

ROMANIA

Country Progress Report on AIDS
Reporting period January 2013 – December 2013

Bucharest, 2014

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARAS	Romanian AntiAIDS Association
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HVB	Hepatitis B Virus
HVC	Hepatitis C Virus
IDU	Injecting Drug User
INBI	National Institute for Infectious Disease “Prof. Dr. Matei Bals”
LGBT	Lesbian Gay Bisexual Transsexual
MoH	Ministry of Health
MSM	Men having sex with men
NGO	Nongovernmental organization
PLHIV	People Living with HIV
STI	Sexually Transmitted Infection
SW	Sex Worker
TARV	Antiretroviral Treatment
TB	Tuberculosis

I. Status at a glance

a) Inclusiveness of stakeholders' in the report-writing process

The national report was developed during March - April 2014 by the National Institute for Infectious Diseases “Prof. Dr.Matei Bals” (INBI), through the Compartment for Monitoring and Evaluation of HIV Data in Romania, and the Romanian HIV/AIDS Centre, with support from UNICEF Romania.

Input for the present report (including the Dublin Declaration questionnaire) has been collected from governmental and nongovernmental organizations active in the HIV/AIDS field in Romania, most of them members of the Country Coordination Mechanism (CCM) overseeing the implementation of the HIV/AIDS and TB national programs. More details on the Romanian CCM, here: <http://www.ccmromania-gfatm.com/componenta.php>.

b) The status of the epidemic

The epidemic surveillance system is coordinated by the Compartment for Monitoring and Evaluation of HIV Data in Romania (within Institute “Prof. Dr. Matei Bals”) and is organized around other 8 regional centres.

In 2013 the HIV/AIDS situation in Romania remains stable, with no major changes in incidence in adults or in children. As in the previous years, the main route of transmission has been heterosexual (54.58% of all new cases). However, an increase in the number of HIV cases is observed in the MARPs – especially among IDUs. Data indicates that IDUs represented 29.23% of the new cases of HIV/AIDS diagnosed in 2013 (compared to 3% in 2010). The proportion of MSM among the newly diagnosed cases has maintained at 11.4%, almost at the same level as in the previous couple of years.

Most new cases (35%) have been registered in the age group 20 to 24 and are represented by late presenters.

c) The policy and programmatic response

The latest HIV/AIDS National Strategy in place covered the period 2004-2007. Since then, several strategy proposals have been drafted (2009-2013, 2010-2014 etc.), but were never approved by all the central authorities involved in the implementation of the AIDS response. The most recent strategy draft has been submitted at the end of 2013 and it is expected to become integrated in the National Public Health Strategy 2014-2020 (policy document that is an ex-ante conditionality for Romania’s government Partnership Agreement with the European Commission).

At the initiative of the National Antidrug Agency, an up to date antidrug strategy was approved in 2013 for the period 2013-2020.

Given the lack of an official programmatic document for HIV/AIDS, the organizations implementing the AIDS response have been acting in 2013 along the lines of the new antidrug strategy (for interventions targeting IDUs), as well as in the spirit of the previous HIV/AIDS strategy (2004-2007) and the Global Fund Round 6 program that ended in 2010 (focusing on prevention among MARPs).

During the reporting year, the government has spent 65,082,067.99 USD to ensure universal access to antiretroviral treatment (TARV) for all the PLHIV who are eligible according to the national therapeutic guidelines.

In terms of disease management, the National AIDS Commission points at several problems considered critical. First, many late presenters have also co-morbidities (especially HVC, HVB, TB or STIs), needing a mix of medical and psychosocial services. It is especially the case of IDUs diagnosed with HIV; out those newly registered in 2013, 78% had HVC co-infection, 12% had HVB-HVC co-infection and 14% had an STI besides HIV. The mix of services addressing this group can be difficult to manage, needing coordination between several national systems and programs (the HIV/AIDS system, the NTP program, the STI surveillance program, and the methadone sites). Also, the services mix might not be accessible all over the country (e.g. free of charge psychosocial support services targeting PLHIV are available only in 16 counties out of 42, while methadone programs only in three counties).

Second, there is a need of special approaches to address the health and psychosocial needs of children born out of mothers who inject drugs and also have an HIV/HVB/HVC co-infection.

Third, there are cost efficiency challenges for the national TARV program in the context of reduced adherence experienced by long term survivors (caused by therapeutic fatigue) and the PLHIV with co-morbidities (especially TB/HIV and HIV/HVB/HVC).

The coverage and capacity of harm reduction services decreased even more compared to 2010. Although funds have been allocated by MoH, the National Antidrug Agency and the City Council of Bucharest to cover the need for health consumables in the harm reduction services, no funds have been allocated to support the human resources needed to implement the services. The situation has become even more critical during the second half of 2013, when ARAS, the main NGO providing harm reduction interventions (especially through outreach programs and low threshold clinics) ended its 3-year programs funded by the European Social Fund through which they managed to secure part of the human resources costs they employed during 2010-2013. The end of 2013 brought however the hopeful perspective of a new HIV/AIDS program that will be implemented by the MoH with a financial support of from the Norwegian Funding mechanism during 2014-2016. About 1/5 of the 1.7 mil EUR funding will be allocated for the continuation of community harm reduction services implemented by NGOs through the low threshold clinics and the outreach units.

II. Overview of the AIDS epidemic

According to the latest national HIV/AIDS monitoring report **Error! Reference source not found.**, at the end of 2013 a cumulative total of 19,261 cases of HIV and AIDS had been recorded since 1985, almost half of them (9,946) being diagnosed children (0 – 14 years old).

The number of people living with HIV/AIDS in 2013 was 12,273, more than half (7,012) being young adults aged 20 to 29 years old. The children (<14 years) represent 202 cases, with 7 cases among the new-born (<12 months).

A Kaplan-Meier analysis conducted among the people who died of AIDS in 2013 (n=189), indicates that their average survival duration was 43.4 months (C.I. 95% 42.1-44.6), with 42.2 months for men and 45.4 months for women.

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In conclusion, the sexual transmission of HIV continues to lead the epidemic among adults, followed by HIV transmission among injecting drug users and men having sex with men.

III. National response to the AIDS epidemic

Since 2002, Romania has a special law (Law no.584/2002) that regulates the prevention of HIV/AIDS and the measures to ensure the social protection of PLHIV. Other legal provisions guarantee their access to health care, education and the workplace.

Since the same year, Romania adopted a coordinated approach towards AIDS, by approving and implementing a national AIDS strategy that set goals in all the areas – prevention, treatment, care and surveillance. Unfortunately, the last strategic document adopted by the Romanian government expired in 2007; although several drafts have been prepared and submitted for approval over the years, none of the drafts has been approved unanimously by all the ministries involved. The main reason for this situation has been the frequent changes that occurred since 2008 at the level of central government organizations. At the end of 2013 a new draft was submitted at the MoH by a team of CCM members, INBI, Romanian HIV/AIDS Centre, UN Agencies in Romania), covering the period 2014-2019. The document addresses all the previous areas of the AIDS response, focusing however on the prevention of HIV among MARPS and the social integration of PLHIV.

The MoH announced that the main provisions of the proposal will be included in the National Public Health Strategy 2014-2020. The document has been posted for public consultation in January 2014 and is expected to be approved by mid-year. Its approval is an ex-ante conditionality to the country, in preparation of the new Partnership Agreements to be signed between the Romanian government and the European Commission.

Despite the lack of a sectorial AIDS strategy, a part of the AIDS response has been integrated within the new National Antidrug Strategy (2013-2020) proposed by the National Antidrug Agency at the end of 2012, following a final evaluation of the previous strategy (2005-2012).

During the reporting period the national response to AIDS consisted of the following:

- a) Treatment and care for the people living with HIV, implemented through the public health sector, under the leading authority of the National AIDS Commission of the Ministry of Health. The program has been funded through the National Health Insurance House and specific AIDS program budget from MoH.
- b) Prevention programs targeting vulnerable groups including pregnant women, young people, populations at risk (in 2013 664,228.19) and
- c) Social assistance and social integration support for PLHIV.

a) Program of treatment and care for the people living with HIV

Universal access to AIDS treatment and care has been introduced in Romania in 2001. The program was considered a model in the region and was based on the political commitment and partnership between public authorities, pharmaceutical companies, patients and other International Agencies. The number of patients benefiting from top quality antiretroviral treatment increased from 3,500 in 2001 to 8,809 at the end of 2013. This was made possible by increasing the budgetary allocations on one hand and on the other hand through negotiated partnerships with pharmaceutical companies, which committed to providing significant price reductions and donations. **In 2013, the Romanian government spent 65,082,067.99 USD for the treatment program.**

The ARV treatment program in Romania is implemented according to norms approved by Ministry of Health, under the technical coordination of National Institute for Infectious Diseases „Prof. Dr.Matei Bals” in Bucharest. The financial data are collected by The Management and Technical Assistance Unit (UATM) in INBI "Prof. Dr. Matei Bals", that provides assistance and management for

the National HIV Programme. The Unit estimates and grounds the annual funding needed for treatment and prevention. It collaborates with Ministry of Health and the Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania.

In Romania, the drug procurement is based on a decentralized system, at the level of implementing unities, but this led to certain inconsistencies. For the coming future, the general wish is to resume the centralized procurement system of ARTs.

The 2013-2014 ART Guideline strives for a cost-efficient allocation of resources, in the context of the economic crisis and the cuts affecting the national health budget. The Guideline has four areas of focus: the treatment of newly diagnosed patients, of women of reproductive age, of patients who develop neuroAIDS symptoms and those who experience therapeutic failure because of exposure to multiple treatment regimens. Two new sections have been added to the Guideline: norms for the treatment of children with HIV and provisions for a national evaluation program targeting patients with neuroAIDS symptoms.

An initiative to increase treatment adherence among PLHIV by improving patient-doctor relationship has been implemented by institute “Matei Bals”, the Romanian HIV/AIDS Center and Romanian AntiAIDS Association (an NGO) organized in 2012 – 2013 a doctor-patient communication course focusing of the topics of: benefits of increase TARV adherence, the prophylaxis of sexual transmission of HIV and other STIs among PLHIV, parenting tips for PLHIV expecting children.

b) Prevention programs targeting population segments including pregnant women, young people, and populations at risk

Young people

The “Education for Health” elective curriculum (coordinated by the Ministry of Education) has been in 2013 too, the main way of disseminating HIV-related information in a wide population of children and youth. However, this program is not reaching young people who do not attend school and are in vulnerable situations (e.g. street youth, IDUs, SWs, from very poor communities). Other sporadic initiatives have been implemented (e.g. school/local events, outreach information campaigns, Internet communication), but there is no review on their overall impact.

Pregnant women

According to the law, pregnant women have access to antenatal screening for HIV. Out of the 129,159 tests performed in 2013 among pregnant women, 0.10% turned out positive. [1]

To improve women’s access to HIV counselling and testing, Institute Prof. Dr. Matei Bals and Romanian HIV/AIDS Center organized a residential training for family planning doctors covering the following topics: HIV pre- and post-test counselling and testing, rapid testing, HIV and pregnancy, HIV and contraception, strengthening the doctor-patient relationship, the emotional balance of the HIV positive woman.

Also, under a partnership signed by INBI, the Foundation Health Aid Romania and ITO SUPPORTING COMITY, Tachikawa from Japan, a new guideline has been developed for the care and treatment of the pregnant woman with HIV. The guideline has been adapted from international sources and printed in Romanian. It can be accessed here: <http://www.hivromania.ro/UserFiles/article/recomandari gravidacuHIV.pdf>.

Prisoners

According to the National Administration of Penitentiaries (NAP), during the reporting period 208 PLHIV were detained at Jilava Prison Hospital, 60% having been diagnosed before detention and 36% more than 6 months after entering the prison. The HIV prevention in prisons consisting of IEC has continued in 2012 and 2013, however with a lower coverage than during the implementation of the Global Fund Round 6 program (2007-2010). Also, the NAP has made efforts to continue the implementation of voluntary HIV/HVB/HVC testing, focusing however on the penitentiaries Jilava, Rahova and Giurgiu. Since 2010, the number of prisons providing access to needle exchange programs for problematic drug users dropped from 10 to 2. Currently there are two service sites in the prisons Jilava and Rahova that provide integrated assistance (needle exchange and opiate substitution treatment) for prisoners who are also IDUs. No behavioural and serological surveillance surveys among prisoners have been conducted since 2010.

IDUs

In 2013, IDUs in the community (not imprisoned) could have access to opiate substitution treatment in 13 sites and needle exchange programs in 7 sites. Outside Bucharest, needle exchange was available to IDUs from Timisoara and Constanta and substitution treatment to those from Iasi and Bihor. Community services through low threshold clinics and outreach units have been provided by ARAS and Carusel Association during the reporting period. However, there have been concerns regarding their sustainability, since the public budgets allocated to these services (by National Antidrug Agency, the MoH, Bucharest City Council) cover more the need for medical consumables and much less the administrative costs and the costs with the human resources.[7]

Concern about the prevention of TB/HIV co-infection in IDUs has been addressed for the first time starting 2012, within a multi-country project implemented in Romania by Romanian Angel Appeal Foundation, with financial support from the European Agency for Consumer Health.[10] Within the project, a series of training events and guidance materials have been developed for Romanian professionals working with IDUs, PLHIV and people living with TB. The scope of these actions was to raise awareness among professionals about the risks of TB/HIV co-infection among IDUs and to provide them guidance on how to conduct TB prevention, TB screening, and appropriate referral among IDUs.

Within the same project, in 2012 was conducted the latest BSS among IDUs living in Bucharest. The study was implemented by Romanian Angel Appeal Foundation, the National Antidrug Administration and Carusel Association. According to the data (n=417), NPS (new substances with psychoactive properties) was reported as the main drug of injection, followed by heroin (40.5%). Given the prevalence of the NPS use, the frequency of injections during the last day was of 4.27 times on average: over 5 injections per day – 22.8%, 3-5 injections – 35.5%, below 3 injections – 41.7%. Moreover, 19.3% of the IDUs declared that they used non-sterile syringes for the most recent injection, while 20.1% stated that after they used the syringe someone else used it.

The serological data indicated a 53% of the sample was reactive to the HIV test, 5% to the HVB test and 79% to the HVC test. Given the large difference between the current results for HIV reactivity and the results from the 2010 BSS (1%), a more detailed will be carried out, focusing also on the methodological aspects. The behavioural data will become available by mid-2014 in a multi-country report published by the organization coordinating the project (the National Institute of Public Health and Development, Estonia). Also, a short report focusing on the analysis of the serological data describing the Romanian sample will be issued by mid-2014 by the organizations implementing the study in Romania.

SWs

SWs have access to HIV prevention and harm reduction services provided by ARAS in its low threshold clinics (only in Bucharest) or through the outreach units (in other eight counties). The main services provided are HIV/HVB/HVC testing, condom distribution, information and referral to other medical or psychosocial services. For SWs who also inject drugs, ARAS provides needle exchange and access to methadone substitution treatment. However, because the programs of ARAS are mainly funded from grants, the coverage and quality of services targeting SWs varies with the availability of fund.

No behavioural and serological surveillance survey among SWs has been conducted since 2010. The latest study is a cross-sectional survey

MSM

HIV prevention programs targeting MSM have been greatly affected by the end of the Global Fund Round 6 program. Although the government had a limited commitment in sustaining HIV prevention services for IDUs, SWs, PLHIV or prisoners, it provided no support to programs targeting MSM. As a result, in 2013 only one of the two traditional NGOs working with MSM still implemented health programs for the vulnerable group. Their focus was on condom distribution and behaviour change communication, by using health messaging (via the Internet, the mobile phones) and organizing support groups for MSM living with HIV.

No BSS has been conducted among MSM since 2009 within the SIALON I project (the data has been reported in 2010).[11] However, the INBI in partnership with Association ACCEPT are currently implementing a BSS among MSM living in Bucharest under the project SIALON II.

The latest study among MSM was conducted in 2012 by Population Services International among MSM aged 25-34, in order to measure the outcome of PSI's 2011 interventions at the level of HIV risk behaviours and HIV/AIDS related knowledge.[6]

PLHIV

Positive prevention has been one of the main objectives of the Romanian AIDS response, formulated in the previous HIV/AIDS strategy, as well as in the proposal submitted to the MoH in 2013. Strategies for positive prevention aim to support people with HIV to protect their sexual health, to avoid new STIs, to delay HIV/AIDS disease progression and to avoid passing their infection on to others. Unfortunately, during the last years very little funding was available to support organizations (including patient organizations) that used, under the Global Fund Round 6 program, to distribute condoms, provide information, reproductive health counseling and referral to PLHIV.

c) Care and social support for PLHIV

PLHIV in Romania have access to specialized and free of charge psycho-social services tailored for PLHIV, provided by the Sun Flower Day Clinics' Network, set up by an NGO and currently managed by MoH. The 18 Sun Flower units function within the INBI, the 8 regional centres and in other 9 infectious disease hospitals from counties with higher prevalence of HIV. These services are utilized by PLHIV when they visit the infectious disease hospital to undergo medical and treatment assessments or to pick up their medication. The rest of the time, PLHIV can access (as all other vulnerable citizens) the general psychosocial services provided free of charge by the local authorities (the municipality, the county council). Besides these, PLHIV can also buy private services, especially psychological counselling and psychotherapy.

There is a system of support and benefits that ensures the social protection of PLHIV. It is administered by the Ministry of Labour, through its local entities, as well as through the community-level institutions in charge with social assistance. The system is stipulated both by Law 584/2002 and Law 448/2006 (regarding the protection of disabled persons). While the nutritional allowance (according Law 584) is provided to every PLHIV who requests it, the other social support forms are linked with the recognition of HIV/AIDS as a disability that entitles the person having a disability certificate to benefit from economic subsidies (double subsidy for HIV positive children, allowance for the people who never worked, a salary for a personal assistant, as well as other facilities as tax exemption). Other rights may also include: meal allowance, disability allowance, free travel tickets, complementary budget, housing or income tax exemption.

There is a level of stigma and discrimination towards people living with HIV/AIDS. According the latest study conducted by the National Council for Combating Discrimination, 22% of the general adult population reported feeling "not very/at all comfortable around a person living with HIV", while 77% of the population believed that is much easier to find a job if one is not infected with HIV.[1]

The access of PLHIV to all forms of education is guaranteed by law and the discrimination in schools is an exceptional situation.

Confidentiality is stipulated in all cases and any infringement may be punished, but cases of complaint are very few.

The National Council for Combating Discrimination, the Ombudsmen as well as different NGOs may provide legal advice for PLHIV who want to defend their rights.

The professional integration and vocational training/education of YPLHIV aiming to increase PLHIV social integration and autonomy have been in 2010 and 2011 the focus of NGOs interventions funded by the European Structural funds. However, the programs have not been renewed since 2011, so actual interventions for the social integration of PLHIV have been sporadic, confined to maybe small projects with limited coverage. Nevertheless, the need for integration of PLHIV into the active life is far from being effectively tackled. A study conducted in 2011 showed that 58.9% of PLHIV were unemployed, while only 9.3% have a job and 25.1% are pupils or university students. [3]

IV. Best practices

Increase access to HIV/HVB/HVC rapid testing for hard to reach populations

Baylor Foundation – Black Sea is an NGO covering the counties from South-East Romania. Since 2007, they developed and extended a rapid counselling and testing program trying to increase HIV, HVB and HVC testing in hard to reach groups - especially people from rural areas. The program consists of three fixed units and one mobile unit (a testing van). In 2013, from the 8,500 persons tested for HIV/HVB/HVC, 2,000 have been tested in the mobile unit. 7% of all those tested have been reactive to the HIV test and have been referred at the hospital/local laboratory for diagnosis confirmation.

During the reporting period, Baylor Foundation has been responsible for detecting about 30% of all HIV/AIDS cases newly diagnosed in the South-East counties.[4]

Although Baylor Foundation's initiative is not the first of this kind, currently it is the only one that is running. A similar program with a larger coverage has been implemented during 2004-2008 with Global Fund support, by Romanian Angel Appeal Foundation [5]. 18 VCT centres all over the country have been established under the program, and a PMTCT component including outreach to rural pregnant women. The program has been taken over by the public health authorities once the international funding ended, but was not sustained at its initial coverage. Because of public budget challenges, most VCT centers in the program have been closed since 2009, and all rural outreach components have been discontinued.

Running for more than 6 years now, Baylor's program exemplifies an effective local response to the AIDS problem, one designed to achieve results in a limited resource context. More about Baylor Foundation's programs, here: <http://www.baylor-romania.ro/page.php?id=6>.

V. Major challenges and remedial actions

The key challenges are the strengthening of the national coordination mechanisms and the scaling-up (if not better the maintenance) of the existing interventions making up the national AIDS response.

First, there is a need to increase the political commitment for HIV/AIDS, mainly by encouraging the adoption of a budgeted national strategy, including annual action plans.

Second, despite the economic crisis, there is the need to mobilize national public funds not only for treatment, but also for prevention interventions, mostly targeting IDUs and MSM. The national coordination mechanisms should also assess the potential of attracting additional funding sources (such as the EU funding mechanisms) to bridge the existing funding gap.

Also, programs that have been established during the previous decade with significant international contributions should not just be left to disappear. They should be assessed in terms of cost-efficiency and then, decisions have to be made on how the government should commit to ensuring their sustainability. Large programs – such as VCT and PMCT covering about 1/3 of the country – have been established during the Global Fund Round 2 (2004-2009). In 2009 they were taken over by local public health authorities, in order to ensure sustainability, but then were dismantled over the following years because of lack of funding. A review of the PMTCT interventions in Romania conducted by UNICEF in 2012 pointed, however, that there is urgency in strengthening the national PMTCT program.[6]

Harm reduction programs that have been developed and scaled-up until 2010 with support from the Global Fund and other international donors, since 2010 have known a decline in service provision coverage, capacity and even standard. Despite the funding and support provided by the National Antidrug Agency, the Ministry of Health and other public bodies (e.g. Bucharest City Council) during the last couple of years and the latest international funding opportunities (such as the Norwegian Funding Mechanism of the European Social Fund), only large scale and sustainable harm reduction services can effectively address HIV prevention among IDUs in Romania. For this, there is a need for a permanent and steady financial commitment from the Romanian state, covering not only the medical consumables and the drugs used in the programs, but also the administrative costs and the human resources.

It is also essential to ensure the sustainability of the second generation surveillance systems established during the period 2004-2010 with funding from international donors. In the absence of these funds, the state has to ensure the implementation of the epidemiological surveillance of MARPSs.

Research and interventions for vulnerable groups and for the large group of adolescents and young people living with HIV/AIDS have to continue. Young adults living with HIV/AIDS need special programs and special tailored support for increasing treatment adherence, adequate social integration that will guarantee that they will not be the origin of a new epidemic wave.

VI. Support from the country's development partners

UN technical and financial support in the field of HIV diminished and concentrated around:

- Leveraging off funds from other donors as the European Union, the Norwegian Funding Mechanism.
- Advocacy for mobilization of resources for HR interventions at the level of MoH;

V. Monitoring and evaluation environment

The main M&E unit in the country is the Compartment for Monitoring and Evaluation of HIV/AIDS data in Romania (MoH), which is confined to the National Institute for Infectious Diseases “Prof.Dr.Matei Bals” in Bucharest. The unit implements a passive reporting system, receiving data from

the nine Regional Centres in the country - 2 in Bucharest Institute “Prof. Dr. Matei Bals” and Clinic Hospital “Victor Babes” and the other 7 in: Brasov, Cluj-Napica, Constanta, Craiova, Iasi, Targu Mures, Timisoara. The data is analysed and a report is issued twice a year (in February and June).

During 2004-2010 with funding from international donor, Romanian NGOs in partnership with public institutions (namely Institute “Prof. Dr. Matei Bals”, the National Antidrug Agency and the National Administration of Penitentiaries) established a system of active surveillance (bio-behavioural surveys) targeting prisoners, SWs, IDUs, MSM and PLHIV. After 2010, the only BSS has been implemented in 2012 among IDUs living in Bucharest with funding from the European Commission (through a project implemented by Romanian Angel Appeal Foundation) and co-funding from the National Antidrug Agency and the Carusel Association. At the time of writing this report, NAA has plans for implementing in autumn 2014 a new BSS among IDUs in Bucharest, but there are no prospects of conducting active surveillance soon among the other vulnerable groups. Also a new BSS targeting MSM is currently under preparation by ACCEPT Association (an NGO protecting the rights of LGBT) and INBI; the study will be conducted within the framework of an European Commission funded project (SIALON), where ACCEPT is a partner organization.

The M&E Group established ad-hoc under the Global Fund Round 6 grant ceased to function after the end of the program in 2010. The Country Coordination Mechanism is the only body that currently provides the organizations in the sector with a more qualitative image of the AIDS response. In 2013, Romanian Harm Reduction Network was appointed the new secretariat of the CCM, taking over the responsibilities from the Romanian HIV Centre.

A systematic review of the programs targeting IDUs has been conducted in 2012 (with UNICEF support), under the final evaluation of the National Antidrug Strategy. Nevertheless, a systematic review of the Romanian AIDS program is long due – the last has been conducted in 2006, with the support of UNAIDS local office.

List of institutions participating at Global AIDS Reporting:

Close to you Foundation
Ministry of Health
Ministry of Labour, Social Protection, Family and Elderly
National Administration of Penitentiaries
National Antidrug Agency
National Tuberculosis Program
National Institute for Infectious Diseases “Prof. Dr. Matei Bals”
Population Services International
Romanian Angel Appeal Foundation
Romanian HIV/AIDS Center
UNICEF Romania

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