

Survey Response Details

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Response Details

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1) Country

Moldova (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

Data collection and validation processes for the NCPI (National Composite Policy Index) were carried out as part of the UNGASS 2009 reporting exercise. After national consultants for the NCPI were identified for both the Government sector and the civil society sector, the process of data collection and validation had several major milestones: - Desk review: consultants have analyzed

the most recent documents, survey reports, as well as policies and strategies in the field. - Initial brainstorming and discussion at a participatory workshop with broad representation of stakeholders from all sectors and at all levels - Interviewing key people most knowledgeable about the topic. - Discussing the draft with the president of the League of People Living with HIV, and the president of NGOs working in Harm Reduction. (06.02.2010). - The preliminary version of the questionnaire and of the narrative report has been circulated by e-mail for additional comments - Presenting the draft NCPI at a technical workshop and gaining further insights, as well as building consensus in a stakeholder workshop taking place on February 12-13, 2010 - Validation of the NCPI, associated with the UNGASS report validation process in both a technical level workshop on March 19-20 and a consensus-building meeting with high level decision makers on March 29, 2010.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

The NCPI development process has been participatory and has aimed at building consensus among stakeholders. Throughout the workshops and formal and informal discussions, ratings and comments have been discussed, debated, and ultimately agreed upon. Perhaps the most important consensus building mechanism has been the continuity of participatory processes and the involvement of stakeholders all throughout programme implementation, strategic planning and M&E, which has constituted a major conflict resolution and partnership strategy for this cycle of UNGASS reporting

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Among limitations that can be attested are various mandate-driven priorities for the national stakeholders that may affect the objectivity of interview outputs. However, a strategy to address those limitations has been the consultative and participatory process and the many opportunities to discuss issues over and over again until a fair assessment of the status quo has been produced

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11)

NCPI - PART A [to be administered to government officials]

| | Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|--------------|--------------------|---|--|
| Respondent 1 | Ministry of Health | Aliona Serbulenco / Chief of Department | A.I, A.II, A.III, A.IV, A.V |

12)

| | Organization | Names/Positions | Respondents to Part A [Indicate which parts each respondent was queried on] |
|--------------|--------------------------------------|---|--|
| Respondent 2 | Ministry of Health | Lilia Gantea / Deputy Chief of Department | A.I, A.II |
| Respondent 3 | National Centre of Health Management | Oleg Barba / Deputy Director | A.I, A.II, A.III, A.IV, A.V |
| Respondent 4 | National Centre of Health Management | Otilia Scutelnicuic / Head of M&E Unit | A.I, A.II, A.III, A.IV, A.V |
| Respondent | | Stefan Chiorbita / | |

| | | | |
|---------------|--|--|-----------------------------|
| Respondent 5 | AIDS Centre | Stelian Gheorghe / Director | A.I, A.II, A.III, A.IV, A.V |
| Respondent 6 | Ministry of Education | Nadejda Velisco / Head of Department | A.III |
| Respondent 7 | Ministry of Education | Galina Gavrilita / consultant | A.III |
| Respondent 8 | Ministry of Labour, Social Protection and Family | Diana Doros / Consultant | A.IV |
| Respondent 9 | Department of Penitentiary Institutions | Ilona Burduja / Chief of unit | A.III, A.IV |
| Respondent 10 | Department of Penitentiary Institutions | Svetlana Doltu / Senior specialist | A.III, A.IV |
| Respondent 11 | National TB Programme | Dumitru Sain / National TB Coordinator | A.IV |
| Respondent 12 | DDVR | Viorel Calistru / Deputy chief | A.IV |
| Respondent 13 | PCU | Victor Burinschi / Coordinator | A.I, A.II |
| Respondent 14 | | | |
| Respondent 15 | | | |
| Respondent 16 | | | |
| Respondent 17 | | | |
| Respondent 18 | | | |
| Respondent 19 | | | |
| Respondent 20 | | | |
| Respondent 21 | | | |
| Respondent 22 | | | |
| Respondent 23 | | | |
| Respondent 24 | | | |
| Respondent 25 | | | |

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

| Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|--|-------------------|---|
| Respondent 1 Liga PHS (League of PLWHA) | Chilcevschii Igor | B.I, B.II, B.III, B.IV |

14)

| | Organization | Names/Positions | Respondents to Part B [Indicate which parts each respondent was queried on] |
|------------------|---|----------------------|--|
| Respondent 2 | Liga PHS (League of PLWHA) | Curasov Alexandru | B.I, B.II, B.III, B.IV |
| Respondent 3 | UORN | Iatco Ala | B. I, B. II, B. III, B. IV |
| Respondent 4 | Tinerii pentru dreptul la Viață, filiala Bălți (Youth for the right to live, Balti branch) | Aliona Ciobanu | B.I, B.II, B.III, B.IV |
| Respondent 5 | Reforme Medicale (Medical Reform) | Leorda Alexei | B. I, B. II, B. III, B. IV |
| Respondent 6 | Pentru Prezent și Viitor (For the present and future) | Nina Tudoreanu | B.I, B.II, B.III, B.IV |
| Respondent 7 | IDOM | Jereghi Vanu | B. I |
| Respondent 8 | IDOM | Mardari Natalia | B.I |
| Respondent 9 | Viata Noua (New Life) | Poverga Ruslan | B. I, B. II, B. III, B. IV |
| Respondent 10 | Credinta (Faith) | Untura Ludmila | B.I, B.II, B.III, B.IV |
| Respondent 11 | Copilarie pentru toți (Childhood for all) | Mardari Natalia | B. I, B. II, B. III, B. IV |
| Respondent 12 | Respiratia a doua pentru oamenii in etate (Second Breath for the elderly) | Baicalova Irina | B.I, B.II, B.III, B.IV |
| Respondent 13 | Zdorovoe Budușcee (Happy Future) | Tacmelova Alina | B. I, B. II, B. III, B. IV |
| Respondent 14 | Proiecte Inovatoare în Penitenciare (Innovative policies in penitentiaries) | Pintilei Larisa | B.I, B.II, B.III, B.IV |
| Respondent 15 | GenderDocM | Bucsanu Olesea | B. I, B. II, B. III, B. IV |
| Respondent 16 | Biserica Ortodoxă din Moldova (The Orthodox Church of Moldova) | Mosin Octavian | B.I, B.II, B.III, B.IV |
| Respondent 17 | | | |
| Respondent 18 | | | |
| Respondent 19 | | | |
| Respondent 20 | | | |
| Respondent 21 | | | |
| Respondent 22 | | | |
| Respondent 23 | | | |
| Respondent 24 | | | |
| Respondent 25 | | | |

15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?****(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)****Yes (0)****Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2006-2010

17)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

10

18)

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

| | Included in strategy | Earmarked budget |
|-----------------|----------------------|------------------|
| Health | Yes | Yes |
| Education | Yes | Yes |
| Labour | Yes | No |
| Transportation | No | No |
| Military/Police | Yes | Yes |
| Women | Yes | Yes |
| Young people | Yes | Yes |
| Other* | Yes | Yes |

Page 819) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)****If "Other" sectors are included, please specify:**

Justice (inmates), Defense (border guards and uniformed services), social protection

Page 9

20)

Part A, Section I: STRATEGIC PLAN**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

| Target populations | |
|--|-----|
| a. Women and girls | Yes |
| b. Young women/young men | Yes |
| c. Injecting drug users | Yes |
| d. Men who have sex with men | Yes |
| e. Sex workers | Yes |
| f. Orphans and other vulnerable children | Yes |
| g. Other specific vulnerable subpopulations* | Yes |
| Settings | |
| h. Workplace | Yes |
| i. Schools | No |
| j. Prisons | Yes |
| Cross-cutting issues | |
| k. HIV and poverty | Yes |
| l. Human rights protection | Yes |
| m. Involvement of people living with HIV | Yes |
| n. Addressing stigma and discrimination | Yes |
| o. Gender empowerment and/or gender equality | Yes |

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2005

Page 11

23)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

The following target groups have been identified by the National Programme of prevention and control of HIV/AIDS/STI 2006-2010: vulnerable populations, pregnant women, people in uniforms, vulnerable and orphan children born to HIV infected mothers, women, youth, including rural youth, people living with/affected by HIV/AIDS, medical workers, parents, inmates, long distance drivers, migrant population, patients with TB and STI, religious sector

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

1.7 Does the multisectoral strategy or operational plan include:

| | |
|---|-----|
| a. Formal programme goals? | Yes |
| b. Clear targets or milestones? | Yes |
| c. Detailed costs for each programmatic area? | Yes |
| d. An indication of funding sources to support programme? | Yes |
| e. A monitoring and evaluation framework? | Yes |

26)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

Around 40 NGOs are actively involved in HIV/AIDS prevention and control. NGOs are part of one or more networks, leagues or unions in the field: Union of NGOs active in harm reduction, the League of People living with HIV/AIDS, the AIDS Network. Members of NGOs or NGO associations represent them in the NCC and/or its technical work groups, thus ensuring their involvement in the political/decisional management process in the national response to HIV/AIDS/STI. In the framework of developing the National Programme for 2006-2010 period, in 2005, national consultancy processes were organised involving representatives of all NGO networks. Through the workshop for Monitoring the Resolution of the 1st National Forum of NGOs active in the field, they had the chance to offer final proposals and also to approve the Programme framework. The workshop for monitoring the implementation of resolutions of the II National Forum provided an opportunity for NGOs to participate in finalizing the draft law on HIV prevention. The Union of NGOs active in harm reduction has been involved in developing standards for the rendering of services in this specific area. In 2007, organizations of people living with HIV established a League. Currently, the League is one of the major sub-recipients of financial resources under the Round 8 grant. A relevant example of civil society involvement is the mid-term evaluation process for the current cycle of the National Program. Methodologically, the process began with a prioritization workshop where human rights based approaches and evidence-based approaches have been applied to identify gaps, followed by the evaluation per specific thematic areas within technical groups, and a few

workshops to elaborate conclusions and recommendations. All throughout the process, from planning till final conclusions and recommendations, civil society representatives have been actively involved. The same approach was used for the M&E system assessment process, performed applying the 12 components tool in November 2008. It should be mentioned that one of the achievements in this field in 2008 was the more active involvement of representatives of religious confesions and tarde unions and employer's associations. Since 2008, the involvement of NGOs active in the field of Human Rights protection can be attested.

28)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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31)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

| | |
|--|-----|
| a. National Development Plan | Yes |
| b. Common Country Assessment / UN Development Assistance Framework | Yes |
| c. Poverty Reduction Strategy | Yes |
| d. Sector-wide approach | Yes |
| EU-Moldova Action Plan, Millenium Development Goals, "Promoting gender equality for the 2006-2009 period", National Plan "Education for all 2004-2015", National Programme to promote healthy lifestyles 2007-2015", National Health Policy, National Strategy of reproductive health, National Strategy for the development of the health system 2008-2017, National Program to control and prevent Tuberculosis for the 2006-2010 period; Law No 25-XVI of 03.02.2009 for the approval of the National Youth Strategy 2009 – 2013, National Programme for control of Hepatitis B, C, D 2007-2011, Government Decision 1143 of 19.10.2007 | Yes |

32)

2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)

| | |
|--|-----|
| HIV prevention | Yes |
| Treatment for opportunistic infections | Yes |
| Antiretroviral treatment | Yes |
| Care and support (including social security or other schemes) | Yes |
| HIV impact alleviation | Yes |
| Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support | Yes |
| Reduction of stigma and discrimination | Yes |
| Women's economic empowerment (e.g. access to credit, access to land, training) | Yes |
| prevention for vulnerable populations, mother to child transmission prevention, development/strengthening of primary healthcare, STI | |

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33)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN

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

4 (4)

35)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

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

| | |
|---|-----|
| Behavioural change communication | Yes |
| Condom provision | Yes |
| HIV testing and counselling | Yes |
| Sexually transmitted infection services | Yes |
| Antiretroviral treatment | Yes |
| Care and support | Yes |
| post exposure prophylaxis | Yes |

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37)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

According to the Law on preventing HIV/AIDS, article 15, and also the National Programme to control and prevent HIV/AIDS/STI for 2006-2010, counseling and testing is voluntary, with the exceptions of donation of blood and tissue, and court decisions in cases of rape and intentional exposure to HIV transmission, if the indicted individual has been counseled properly and still refuses consent for testing. The same principles apply in the case of counseling and testing uniformed personel. Compulsory testing is prohibited, as well as requesting HIV test results as precondition for employment.

38)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

39)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

| | |
|--------------------------------|-----|
| a. Women | Yes |
| b. Young people | Yes |
| c. Injecting drug users | Yes |
| d. Men who have sex with men | No |
| e. Sex Workers | No |
| f. Prison inmates | Yes |
| g. Migrants/mobile populations | Yes |
| Other: Please specify | |

40)

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

The following mechanisms exist to ensure the implementation of the Law on prevention of HIV/AIDS: the National Health Policy, the National Programme to prevent and control HIV/AIDS/STI. The Constitution of Moldova stipulates the general principle of non-discrimination and the supremacy of international norms regarding human rights. The HIV/AIDS Law of 2007 expressly forbids discrimination based on real or perceived HIV status. An antidiscrimination draft law has been developed but not approved as it raises doubts due to including explicitly sexual orientation in the range of grounds on which discrimination is prohibited. There are mechanisms to ensure implementation of legal stipulations – through national and sectorial policies and programmes, through attribution of relevant responsibilities to central and local level public institutions, as well as through means of control - responsibility for the failure to abide legal norms

Page 21

41)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

42)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 24

43)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

44)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

45)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

46)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

47)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

48)

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

Yes (0)

Page 27

49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

MSM, CSWs, IDUs, inmates, migrants, truck drivers. Youth aged 15-24. Dissagregation based on gender and place of residence (rural/urban) General population. Dissagregation based on gender and place of residence (rural/urban)

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50) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

51)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

The annual reports monitoring the implementation of the National HIV/AIDS/STI Programme uses epidemiological indicators of incidence and prevalence disaggregated by district

52)

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

Yes (0)

Page 30

53)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

54)

Since 2007, what have been key achievements in this area:

The most important achievement of the National Programme is that it correlates with the commitment undertaken by the country to provide universal access to prevention, treatment, care and support in HIV. The current National Program is generally assessed as being comprehensive, complex and of good quality. As to the strategic planning efforts made in 2009, the Mid-term Evaluation of the National Programme that ended in 2009, and efforts for developing the new NAP cycle 2011-2015 should be mentioned. During the MTR and the situational analysis for the new NAP, the following progresses have been attested: - The field of prevention among - Prevention among the general population, explained through systemic campaigns. Enhanced geographic coverage and programmatic quality are among areas where further efforts are needed - the initiation and interventions in the field of HIV prevention in the workplace; - Implementing a pilot project of preventing HIV in the framework of vocational education, based on a pilot Life Skills Education curricula - in the field of voluntary counselling and testing, explained by the extension of the service nationwide, including in the penitentiary sector; - medical care and treatment, by increasing the coverage, initiating the decentralisation of the service, updating treatment protocols, initiating the creation of infrastructure for the management of ARV treatment resistance, TB/HIV co-infection - coordination and management of the national response; - care and support for people living with HIV; - capacity building of medical professionals and social assistants for prevention of stigma and discrimination

55)

What are remaining challenges in this area:

- inadequate financing from the Government and cumbersome monitoring of financial flows explained by the lack of national health accounts - in prevention, there is no leading institution and coordination is fragmented for both activities targeting MARPs and the general population - social assistance and support to people living with/affected by HIV provided only by NGO - stigma and high levels of discrimination acting as deterrent and jeopardizing coverage with prevention, care and treatment of MARPs, MARA, and other vulnerable groups; - there is insufficient progress in certain sectors of the national response for one of the most affected areas—the Eastern region (Transnistria) - Gaps in human rights based approaches to programming, and poor gender sensitivity of certain policies in place - Few interventions covering most at risk adolescents

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56)

Part A, Section II: POLITICAL SUPPORT

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

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

57)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

58)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2002

59)

2.2 IF YES, who is the Chair?

| | |
|----------------|--------------------|
| Name | Vladimir Hotineanu |
| Position/title | Minister of Health |

60)

2.3 IF YES, does the national multisectoral AIDS coordination body:

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? | Yes |
| 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 |

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61)

Part A, Section II: POLITICAL SUPPORT**Question 2.3 (continued)**

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

30

62)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

12

63)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

3

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64)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

No (0)**Page 35**

65)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

14

66)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

| | |
|---|-----|
| Information on priority needs | Yes |
| Technical guidance | Yes |
| Procurement and distribution of drugs or other supplies | No |
| Coordination with other implementing partners | Yes |
| Capacity-building | Yes |
| Other: Please specify | |

67)

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

Yes (0)

Page 36

68)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

69)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

Law on prevention of HIV/AIDS, No 23-XVI of 16.02.2007, published in the Official Monitor Gazette No 54-56/250 of 20.04.2007

70)

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Deportation of HIV+ migrants; in conflict with Article 10 of the 2007 Law that guaranties equal access to all services of prevention, treatment and care regardless of citizenship, and with the National Programme that does not discriminate based on citizenship when providing for free of charge treatment

Page 38

71)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

8 (8)

72)

Since 2007, what have been key achievements in this area:

Among key achievements, we consider the extension of the TB/AIDS NCC, representatives of the civil society having reached 40% and including representatives of the religious and private sector, but also more rights-holders from among key populations. The Ministry of Justice continues to be actively involved in the national response, providing commitment and support for prevention programs among inmates, like needle exchange, substitution treatment and initiation of VCT services, ARV treatment, TB/HIV coinfection management, post-exposure prophylaxis, etc. A major player during 2009 was the Ministry of Economy and Trade, responsible for Labour, which has been actively involved in implementing HIV prevention interventions in the workplace. After reforming the government, this chapter has been taken over by the ministry of Labour and Social Protection, the latter being more actively involved in interventions related to support and care for people living with HIV. In 2009, the necessity for a NCC Technical Working Group for assistance and social support of PLHIV and / or TB has translated into establishment of such a TWG. Certain regional leaders have become more involved, as those from Gagauzia autonomy, Balti, Tiraspol.

73)

What are remaining challenges in this area:

Not all local public administration authorities are involved, even though certain regions have more pro-active leaders. At the funding level, shortages from public funding can be attested, particularly in the field of prevention. Financial coverage by the government for prevention among MARPs is minimal, even if the country is recognized as having a concentrated epidemic and interventions among MARPs should be a priority.

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74)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and

communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

75)

Part A, Section III: PREVENTION**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

76)

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

Yes (0)

Page 41

77)

Part A, Section III: PREVENTION

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

Yes (0)

78)

2.1 Is HIV education part of the curriculum in:

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

79)

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

Yes (0)

80)

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

Yes (0)

81)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

82)

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

Check which specific populations and elements are included in the policy/strategy

| | |
|--|--|
| Targeted information on risk reduction and HIV education | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Stigma and discrimination reduction | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Condom promotion | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations |
| HIV testing and counselling | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations |
| Reproductive health, including sexually transmitted infections | |

reproductive health, including sexually transmitted infections prevention and treatment

Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations

Vulnerability reduction (e.g. income generation)

Drug substitution therapy

Injecting drug user, Prison inmates

Needle & syringe exchange

Injecting drug user, Prison inmates

Page 44

83)

Part A, III. PREVENTION

Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

84)

Since 2007, what have been key achievements in this area:

Politically, prevention activities are supported by various national documents such as the Law on HIV / AIDS, the National Programme strategies, the National Health Policy, that explicitly create conditions for implementation of prevention activities among MARPs and the general population.

85)

What are remaining challenges in this area:

Partners have considered political support for these activities as being rather inadequate due to insufficient leadership both in interventions targeting MARPs and Mara, as well as those aiming at the general population.

Page 45

86)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

87)

Part A, III. PREVENTION

Question 4 (continued)

IF YES, how were these specific needs determined?

Needs have been estimated through the second generation seroprevalence survey carried out among IDUs, CSWs, inmates, migrants. In the same time, with the technical support of UNICEF, in

a workshop involving all relevant specialists, a needs assessment occurred followed by the development of a prevention strategy.

88)

4.1 To what extent has HIV prevention been implemented?

| | The majority of people in need have access |
|---|---|
| HIV prevention component | |
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Agree |
| IEC* on stigma and discrimination reduction | Agree |
| Condom promotion | Agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | Agree |
| Risk reduction for men who have sex with men | Agree |
| Risk reduction for sex workers | Agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |
| School-based HIV education for young people | Don't agree |
| HIV prevention for out-of-school young people | Don't agree |
| HIV prevention in the workplace | Don't agree |
| Other: please specify | |

Page 47

89)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

90)

Since 2007, what have been key achievements in this area:

- HIV prevention among MARPs registered the fastest growth, yet having a moderate evolution. The moderate evolution is determined by the unequal geographical coverage. - Communication campaigns for behaviour change became systematic and are performed qualitatively; - Extension of VCT services on the whole territory of the republic, including penitentiaries - Recently rapid tests have been introduced with a special emphasis on using rapid tests in maternity wards on pregnant women coming to give birth without being tested for HIV during pregnancy. - The first consolidated efforts in HIV prevention in the workplace have been carried out; - Quality control standards regarding blood safety and the participation of all blood transfusion centres in external quality assurance scheme of the AIDS National Reference Laboratory

91)

What are remaining challenges in this area:

- Among the most stringent challenges is the insufficiency of public funds from the state budget for prevention - Gaps in coordination of prevention - weak sustainability of interventions, in both among MARPs and among the general population. - Lack of national, regional and multi-sectorial prevention and communication plans for the to change behaviour for increased risk populations; - Limited financing and poor capacities on local level for implementation of intersectorial action plans for behaviour change communication and prevention among MARPs - Limited access of vulnerable populations to prevention programs due to stigma and discrimination

Page 48

92)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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 (0)

Page 49

93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

94)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

95)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

Estimations were made considering the epidemiological situation: both HIV prevalence and the

tendencies of HIV to evolve among the people already infected with HIV, the peculiarities of the epidemic. The first estimates were made in 2005 as part of the National Program to Prevent and control HIV/AIDS/STI elaboration. These estimates were reviewed and updated a number of times during the target setting for Universal Access to prevention, treatment, care and support; development of proposals to the Global Fund, (round 6, phase I and II) and the Mid-Term Evaluation of the NAP.

97)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

| The majority of people in need have access | |
|---|-------------|
| HIV treatment, care and support service | |
| Antiretroviral therapy | Agree |
| Nutritional care | Don't agree |
| Paediatric AIDS treatment | Agree |
| Sexually transmitted infection management | Agree |
| Psychosocial support for people living with HIV and their families | Don't agree |
| Home-based care | Don't agree |
| Palliative care and treatment of common HIV-related infections | Don't agree |
| HIV testing and counselling for TB patients | Agree |
| TB screening for HIV-infected people | Agree |
| TB preventive therapy for HIV-infected people | N/A |
| TB infection control in HIV treatment and care facilities | Agree |
| Cotrimoxazole prophylaxis in HIV-infected people | Don't agree |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | N/A |
| HIV care and support in the workplace (including alternative working arrangements) | N/A |
| Other: please specify | |

Page 51

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

99)

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

Yes (0)

Page 52

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 4 (continued)****IF YES, for which commodities?:**

The country has access to regional procurement and supply mechanisms for the following medical products: ARV medication, condoms, methadone, TB medicine, Opportunistic Infection medicine, STI medicine, HIV diagnostic tests and CD4.

Page 53

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

8 (8)

102)

Since 2007, what have been key achievements in this area:

- Moldova had substantial achievements in ARV treatment coverage; 100% of those eligible that request treatment receive ARV drugs free of charge, and there are no waiting lists. However, enrollment in treatment and coverage of those estimated to be in need of treatment are still low - Some achievements occurred in the decentralisation of HIV treatment and care services, and of MST, throughout the territory of the country - Updating treatment protocols; - Initiating the establishment of the infrastructure to test viral resistance to ARV medication - Improving accessibility and quality of preventive ARV treatment for HIV positive pregnant women - Inauguration of the pediatric department in the HIV treatment unit

103)

What are remaining challenges in this area:

- Access to ARV treatment remains quite limited throughout the country, because the necessary information is not available to PLHIV, while the adherence programs implemented by NGOs only cover Chisinau region. - Implementation is only partially adjusted to the scope of current necessities - The protocol for comprehensive HIV case management is missing - Care and support services for people living with / affected by HIV are implemented almost exclusively by NGO - Insufficient training, lab diagnostics and case management on the left bank of Nistru river are other gaps that require interventions

Page 54

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

Page 55

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

106)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

107)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

108)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

6 (6)

109)

Since 2007, what have been key achievements in this area:

- Several play centres were opened by NGOs, based on the territorial coverage principle, with the purpose of integrating these children in the society and providing them care and support - The baseline assessment of children affected by HIV has been carried out, representing a planning tool for interventions covering these children

110)

What are remaining challenges in this area:

- MARA have limited access to prevention, care and support services because of stigma and discrimination - Capacities of service providers in service provision for MARA and support to OVC are underdeveloped

Page 57

111)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

112)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

113)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2010

114)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

115)

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

Yes (0)

116)

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

Yes, most partners (0)

Page 60

117)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

| | |
|---|-----|
| a data collection strategy | Yes |
| a well-defined standardised set of indicators | Yes |

| | |
|---|-----|
| guidelines on tools for data collection | Yes |
| a strategy for assessing data quality (i.e., validity, reliability) | No |
| a data analysis strategy | No |
| a data dissemination and use strategy | Yes |

Page 61

118)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

| | |
|-------------------------------|-----|
| routine programme monitoring | Yes |
| behavioural surveys | Yes |
| HIV surveillance | Yes |
| Evaluation / research studies | Yes |

119)

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

Yes (0)

Page 62

120)

Part A, Section V: MONITORING AND EVALUATION**3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

4

121)

3.2 IF YES, has full funding been secured?

No (0)

122)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

123)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

124)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

The first M&E system assessment was carried out in 2004, while the comprehensive assessment of the functionality of the 12 components has been carried out in 2008, with the technical support of UNAIDS. Other system assessments were performed in the context of grants implementation, the Global Fund assessment tool being applied.

125)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

126)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?
in the Ministry of Health?
National Center for Health Management of the Ministry of Health Yes

127) Number of permanent staff:

Please enter an integer greater than or equal to 0

4

128) Number of temporary staff:

Please enter an integer greater than or equal to 0

1

Page 67

129)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

| Position | Full time/Part time? | Since when? |
|----------|----------------------|-------------|
|----------|----------------------|-------------|

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|--------------------|---------------------|----------------------|---|
| Permanent staff 1 | Head Department | Full time | 2004 |
| Permanent staff 2 | IT specialist | Full time | 2004 |
| Permanent staff 3 | Surveys coordinator | Full time | 2007 |
| Permanent staff 4 | VCT M&E | Full time | 2008 |
| Permanent staff 5 | | | |
| Permanent staff 6 | | | |
| Permanent staff 7 | | | |
| Permanent staff 8 | | | |
| Permanent staff 9 | | | |
| Permanent staff 10 | | | |
| Permanent staff 11 | | | |
| Permanent staff 12 | | | |
| Permanent staff 13 | | | |
| Permanent staff 14 | | | |
| Permanent staff 15 | | | |

130)

Please describe the details of all the temporary staff:

| | Position | Full time/Part time? | Since when? (please enter the year in yyyy format) |
|--------------------|---------------|----------------------|---|
| Temporary staff 1 | IT specialist | Part time | 2005 |
| Temporary staff 2 | | | |
| Temporary staff 3 | | | |
| Temporary staff 4 | | | |
| Temporary staff 5 | | | |
| Temporary staff 6 | | | |
| Temporary staff 7 | | | |
| Temporary staff 8 | | | |
| Temporary staff 9 | | | |
| Temporary staff 10 | | | |
| Temporary staff 11 | | | |
| Temporary staff 12 | | | |
| Temporary staff 13 | | | |
| Temporary staff 14 | | | |
| Temporary staff 15 | | | |

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131)

Part A, Section V: MONITORING AND EVALUATION

5.3 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 for inclusion in the national M&E system?

Yes (0)

Page 69

132) Part A, Section V: MONITORING AND EVALUATION**Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

The ammended M&E Plan sopecifies data flows and periodicity of reporting to the National M&E Unit, laos, subsequent to the streamlining of the GFATM M&E to the national M&E system, the M&E Unit has viable mechanisms to influence timely reporting.

133)

What are the major challenges?

Intersectorial reporting, particular on the horizontal level, remains challenging. AS a remedial action, the M&E Plan for the new NAP cycle is planned to be approved by Government decision, hence strengthening the mandate of the national M&E system

Page 70

134)

Part A, Section V: MONITORING AND EVALUATION**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly (0)

135)

6.1 Does it include representation from civil society?

Yes (0)

Page 71**136) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

As permanent members of the technical work group, there are both the League of People Living with HIV and the Soros-Moldova Foundation (the program coordinator for harm reduction). They have voting rights and participate fully in the work of the group, participating in developing drafts of strategic and operational documents, in assessments and evaluations, and in issuing recommendations. Since meetings are open, depending on the topic of the meeting, representatives of all interested NGOs are invited to participate in decision making, coordination and reaching consensus in the field.

137)

7. Is there a central national database with HIV- related data?

No (0)

Page 73

138)

7.3 Is there a functional* Health Information System?

| | |
|----------------------|-----|
| At national level | Yes |
| At subnational level | Yes |

Page 74139) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

District level treatment facilities

140)

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

Yes (0)

141)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

142)

Provide a specific example:

An important finding of the M&E system assessment is the use of data produced by the M&E system in the strategic planning processes. For example, the data collected through second generation surveillance studies are used for sharpening the focus of prevention interventions among MARPs. All prevention campaigns are designed based on findings of KAP and other behavioral studies, and are followed by outcome evaluations after completion. The prioritization of interventions to fall under the outcomes of the new cycle of NAP has been carried out through a participatory process, based on the key gaps and priority actions put forth by the Mid-Term Evaluation Report and the final Response Analysis of the 2006 – 2010 NAP

143)

What are the main challenges, if any?

Although the M&E system assessment has highly appreciated the transparency and availability of data, a certain lack of continuity has been attested, with sporadic data provision and some key actors missing from existent information flows. Dissemination of some data is done without being accompanied by an adequate interpretation, or is done in an exaggeratedly technical manner, which jeopardizes data use, particularly by decision makers that frequently lack the respective scientific nackground. Dissemination of data should be done more systematically. At the moment, dissemination is done in an ad-hoc manner, some data being widely publicized (being posted on websites, in electronic bulletins, NCC Bulletin), while others being less accessible. Standardisation of dissemination chanelns is necessary. Currently, most of the data is made available through e-mail or by posting on websites, which curtails the access of local level service providers that lack access to internet.

Page 75

144) Part A, Section V: MONITORING AND EVALUATION

9.2 To what extent are M&E data used for resource allocation?

3 (3)

145)

Provide a specific example:

The new cycle of the National Programme, including costing of interventions, have been developed based on gaps and priority areas identified through the mid-term evaluation and the final response analysis

Page 76

146)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

147)

Provide a specific example:

The M&E system assessment and the MTR of the NAP have identified a series of gaps, and have formulated recommendations to guide stakeholders in programme implementation

Page 77

148) Part A, Section V: MONITORING AND EVALUATION

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

149)

10.1 In the last year, was training in M&E conducted

| | |
|--|-----|
| At national level? | Yes |
| At subnational level? | Yes |
| At service delivery level including civil society? | Yes |

Page 79150) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

30

151) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

200

152) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

30

Page 80

153)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81154) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

M&E visits

Page 82155) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)**Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

156)

Since 2007, what have been key achievements in this area:

The biggest achievement is the M&E system assessment through the functionality review for each of its 12 components. The assessment has determined the strengths and weaknesses for each component and the strategy for actions. The final report is attached. - The National M&E Plan 2006 - 2010 has been amended based on quality criteria. The development process has been participatory and transparent and has been based on the findings of the M&E system assessment. - The M&E capacity building strategy and curriculum for the MA in Public Health Programme has been developed. Advocacy is planned for 2010 for institutionalizing the curriculum based on the Medical University. - The M&E Advocacy Strategy has been developed. - The concept of the national database is in process of being developed, expected to integrate all data flows and serve as a comprehensive platform enhancing data availability and use

157)

What are remaining challenges in this area:

- Lack of institutionalized routine intersectorial reporting mechanisms; - Limited allocations to the M&E system from the state budget and over-reliance on international financial support, which curtails sustainability; - Gaps in national technical expertise; - Vulnerable populations sizes have not yet been estimated; - Given political constraints affecting full collaboration with the Transnistria region, full coverage with comprehensive M&E of the region is difficult; - Operational research for the evaluation of activities is not implemented; - Existing gaps in ensuring the confidentiality of data.

Page 83

158)

Part B, Section I: HUMAN RIGHTS

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

Yes (0)

Page 84

159)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

1. The Constitution of the Republic of Moldova (forbids all kind of discrimination) 2. National Health Policy, 17. 08. 2007, published in the Official Monitor Gazette nr. 127-130 (general document) 3. Law nr. 23-XVI of the 16. 02. 2007, regarding HIV/AIDS prevention , published in Official Monitor Gazette nr. 54-56/250 of the 20. 04. 2007 4. Law Nr. 263 of the 27. 10. 2005, regarding rights and responsibilities of patients published in Official Monitor Gazette Nr. 176 of 30. 12. 2005 5. Law №. 411 of the 28. 03. 95 regarding healthcare protection published in Official Monitor Gazette Nr. 034 of the 22. 06. 95 (general document) 6. Republic of Moldova Government Decision 948 On the activities to prevent and control HIV/AIDS and STI, National Program for Prevention and Control of HIV/AIDS/STI 2006-2010.

160)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

161)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

| | |
|--------------------------------|-----|
| a. Women | Yes |
| b. Young people | Yes |
| c. Injecting drug users | No |
| d. Men who have sex with men | No |
| e. Sex Workers | No |
| f. prison inmates | No |
| g. Migrants/mobile populations | Yes |
| Other: Please specify | |

162)

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 a court of law within the judicial system Based on the nature of the conflict the cases can be solved at the level of institutions by: 1. competent Ministries where there exist Departments for Petitions and specialized committees 2. National Health Insurance Company 3. Non-government organizations dealing with human rights (such as CREDO www.credo.md etc) 4. Human Rights Centre of the Republic of Moldova (Centre of Ombudsmen / Parliamentarian Lawyers www.ombudsman.md) 5. other structures, established and mandated in accordance with the legislation in force 6. If the conflict could not be settled amiably or it could not be settled at the level of institutions mentioned above, the case can be brought in a court of law, without any discrimination.

163)

Briefly describe the content of these laws:

The equality of rights and the free access to justice is stipulated in the Constitution 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 in front of law and 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 law against actions infringing on his/her legitimate rights, freedoms and interests. (2) No law may restrict the access to justice.

164)

Briefly comment on the degree to which they are currently implemented:

Legal provisions are respected as a general legal norm. Lack of coherent mechanisms to monitor their implementation sometimes allow for the discrimination of PLHIV

Page 86

165)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88166) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

167)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

1. Republic of Moldova Government Decision Nr. 948 On the activities to prevent and control HIV/AIDS and STI, National Program for prevention and Control of HIV/AIDS/STI 2006-2010. 2. Law nr. 23-XVI of the 16. 02. 2007, regarding HIV/AIDS prevention, published in the Official Monitor Gazette nr. 54-56/250 of 20. 04. 2007

168)

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

Yes (0)

Page 90

169)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

There are general mechanisms to monitor human rights violations: 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 Ombudsmen/Parliamentarian Lawyers www.ombudsman.md) The Human Rights Center and Parliamentary commission for human rights have never mentioned cases of discrimination of people living with HIV/AIDS in their reports.

170)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

171)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

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 have joined non-governmental organizations dealing with the development and implementation of strategies aimed to most at risk populations. Thus, NGOs that are part of the National Coordination Council and its Technical Working Group (www.aids.md) are responsible for the development of sectorial strategies and plans. The number of NGO representatives in the NCC has risen to up to 40% in 2009. The Non-governmental sector actively participated to the creation of the National Program of Prevention and Control of HIV/AIDS 2006-2010, through involvement throughout the situation analysis, response analysis, strategic planning and resource mobilization. For the resource mobilization part, NGOs were involved in developing the project proposals that the Government has submitted to the GFTAM (Rounds 6, 8, 9). Also, the active participation of NGOs was attested in the process of creating the Law on preventing HIV/AIDS, approved in 2007. Throughout 2008-2009, NGOs have developed, in partnership with relevant medical institutions, the national medical standards regarding the complex approach to care, support, treatment and rehabilitation of IDUs. NGO took active part in the Mid-term Review of the HIV/AIDS National Program 2006-2010, that has taken place from September 2008 till March 2009. Representatives of the NGO sector are participating actively in

developing the new cycle of the national program (2011-2015).

172)

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

| | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | Yes |

Page 92

173)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

As stipulated by the Law on Prevention of HIV/AIDS nr. 23-XVI of 16.02.2007, published in the Official Monitor Gazette 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.

174)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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175)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

176)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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177)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)****IF YES, briefly describe the content of this policy:**

1. Republic of Moldova Government Decision Nr. 948 On the activities to prevent and control HIV/AIDS and STI, National Program for prevention and Control of HIV/AIDS/STI 2006-2010. 2. Law nr. 23-XVI of the 16. 02. 2007, regarding HIV/AIDS prevention, published in the Official Monitor Gazette nr. 54-56/250 of 20. 04. 2007

178)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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179)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)****IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

Activities regarding IDUs are stipulated in the law on HIV (2007). Activities regarding other vulnerable groups are described in the National HIV/AIDS Programme. In 2009 comprehensive national standards for care, support, treatment and rehabilitation of IDUs were developed. Standards include: harm reduction, methadone substitution therapy, rehabilitation.

180)

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

Yes (0)

181)

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

Yes (0)

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182)

Part B, Section I. HUMAN RIGHTS**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

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183)

– 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 (0)

184)

– 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

Yes (0)

185)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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186)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

Even if there exist general mechanisms for monitoring human rights violations, their involvement specifically in promotion of human rights in the context of HIV/AIDS is minimal, as we know of no precedents in the field.

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187)

Part B, Section I. HUMAN RIGHTS**13. In the last 2 years, have members of the judiciary (including labour courts/**

employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

188)

– Legal aid systems for HIV casework

Yes (0)

189)

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

Yes (0)

190)

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

Yes (0)

191)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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192)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

| | |
|--------------------------------------|-----|
| Media | Yes |
| School education | Yes |
| Personalities regularly speaking out | No |
| Other: please specify | |

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193)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

7 (7)

194)

Since 2007, what have been key achievements in this area:

- Scaling up existing interventions carried out by the NGO sector, with the support of GFATM Grant R8 - Increased number of NGOs representatives in the NCC

195)

What are remaining challenges in this area:

- Regulations and bylaws are not always in line with relevant legislation - Mechanisms are not sufficient to achieve the implementation of legal provisions - The existence of negative stigma and discriminatory practices of people with HIV/AIDS - Insufficient education programs on HIV/AIDS, reproductive health and non-discrimination as measures to prevent the spread of HIV/AIDS and reducing stigma and discrimination of PLHIV; those that do exist are limited in scope and/or are implemented by NGOs

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196)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

197)

Since 2007, what have been key achievements in this area:

- NGOs are part of the National Coordinating Council and its technical working groups - Number of NGO representatives in the NCC increased to 40% in 2009

198)

What are remaining challenges in this area:

- Ensuring proper implementation of normative acts - Lack of a clear concept of coordination and effective management of the National AIDS Programme, which would include a clear definition of national institutions responsible for overall implementation of activities within the national response and clear links with/between ministries, other government agencies and partners - There are insufficient mechanisms to monitor specifically human rights violations, stigma and discrimination related to HIV.

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199)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

4 (4)

200)

Comments and examples:

NGOs are part of the National Coordination Council and its technical working groups, which are responsible for developing plans and sectoral strategies. During 2008-2009, NGOs have developed, in partnership with relevant national medical institutions, national standards regarding complex approach to care, support, treatment and rehabilitation of IDUs. NGOs were actively involved in the mid-term review of the National Programme on HIV/AIDS in 2008. Representatives of the civil society sector are actively involved in developing the National Programme (2011-2015).

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201)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

4 (4)

202)

Comments and examples:

NGOs were actively involved in developing project proposals submitted by the Government to GFTAM (Rounds 6, 8, 9)

Page 105

203)

a. the national AIDS strategy?

4 (4)

204)

b. the national AIDS budget?

1 (1)

205)

c. national AIDS reports?

4 (4)

206)

Comments and examples:

National civil sector involvement in HIV/AIDS is broadly provided for in the National Programme for

Prevention and Control of HIV/AIDS 2006-2010, particularly in the strategies focusing on prevention and care and support for PLHIV NGOs were actively involved in the Mid-Term Review of the National Programme on HIV/AIDS in 2008. During the reporting period, NGOs have participated in developing reports on Monitoring the Dublin Declaration, UA and UNGASS.

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207)

a. developing the national M&E plan?

3 (3)

208)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

4 (4)

209)

c. M&E efforts at local level?

2 (2)

210)

Comments and examples:

- NGOs are members of the NCC Technical Working Group on M & E - Some NGOs are also members of local committees on HIV/AIDS.

Page 107**211) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

212)

Comments and examples:

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, inmates from penitentiary institutions NGOs providing AIDS related services Women's associations Youth associations Religious and confessional organizations The National Red Cross Society

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213)

a. adequate financial support to implement its HIV activities?

3 (3)

214)

b. adequate technical support to implement its HIV activities?

3 (3)

215)

Comments and examples:

On pt.a) – Generally, financing comes exclusively from GFATM resources On pt.b) – UNAIDS, UNICEF, Soros Foundation-Moldova, AFEW, etc.

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216) Part B, Section II. CIVIL SOCIETY PARTICIPATION

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

| | |
|--|--------|
| Prevention for youth | 25-50% |
| Prevention for most-at-risk-populations | |
| - Injecting drug users | >75% |
| - Men who have sex with men | >75% |
| - Sex workers | >75% |
| Testing and Counselling | <25% |
| Reduction of Stigma and Discrimination | >75% |
| Clinical services (ART/OI)* | <25% |
| Home-based care | >75% |
| Programmes for OVC** | 51-75% |

Page 110

217)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

218)

Since 2007, what have been key achievements in this area:

Number of NGO representatives in the NCC increased to 40% in 2009

219)

What are remaining challenges in this area:

- Insufficient involvement of the civil sector in making decisions on budgetary allocations within the National Programme. - Producing and validating methodologically-sound estimations of sizes of all MARPs, including orphans and other vulnerable children.

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220)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

221)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Needs are assessed taking into account the results of second generation sentinel seroprevalence and behavior studies (carried out among injecting drug users, commercial sex worker's, detainees, migrants). Upon assessing needs and gap through participatory approaches and meaningful consultations of all interest stakeholders, consensus is ensured

222)

1.1 To what extent has HIV prevention been implemented?

| | The majority of people in need have access |
|---|---|
| HIV prevention component | |
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Don't agree |
| IEC* on stigma and discrimination reduction | Don't agree |
| Condom promotion | Don't agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | Don't agree |
| Risk reduction for men who have sex with men | Don't agree |
| Risk reduction for sex workers | Don't agree |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |
| School-based HIV education for young people | Don't agree |
| HIV prevention for out-of-school young people | Don't agree |
| HIV prevention in the workplace | Don't agree |
| Other: please specify | |

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223)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

224)

What are remaining challenges in this area:

- Adequately expanding harm reduction activities to the Eastern region of the country (left bank of Nistru). - Funding for HIV prevention activities is largely coming only from external financial resources - Life Skills Education is just an optional course in schools

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225)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

226)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

Overall estimates were made taking into account the epidemiological situation: HIV prevalence, trends of HIV spread. In 2005, in the process of drafting the National Programme, the initial estimates have been developed. Other estimates have been made in the process of setting targets for universal access, developing project proposals to the Global Fund, etc.

227)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

| | |
|---|-------------|
| Antiretroviral therapy | Agree |
| Nutritional care | Agree |
| Paediatric AIDS treatment | Agree |
| Sexually transmitted infection management | Agree |
| Psychosocial support for people living with HIV and their families | Don't agree |
| Home-based care | Don't agree |
| Palliative care and treatment of common HIV-related infections | Don't agree |
| HIV testing and counselling for TB patients | Agree |
| TB screening for HIV-infected people | Agree |
| TB preventive therapy for HIV-infected people | Agree |
| TB infection control in HIV treatment and care facilities | Agree |
| Cotrimoxazole prophylaxis in HIV-infected people | Agree |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | N/A |
| HIV care and support in the workplace (including alternative working arrangements) | N/A |
| Other: please specify | |

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228)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

229)

Since 2007, what have been key achievements in this area:

Ensuring adequate ARV treatment in Transnistria, according to the Moldovan national standards and protocol

230)

What are remaining challenges in this area:

Ensuring appropriate support and care for PLHIV An operational system of clinical monitoring and specialized treatment for HIV-positive children

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231)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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232)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

233)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

No (0)

234)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

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235)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

236)

Since 2007, what have been key achievements in this area:

- Active involvement of the MLSPF in the activities of the National Programme - TWG for Social Assistance established as part of the NCC

237)

What are remaining challenges in this area:

- Estimated number of OVC is missing - Estimating and developing a basic package of services for OVC and of adequate implementation mechanisms.