Red Cross (ICRC) supports the prison authorities in establishing a TB Control programme in prisons based on WHO-DOTS strategy. Since 2003 KNCV has committed itself to support NTP with submitting proposal and provide further technical assistance in collaboration with WHO. The National reference laboratory has been supported by ICRC and gets quality controlled by supranational reference Laboratory in Borstel Germany. So far the results of the panel testing have proven satisfactory. WHO regional TB medical officer based in Tbilisi Georgia, visit the country regularly and ensures improvement of TB control activity.

NTP is committed to promote integration of TB into primary health care services and

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expand DOTS and improve the quality of TB Control in Armenia. Technical partners including WHO, KNCV, GTZ and ICRC (at least up to 2008) are committed to support Armenia in control of TB.

Since 2005, MSF France has signed a memorandum of understanding with Ministry of Health to implement a pilot DOTS-plus project in two districts of Yerevan city. This creates a unique opportunity to complement the joint activities of MSF-F and MoH and extend the project to the whole population. An application to GLC for reduced price drugs will be sent shortly. Armenia is committed to address the problem of MDR and in the meantime with improving the quality of DOTS avoid further creation of drug resistance cases.

DOTS is successfully implemented in the penitentiary sector with ICRC support. However the cooperation between the Ministry of Justice and Ministry of Health and NTP is insufficient and causes problems in following up ex-prisoners who need to continue TB treatment after release. The information systems of the two sectors are not integrated and the data exchange is not regular.

Collaborative TB/HIV activities are carried not carried out in a systematic way across the country. TB patients are not tested for HIV regularly, and PLWHA referred to TB service by the AIDS Centre do not undertake screening for TB in more than 50% of cases.

A representative national Drug Resistance Survey is planned to start in 2005 with WHO and KfW support.

- c) Describe the role of AIDS-, tuberculosis- and/or malaria-control efforts in broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals or sector-wide approaches. Outline any links to international initiatives such as the WHO/UNAIDS '3-by-5 Initiative' or the Global Plan to Stop TB or the Roll Back Malaria Initiative.

Armenia is commonly classified as a low-middle income country, with Gross National Income (GNI) per capita of USD 910 in 2003 and 43% of population living below the poverty line (source: World Bank). A substantial negative migration pattern has contributed to nearly 0.5 million decrease in the population size during the past decade. In recent years particularly attention has been paid to public health, which is conditioned by nearly total financing of planned budget.

The studies of the country population standard of living conducted by the Government with the support of the World Bank in 1996 and 1999 did not detect real tendency towards reduction of poverty: in 1996 54.73% of population, whereas in 2001 – 50.9% of population were under the poverty line. In the Republic of Armenia the process of impoverishment of considerable part of population is accompanied by unprecedented strengthening of social polarization. In Armenia Gini coefficient, characterizing the inequality level of population's income distribution is one of the highest in the world. 27% of the entire population need humanitarian assistance. Unemployment level according to independent evaluation was 34.4% (source: UNDP)

In the aftermath of earthquake, a third of the country's territory was partially or totally destroyed in 1988. Epicentre of the earthquake was in the country's industrial zone and several big industrial enterprises were destroyed. The wrecked national economy has not been completely reconstructed yet, the work on its reconstruction has still been continuing. Many families live in temporal homes, one-roomed premises adjusted for dwelling. The unemployment level in the disaster zone is higher than the country average by a factor of 2.1.

Although in the recent years some economic growth has been observed in Armenia, the economic situation remains critical due to the unprecedented unemployment and migration levels of the last ten years. Since 1988 the conflict in Nagorno Karabakh has resulted in about 311.000 (10% of total number of population) refugees in Armenia

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whereof 36,000 individuals (12,000 families) do not have permanent place of residence. High prices for transportation and lack of national energetic resources have resulted in high prices for export products, which impede them to be in competitive in the world market. All the above-mentioned facts show the hard socio-economic situation in the country. Taking into account the small amount of budget, the government have to allocate finances for the reconstruction of disaster zone (capital construction, social welfare of those affected). Despite increasing budget for TB control, the Government is not able to cope with the financial needs of a comprehensive TB Control.

4.3.3 Financial and Programmatic Gap Analysis

4.3.3.1 Detail current and planned expenditures from all relevant sources, whether domestic, external or from debt relief, including previous grants from the Global Fund.

The major part of expenditures for TB control in Armenia comes from domestic sources. NTP Central Unit conducted an expenditure analysis for 2004 and presented that an equivalent of USD 1.6 million were spent for TB control activities in that year from the state budget. These resources are spent on salaries of staff, drugs, equipment and supplies, facilities' maintenance and operational costs, food for in-patients and administration. The health budget is increasing during recent years, and in accordance with the officially adopted Medium-Term Expenditure Framework (MTEF), the estimates for spending on TB control till 2010 are presented in Table 4.3.3.

The most important source of external support to DOTS at the moment is the German Government support. Since 1 June 2005 the two programmes of GTZ and KfW have merged and now the project is implemented by KfW. The commitment is for an equivalent of USD 1.3 million through 2009 and covers technical assistance, training of TB staff, 1st line drugs (direct procurement from the Global Drug Facility), renovation of NTP premises (with training center and drug storage facility), laboratory equipment and supplies, and support to drug resistance surveillance.

ICRC supports TB control activities in the penitentiary sector. The current programme agreement extends till 2008 inclusive; the estimated (as the budget is adopted for every year anew) amount of funds to be implemented is about USD 0.3 million (for technical assistance, training, laboratory support, IEC).

MSF France support a pilot DOTS-Plus project in two districts of Yerevan, including refurbishment of an MDR-TB ward (for 30 beds only), lab supplies and 2nd line drugs. It is planned to treat 30 MDR-TB patients every year for four years 2005-2008.

4.3.3.2 Provide an estimate of the costs of meeting overall (national) goals and objectives and provide information about how this costing has been developed (e.g., costed national strategies).

There are no reliable estimates of the funding gap to overcome to reach targets for TB control; the presented in the table below figures are based on certain assumptions and examples from other countries in the region, take into consideration the local cost level and, importantly, the need to expand DOTS framework with inclusion of new interventions such as MDR-TB management.

4.3.3.3 Provide a calculation of the gaps between the estimated costs and current and planned expenditures.

It is presented in the Table 4.3.3 below. Forecasts for domestic funding are based on

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MTEF; no estimation of donor support beyond 2008 is possible. It is important to note that although the amount of domestic financial resources spent on TB control is high compared to the funds requested from GFATM, the existing financing arrangements do not allow MOH to be sufficiently flexible and therefore it is impossible to secure adequate funding for new and/or costly interventions (e.g. MDR-TB surveillance and treatment). This is why it is requested from the Global Fund to fill these gaps with this project relying that in the near future the Government will take over and accommodate for the needs of the TB program.

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Table 4.3.3 - Financial Contributions to National Response

	Financial contributions in US\$						
	2004	2005	2006	2007	2008	2009	2010
Domestic (A)	1,600,000	1,754,700	2,373,200	2,373,200	2,658,000	3,056,700	3,515,200
External (B) = 1+2+3	345,000	722,000	1,115,000	620,000	575,000	0	0
(1) KfW/GTZ	270,000	280,000	300,000	190,000	150,000		
(2) ICRC	75,000	62,000	55,000	50,000	45,000		
(3) MSF-France	0	380,000	760,000	380,000	380,000		
Total resources available (A+B)	2,290,000	3,198,700	4,603,200	3,613,200	3,808,000	3,056,700	3,515,200
Total need (C)	3,840,000	4,608,000	5,529,600	6,082,560	6,082,560	5,792,914	5,517,061
Unmet need (C)-(A+B)	1,895,000	2,131,300	2,041,400	3,089,360	2,849,560	2,736,214	2,001,861

4.3.4 Confirm that Global Fund resources received will be additional to existing and planned resources, and will not substitute for such sources, and explain plans to ensure that this is the case.

As shown in the table 4.3.3 financial contribution of the Global Fund would be additional to what has been earmarked by the government. Clearly in order to address the major challenges in TB control including management of Multi-Drug Resistant TB, The Global Fund contribution is necessary. The Government commits itself to contribute further and take over interventions proposed to the Global Fund.

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4.4 Component Strategy

4.4.1 Description and justification of the program strategy

Please find enclosed the detailed quarterly work plan of the year 1 and indicative quarterly work plan of the year 2 of the proposal

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Table 4.4a. Goals and Impact Indicators over Life of Program

Goal No.	Goals over five years									
# 1	Reduced burden of Tuberculosis in the Republic of Armenia									
Goal No.	Impact indicator	Baseline			Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target	Source and comments
		Value	Year	Source						
# 1	Increased TB Case detection	48.5%	2004	NTP	50%	60%	65%	70%	70%	NTP, WHO; A prevalence survey is planned which shed light on status of case detection in Armenia
# 1	Improved treatment success of new sputum smear positive cases	77,3%	2002	NTP	75%	80%	85%	85%	85%	NTP, WHO; It is believed that many difficult patients have been excluded from DOTS and therefore with increasing supervision all eligible cases will be covered under DOTS, therefore slightly decreasing the success rate. With integration of TB in primary health care services, default rate will be decreased and with expansion of DOTS-plus these patients will be evaluated separately and therefore Treatment outcome may be increased
#1	Reduced number of deaths from TB (all forms) per 100,000 population per year	11	2003	WHO	10	8	7	5	5	WHO, MOH; With expansion of DOTS and inclusion of patients on DOTS in year 2 and with introduction of DOTS plus in year 3, 4 and 5 TB mortality is expected to decrease

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Table 4.4b. Objectives, Service Delivery Areas and Coverage Indicators over Life of Program

Program objectives over five years											
Objective No.	Objective description										Link to goal by number
# 1	To increase access of population to quality diagnosis and treatment of Tuberculosis with involvement of primary health care services in all Marzes and Yerevan City										# 1
# 2	To improve diagnosis of tuberculosis through strengthening TB Laboratory network										# 1
# 3	To improve patients' adherence to treatment by providing social support and TB health education to patients in ambulatory treatment										# 1
# 4	To decrease stigma of tuberculosis using mass media and TB health education campaign										# 1
# 5	To ensure quality diagnosis and treatment of Drug resistance Tuberculosis with establishment of DOTS-Plus project in the penitentiary and civilian sectors										# 1
# 6	To ensure TB/HIV collaborative activities in the penitentiary and civilian sector										# 1
# 7	To improve TB program management within Ministry of Health, Justice and Defense										# 1
# 8	To strengthen DOTS programme in the penitentiary institutions										#1
# 9	To improve TB case management by training of staff, improvement of infrastructure and drug supply										#1
Objective No.	Service delivery area	Directly tied	Indicator description	Baseline		Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target	Frequency of data collection
				Value	Year						
# 1	Timely Detection and Quality Treatment of Cases	Yes	Number of new smear positive TB cases detected under Directly-Observed Treatment Strategy (DOTS)	464	2003	600	700	800	900	900	Annually
# 1	Timely Detection and Quality Treatment of	Yes	Number of PHCs involved in referral and treatment follow-	0	2004	50	150	200	200	200	Annually

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	Cases		up of TB patients								
# 1	Timely Detection and Quality Treatment of Cases	Yes	Number of suspected TB cases referred to PHCs and diagnosed with TB	0	2004	100	200	300	300	300	Quarterly
# 2	Identifying Infectious cases	Yes	Number of laboratories with External Laboratory quality Assurance	10	2004	10/24	24/24	24/24	24/24	24/24	Bi-annually
# 2	Timely Detection and Quality Treatment of Cases	No	Number of staff received training and retraining on direct sputum microscopy	2	2004	20	20	50	50	50	Annually
#2	Timely Detection and Quality Treatment of Cases	Yes	Number of Level II laboratories renovated according to international standards for sputum microscopy	0	2002	7	4	0	0	0	Annually
# 3	Improved Treatment adherence	No	Number of patients received social support in ambulatory phase of treatment	0	2004	800	1600	1800	0	0	Annually
# 4	Timely Detection and Quality Treatment of Cases	No	Number of mass media representatives attended the workshop on TB related IEC	0	2004	25	25	25	25	25	Annually
# 4	Behavioural change communication – community outreach	No	Number of TB health education tools produced and distributed	0	2004	5	5	5	5	5	Annually
# 4	Timely Detection and Quality Treatment of Cases	No	Female to male TB notification rate	1:4	2004	1:3	1:3	1:2	1:1.6	1:1.6	Annually
# 5	Diagnosis of Multi-drug resistant Tuberculosis (MDR-TB)	Yes	Number and percentage of suspected cases of MDR-TB tested with drug susceptibility test	100 and 10%	2004	200 and 20%	500 and 50%	900 and 90%	1000 and 100%	1000 and 100%	Annually
#5	Treatment of Multi-drug resistant Tuberculosis (MDR-TB)	Yes	Number and percentage of MDR-TB patients enrolled on treatment	0 and 0%	2004	40 and 40%	80 and 80%	100 and 100%	100 and 100%	100 and 100%	Annually

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#5	Treatment of Multi-drug resistant Tuberculosis (MDR-TB)	Yes	Number and percentage of MDR-TB patients registered in a specified period that were cured plus the number that completed treatment (treatment success rate)	0 and 0%	2004	20 50%	48 60%	65 65%	65 65%	65 65%	After cohorts of 36 months
# 6	Prevention of HIV in TB Patients	Yes	Number of TB patients who receive HIV counseling and testing	100	2004	500	1000	2000	2500	2500	Annually
# 6	Prevention of HIV in TB Patients	Yes	HIV Care and Support for HIV-positive TB patients	0	2004	10	20	30	40	40	Annually
#7	Human Resources	Yes	Number of people who received in-service training during the year	50	2004	100	200	300	300	300	Annually
#7	Human Resources	No	Number of NTP staff received modern management training	2	2004	5	4	4	2	2	Annually
#7	Human Resources	No	Number of MOH.MOJ and regional unit staff trained on modern epidemiologic tools planning & communication	5	2004	30	40	10	10	10	Annually
#7	Monitoring and Evaluation (M&E)	Yes	Number of people trained in M&E, statistics and data management	0	2004	10	20	30	30	30	Annually
#8	Timely Detection and Quality Treatment of Cases	Yes	Number of new smear positive TB cases detected under Directly-Observed Treatment Strategy (DOTS) in the penitentiary sector	30	2004	50	100	120	120	120	Annually
#9	Timely Detection and Quality Treatment of Case	No	Percentage of all TB cases notified under DOTS	70	2004	80	100	100	100	100	Annually

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4.4.1.1 Provide a clear description of the program's goal(s), objectives and service delivery areas (provide quantitative information, where possible).

Goal of the program is reduced burden of Tuberculosis in Republic of Armenia which is the goal of NTP. The proposal aims to build upon the existing efforts to control TB in the country. The objectives are addressing diverse challenges of Tuberculosis in a multidisciplinary approach and are based on the problem tree analysis workshop conducted with presence of major stakeholders in Armenia. In addition recommendations of extensive review mission by WHO, KNCV Tuberculosis Foundation, GTZ and ICRC in February 2005 have been taken into account in the current proposal. The objectives are set up to ensure that:

- There is a strong commitment of the country to internationally recommended tuberculosis control interventions based on DOTS strategy;
- DOTS framework is being expanded by integration of TB control in primary health care, management of drug-resistant tuberculosis and addressing TB/HIV co-infection;
- The activities included in this proposal complement those supported by partners and therefore duplication of efforts is avoided;
- There will be increasing over time financial and programmatic contribution of the Government to TB control. The Government will ensure cost-sharing for most of the activities included in this project proposal and will increasingly take over and sustain them after GFATM support and other external funding comes to an end;
- Strengthening national capacities in management and coordination of TB control programme;
- Special emphasis on addressing TB burden in vulnerable population groups.
- Continuous monitoring and evaluation of all activities included in the project proposal

Nine objectives are proposed with the following Service Delivery Areas:

1) To increase access of population to quality diagnosis and treatment of Tuberculosis with involvement of primary health care services in all Marzes and Yerevan City

Service Delivery Area: Timely Detection and Quality Treatment of Cases

Under this objective, about 200 PHCs across the country will be involved in TB control namely referring suspected TB cases for diagnosis and directly observe treatment in ambulatory phase.

2) To improve diagnosis of tuberculosis through strengthening TB Laboratory network

Service Delivery Areas: Identifying Infectious cases, Timely Detection and Quality Treatment of cases

Eleven general laboratories where most suspected TB cases are thought to refer will be upgraded to accommodate direct sputum microscopy. External laboratory consultant will visit Armenia annually providing technical assistance. National TB Laboratory manuals will be finalized. TB Laboratory network as the cornerstone of TB control programme will be strengthened through this objective.

3) To improve patients' adherence to treatment by providing social support and TB health education to patients in ambulatory treatment

Service Delivery Area: Improved Treatment adherence

In an attempt to improve treatment adherence in ambulatory treatment, conditional social support and TB health education to patients will be introduced. This will be carefully monitored and lessons learnt compiled

4) To decrease stigma of tuberculosis using mass media and TB health education campaign

Service Delivery Area: Timely Detection and Quality Treatment of Cases

Mass media as a strong tool for behavioral change will be used. In order to document the current understanding of population and possible reasons for stigma particularly among women, a national KAP study will be conducted.

5) To ensure quality diagnosis and treatment of Drug resistance Tuberculosis with

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establishment of DOTS-Plus project in the penitentiary and civilian sectors

Service Delivery Area: Diagnosis of Multi-drug resistant Tuberculosis MDR-TB and Treatment of Multi-drug resistant Tuberculosis MDR-TB

MSF-France pilot project will be used as a demonstration site, lessons learnt from this project will be used to expand DOTS plus from the third year of the proposal. GLC will visit the country to assist with application for second line drugs with reduced price. By third year of the proposal results of Drug Resistance Survey will be also ready which helps deciding on treatment regimen. Staff will receive training and 100 MDR patients will receive treatment each year from third year of the proposal

6) To ensure TB/HIV collaborative activities in the penitentiary and civilian sector

Service Delivery Area: Prevention of HIV in TB Patients

This objective has been extensively discussed with National programme on HIV/AIDS prevention. A working group will be established to mainstream the TB/HIV collaborative activities. Staff will be trained and VCTs/DCTs will be established. HIV surveillance among TB patients will be reinforced.

7) To improve TB program management within Ministry of Health, Justice and Defense

Service Delivery Area: Human Resources

Under this objective intersectoral collaboration will be improved and local capacity to manage TB control programme will be improved. National stakeholders will participate in relevant international courses and conferences and international consultants will conduct training in Armenia to improve management of TB control programme

8) To strengthen DOTS programme in the penitentiary institutions

Service Delivery Area: Timely Detection and Quality Treatment of Cases

This objective has been jointly discussed with MoJ and ICRC to find out the programmatic gaps. Staff will receive necessary training. Since ICRC has already provided Laboratory support, in order to be able to diagnose sputum negative patients, mobile X-ray diagnosis is considered.

9) To improve TB case management by training of staff, improvement of infrastructure and drug supply

Service Delivery Areas: Timely Detection and Quality Treatment of Cases and Monitoring and Evaluation (M&E)

Staff will receive training on recording and reporting, training of trainers will be conducted, External and local Technical assistance on Human resource development aspects have been foreseen. An operational research on drug management is foreseen, after KfW support ends first line drugs will be purchased through GDF. Ten X-ray machines to diagnose sputum smear negative patients are proposed for selected Marzes. These x-ray machines will also serve for other diseases. Currently there are only few worn-out soviet style machines available. A digital stationary X-ray machine is also foreseen for the Republican hospital.

4.4.1.2 Describe how these goals and objectives are linked to the key problems and gaps arising from the description of the national context. Demonstrate clearly how the proposed goals fit within the overall (national) strategy and how the proposed objectives and service delivery areas relate to the goals and to each other.

Main problem of TB in the country were discussed in a Gap Analysis workshop held by KNCV and WHO in WHO office in collaboration with NTP. During this workshop which major national and international stakeholders participated, the problem tree analysis was discussed and objectives of the current proposal were drafted. The major problem with TB control is access of the general population to TB care including those living in rural areas. There is stigmatization of the disease and this explains inequitable access to services. This proposal aims at improving equitable access to quality diagnosis and treatment of Tuberculosis across the country, irrespective of rural or urban settings. Primary health care facilities will fully implement Directly Observed Treatment. On the other hand with information, Education and Communication, TB case detection is expected to improve and public awareness would be increased. Orientation workshop

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will be organized for Mass media so that it helps decrease stigmatization of the disease. TB health education will be also part of training for supervisors, Video clips, posters and brochures will be developed to address the stigmatization of the disease.

The fund will also will facilitate recruiting ex-TB patients as Red Cross volunteers in TB health education. This can also decrease the stigmatization of the disease.

Representative of Mass media will be trained so that a clear message can be delivered to the public. With mass media campaign and involvement of Red Cross branches it is expected to have more participation of the communities in TB Control. Association of TB doctors will be also involved

Several training course have been planned to improve knowledge and skills of NTP and TB supervisors. International training courses for TB managers in Warsaw is planned for 2 staff per year for the first three year of the programme. Training courses are based on DOTS and according to National TB Control guideline. Training on Drug management also is considered.

Training courses are mainly at three levels: Training of key staff in international centers, training of regional staff in the capital and on-the-job training of supervisors in the regions. Furthermore capacity of NTP will be developed by following modern basic management training courses including programme management, time management, programme cycle, logical framework and problem analysis. Job description of supervisors and other staff will be developed and staff will be coached.

Risks are not significant in this component. Assumptions are that the Ministry of Health and the Government remain committed to pledged increases in budget allocation and that the necessary staff will fulfill their tasks;

In all objectives, measures to improve national capacity of key players have been taken into account. For this reason along External consultants, local junior consultants will be identified to be coached by international experts.

[For health systems strengthening components only:]

4.4.1.3 Describe in detail how the proposed objectives and service delivery areas are linked to the fight against the three diseases. In order to demonstrate this link, applicants should relate proposed health systems interventions to disease specific goals and their impact indicators. To demonstrate the contribution of the proposed health systems strengthening intervention(s) in fighting the disease(s) include at least three disease relevant indicators with a baseline and annual targets over the life of the program. [This may be done in form of an annex based on the format of table 4.4.b.]

Clearly explain why the proposed health systems strengthening activities are necessary to improve coverage in the fight against the three diseases. [When completing this section, applicants should refer to the Guidelines for Proposals, section III.B.&F.]

Not Applicable

4.4.1.4 Provide a description of the target groups, and their inclusion during planning, implementation and evaluation of the proposal. Describe the impact that the project will have on these group(s).

Based on transmission nature of Tuberculosis, all population of Armenia is susceptible to tuberculosis, however risk groups include those with poor socio-economic status including homelessness, ex-prisoners and those with immunodeficiency syndrome including HIV positive individuals are particularly vulnerable to the disease.

Currently there is a gender inequity regarding access to diagnosis, less than 20 % of women with TB are notified. With conducting a KAP survey, barriers to early diagnosis and treatment of women are to be reviewed and addressed. The proposal emphasizes

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on active participation of the community in TB control. Armenian Red Cross Society has extensive network of volunteers and branches in Armenia. Ex-TB patient is included in CCM. This will help understand the patient perspective of the disease. Ex-TB patients will be also recruited as volunteers for TB health education and distribution of incentives to patients in ambulatory phase of treatment.

There are also anecdotal reports of increasing number of Tuberculosis among migrant workers and soldiers in Army. The proposal also envisages improving TB diagnosis and treatment in all sectors. Furthermore intersectoral collaboration will be strengthened.

Till now there are no effective treatment regimens available for patients suffering from multi-drug resistance form of the disease. After pilot implementation of DOTS-plus by MSF and MOH, GFATM proposal expands this project to the entire country and therefore decreasing substantially the pool of drug resistance TB. Early diagnosis and effective treatment of Tuberculosis in the society and inmates will decrease the transmission of the disease. The cured patients would be able to get back to work or run happy families.

4.4.1.5 Provide estimates of how many of those reached are women, how many are youth, how many are living in rural areas. The estimates must be based on a serious assessment of each objective.

Table 4.4.1.5 Objectives

	Estimated percentage of people reached who are:		
	women	Youth	Living in rural areas
Objective 1	40%	25%	30%
Objective 2	40%	25%	30%
Objective 3	40%	25%	30%
Objective 4	40%	25%	30%
Objective 5	40%	25%	30%
	40%	25%	30%

4.4.1.6 Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. This should provide reviewers with a clear understanding of what activities are proposed, how these will be implemented, and by whom.

1) To increase access of population to quality diagnosis and treatment of Tuberculosis with involvement of primary health care services in all Marzes and Yerevan City

Service Delivery Area: Timely Detection and Quality Treatment of Cases

Activities: External and local consultant will work on legislations and propose a plan to proceed with integration of TB in PHCs, based on WHO pocket guide, a training curriculum will be developed and a pool of trainers will be trained. about 200 PHCs across the country will be involved in TB control namely referring suspected TB cases for diagnosis and directly observe treatment in ambulatory phase. In a step-wise manner regional trainers will train relevant staff of PHCs across the country. About 4000 staff will be trained and/or participate in orientation seminar in five years. Supervisors will be equipped with M&E tools and check list to ensure quality of TB control activities along effective integration process.

2) To improve diagnosis of tuberculosis through strengthening TB Laboratory network

Service Delivery Areas: Identifying Infectious cases, Timely Detection and Quality

Activities: Treatment of cases

External laboratory consultant will visit Armenia on an annual basis providing technical assistance. National TB Laboratory manuals will be finalized by external consultant and 11 laboratories will be renovated to accommodate direct sputum microscopy examination in

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the first two years of the proposal. After the withdrawal and before the Government will be able to take over the costs, the reagents and consumables will be procured for laboratories.

3) To improve patients' adherence to treatment by providing social support and TB health education to patients in ambulatory treatment

Service Delivery Area: Improved Treatment adherence

Activities: Ten social workers will be trained, M&E tools will be developed to measure impact of social supports, the first three years of the proposal 800, 1600 and 1800 patients will receive social support in form of food parcels in case of showing reasonable adherence to treatment

4) To decrease stigma of tuberculosis using mass media and TB health education campaign

Service Delivery Area: Timely Detection and Quality Treatment of Cases

Activities: Through an open tender, academic institutes and NGOs will be invited to participate in a baseline KAP survey which will be conducted in the first year of the proposal. KAP study is proposed in order to have a better understanding of the knowledge, attitude and practice of Armenian population towards TB and learn about the reason for high discrepancy between male and female notification. In addition to World TB day activities, Orientation workshop will be organized and representatives of media will be trained on TB related IEC. Attempts will be made to address the stigma of the disease in the society.

5) To ensure quality diagnosis and treatment of Drug resistance Tuberculosis with establishment of DOTS-Plus project in the penitentiary and civilian sectors

Service Delivery Area: Diagnosis of Multi-drug resistant Tuberculosis MDR-TB and Treatment of Multi-drug resistant Tuberculosis MDR-TB

Activities: External consultant and GLC will be invited to visit the country and assist with application for second line drugs with reduced price. Staff will receive training and 100 MDR patients (75 patients in civilian sector and 25 in penitentiary sector) will receive treatment each year from third year of the proposal. Infection control measures will be introduced.

6) To ensure TB/HIV collaborative activities in the penitentiary and civilian sector

Service Delivery Area: Prevention of HIV in TB Patients

Activities: A national working group combined of TB and HIV programmes will propose measures to take with a clear time plan to realize TB/HIV collaborative activities. An external consultant will be recruited to facilitate these activities. Staff will receive training on counseling techniques. An operational research on Isoniazide prophylactic therapy (retrospective study) or other operational research is planned for the year 4 of the proposal to build up evidences in this field. NTP in consultation with National AIDS programme, will procure and distribute needed supplies for HIV testing. Two programmes will establish VCT/DCT centers in TB facilities.

7) To improve TB program management within Ministry of Health, Justice and Defense

Service Delivery Area: Human Resources

Activities: National stakeholders will participate in relevant international courses and conferences and international consultants will conduct training in Armenia to improve management of TB control programme, two vehicles will be purchased in order to improve supervision, key staff will receive epidemiological and English language courses. CCM secretariat will be supported through this objective. In detailed budget you may find the list of proposed training courses. HRD consultant will also provide advice on proposed courses.

8) To strengthen DOTS programme in the penitentiary institutions

Service Delivery Area: Timely Detection and Quality Treatment of Cases

Activities: A library and resource centre will be established in the penitentiary sector. Staff will be trained by international consultant, relevant infection control measures will be introduced Two vehicles will be purchased for supervision to penitentiary institutes across the country. Since laboratory facilities have been already upgraded by ICRC, one Mobile radiography and two stationary digital radiography have been foreseen for detection of TB among detainees. External consultant will visit the programme and provide further

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technical assistance. Quarterly meeting will be organized for TB managers of the penitentiary sector. From the year three of the proposal after which ICRC is planning to step out, annual national workshop on TB in prison will be organized through the funds of the Global Fund.

9) To improve TB case management by training of staff, improvement of infrastructure and drug supply

Service Delivery Areas: Timely Detection and Quality Treatment of Cases and Monitoring and Evaluation (M&E)

Activities: Staff will receive training on recording and reporting, training of trainers will be conducted, External and local Technical assistance on Human resource development aspects have been foreseen. An operational research on drug management is foreseen, after KfW support ends first line drugs will be purchased through GDF. Ten X-ray machines to diagnose sputum smear negative patients are proposed for selected Marzes. These x-ray machines will also serve for other diseases. Currently there are only few worn-out soviet style machines available. A digital stationary X-ray machine is also foreseen for the Republican hospital.

4.4.1.7 Outline whether these are new interventions or existing interventions that are to be scaled up, and how they link to existing programs.

These interventions are scaling up DOTS in Armenia and are directly linked to existing programmes and are well coordinated with national and international stakeholders. New interventions are also introduced including DOTS Plus, recruiting ex-TB patients and introducing social support for patients in ambulatory phase and an additional one time package for those prisoners being released in order to encourage their establishing a trust relationship with the civilian health system.

4.4.2 Describe how the activities initiated and/or expanded by this proposal will be sustained at the end of the Global Fund grant period.

The Ministry of Health and Ministry of Justice would be able to carry most activities initiated including DOTS Plus project. Through the Global Fund grant capacity of NTP and its partners would be increased and this will help sustain the activities. The Government has also pledged to increase its funding for TB control.

4.4.3 Describe gender inequities regarding program management and access to the services to be delivered and how this proposal will contribute to minimizing these gender inequities (2 paragraphs).

During national and international training number and gender of staff would be recorded and gender inequities if any would be address by NTP. Ex-TB patients would be both male and female and this is expected to decrease the stigma of disease among women. Social mobilization and IEC campaigns also address the low use of health services by women. Women associations will be contracted for Health education among women in rural areas

4.4.4 Describe how this proposal will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis and/or malaria, and other types of stigma and discrimination that facilitate the spread of these diseases.

Recruiting Ex-TB patients would decrease stigma of Tuberculosis as incurable disease. Furthermore based on CCM decision ex-TB patient will become member of CCM and therefore involved in decision making. Mass media campaigns and other audio-visual material will be used. Based on their proximity to the population, health education activities by Armenian Red Cross Society will also help de-stigmatize the disease

4 Components Section

4.4.5 Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g., some antiretroviral therapy programs).

With expansion of DOTS to primary health care services all population of Armenia and particularly rural areas would have equitable access to TB diagnosis and treatment.

Women would have better access due to TB health education and destigmatization of the disease.

4.5 Program and financial management

4.5.1 Indicate whether implementation will be managed through a single Principal Recipient or multiple Principal Recipients.	<input checked="" type="checkbox"/> Single
	<input type="checkbox"/> Multiple
Single	

4 Components Section

Table 4.5.1 – Implementation Responsibility

Responsibility for implementation			
Nominated Principal Recipient(s)	Area of responsibility	Contact person	Address, telephone and fax numbers, e-mail address
National TB Control Programme of Armenia, Ministry of Health Republic of Armenia	Coordination, overview of programme implementation	Vahan Poghosyan	N 3 building of Government, Yerevan, + 37410-56 27 83, + 37410-56 06 72, vahane@armhealth.am, NTP-ARM@netsys.am

4.5.2 Describe the process by which the CCM, Sub-CCM or Regional CM nominated the Principal Recipient(s).

Minutes of the CCM meeting at which the Principal Recipient are enclosed to the proposal

CCM met two times during the last quarter and reviewed possibility of NTP becoming a principle recipient. Members of CCM voted positively for NTP to become PR based on experience of NTP to manage international donations, their goal and purpose and strong supervision network in Marzes.

4.5.3 Describe the relevant technical, managerial and financial capabilities for each nominated Principal Recipient.

Although NTP Armenia has recently been established, it has a very strong supervision network in all regions and at the central level. The Central team of 9 staff is motivated and is competent. GTZ has provided NTP with modern management tools. NTP team has been expanded at the central and regional level. NTP is also a part of Ministry of Health which has lobbied for increased commitment of the Government to TB control.

NTP would need to strengthen its financial management capacity and further management support is also needed. Under a separate objective, several international training courses and international consultancies are foreseen to improve NTP's capacity

4.5.4 Has the nominated Principal Recipient previously administered a Global Fund grant?

Yes

No

4.5.5 If yes, provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous Global Fund grants

4.5.6 Describe other relevant previous experience(s) that the nominated Principal Recipient has had:

NTP Central Unit is the principal partner for international organizations active in TB control in Armenia, such as GTZ/ KfW and MSF.

4 Components Section

4.5.7 Describe the proposed management approach and explain the rationale behind the proposed arrangements.
CCM will coordinate and oversee overall implementation of the project, coordination with other GFATM grants and endorse key financial and programmatic decisions. CCM Secretariat will work with the stakeholders between the meetings. CCM and the Ministry of Health will undertake the function of overall coordination with other programmes and development initiatives. NTP Central Unit as PR will undertake implementation functions. It will make relevant contractual arrangements with sub-recipients. NTP will be assisted by MOH in coordinating efforts with other key partners that will be involved in the implementation: Ministry of Justice, other ministries, National AIDS Centre, national NGOs and international agencies. Procedures for sub-contracting, procurement, financial management, M&E, audit and oversight will be carried out in accordance with project manuals.

4.5.8 Are sub-recipients expected to play a role in the program?	<input checked="" type="checkbox"/> Yes → go to 4.5.9
	<input type="checkbox"/> No → go to 4.6
Armenian Red Cross Society	

4.5.9 How many sub-recipients will be, or are expected to be, involved in the implementation?	<input checked="" type="checkbox"/> 1-5
	<input type="checkbox"/> 6-20
	<input type="checkbox"/> 21 – 50
	<input type="checkbox"/> more than 50
Armenian Red Cross Society	

4.5.10 Have the sub-recipients already been identified?	<input type="checkbox"/> Yes → go to 4.5.11 - 4.5.13
	<input checked="" type="checkbox"/> No → go to 4.5.14 & 4.5.15
Armenian Red Cross Society is a potential sub-recipient for implementation of social support activities under Objective 3. Consultations are ongoing with other national and international partners.	

4.5.11 Describe the process by which sub-recipients were selected and the criteria that were applied in the selection process (e.g., open bid, restricted tender, etc.);
Although no formal contract has been signed between PR and the identified sub-recipient(s), selection has been based on previous experience (e.g. social support work by Armenian Red Cross Society), technical capacities and mandate. After the GFATM Board's decision, formal agreements will be concluded with sub-recipients (prior to start date of the project).

4 Components Section

4.5.12 Where sub-recipients applied to the CCM, but were not selected, provide the name and type of all organizations not selected, the proposed budget amount and reasons for non-selection in an annex to the proposal.

Not applicable.

4.5.13 Describe the relevant technical, managerial and financial capabilities of the sub-recipients.

Armenian Red Cross Society has long history of health education and providing social support to vulnerable population in Armenia, In the last three years ARC has received funds from other National Red Cross societies and conducted home care to TB and HIV/AIDS patients, TB health education. ARC has many branches in Marzes and good network of volunteers who increase proximity to population. Several TB health education materials have been developed by ARC in collaboration with partners.

ARC is capable to follow international standards of project implementation and financial management. ARC would recruit ex-TB patients and train them in collaboration with NTP. ARC medical staff would benefit from basic training on DOTS. Through Global Fund proposal some part of the budget is allocated to administrative costs including staff salaries and transport costs)

4.5.14 Describe why sub-recipients were not selected prior to submission of the proposal.

See above.

4.5.15 Describe the process that will be used to select sub-recipients if the proposal is approved, including the criteria that will be applied in the selection process

As for social mobilization, in the mass media advertisement will be placed for a tender in which all NGOs including Community Based Organizations and Faith-Based Organization may take part in the tender. The tender process will be supervised and coordinated through CCM. Organizations participating in tenders should have legal entity and been registered in Armenia, may be national or international, should have enough human resources and know-how and preferably experience in the field of Tuberculosis.

4.6 Monitoring and Evaluation (M&E)

4.6.1 Describe how this proposal and its Monitoring and Evaluation plan complements or contributes towards existing efforts (including existing Global Fund programs) to strengthen the national Monitoring & Evaluation plan and/or relevant health information systems.

Monitoring and evaluation activities are included under all Objectives and support all key interventions stipulated by the project. They will strengthen the existing health information system, e.g. by integration with HIV/AIDS surveillance system.

4 Components Section

4.7 Procurement and Supply Management

- 4.7.1 Briefly describe the organizational structure of the unit currently responsible for procurement and supply management of drugs and health products. Further indicate how it coordinates its activities with other entities such as National Drug Regulatory Authority (or quality assurance department), Ministry of Finance, Ministry of Health, distributors, etc.

Being organizationally part of the Ministry of Health, NTP will use rules and provisions currently applied by MOH regarding procurement, including quality control of pharmaceutical products by DRA. After becoming Principal Recipient of the GFATM project, NTP's status and organizational identity will be upgraded by the Government, e.g. in terms of procurement practices.

4.7.2 Procurement Capacity

- a) Will procurement and supply management of drugs and health products be carried out (or managed under a sub-contract) exclusively by the Principal Recipient or will sub-recipients also conduct procurement and supply management of these products?

- Principal Recipient only
 Sub-recipients only
 Both

- b) For each organization involved in procurement, please provide the latest available annual data (in Euro/US\$) of procurement of drugs and related medical supplies by that agency

At the moment procurement of first-line drugs is carried out by KfW through using Direct Procurement mechanism (IAPSO as procurement agency). In total, KfW procurement volume was about Euro 720,000 (USD 930,000) for 2004-2005, including drugs, laboratory equipment and supplies, vehicles and civil works.

NTP is the main partner for the project and carries out all local procedures required. As mentioned above, its own procurement capacity is planned to be strengthened. For the GFATM project, technical assistance is requested from the Fund to develop the procurement manual and software and train staff; the staffing schedule included in the proposal foresees full time procurement specialist for the whole duration of the project.

4.7.3 Coordination

- a) For the organizations involved in section 4.7.2.b, indicate in percentage terms, relative to total value, the various sources of funding for procurement, such as national programs, multilateral and bilateral donors, etc.

Principal recipient only

- b) Specify participation in any donation programs through which drugs or health products are currently being supplied (or have been applied for), including the Global Drug Facility for TB drugs and drug-donation programs of pharmaceutical companies, multilateral agencies and NGOs, relevant to this proposal

MOH and NTP benefit from supply of GDF drugs, financed by KfW.

4 Components Section

4.7.4 Supply Management (Storage and Distribution)	
a) Has an organization already been nominated to provide the supply management function for this grant?	<input checked="" type="checkbox"/> Yes → continue
	<input type="checkbox"/> No → go to 4.7.5
b) Indicate, which types of organizations will be involved in the supply management of drugs and health products.	
<input checked="" type="checkbox"/> National medical stores or equivalent <input type="checkbox"/> Sub-contracted national organization(s) (specify which one[s]) <input type="checkbox"/> Sub-contracted international organization(s) (specify which one[s]) <input type="checkbox"/> Other (specify)	
c) Describe the organizations' current storage capacity for drugs and health products and indicate how the increased requirements will be managed.	
<p>There will be no substantial increases in volume of drugs and medical supplies procured by the project. NTP has own sufficient storage capacity for drugs; for equipment and supplies the established network of the Ministry of Health will be used.</p>	
d) Describe the organizations' current distribution capacity for drugs and health products and indicate how the increased coverage will be managed. In addition, provide an indicative estimate of the percentage of the country and/or population covered in this proposal.	
<p>The whole territory and population of Armenia will be covered by interventions of the project. NTP has reliable distribution network through Regional (marz-level) NTP units in all administrative territories of the country.</p>	
4.7.5 Does the proposal request funding for the treatment of multi-drug-resistant TB?	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> No
<p>Pilot DOTS-Plus project is planned to start in Year 3 of the proposal. Therefore, an application to GLC will be developed during Year 2; relevant provisions for technical assistance in this regard are included in the proposal. In the first year an intention letter will be sent to GLC so that further visits of consultants may be organized.</p>	

4.8 Technical Assistance and Capacity-Building

4.8.1 Describe capacity constraints that will be faced in implementing this proposal and the strategies that are planned to address these constraints. This description should outline the current gaps as well as the strategies that will be used to overcome these to further develop national capacity, capacity of principal recipients and sub-recipients, as well as any target group.
<p>NTP has been established since 2003. With increasing need for supervision, monitoring and proposing new policies and development of new guidelines, number of NTP staff has increased and in regions Marz coordinators been nominated, however these staff need further training in modern management.</p> <p>Diagnosis and treatment of drug resistance Tuberculosis need to be improved. There is a need for technical capacity to build up national capacity in control of MDR-TB,</p>

4 Components Section

TB/HIV and integration of TB in general health care facilities. Few staff will be sent for international training course in WHO recommended training centers. KNCV Tuberculosis Foundation will be providing Technical assistance in monitoring and evaluation of the programme, implementation of DOTS-Plus, Social mobilization and Human Resource Development.

The German Government is committed to support NTP in improving their capacity in the development of national policy, guidelines, strengthen supervision, strengthen case management capacity, improve treatment follow-up., support DRS (drug resistance survey) . The German support is channeled through KfW (German Development Bank) and “gopa” International Consultants.

In this proposal, NTP has been proposed as the Principle Recipient, however its capacity needs to be improved with international training, technical assistance and management tools.

External technical assistance is included under all Objectives and main interventions. Organizations such as WHO, KNCV, MSH and others will be invited to assist project implementation in areas according to their profile. It is important to note that the project aims at building national capacities, and local expertise will be developed alongside international one.

5 Budget Section

All budget breakdowns requested in the following sections are to be provided as an attachment to the hard and soft (electronic) copies of the proposal form.

4.9 Component Budget

Table 5.1 – Funds Requested from the Global Fund

	Funds requested from the Global Fund (in Euro/US\$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Human resources	185,061	203,154	118,608	65,879	65,010	637,711
Infrastructure and equipment	1,182,291	844,800	72,050	15,950	15,950	2,131,041
Training	114,342	161,841	186,657	171,807	123,607	758,254
Commodities and products	102,630	466,762	375,013	204,755	177,475	1,326,634
Drugs	0	0	448,875	510,559	510,559	1,469,992
Planning and administration	426,406	211,369	229,673	220,345	212,707	1,300,499
Other (please specify)						
Total funds requested from the Global Fund	2,010,730	1,887,925	1,430,875	1,189,294	1,105,307	7,624,131

Please find enclosed the detailed year 1 and indicative year 2 work plan

4.9.1 Breakdown by Functional Areas

Monitoring and evaluation:

Table 5.1.1a – Costs for Monitoring and Evaluation

	Funds requested from the Global Fund for monitoring and evaluation (in Euro/US\$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Monitoring and evaluation	103,036	86,602	104,011	114,091	116,689	524,430

Procurement and supply management:

Table 5.1.1b – Costs for Procurement and Supply Management

	Funds requested from the Global Fund for procurement and supply management (in Euro/US\$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Procurement and supply management	79,330	46,229	34,390	13,400	13,400	186,749

5 Budget Section

Technical assistance:

[This includes: costs of consultant and other human resources that provide technical assistance on any part of the proposal—from the development of initial plans, through the course of implementation. This should include technical assistance costs related to planning, technical aspects of implementation, management, monitoring and evaluation and procurement and supply management.]

Table 5.1.1.c – Costs for Technical Assistance

	Funds requested from the Global Fund for technical assistance (in Euro/US\$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Technical assistance	252,329	140,767	69,905	72,259	88,550	623,810

4.9.2 Breakdown by Service Delivery Area

Table 5.1.2: Estimated Budget Allocation by Service Delivery Area and Objective.

		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Value per year		2,010,730	1,887,925	1,430,875	1,189,294	1,105,307	7,624,131
Objectives	Service delivery area	Estimated percentage of budget					
1. To increase access of population to quality diagnosis and treatment of Tuberculosis with involvement of primary health care services in all Marzes and Yerevan City	Timely Detection and Quality Treatment of Cases	3.7%	2.6%	5.3%	6.0%	6.0%	4.4%
2. To improve diagnosis of tuberculosis through strengthening TB Laboratory network	Identifying Infectious cases	1.0%	2.2%	0.1%	2.5%	1.8%	1.6%
	Timely Detection and Quality Treatment of Cases	1.0%	2.1%	0%	2.4%	1.7%	1.3%
3. To improve patients' adherence to treatment by providing social support and TB health education to patients in ambulatory treatment	Improved Treatment adherence	8.5%	15.2%	22.2%	1.0%	0.2%	10.4%
4. To decrease stigma of tuberculosis using mass media and TB health education campaign	Timely Detection and Quality Treatment of Cases	1.6%	0.5%	0.7%	0.8%	0.9%	0.9%
5. To ensure quality diagnosis and treatment of Drug resistance Tuberculosis with establishment of DOTS-Plus project in the penitentiary and civilian sectors	Diagnosis of Multi-drug resistant Tuberculosis (MDR-TB)	0%	16.7%	15.7%	12.1%	11.2%	8.9%
	Treatment of Multi-drug resistant Tuberculosis (MDR-TB)	0%	40.0%	44.0%	42.5%	44.2%	31.0%

5 Budget Section

6. To ensure TB/HIV collaborative activities in the penitentiary and civilian sector	Prevention of HIV in TB Patients	0.0%	4.2%	0.8%	3.4%	2.8%	2.1%
7. To improve TB program management within Ministry of Health, Justice and Defense	Human Resources	4.3%	2.3%	2.3%	2.7%	2.6%	3.0%
	Monitoring and Evaluation (M&E)	4.2%	2.2%	2.2%	2.7%	2.5%	2.8%
8. To strengthen DOTS program in penitentiary institutions 8	Timely Detection and Quality Treatment of Cases	22.7%	1.2%	2.4%	2.2%	3.1%	7.5%
9. To improve TB case management by training of staff, improvement of infrastructure and drug supply	Timely Detection and Quality Treatment of Cases	34.3%	2.5%	1.4%	6.8%	7.1%	12.0%
Project administration		18.7%	8.3%	12.9%	14.8%	16.0%	14.0%
Total:		100%	100%	100%	100%	100%	

4.9.3 Breakdown by Partner Allocations

Table 5.1.3 – Partner Allocations

	Fund allocation to implementing partners (in percentages)				
	Year 1	Year 2	Year 3	Year 4	Year 5
Academic/educational sector	5%	10%	15%	20%	20%
Government	60%	55%	50%	50%	50%
Nongovernmental/ community-based org.	15%	15%	15%	10%	10%
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria	0%	5%	5%	5%	5%
Private sector	5%	5%	5%	5%	5%
Religious/faith-based organizations					
Multi-/bilateral development partners	15%	10%	10%	10%	10%
Others (please specify)					
Total	100%	100%	100%	100%	100%

5 Budget Section

4.10 Key Budget Assumptions for requests from The Global Fund

4.10.1 Drugs, commodities and products

- a) Provide a list of anti-retroviral (ARVs), anti-tuberculosis and anti-malarial drugs to be used in the proposed program, together with average cost per person per year or average cost per treatment course. *(Please find the detailed budget enclosed as an annex)*
- b) Provide the total cost of drugs by therapeutic category for all other drugs to be used in the program. It is not necessary to itemize each product in the category. *(Please find the detailed budget as an annex).*
- c) Provide a list of commodities and products by main categories e.g., bed nets, condoms, diagnostics, hospital and medical supplies, medical equipment. Include total costs, where appropriate unit costs. *(Please find the detailed budget as an annex).*

All costs were calculated according to recommended sources including those for drugs, equipment and medical products.

Second-line drugs cost has been budgeted at USD 5,000 per patient per treatment course based on recommendations of DOTS-Plus international experts (regimen includes PAS). For the first-line drugs, latest GDF prices are quoted. To note that procurement of drugs starts in Year 3 only.

Local costs were budgeted based on local market latest analysis and using experience of relevant projects (e.g. GTZ/KfW TB project).

All units' costs are indicated in detailed budget files attached.

4.10.2 Human resources costs

In cases where human resources represent an important share of the budget, explain how these amounts have been budgeted in respect of the first two years, to what extent human resources spending will strengthen health systems' capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is over *(Please find the detailed budget as an annex)*

No salaries of local health care staff will be paid by the project. Details of budgeting of other human resources costs are given in detailed budget files attached.

4.10.3 Other key expenditure items

Explain how other expenditure categories (e.g., infrastructure, equipment), which form an important share of the budget, have been budgeted for the first two years *(Please find the detailed budget as an annex)*

Renovation of MDR-TB department represents a major expenditure item for Year 2. It is a cost-sharing arrangement when part of cost is covered by the Ministry of Health and MSF pilot DOTS-Plus project.