treatment from a doctor. People like Yevgenia Grigorian, a 51-year-old unemployed woman living in Yerevan’s Erebuni district, who says: “I have to use lemon, tea, vinegar, that sort of thing when any of us are ill.”

Today’s crisis also contains the seeds of tomorrow’s catastrophe. Again according to the UN rapid assessment, because they lack the funds, some people no longer cultivate the land, which means less and poorer food in the shops in the coming months and years. Others struggle to feed themselves now, increasingly buying food with borrowed money.

“Household dietary diversity has decreased with a drop in the consumption of meat and vegetables other than potatoes,” says Danielyan, referring to the results of the UN rapid assessment. In Yerevan, Thovmasian is buffered somewhat by the harsh realities of rural life, but even there, she sees the effects of the shrinking economy. “Now it’s getting worse,” she says. “Things are more expensive. We can’t pay for transport and we can’t pay for food.”

And that’s when things are going relatively well. Because for all the hardships suffered by Thovmasian, her health-care needs are at least partially covered by the government. For those not qualifying for free services under the BBP, things get a good deal grimmer. There is a system of partial subsidy for people with less serious disability and pensioners without family support; and the ministry of health provides medicines free of charge for certain cancers, diabetes, tuberculosis, psychiatric diseases, epilepsy, myocardial infarction, familial Mediterranean fever and malaria; but beyond that, they are pretty much on their own. “It’s simple,” says WHO’s Danielyan. “The working population, people with low income, sufficient to pay only for food, cannot acquire essential medicines.”

So what is to be done? Part of the problem is the lack of pricing regulation for medicines. A new draft law covering price regulation and reimbursement is under consideration. But would that be enough? When the International Monetary Fund published a gloomy report on the prospects for the Armenian economy in May, it recommended government spending to support the poor and vulnerable groups through the current crisis, particularly in the light of the shortfall in remittances. In other words: throw money at the problem until the global economy cranks up again. Indeed, it seems that the Ministry of Finance is now reconsidering planned cuts in the health budget.

Danielyan isn’t convinced that this measure is sufficient to solve the problem. “There needs to be fundamental change in the way risk is shared, and service delivery model is organized and funded,” she says. “There is a need to ensure the correct functioning of social protection mechanisms that would make it easier for the population as a whole to afford health care.” But isn’t this the wrong time to be implementing major overhauls? Not necessarily, says Danielyan: “We need to take advantage of the current crisis in an intelligent way and initiate moves that would be less likely under normal circumstances, in the sense of applying insurance principles that have been used in western Europe for decades” she says.