

# Pain & Policy Studies Group • International Pain Policy Fellowship



ARMENIA

**Irina Kazaryan, PharmD, PhD, MSc**

**Fellow 2008-2010**

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For further information on Armenia:

<http://www.painpolicy.wisc.edu/country/profile/armenia>

## BACKGROUND:

Prior to the Fellowship, oral morphine was not registered in the country and was not available. Injectable morphine was available, but rarely used and very expensive. There was a cumbersome prescribing process for injectable morphine and an equally challenging procedure for filling out-patient prescriptions. Furthermore, palliative care services were not widely available and none of the Armenian medical institutions had any core courses on pain treatment.

Two Fellows were selected to represent Armenia: 1) Dr. Karapetyan, an Oncologist who served as the President of the Armenian Pain Control & Palliative Care Association and 2) Dr. Kazaryan, a Pharmacist at the National Institutes of Health. Both fellows had strong ties to the Ministry of Health (MoH) and unique qualifications in their respective fields.

## FELLOWSHIP SUCCESSES:

Early in the Fellowship in 2008, Drs. Karapetyan and Kazaryan attended the "Workshop on Assuring Availability and Accessibility of Opioid Analgesics for Pain and Palliative Care," in Chisinau, Moldova. At this workshop, another Action Plan was developed by the Armenian team that updates the one that was drafted in Madison. It was believed that this redefinition of problems, objectives, and action steps would allow each of the Armenian Fellows to achieve progress while working separately on various aspects of these problems, so that they each can take advantage of their own professional networks, expertise, and work-styles.

Dr. Kazaryan worked towards ensuring that oral morphine would be added to the Armenian Essential Medicines List (EML). She made efforts to contact members of the special Commission at the Ministry of Health responsible for revising the Armenian EML. Dr. Kazaryan helped to facilitate the submission of an official written application with a detailed explanation and suggestions that was presented to the Ministry of Health in order for the Commission to consider the issue of including oral morphine in a new version of the EML.

Drawing on her pharmacy expertise and contacts, Dr. Kazaryan also contributed to the advocacy work to identify an oral morphine supplier for the purpose of importing the product. She met with a representative of a local importing company to explore the reasons for the lack of a supplier.

Dr. Kazaryan also focused her Fellowship efforts on introducing the importance of palliative care and pain relief to the government leaders and stakeholders interested in education, research and science. At the mid-point of the Fellowship, she convened a meeting of more than 50 government representatives and national stakeholders to present about palliative care education. Dr. Kazaryan actively promoted the idea of including a special course on palliative care in the curriculum at the National Institute of Health. Her proposal included a five-day training intended for continuing education of physicians and pharmacists. Ultimately, the course was been announced at the Department of Pharmacy, which is one of the Public Health Faculty Departments, representing the first time in Armenia that palliative care training was offered as an official course. At the conclusion of the Fellowship, progress was being made to develop a formal recommendation for requiring pain relief to be incorporated into palliative care education for practicing Armenian physicians.

Throughout her Fellowship, Dr. Kazaryan authored many publications about palliative care to disseminate the message of

that it's critical to teach about palliative care and pain management with opioids. These included a publication in a professional journal and an accepted abstract, which was presented at an international professional meeting for pharmacists.

### ONGOING PROGRESS:

The efforts of Drs. Karapetyan and Kazaryan, working with colleagues and mentors, have contributed to an improved environment for palliative care and opioid availability. As a result, the government of Armenia has recognized the need for palliative care and taken some important initial steps to develop it. In addition to including palliative care in the government's list of recognized medical services, it established a palliative care working group, and developed a national strategy for implementing palliative care. Furthermore, between 2011 and 2013, the authorities ran four palliative care pilot projects.

### CHALLENGES AND FUTURE NEEDS:

Many challenges remain in Armenia. In a 2015 report by Human Rights Watch, several continuing obstacles to effective pain treatment in Armenia were identified:

- Lack of oral morphine,
- Restrictive laws requiring a complex, time-consuming process for prescribing injectable opioids,
- Inadequate dosages of injectable morphine prescribed as the standard practice,
- Onerous procedures for filling prescriptions that must be repeated nearly daily because in practice doctors prescribe only enough injectable morphine to last 24 or 48 hours,
- Tight police control, including oncologists providing written monthly reports to the police with details on the identity and diagnosis of patients who receive opioids.

### PUBLICATIONS:

- Dzotsenidze P, Kazaryan I, Karapetyan H, Cleary J, Ryan K, Maurer M, Improving the Availability and Accessibility of Opioid Analgesics in Armenia and Georgia, *European Journal of Pain* 2009; S1: S216b–S216.
- Human Rights Watch. "All I Can do is Cry," Cancer and the Struggle for Palliative Care in Armenia, 2015. [https://www.hrw.org/sites/default/files/report\\_pdf/armenia0715\\_4up.pdf](https://www.hrw.org/sites/default/files/report_pdf/armenia0715_4up.pdf)



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