

ROMANIA

Country Progress Report on AIDS  
Reporting period January 2016 – December 2016

Bucharest, April 2017

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## Abbreviations

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

## I. Status at a glance

### *a) Stakeholders' contribution at the report-writing process*

The national report was developed during the period March-April 2017 by the Department of Monitoring and Evaluation of HIV/AIDS Infection HIV/AIDS in Romania (at National Institute for Infectious Diseases “Prof. Dr. Matei Bals”) and the Romanian HIV/AIDS Centre. Via e-mail communication, national stakeholders have been invited to contribute to the report. See below a list of the organizations contributing to the development of GARPR 2016.

**Table 1. Contributors**

No.	Institution	Type
1	Ministry of Health	Governmental
2	National Institute for Infectious Diseases “Prof.Dr.MateiBals”	Governmental
3	National Antidrug Agency	Governmental
4	National Tuberculosis Program	Governmental
5	National Administration of Penitentiaries	Governmental
6	Romanian HIV/AIDS Center in National Institute for Infectious Diseases “Prof.Dr.MateiBals”	Governmental
7	National Institute for Public Health	Governmental
8	National Health Insurance House	Governmental
9	National Agency for Equal Opportunities for Women and Men	Governmental
8	Romanian Angel Appeal Foundation	Nongovernmental
9	Romanian AntiAIDS Association	Nongovernmental
10	Population Services International (Romanian office)	Nongovernmental
11	Association for the Defence of Human Rights in Romania – the Helsinki Committee	Nongovernmental
12	National Union of Organizations of People Affected by HIV /AIDS	Nongovernmental
13	Necuvinte Association	Nongovernmental
14	“Alaturi de voi” Foundation	Nongovernmental

### *b) The status of the epidemic*

In 2016, the HIV/AIDS situation shows no major changes in incidence. As in the previous years, the main route of transmission was heterosexual, followed by unsafe sex between men (MSMs) and injecting drug use. Most new cases are men, fall in the age group 25-49 years old and approximately 40% had CD4<200 cells/mm<sup>3</sup> at the time of the diagnosis. Treatment is available to all patients, irrespective of CD4 value, hence access to ART is universal in Romania, in line with the National Treatment Guidelines (2013-2014).

### *c) The policy and programmatic response*

There is no dedicated AIDS strategy, however related policy objectives are covered in the following documents:

- The National Public Health Strategy 2014-2020 - a policy document developed by the Ministry of Health and covering the main strategic objectives from the previous sectorial strategy (e.g. the National AIDS Strategy 2003-2007). The strategy is approved and is partially budgeted.

- The National Antidrug Strategy 2013-2020 – it is elaborated by the National Antidrug Strategy and represents the main document describing in detail harm reduction and HIV prevention objectives targeting IDUs in Romania.
- The National Strategy for Social Inclusion and Poverty Reduction 2014 – 2020 – document elaborated by the Ministry of Labour (available here: [http://www.mmuncii.ro/j33/images/Documente/Familie/2016/StrategyVol1EN\\_web.pdf](http://www.mmuncii.ro/j33/images/Documente/Familie/2016/StrategyVol1EN_web.pdf))

During the reporting year, the **Romanian states pent around 60 million EUR to ensure access to AIDS treatment and care** for all the PLHIV who are eligible according to the national therapeutic guidelines and about **250.000 EURO (1.106.403 lei) for prevention activities.**

As in the years before, in 2016 AIDS prevention was supported mainly by international donors:

- the Norwegian Funding Mechanism with a grant of 1.370.470 Euro, as co-funding in the project *Strengthening the prevention and control of HIV/AIDS, HVB and HVC in Romania* implemented by MoH from 1 May 2014 until 30 April 2016.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, with an allocation of 921,910EUR for TB/HV prevention activities targeting IDUs under the programme “*Decreasing the TB burden in Romania through reforming the TB control system and strengthening the management of drug-resistant TB by ensuring universal access to diagnosis and treatment and addressing the needs of population groups at risk*”, implemented from April 2015 until March 2018.

## II. Overview of the AIDS epidemic

The following data is reflected in the latest report of the Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, at the National Institute for Infectious Diseases “Prof.Dr.Matei Bals” (report at December 31<sup>st</sup> 2016). The report is available on the website of the Compartment ([http://www.cnlas.ro/images/doc/31122016\\_rom.pdf](http://www.cnlas.ro/images/doc/31122016_rom.pdf))

**Since 1985, in Romania 22.095 cases of HIV/AIDS have been registered, as cumulative total, in the National HIV/AIDS Data Base (living and deceased patients).** About 10,000 were children younger than 14 years of age at the time of diagnosis, who became infected with HIV in the early 1990s and who form Romania’s HIV cohort.

**At 31 December 2017, 14.349 PLWHA were registered in the national data base.** The large majority were men and women from the age group 25-29 years (accounting mostly for the Romanian cohort born in the late ‘80s and early ‘90s and infected with HIV through nosocomial route)

**The overall number of new cases of HIV/AIDS registered in 2016 decreased with 5% (N=654) compared to 2015 (N=689).** Almost 2 out of 3 cases were male (72%). The same as in 2015, 41% of all cases were in the group age 25-34. However, **HIV incidence in adults registered an increase in 2016, compared to 2015, but remains low compared to the period 2011-2014. AIDS incidence did not change much (see Table 2)**

Table 2. HIV/AIDS prevalence and incidence in adults in the last 7 years

ADULTS >15 years	HIV INCIDENCE ADULTS/100.000	AIDS INCIDENCE ADULTS/100.000
2010	1.45	1.32
2011	2.22	1.62
2012	2.51	1.54
2013	2.54	1.74
2014	2.38	1.73
2015	1.99	1.76
2016	<b>2.19</b>	<b>1.7</b>

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania - Coordinator Dr. Mariana Mardarescu, [www.cnlas.ro](http://www.cnlas.ro)

**As in the previous years, in 2016 the main route of HIV transmission remains the heterosexual unprotected sexual contact** (65% of all new cases). The proportion of new cases of heterosexual HIV infection registered an increase from 59% (out of N=689) in 2015 to 65% (out of N=654) in 2016. Another change in 2016 is that the proportion of IDU transmission among new cases decreased to 15% (compared to 20% in 2015). This situation changes the hierarchy of the main transmission routes, placing the homosexual transmission second (18%) and injecting drug use third (15%). In absolute numbers, compared to previous years, the absolute number of IDUs among new cases of infection decreased (98 compared to 149 in 2015, 175 in 2014 and 238 in 2013).

**Of all the new cases of HIV/AIDS registered, 61% were late presenters, having a CD4 count of less than 350 cells/mm<sup>3</sup> at the time of diagnosis.** Also 15% had a CD4 count between 351 and 500 cells/mm<sup>3</sup>. Only 17% had a value >500 cells/mm<sup>3</sup>, while 7% were under assessment at the end of 2016. In what concerns the new cases of infection among IDUs, 51% had a CD4 count of less than 100 cells/mm<sup>3</sup> at the time of diagnosis (compared to 23% among patients with other routes of HIV transmission), 5% had a count between 101 and 200 cells/mm<sup>3</sup>, 25% had a count between 201 and 500 cells/mm<sup>3</sup>, 14 % were at more than 500 cells/mm<sup>3</sup> and 5% were under assessment at the end of 2016.

**The IDUs diagnosed in 2016 were mostly men and 76 % were between 25 and 39 years old.** 8% were using heroin, while 40% were using heroin and other substances (e.g. new substances with psychoactive properties). 18% used solely substances with psychoactive properties.

**HCV, TB and other sexually transmitted infections were the most frequent comorbidities among IDUs diagnosed with HIV/AIDS in 2016 (N=100).** 82% of them presented HIV/HCV co-infection, 10% HIV/STIs, 37% - HIV/TB.

### **III. National response to the AIDS epidemic**

**The National Public Health Strategy 2014-2020, is a policy document that includes provisions related to the country's AIDS response.** A series of strategic objectives were formulated (MoH, 2014):

1. Improving the policy response (by developing and approving sectorial policies for HIV/AIDS and STIs; reinstating the national AIDS multi-sectorial commission; implementing prevention activities among all populations vulnerable to HIV/AIDS);
2. Improving the management capacity of the AIDS programme (by developing/improving the data monitoring systems and the behavioural surveillance systems; training HIV/AIDS and STI prevention and testing referral to primary health care providers);
3. Strengthening HIV prevention and harm reduction among vulnerable populations (by needle exchange programs, voluntary counselling and testing, PMTCT and education-information campaigns);
4. Providing universal access to treatment to all eligible patients and preventing the exposure to HIV/AIDS in the medical practice.

**The policy document envisages that a mix of funding sources will be used in implementation.** It is expected that the Norwegian Funding Mechanism, the Global Fund (through the New Funding Model and the European Structural Funds will supplement the domestic funds in order to achieve the first two objectives. However, **the document does not mention for all its objectives the estimated spending from national sources.**

**The National Strategy for Social Inclusion and Poverty Reduction (2015-2020) proposes (among others) measures aiming at improving the health of vulnerable groups,** by actions such as: improving the provision of prevention services in the areas of reproductive health and infectious diseases (especially TB and HIV/AIDS); increasing their access to primary health care and developing community services (including mobile services to reach “invisible” populations). By “vulnerable groups”, the Strategy refers also to injecting drug users, sex workers, prisoners, people affected by chronic disease etc. **The Social Inclusion Strategy also acknowledges that vulnerable groups are at risk of contracting HIV and TB.** In this context, the document proposes reducing the risk of TB/HIV

infection among these groups by: improving active detection of HIV and TB among these groups; providing treatment support to ensure adherence for TB treatment; strengthening the system that supports TB Directly Observed Treatment. **All the health related measures described in the document have been assigned under the responsibility of the Ministry of Health. The documents do not mention the budget estimated** for the implementation of the above measures.

**Actions aiming at the control of HIV/AIDS among IDUs are detailed in the National Antidrug Strategy 2013-2020**, implemented under the coordination of the National Antidrug Agency (NAA). The Strategy has also an Action Plan whose implementation is monitored annually by NAA.

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

In recent years, both government and NGO programs have sought to increase the interest of the general population and vulnerable groups for HIV testing and, ultimately, to increase the number of tests, whether the person is addressing the public or private sector. It remains a major concern keeping the number of heterosexual transmissions cases constant, being the main route of transmission. The low rate of MTCT in new cases was based on intervention in the fertile women population and hence the pregnancy test with correct application of the steps to be followed by ART, scheduled caesarean section, etc.

At national level, HIV free testing is provided through the Public Health District Authorities, and rapid tests are provided by NGOs. According to the legislation, testing is accompanied by pre-post and post-test counselling.

In Romania there are 19 HIV testing lines accompanied by counselling. In 2016, in the Public Health District Authorities, 360 893 tests were performed. The best represented segments are: pregnant women 38, 26% and TB patients 3.23%. 45% are HIV tests by request and occasional.

For confidentiality reasons, many people who are part of risk populations (MSM, IDU, SWs) opt for testing “by request or as occasional testing”.

#### **Prisoners**

In 2016, the National Administration of Penitentiaries (NAP) continued its HIV prevention and control programs by providing (out of its own funds) voluntary HIV counselling and testing. According to the NAP, 321 prisoners with HIV/AIDS were in the system in 2016. Their treatment is paid for by MoH and is dispensed through the prison hospitals.

#### **IDUs**

In Bucharest the provision of harm reduction programs continued and included the following services: needle-exchange (NEP), condom distribution, rapid testing (for HIV, HVB, HVC), vaccination (for HVA and HVB), screening for TB symptoms<sup>1</sup>, information-education-communication about communicable diseases, referral and accompaniment of IDUs to other health services for diagnosis and treatment (e.g. TB dispensary, HIV testing service) and opiate substitution therapy. The services were provided by NGOs, using outreach mobile units<sup>2</sup> and low-threshold clinics (including OST)<sup>3</sup> and by the National Antidrug Agency (through dedicated clinics providing only OST and psychosocial support). The coverage of these services did not increase and is still insufficient compared to the local needs. The NGO activities have been mainly funded with support from international donors (e.g. the Global Fund, the Norwegian Fund, MAC AIDS Fund, Medicins Sans Frontieres, SIDAction etc.) and corporate social responsibility contributions (e.g. GsK, Enel etc.). The main domestic contributions came from the

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<sup>1</sup> The TB related services have been added since 2015, once the latest Global Fund supported program started in Romania.

<sup>2</sup> Two units are ran by Romanian Anti AIDS Association (ARAS) and one by the organization ALIAT>

<sup>3</sup> ARAS runs two harm reduction clinics (including provision of OST services) and Carusel Association runs one harm reduction clinic (without OST) and other two psychosocial support clinics (one in the community, one in a local infectious diseases hospital).

National Antidrug Agency, the Bucharest City Council and a couple of Bucharest district municipalities. The agency provided, for free, test kits for HIV, HBV and HCV testing (about 2,000 pieces). The district municipalities covered the rent for the spaces where some of the low threshold clinics are located, and the Bucharest City Council voted an allocation of almost 150,000 EUR for the provision of outreach and low threshold services for vulnerable groups.<sup>4</sup>

Although NEP is available in theory in some prison units, the National Administration of Penitentiaries reported that the services were requested by prisoners in 2016, therefore no clean injecting equipment was distributed.

Compared to 2014 and 2015, access to OST did not improve (there is still a very low number of treatment slots available, compared to the need). According to the data from the NAA's for 2015, from 9019 people who inject drugs in Bucharest, 1034 drug users were admitted as clients of a drug treatment facility in 2015 (approx 11%), and 533 have benefitted previously from OST.

Also the number of syringes distributed in Bucharest to drug users was 1 496 357.

### **SWs**

SWs have access to HIV prevention and harm reduction at the low threshold clinics or through the outreach services provided by Romanian AntiAIDS Association (ARAS). In 2016, 795 sex workers (number decreased with 11% compared to 2015) received from ARAS: HIV/HVB/HVC testing, condom distribution, information and referral to other medical or psychosocial services. SWs who also inject drugs (only in Bucharest) benefited also from needle exchange and access to methadone substitution treatment. However, because ARAS's programs are mainly funded from grants, the coverage and quality of interventions targeting SWs varies with the availability of fund.

### **MSM**

No HIV prevention interventions were implemented in 2016 at a national/regional level for this group. Occasional prevention events have been organized by NGOs (distribution of condoms in gay bars, online discussion groups), however at a very small scale and usually with little or no funding (e.g. using volunteers). This is particularly critical, since the MSM transmission was in 2016 the second route of HIV transmission.

### **PLHIV**

Positive prevention has been one of the main objectives, given the particular context of HIV/AIDS epidemic in Romania, namely young people, living with HIV for more than twenty years- *the long term survivors' cohort*. In 2016 UNOPA (The National Union of Organizations of People Affected by HIV/AIDS) organized the Forum of PLHIV with more than 100 participants from all over the country, peer support groups in 16 counties (approximately 500 participants), increasing adherence sessions in 16 counties (approximately 500 participants), several educational sessions for prisoners that are living with HIV (approximately 250 participants), peer support for approximately 100 PLHIV, SMS reminder service to administer the treatment (250 beneficiaries), financial support for 7 PLHIV who aim to develop both personally and professionally (studies, photography classes, etc)

Another campaign led by UNOPA was: *InspiRed- for people who have or don't have HIV/AIDS* which was centred on motivational activities, deployed in both closed and open spaces, with involvement of students in at least 3 universities in Romania. Last but not least the campaign also comprised an on-line section ([https://unopa.ro/wp-content/uploads/2014/07/Presentation1\\_versiunea-fara-postere\\_2M-for-site.compressed.pdf](https://unopa.ro/wp-content/uploads/2014/07/Presentation1_versiunea-fara-postere_2M-for-site.compressed.pdf) )

### **Pregnant women and infants**

According to the law, pregnant women have access to antenatal screening for HIV. Starting with 2014, Romania has been implementing the *National Registry of HIV Positive Pregnant Women and of Perinatally Exposed Newborns* used as an assessment tool for mother to child transmission phenomenon

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<sup>4</sup> Only half of this sum was, in fact, used. By the time of this report, the City Council did not spend the sum allocated for the procurement of health consumables, including syringes for the NEP activities. These materials have been procured by the organizations with international funds.



in Romania. Based on the results obtained annually, Romania will try to improve women's access to HIV counselling and testing. The Registry is administered by the National Institute for Infectious Diseases "Prof. Dr. Matei Bals" and has been acknowledged as a successful monitoring tool by ECDC in the report: *Antenatal screening for HIV, hepatitis B, syphilis and rubella susceptibility in the EU/EEA – addressing the vulnerable populations* (<http://ecdc.europa.eu/en/publications/Publications/antenatal-screening-sci-advice-2017.pdf>). Out of the 230 pregnant women living with HIV who gave birth in the past 12 months, 208 received antiretroviral medicines to reduce the risk of mother-to-child transmission of HIV during pregnancy and delivery. During the reporting period 223 infants received an HIV test within two months of birth of them 3 tests being positive.

### **Young people**

The "Education for Health" elective curriculum (coordinated by the Ministry of Education) remains the main instrument for 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. Moreover, during the last few years, there has been growing resistance from a part of the civil society regarding the implementation of "Education for Health" as a compulsory curriculum, as long as it includes sections on sexual education.

## ***b) 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 10,551 at the end of 2015 and 653 people in post exposure prophylaxis (PPE). 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. **In 2016, Ministry of Health distributed, through The National Prevention, Surveillance and Control Programme approximately 60 million EUR (273.563.889lei) for the treatment and prevention programmes.**

ARV treatment (TARV) in Romania is implemented according to norms approved by the Ministry of Health, under the technical coordination of National Institute for Infectious Diseases „Prof.Dr.MateiBals” in Bucharest. The National ART 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 neurocognitive impairment

The Management and Technical Assistance Unit (UATM) in INBI "Prof.Dr.Matei Bals" provides assistance for the National HIV Programme. The Unit estimates the annual funding needs for treatment and prevention. It is coordinated by Ministry of Health and collaborates with the Compartment for Monitoring and Evaluation of HIV/AIDS Infection HIV/AIDS in Romania.

In 2016 the civil society organizations reported some treatment interruptions occurring for short periods of time in a few counties and in the Jilava Penitentiary.

### ***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 Day Clinics and infectious diseases wards in hospitals with the same profile. These services are used 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 access 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 perceived by people living with HIV/AIDS. According to the Organizational Diagnosis Report conducted by the National Union of Organizations of People Affected by HIV/AIDS (UNOPA) there were identified 11 categories of general needs of people living with HIV and those related to combating discrimination (i.e. acceptance of people living with HIV by doctors other than those they are in contact with for HIV/AIDS) are perceived as tier 1 needs - extremely important current needs; meeting these needs requires immediate attention. (Method used: Focus group attended by a total of 60 people living with HIV.)

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. 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.

Small projects (local) providing care and support for PLHIV have been implemented in 2016 in few counties. No other large scale interventions (national, regional) have been implemented, mainly because the organizations traditionally involved in this area (mainly NGOs) lacked the funding to do it.

## **IV. Major challenges and remedial actions**

**The political commitment at the central and local level.** A National Public Health Strategy 2014-2020 was approved in 2014, including strategic objectives related to the AIDS response. However, the budget estimates are limited to: 1) the costs of treatment and monitoring; 2) the activities planned to be implemented with support from international programs (e.g. Norwegian Funding Mechanism, European Structural Funds, and the Global Fund). For example, no estimate was calculated for the domestic contribution with HIV/AIDS prevention activities over the period 2014-2020. Moreover, despite few good examples (Bucharest city council, Bucharest district municipalities), the local authorities have no strategy and long term commitment to support the strengthening and scaling-up of community services aimed at preventing and reducing the HIV/AIDS related burden.

**Scaling-up HIV prevention.** In 2016, harm reduction services targeting IDUs benefited from the contribution of two grants – the Norwegian Fund and the Global Fund. However, there is no

perspective that a further scaling-up will be possible without domestic investment. Three other areas of prevention are affected by the lack of funding: no prevention activities have been conducted in 2016 for MSM and PMTCT, and limited activities have targeted PLHIV.

#### **HIV surveillance & evaluation systems.**

In the reporting period, the funding available for studies related to HIV, targeting other risk groups or aspects relevant for the life of PLHIV was low. There are only two available studies related with HIV in the reported period, regarding women who use drugs and drug-using women involved in sex work, both conducted by ARAS.

**Vulnerable groups' access to HIV diagnosis and treatment.** Starting with mid-2015, the National Health Insurance House implemented the “national health card” – an individual instrument, for every citizen insured with NHIH, to monitor the health services received. By the end of 2015, every person who had a card issued and accessed health services reimbursed by NHIH had to present the card for scanning to the service provider. Although the main role of this system is to monitor services provided by health providers, the measure limits in some ways the access to medical services of citizens who do not have identification papers or are not insured. Moreover, even if providers would take in these patients, their expenses with an uninsured case would not be reimbursed by NHIH. According to data from a BSS conducted in 2012, only 21% had health insurance<sup>5</sup>. In 2016, the NGOs providing services to vulnerable groups initiated a dialogue with NHIH and MoH, trying to find a solution for this issue, but by early 2017 the situation remained unchanged.

#### **Young people's access to HIV prevention**

The “Education for Health” curriculum (coordinated by the Ministry of Education) remains the main instrument for disseminating HIV-related information in a wide population of children and youth, but it is an elective one. Turning the “Education for Health” curriculum from elective course into a required one, was supported by numerous ministers and ex ministers, as well as NGOs, and in 2016 a series of meetings on this topic took place, but the initiative was extremely criticized by several parents' associations.

## **V. Support from the country's development partners**

With support from the Norwegian Funding Mechanism, between May 1<sup>st</sup> 2014-30 August 2016 the Romanian Ministry of Health implemented through the National Institute for Infectious Diseases “Prof.Dr.MateiBalș” the project RO 19.02 **Strengthening the prevention and control of HIV/AIDS, HVB and HVC in Romania** (RO19.02). The project had the following results relevant for the control of HIV/AIDS: 2,000 IDUs received integrated harm reduction services, including needle exchange, HIV, HVB and HVC testing; 12,650 people from the general population tested for HIV, HVB, and HVC; 10,000 teenagers received information about HIV, HVB and HVC infections. The total budget allocated for the project was € 1,373,470, out of which € 992,332 was co-funded from the Norwegian grants.

Under the new Global Fund program (April 2015 – March 2018), a consortium of NGOs will implement a project targeting TB/HIV issues among injecting drug users in Bucharest. For a budget of over 900,000 EUR, organizations ARAS, PARADA and ALIAT will reach 2,500 IDUs with HIV prevention services 2,500 IDUs In October 2014, Romanian stakeholders from the areas of TB and HIV/AIDS, assisted by WHO submitted a funding request for the Global Fund's New Funding Model. The goal of the request is to contribute to the reduction in TB incidence and mortality in Romania, through improved high impact interventions (diagnosis, treatment, care and prevention) and a special focus on key affected populations, including IDUs affected by TB-HIV. The estimated sum allocated until December 2018 for TB/HIV activities is around € 900,000 (out of over 8 million Euros assigned to the entire program).

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<sup>5</sup> National Institute for Health Development, Estonia (2012) *Assessment of HIV and TB Knowledge and the Barriers Related to Access to Care of Vulnerable Groups. Report on a Cross-Sectional Study among Injecting Drug Users*. Available here: <http://www.tai.ee/et/tubidu/publications>.

## VI. Monitoring and evaluation environment

The main M&E unit in the country is the Department for Monitoring and Evaluation of HIV/AIDS Infection in Romania, within the National Institute for Infectious Diseases “Prof. Dr. Matei Bals” in Bucharest. The unit implements a reporting system, receiving data from nine HIV/AIDS Regional Centres in the country - 2 in Bucharest (at the National Institute for Infectious Diseases “Prof.Dr.MateiBals” and Clinical Hospital “Victor Babes”) and the other 7 in: Brasov, Cluj-Napoca, Constanta, Craiova, Iasi, Targu Mures, Timisoara. The data is analysed and a report is issued twice a year (in February and June). The M&E Department is responsible with reporting AIDS related data to international bodies (ECDC Stockholm, WHO, UNAIDS- GARP).

Since 2007, active monitoring (second generation surveillance) has been implemented in the country targeting the following vulnerable groups: IDUs, SWs, prisoners, MSM and people living with HIV/AIDS. The surveys were part of projects funded entirely or co-funded by international donors (UNODC, the Global Fund, and European Commission). After the projects ended, no domestic funds have been allocated for follow-up. As a result, the last bio-behavioural surveillance surveys were conducted in 2010 for SWs and prisoners (Global Fund Round 6), in 2011 for PLHIV (Global Fund Round 6) and in 2014 for MSM (SIALON II, European Commission funding). The only standing system supported (also) from national funding has been the one targeting IDUs: the National Antidrug Agency is involved in funding or co-funding repeatedly the behavioural surveillance surveys among IDUs in Bucharest, the last in 2016. Data from the study is expected to be published in mid-2017.

## BIBLIOGRAPHY

National Administration of Penitentiaries. 2016. *Program monitoring data*. Unpublished.

National Antidrug Agency. 2015. *National Report on Drugs 2015*. Retrieved April 2016, from [http://www.ana.gov.ro/rapoarte%20nationale/RN\\_2015.pdf](http://www.ana.gov.ro/rapoarte%20nationale/RN_2015.pdf).

National Institute for Infectious Diseases “Prof. Dr. Matei Bals”. 2015. *Evolutiainfectiei HIV/SIDA in Romania la 31 Decembrie 2016*. Retrieved March 2017, from <http://www.cnlas.ro>

ECDCScientific Advice.Antenatal screening for HIV, hepatitis B, syphilis and rubella susceptibility in the EU/EEA – addressing the vulnerable populations  
<http://ecdc.europa.eu/en/publications/Publications/antenatal-screening-sci-advice-2017.pdf>

Romanian AntiAIDS Association. 2016. *Program monitoring data*. Unpublished.

Monica Dan, Ludmila Verdes, Galina Musat (ARAS). *Rapid assessment and response country report. Workstream 2. Drug-using women involved in sex work ROMANIA*, 2016<http://www.wedworks.eu/outcomes/reports/>

Daniel Sandu, Ana Mohr, Marian Ursan (Carousel), *Sexul comercial – stigmă și marginalizare (Research Report)*, 2015[http://carousel.org/blog/cercetare\\_sexul\\_comercial/](http://carousel.org/blog/cercetare_sexul_comercial/)

National Union of Organizations of People Affected by HIV / AIDS (UNOPA), *Organizational Diagnosis Report*<https://unopa.ro/category/proiecte/proiecte-in-derulare/proiect-prin-ochii-mei/>

Monica Dan, Ludmila Verdes, Galina Musat (ARAS)*Women using drugs: A qualitative situation and needs analysis survey Country report Romania*, 2016<http://www.wedworks.eu/outcomes/reports/>

