



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

**Eastern Europe and Central Asia**

**Republic of Moldova**

**COUNTRY:**

Republic of Moldova

**Name of the National AIDS Committee Officer in charge:**

Plamadeala Svetlana

**Postal address:**

3, A. Cosmescu str., Chisinau, MD 2009, Republic of Moldova

**Tel:**

+ 373 22 73 96 78

**Fax:**

+ 373 22 73 51 25

**E-mail:**

cupceasv@yahoo.com

**Date of submission:**

1/30/2008

:	Organisation	National Centre of Health Management
:	Name/Position	Oleg Barba, Deputy Director
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Republican Dermato-venerologic Dispensary
:	Name/Position	Svetlana Popovici, chief of ARV department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.IV / A.V
:	Organisation	Department of Penitentiary Institutions
:	Name/Position	Vladimir Taranu, Chief of medical unit

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II
:	Organisation	National Centre of Health Management
:	Name/Position	Otilia Scutelnicuic, Chief, Monitoring and Evaluation Unt
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Education
:	Name/Position	Nadejda Velisco, Chief of Preuniversity Education Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III
:	Organisation	Balti Mayor, Local Public Authority
:	Name/Position	Veaceslav Batir , Chief of Medical Department
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV
:	Organisation	Project Coordination Unit
:	Name/Position	Victor Burinschi, Coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National TB Programme
:	Name/Position	Dumitru Sain, Coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.IV
:	Organisation	UNAIDS
:	Name/Position	Gabriela Ionascu, Country Coordinator
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	AIDS Centre
:	Name/Position	Stefan Gheorghita, Director
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Defense
:	Name/Position	Ion Targon, chief of medical unit
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.III
:	Organisation	League of people living with HIV/AIDS
:	Name/Position	Igor Chilcevschi, Program Director

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	NGO "Youth for life", Balti
:	Name/Position	Ina Biriucova, director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	NGO "Credinta"
:	Name/Position	Iurie Verdes, Program Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Harm Reduction League
:	Name/Position	Ala Snigureac, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	NGO "Medical Reforms"
:	Name/Position	Alexei Leorda, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	NGO "Gender Doc - M"
:	Name/Position	Boris Balanetchi, Program Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Soros Foundation, Moldova
:	Name/Position	Liliana Gherman, Public Health Program Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	AIDS Foundation East West
:	Name/Position	Olga Osadcii, country program manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	NGO "Respiratia a doua", Balti
:	Name/Position	Irina Baicalov, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	NGO "Future Genertion", Tiraspol
:	Name/Position	Valeriu Stepanov, Executive Director

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Youth friendly centre "Neovita"
:	Name/Position	Galina Lesco, Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III
:	Organisation	NGO "Vis Vitalis", Ungheni
:	Name/Position	Igor Obada
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Informational Technologies Specialist
Position:	Full time/Part time	Full time
Position:	Since when?	2004
Position:		Informational Technologies Specialist
Position:	Full time/Part time	Full time
Position:	Since when?	2005
Position:		Monitoring and Evaluation Specialist
Position:	Full time/Part time	Full time
Position:	Since when?	2004
Position:		Monitoring and Evaluation Specialist
Position:	Full time/Part time	Full time
Position:	Since when?	2006
Position:	Full time/Part time	Full time

**1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?**

Yes

**IF YES, period covered:**

2006-2010

**1.1 How long has the country had a multisectoral strategy/action framework?**

7

**1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?**

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	Yes
Education:	<b>Strategy/Action framework</b>	Yes
Education:	<b>Earmarked budget</b>	Yes
Labour:	<b>Strategy/Action framework</b>	Yes
Labour:	<b>Earmarked budget</b>	No
Transportation:	<b>Strategy/Action framework</b>	No
Transportation:	<b>Earmarked budget</b>	No
Military/Police:	<b>Strategy/Action framework</b>	Yes
Military/Police:	<b>Earmarked budget</b>	Yes
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	Yes
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	Yes
Agriculture:	<b>Strategy/Action framework</b>	No
Agriculture:	<b>Earmarked budget</b>	No
Finance:	<b>Strategy/Action framework</b>	Yes
Finance:	<b>Earmarked budget</b>	No
Human Resources:	<b>Strategy/Action framework</b>	Yes
Human Resources:	<b>Earmarked budget</b>	No
Justice:	<b>Strategy/Action framework</b>	Yes
Justice:	<b>Earmarked budget</b>	Yes
Minerals and Energy:	<b>Strategy/Action framework</b>	No
Minerals and Energy:	<b>Earmarked budget</b>	No
Planning:	<b>Strategy/Action framework</b>	Yes
Planning:	<b>Earmarked budget</b>	No
Public Works:	<b>Strategy/Action framework</b>	No
Public Works:	<b>Earmarked budget</b>	No
Tourism:	<b>Strategy/Action framework</b>	No
Tourism:	<b>Earmarked budget</b>	No
Trade and Industry:	<b>Strategy/Action framework</b>	No
Trade and Industry:	<b>Earmarked budget</b>	No

**1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?**

- |   |     |
|---|-----|
| a. Women and girls:                           | Yes |
| b. Young women/young men:                     | Yes |
| c. Specific vulnerable sub-populations:       | Yes |
| d. Orphans and other vulnerable children:     | Yes |
| e. Workplace:                                 | Yes |
| f. Schools:                                   | Yes |
| g. Prisons:                                   | Yes |
| h. HIV, AIDS and poverty:                     | Yes |
| i. Human rights protection:                   | Yes |
| j. Involvement of people living with HIV:     | Yes |
| k. Addressing stigma and discrimination:      | Yes |
| l. Gender empowerment and/or gender equality: | Yes |

**1.4 Were target populations identified through a process of a needs assessment or needs analysis?**

Yes

**IF YES, when was this needs assessment /analysis conducted? Year:**

2005

**1.5 What are the target populations in the country?**

The following target populations are identified in Moldova:

- vulnerable populations, pregnant women, women, youth, armed forces, orphans and vulnerable children, new born children, people living with HIV/AIDS, medical workers, parents, prisoners, truck drivers, migrant population, TB patients, STI patients.

**1.6 Does the multisectoral strategy/action framework include an operational plan?**

Yes

**1.7 Does the multisectoral strategy/action framework or operational plan include:**

- |  |     |
|--|-----|
| a. Formal programme goals? :                         | Yes |
| b. Clear targets and/or milestones? :                | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?:                  | Yes |
| e. Monitoring and Evaluation framework? :            | Yes |

**1.8 Has the country ensured “full involvement and participation” of civil society<font size=0.4>[4]</font> in the development of the multisectoral strategy/action framework?**

Active involvement

**IF active involvement, briefly explain how this was done:**

Around 40 NGOs are being active in the field of HIV/AIDS/STI control and prophylaxis. The NGOs are members of one or several networks of NGOs, league or unions: Unions of NGOs active in harm reduction, AIDS network, League of People living with HIV/AIDS. Networks or even NGOs delegate to National Coordination Council technical working groups their representatives. Several national wide range consultancy processes were organized to elaborate the National HIV/AIDS/STI control and prophylaxis Programme. The representatives of networks, NGOs were participating. In April 2005, during the 1st Workshop on Monitoring the 1st National NGO Forum decisions, NGOs representatives presented the final comments to the Draft of the National Programme. The Workshop on Monitoring the implementation of the second NGO Forum held in December 2006 made possible to involve NGO sector in the elaboration of the HIV/AIDS Law. The Union of NGOs being active in harm reduction held several meetings during 2006 year to participate at the elaboration of standards on providing services in harm reduction. The League of People living or affected by HIV/AIDS held several meetings to constitute itself in 2007 and to elaborate the strategic plan. NGOs representatives participated at the elaboration of the national protocols on HIV/AIDS treatment and care.

**1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?**

Yes

**1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?**

Yes, all partners

**2. Has the country integrated HIV and AIDS into its general development plans such as:**  
**a) National Development Plans,**  
**b) Common Country Assessments/United Nations Development Assistance Framework,**  
**c) Poverty Reduction Strategy Papers,**  
**d) Sector Wide Approach?**

Yes

**2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?**

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

c) Poverty Reduction Strategy Papers:

d) Sector Wide Approach:

e) Other::

## 2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	<b>Development Plans</b>	a) / b) / c) / e)
Antiretroviral therapy:	<b>Development Plans</b>	b) / c) / e)
Care and support (including social security or other schemes):	<b>Development Plans</b>	a) / b) / c) / e)
AIDS impact alleviation:	<b>Development Plans</b>	a) / b) / c) / e)
Reduction of <b>gender</b> inequalities as they relate to HIV prevention/treatment, care and/or support:	<b>Development Plans</b>	e)
Reduction of <b>income</b> inequalities as they relate to HIV prevention/ treatment, care and /or support:	<b>Development Plans</b>	e)
Reduction of stigma and discrimination:	<b>Development Plans</b>	e)
Women's economic empowerment (e.g. access to credit, access to land, training):	<b>Development Plans</b>	c) / e)
Other::	<b>Development Plans</b>	e)
Other::	<b>Development Plans</b>	a) / b) / c) / e)
Other::	<b>Development Plans</b>	b) / e)

## 3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

### 3.1 IF YES, to what extent has it informed resource allocation decisions?

3

## 4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

### 4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	No



**(\*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? <br>**

**Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:**

According to the Law on AIDS prophylaxis approved by the Parliament in 2007 (article 15) and the National HIV/AIDS/STI Prophylaxis and Control Programme for 2006-2010, HIV testing and counseling is voluntary, except for the blood, liquids, organs donations and Judicial decision related to ripe or intended risk behavior. HIV testing and counseling for uniformed services is voluntary, except for the staff who travels (business trips: scholarships, Peace keeping service) which is mandatory according to Ministry of Defense regulations.

**5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes

**5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?**

Yes

**5.2 Have the estimates of the size of the main target population sub-groups been updated?**

No

**5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates and projected needs

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

**(a) IF YES, is coverage monitored by sex (male, female)?**

Yes

**(b) IF YES, is coverage monitored by population sub-groups?**

Yes

**IF YES, which population sub-groups?**

Men doing sex with men, commercial sex workers, intravenous drug users, prisoners, migrants, truck drivers.

**(c) IF YES, is coverage monitored by geographical area?**

Yes

**IF YES, at which levels (provincial, district, other)?**

The coverage of the programme is monitored at district and municipality level.

**5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes

**Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?**

2007: 8  
2005: 7

**Comments on progress made in strategy planning efforts since 2005:**

- The main important achievement is that the strategies of the National programme for 2006-2010 are based on universal access for prevention, treatment, support and care targets. The two processes are inter-linked. The access to qualitative services increased, such as antiretroviral therapy, VCT, vulnerable groups etc.. HIV prevention through behavioral change communication is provided in the country in a more intensive, qualitative and professional way.
- The monitoring and evaluation system was strengthened and its capacity fortified, thus it is possible to control all established indicators.
- The professional programming on HIV/AIDS/STI contributed to the sustainability of the programmes and facilitated the negotiations processes on rolling out/handing over to/by the Government the components as: Voluntary counseling and testing, palliative care, vulnerable groups (to 2010).
- It was appreciated by respondents that the local strategic planning capacities improved and the actual National HIV/AIDS/STI control and prophylaxis programme for 2006-2010 is more professional, complex and organic.

**1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?**

President/Head of government : No  
Other high officials : Yes  
Other officials in regions and/or districts : Yes

**2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?**

Yes

**2.1 IF YES, when was it created? Year:**

2002

**2.2 IF YES, who is the Chair?**

Name: Ion Ababii  
Title/Function: Minister of Health

### 2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	No
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

### (\* ) If it does include civil society representatives, what percentage?

23

### 3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

No

### 5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	No
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

### 6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

**6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?**

Yes

**6.2 IF YES, which policies and legislation were amended and when?**

:	<b>Policy/Law</b>	Low on HIV/AIDS Prevention
:	<b>Year</b>	2007
:	<b>Policy/Law</b>	National Health Policy
:	<b>Year</b>	2007

**Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?**

2007:	8
2005:	7

**Comments on progress made in political support since 2005:**

- The national budget doubled in comparison to the previous National HIV/AIDS Prophylaxis Programme (for 2001-2005).
- The partners involvement and commitment improved (both governmental and nongovernmental (local and international)) ones. The nongovernmental organizations active in the field gathered into networks, unions or leagues. It was appreciated that more partners representing governmental (Ministry of External Affairs and European Integration, Ministry of Local Public Authorities, trade unions), nongovernmental and international development agencies are being involved in HIV/AIDS/STI field.
  - The coordination improved, especially due to the alignment of the partners to the strategies of the National Programme, as well as meetings of the National Coordination Council on TB/AIDS.
  - The web pages of the main stakeholders strengthened the transparency and increased the access to the national policies and documents.

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?**

Yes

**1.1 IF YES, what key messages are explicitly promoted?**

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes

**2.1 Is HIV education part of the curriculum in**

primary schools? :	No
secondary schools? :	Yes
teacher training? :	Yes

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

Yes

**3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?**

Yes

**3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?**

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Stigma & discrimination reduction:	Other sub-populations (*)
Condom promotion:	IDU
Condom promotion:	MSM

Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Drug substitution therapy:	IDU
Drug substitution therapy:	Prison inmates
Needle & syringe exchange:	IDU
Needle & syringe exchange:	Sex workers
Needle & syringe exchange:	Prison inmates

**(\*)If Other sub-populations, indicate which sub-populations**

Migrants,  
Long track drivers

**Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?**

2007:	6
2005:	6

**4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?**

Yes

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts\* in need?**

Blood safety:	<b>The activity is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The activity is available in</b>	<b>all</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The activity is available in</b>	<b>all</b> districts* in need
IEC on risk reduction:	<b>The activity is available in</b>	<b>most</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The activity is available in</b>	<b>most</b> districts* in need
Condom promotion:	<b>The activity is available in</b>	<b>all</b> districts* in need
HIV testing & counselling:	<b>The activity is available in</b>	<b>most</b> districts* in need
Harm reduction for injecting drug users:	<b>The activity is available in</b>	<b>most</b> districts* in need
Risk reduction for men who have sex with men:	<b>The activity is available in</b>	<b>most</b> districts* in need
Risk reduction for sex workers:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable subpopulations:	<b>The activity is available in</b>	<b>most</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The activity is available in</b>	<b>all</b> districts* in need
School-based AIDS education for young people:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for out-of-school young people:	<b>The activity is available in</b>	<b>some</b> districts* in need
HIV prevention in the workplace:	<b>The activity is available in</b>	<b>some</b> districts* in need

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?**

2007:	8
2005:	7
2007:	8
2005:	6

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes

**1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?**

Yes

**2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts\* in need?**

Antiretroviral therapy:	<b>The service is available in</b>	<b>all</b> districts* in need
Nutritional care:	<b>The service is available in</b>	<b>some</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>all</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>all</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>most</b> districts* in need
Home-based care:	<b>The service is available in</b>	<b>some</b> districts* in need
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>most</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>most</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>most</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	N/A
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>all</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>most</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>all</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	<b>some</b> districts* in need
Antiretroviral therapy:	<b>The service is available in</b>	<b>all</b> districts* in need
Nutritional care:	<b>The service is available in</b>	N/A
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>all</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>all</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>most</b> districts* in need
Home-based care:	<b>The service is available in</b>	<b>some</b> districts* in need
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>some</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>most</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	N/A
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>all</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>all</b> districts* in need



Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>all</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	N/A
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	N/A

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?**

Yes

**4.1 IF YES, for which commodities?:**

The country has access to regional procurement and supply management for ARV drugs, condoms, methadone and TB drugs, treatment of opportunistic diseases.

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	9
2005:	7

**Comments on progress made since 2005:**

The main achievement is the increased access of HIV patients to ARV treatment, one more HIV facility opened in Slobozia (Transnistria) and an outpatient HIV facility in Balti. Better medical care is offered to HIV children, which receive the health services in a specialized HIV section at the Dermato-venerological Dispensary.

**5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?**

Yes

**5.1 IF YES, is there an operational definition for OVC in the country?**

Yes

**5.2 IF YES, does the country have a national action plan specifically for OVC?**

Yes

**5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?**

No

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007:	6
2005:	2

**Comments on progress made in efforts to meet the needs of OVC since 2005:**

The Law of HIV prophylaxis, as well as National Programme on HIV/AIDS/STI prevention and prophylaxis (2006-2010), National Health Policy, the Law of Social Assistance established clear objectives and activities to cover the needs of orphans and vulnerable children, including those with HIV/AIDS. Financing was made available for the activities mainstreamed to OVC affected or infected with HIV/AIDS from the Global Fund (6th) round.

**1. Does the country have one national Monitoring and Evaluation (M&E) plan?**

Yes

**IF YES, Years covered:**

4

**1.1. IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes

**1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes

**1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, all partners

**2. Does the Monitoring and Evaluation plan include?**

a data collection and analysis strategy :	Yes
behavioural surveillance :	Yes
HIV surveillance :	Yes
a well-defined standardized set of indicators :	Yes
guidelines on tools for data collection :	Yes
a strategy for assessing quality and accuracy of data :	No
a data dissemination and use strategy :	No

**3. Is there a budget for the M&E plan?**

Yes

**3.1 IF YES, has funding been secured?**

Yes

**4. Is there a functional M&E Unit or Department?**

Yes

**4.1 IF YES, is the M&E Unit/Department based**

in the NAC (or equivalent)? : No  
in the Ministry of Health? : No  
elsewhere? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br><br>**

**Number of permanent staff:**

4

**Number of temporary staff:**

2

**4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?**

No

**5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly

**IF YES, Date last meeting:**

October, 16th, 2007

**5.1 Does it include representation from civil society, including people living with HIV?**

Yes

**IF YES, describe the role of civil society representatives and people living with HIV in the working group**

Firstly, the civil sector, including PLWHA was involved in the process of elaboration of the indicators for the National HIV/AIDS/STI control and prophylaxis programme for 2006-2010. The main role is the one of the "watchdog" related to the monitoring of the implementation of the projects mainstreamed to HIV/AIDS/STI control and prophylaxis. A recent issue the civil sector would like to move on is related to the data confidentiality, As a result of the NGOs involvement a specialized treatment facility was opened for HIV infected children.

**6. Does the M&E Unit/Department manage a central national database?**

Yes

**6.1 IF YES, what type is it?**

Notification and follow up treatment cases

**6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?**

Yes

### 6.3 Is there a functional Health Information System (HIS)?

National level : Yes

Sub-national level (\*): Yes

#### (\*If there is a functional sub-national HIS, at what level(s) does it function?

it functions at rayons level (district

### 6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes

### 7. To what extent are M&E data used in planning and implementation?

4

#### What are examples of data use?

The data from the second generation surveillance researches/studies are used for the strategic planning especially in the process of scaling up HIV/AIDS control and prevention activities and services. All prevention campaigns are based on Knowledge, Attitudes, practices and behaviors studies, as well as impact studies realized post campaigns. Most interventions are based on researches (quantitative and qualitative). NGOs, according to the monitoring and evaluation data proposed to open the HIV/AIDS specialized treatment facility. The treatment prognoses in terms of drug procurement are also based on monitoring and evaluation data.

#### What are the main challenges to data use?

The monitoring and evaluation system is still not flexible in its use. The country is missing the interpretation and prognoses epidemiological capacities.

### 8. In the last year, was training in M&E conducted

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 36

At sub-national level? : No

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 30

### Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 8

2005: 6

#### Comments on progress made in M&E since 2005:

The most important achievement is related to the fact that the Monitoring and Evaluation Methodology was unified. Monitoring and evaluation processes are better coordinated: the matrix of indicators of the National HIV/AIDS/STI control and prophylaxis Programmes for 2006-2010, as well as the National epidemiological surveillance programme was commonly agreed by the most stakeholders. The most initiatives in HIV/AIDS control or/and prevention are based on researches and studies, which point on professionalism and ensures the programmes sustainability.

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes

**1.1 IF YES, specify:**

FFSae AU) AU^c^} q } A -POXEDOU+AA IEG EYXQ AFI EGCEI EA ~ ala @ aA AT [ ] ai ~ |AU -BaaA IEE I EI EI EA A ACEI ECEI  
 GFSae AU) A@AUa @ Aa aAU^\* [ ] • aaaa • A -Uaa } o +A IEG HA -AG E-EGCEI A ~ ala @ aA AT [ ] ai ~ |AU -BaaA IEE I EI EI EA I A ~  
 HEIFGCEI  
 HFSae AU) A@ a@AU [ c & q } +A EA FF A -AG E-EBI A ~ ala @ aA AT [ ] ai ~ |AU -BaaA IEE I EI EI EA I A -ACEI EI  
 I EO^ & a q } A -A@AO [ c^! ] { ^ } d A -A@AU^ ~ ala A -AT [ |a [ caaP I EAU I AU) Aa ca aa • A : A : ^c^ } q } Aa aA } d [ |A -POXEDOU  
 a aAUVC +A a q } aAU [ \* ! a { ^ A } AU^c^ } q } Aa aAO [ ] d [ |A -POXEDOUUVQ ACEI ECEI E

**2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?**

Yes

**2.1 IF YES, for which sub-populations?**

Women:	Yes
Young people :	Yes
IDU:	Yes
MSM:	Yes
Sex Workers :	Yes
Prison inmates :	Yes
Migrants/mobile populations :	No
Other::	No
Other::	No
Other::	No

**IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:**

The observance of the rights is ensured at two levels, on the level of the responsible institutions which provides a framework for amiable settlement of disputes and in the court. Based on the nature of the conflict the cases can be solved at the level of institutions by:

- a). competent ministries where there exists Department for Petitions and specialized committees
- b). Health Insurance Company
- c). Non-government organizations dealing with human rights (such as CREDO [www.credo.md](http://www.credo.md) etc)
- d). Human Rights Centre of the Republic of Moldova (Centre of Parliamentarian Lawyers [www.ombudsman.md](http://www.ombudsman.md))
- d). other structures, established and accredited in accordance with the legislation in force

If the conflict could not have been settled in an amicable way or it could not be settled at the level of institutions mentioned above the protection of rights can be brought into court without any discrimination.

**IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:**

The equality of rights and the free access to justice is settled in the Constituion of the Republic of Moldova adopted on July 29, 1994.

**Article 16. Equality of Rights**

(2) All citizens of the Republic of Moldova are equal before the law and the public authorities, without any discrimination as to race, nationality, ethnic origin, language, religion, sex, political choice, personal property or social origin.

**Article 20. Free Access to Justice**

(1) Every citizen has the right to obtain effective protection from competent courts of jurisdiction against actions infringing on his/her legitimate rights, freedoms and interests.

(2) No law may restrict the access to justice.

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?**

No

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?**

Yes

**IF YES, briefly describe this mechanism**

The violation of rights of PLHA currently processed and are recorded by:

1. Non governmental organizations dealing with human rights
2. Parliamentarian Committee on Human Rights
3. Human Rights Centre of the Republic of Moldova (Centre of Parliamentarian Lawyers [www.ombudsman.md](http://www.ombudsman.md))

**6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?**

Yes

**IF YES, describe some examples**

People living with HIV/AIDS, injecting drug users, commercial sex workers and some other representatives of the most at risk groups in Moldova has joined into non-governmental organizations dealing with the development and implementation of strategies aimed at most at risk populations. Thus, NGOs are part of the National Coordination Council and its Technical Working Group ([www.aids.md](http://www.aids.md)) which are responsible for the development of sectoral strategies and plans. The non-government sector has been actively participating in the development of the National Programme on Prevention and Control of HIV/AIDS 2006-2010 through the involvement in the Situational Analyses, Response Analyses, Strategic Planning and Resource Mobilization. For the Resource Mobilization part the NGOs have been involved in the development of the proposal of the government to GFTAM. Additionally, NGOs took active part in the development of the roadmap for scaling up activities of the NAP to ensure universal access to prevention, care and support. Lately, NGOs conducted the development of the National Standard on Complex Approach to Care, Support, Treatment and Rehabilitation of IDUs. Finally, the most active participation of the NGOs has been registered in the process of development of the newly approved Law on Prevention of HIV/AIDS that has been widely discussed at the IIInd National Forum of NGOs "Scaling up to treatment, care and support in HIV/AIDS/TB to ensure Universal Access" held on 2-3 November, 2006.

**7. Does the country have a policy of free services for the following:**

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:**

As stipulated by the Law on Prevention of HIV/AIDS nr. 23-XVI of 16.02.2007, published in Monitorul Oficial nr.54-56/250 din 20.04.2007 the government is responsible for the activities aimed at reducing the spread of HIV. The activities developed under the National Programmes are usually covered by the state budget and by funds coming from the National Health Insurance Scheme. At present, due to resource constraints the state budget for implementation of the activities under the National programme are quite reduced and cover only screening of blood. The National Health Insurance Company covers VCT and partially Palliative Care. The rest of activities are covered from the sources of international donors, such as World bank, GFTAM, UN Agencies etc..

**8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes

**9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?**

Yes

**9.1 Are there differences in approaches for different most-at-risk populations?**

No

**10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

Yes

**11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes

**11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?**

No

**12. Does the country have the following human rights monitoring and enforcement mechanisms?**

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

**IF YES, on any of the above questions, describe some examples:**

Each Ministry and Line Department has established Department for Petitions that can deal with violation of rights issues. Additionally, the activity of the Ministry of Health for instance is being monitored by the Health Insurance Company which has the mandate of dealing with issues of violation of rights and interests of patients holders of health insurance. There are a couple of NGOs established in the country which are dealing with human rights such as CREDO ([www.credo.md](http://www.credo.md) etc), Helsinki Committee for the Human Rights, The League for Defence of Human Rights in Moldova, the Human Rights Centre of the Republic of Moldova (Centre of Parliamentarian Lawyers [www.ombudsman.md](http://www.ombudsman.md))

The level of stigma and discrimination in Moldova is checked based on an impact indicator settled for the National Programme on Prevention and Control of HIV/AIDS/STIs 2006-2010 which are collected through population based survey which checks the percentage of people expressing tolerant attitude towards PLHA of all people surveyed in the 10-24 age group based on a couple of questions for which the knowledge integrated behaviour is calculated as well as the misconception about HIV/AIDS.

**13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?**

Yes

**14. Are the following legal support services available in the country?**

Legal aid systems for HIV and AIDS casework: Yes

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes



**15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?**

Yes

**IF YES, what types of programmes?**

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	No

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?**

2007:	7
2005:	5

**Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:**

The progress registered is mainly attributed to the development and approving of the regulatory framework for the protection of human rights. Since 2005 there has been undertaken the review of the national legislation in HIV/AIDS, a new Law on Prevention of AIDS has been developed which stipulated clear articles for protection of rights of PLHA and protection from discrimination as such frameworks did not exist.

**Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?**

2007:	3
2005:	2

**Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:**

Since the new Law on Prevention of AIDS has just been approved the progress towards enforcing the existing policies have not been so significant mainly due to the fact that there are no NGOs working specifically in the field of protection of human rights of PLHA. The only organization dealing with this issue is the National League of People Living with HIV/AIDS which currently has reduced capacities in dealing with human rights.

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?**

4

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)**

4

**3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included**

a. in both the National Strategic plans and national reports?:	4
b. in the national budget?:	1

**4. Has the country included civil society in a National Review of the National Strategic Plan?**

Yes

**IF YES, when was the Review conducted? Year:**

2005

**5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?**

4

**List the types of organizations representing civil society in HIV and AIDS efforts:**

The National League of People Living with HIV/AIDS

The National AIDS Network of NGOs working in prevention of HIV/AIDS

The National Union of Organizations working in Harm Reduction covering MSM, IDUs, CSWs, migrant populations, detainees of penitentiary institutions

NGOs providing AIDS related services

Women's associations

Youth's associations

Religious and confessional organizations

**6. To what extent is civil society able to access**

a. adequate financial support to implement its HIV activities?: 3

b. adequate technical support to implement its HIV activities?: 3

**Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?**

2007: 7

2005: 5

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?**

Yes

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?**

Blood safety:	<b>The service is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The service is available in</b>	<b>all</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The service is available in</b>	<b>all</b> districts* in need
IEC on risk reduction:	<b>The service is available in</b>	<b>most</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The service is available in</b>	<b>most</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>most</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>most</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	<b>most</b> districts* in need
Risk reduction for men who have sex with men:	<b>The service is available in</b>	<b>most</b> districts* in need
Risk reduction for sex workers:	<b>The service is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable sub-populations:	<b>The service is available in</b>	<b>most</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The service is available in</b>	<b>most</b> districts* in need
School-based AIDS education for young people:	<b>The service is available in</b>	<b>most</b> districts* in need
Programmes for out-of-school young people:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV prevention in the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need

**Comments on progress made in the implementation of HIV prevention programmes since 2005:**

Overall, the efforts of the government in collaboration with NGOs can be classified as satisfactory. During the reporting period there has been developed and approved a Communication Strategy on HIV/AIDS, established a functional Technical Working Group on Communication. The country conducted two big national communication campaigns one on Condom promotion and the other of Reducing Stigma and Discrimination towards PLHA. Through the Decision of the Ministry of Health there has been established a National Network of VCT centres and a strategy for reaching with prevention activities of IDUs has been developed.

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	8
2005:	5

## Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

The general perception is that there has been a significant increase of the efforts in the implementation of treatment, care and support programmes. First, there has been established a clear framework for coordination and monitoring of the activities of the National AIDS Programme through Technical Working groups. Second, there has been ensured a greater transparency of activities under NAP including decision making. Additionally, a plan to scale up and ensure universal access has been developed and negotiated with the non-governmental sector which later served as basis for fundraising from GFTAM

### 2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for youth :	25-50%
Prevention for IDU :	>75%
Prevention for MSM :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	>75%
Programmes for OVC** :	25-50%

### 3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

#### 3.1 IF YES, is there an operational definition for OVC in the country?

Yes

#### 3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

#### 3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

No

### Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007:	3
2005:	3

---

Uniting the world against **AIDS**