

Country progress report - Republic of Moldova

Global AIDS Monitoring 2019



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- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

The Republic of Moldova adhered and committed in June 2016, in New York to the new bold agenda to end the AIDS epidemic by 2030, endorsed during the United Nations General Assembly High-Level Meeting on Ending AIDS. The progressive, new and actionable Political Declaration includes a set of specific, time-bound targets and actions that must be achieved by 2020 if the world is to get on the Fast-Track and end the AIDS epidemic by 2030 within the framework of the Sustainable Development Goals. In addition, the Republic of Moldova is part of the Dublin Declaration and of the WHO Global Strategy on Health sector.

The national HIV response is based on a robust, well prioritized, costed National Control and Prophylaxis HIV/AIDS Programme for 2016-2020 (NAP), approved by the Government. The amount of € 15.8 million (about 7.1 mln Euro for HIV programme) granted by GF supports the achievement of NAP targets. NAP is complemented with 2 transition and sustainability plans, for Moldova and for Transnistrian region. Those stayed at the basis of covering for the first time ever, 3 harm reduction projects (about 3000 beneficiaries from KP), as well as 500 1st line patients (30%) from Transnistrian region from domestic resources. Technical assistance provided by UN Joint Team on HIV (Joint team) resulted into mainstreamed human rights and gender of the national response, including synergies with other programmes.

The joint Monitoring and Evaluation framework of the National Programme on Prevention and Control of HIV/AIDS and STI in the Republic of Moldova has been implemented starting with 2005. Over the years, this system passed through a series of system strengthening stages, still it is yet premature to state that the system is fully functional and satisfies all the key information needs. Thus, there is still a need to improve the information system, the informational flow and to adapt the existing reporting forms and software used in the country to the recommendations provided by international experts and to the requests of the civil society. However, relevant strategic information was obtained and made accessible, to inform the decision-making process in the national response to HIV.

The given report is the result of collaboration among institutions, ministries, and public organizations, non-governmental and international organizations. Representatives of governmental institutions and nongovernmental organizations, which are part of the national HIV response, have been involved in the process of collection, analysis and interpretation of data for the current AIDS Progress Reporting. The values of the indicators were presented and validated in the framework of the Country Coordination Mechanism (CCM) technical working meetings with the participation of the community, national and international counterparts.

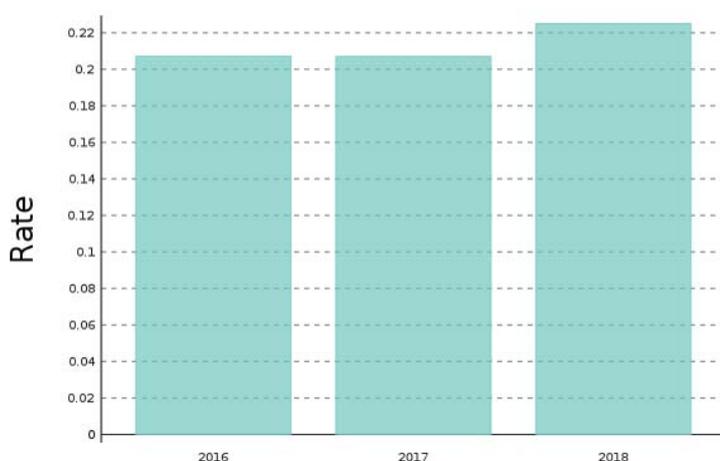
There are no relevant changes observed in the country's epidemiological context as compared to the previous report. Moldova's HIV epidemic continues to be concentrated among key affected populations (KAP), mostly PWID, with an increasing contribution of SW and MSM. HIV prevalence in general population is 0.20%. Available data suggest the epidemic has transitioned from an early concentrated epidemic in which the highest rates of transmission were among PWID to an advanced concentrated one, in which onward transmission to sexual partners of PWID and other key populations has become a source of new infections.

Sexual Reproductive Health and HIV Prevention among key populations are well reflected into the approved National Development Strategy "Moldova 2030". Developed with UNFPA and WHO support, National Programme on SRHR 2018-2022 has a costed action plan with a dedicated budget line for centralized procurement from State Budget of modern contraceptives for vulnerable groups, including youth and PLWH. 5 Standardized Clinical Protocols on Family Planning for Family Doctors and Gynaecologists were developed and approved in 2018 by the MHLSP, addressing youth, people with HIV and disabilities.

Minimum Initial Service Package for Reproductive Health Training course (including HIV Prevention component) was developed and integrated - into the State University of Medicine and Pharmacy Curricula, being mandatory for resident doctors in the field of obstetrics & gynecology, as well as practitioners' doctors.

3.1 HIV incidence rate per 1000, Republic of Moldova (2016-2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

Five protocols, on HIV treatment in adolescents, in youth and adolescents, prevention of mother to child transmission, post-prophylaxis, including one on PrEP were aligned to latest WHO recommendations – Treat All/Test and treat. All were approved by Ministry of Health, Labour and Social Protection (MHLSP) at the beginning of 2018 after being largely discussed with about 60 representatives of academia, health practitioners, NGOs, Joint team. Among the main innovative interventions the following can be listed: Dolutegravir is the main 1st line treatment regimen, 271 patients benefited of it in 2018, about 1000 are estimated for 2019. The testing algorithm, based on rapid tests and extended from consultative to family medicine, allows extended coverage and ensures HIV diagnosis in 1 day, compared to about 3-4 weeks previously. The service is available to all through NGOS, being also based on blood rapid testing. 300 health specialists (family medicine, infectionists, gynecologists, lab specialists, SRH, YFHS) provide qualitative screening, diagnosis and HIV treatment services, after 12 trainings organized in Moldova with WHO and UNAIDS support. 75 health specialists from Transnistria are able to follow the new protocols. 10 specialists are enabled to provide qualitative PrEP after a study visit in Paris and 10 ones - continuum of care services after a visit in Stockholm organized with the support of UNAIDS. 37 YFHC out of 41 (around 90 %) provide HIV rapid testing to adolescents' girls and boys according to new guidelines. Self-testing piloted in Moldova since May 2016 is available to all, in addition to conventional and rapid testing performed by NGOs.

Thus, HIV testing policies were streamlined and antiretroviral (ARV) options were updated to the latest WHO consolidated guidelines by the end of 2017.

According to national statistics, 12 784 HIV cases (including 3 950 in Transnistria) were cumulatively registered by the end of 2018. For the first time, 905 cases (225 in Transnistria) was registered in Republic of Moldova in 2018, in the precedent 3 years the number of new cases being slightly more than 800 new cases, with no major changes in the gender distribution.

During the year 2018, 240 847 HIV tests were done in the Republic of Moldova: 167 881 test in the general population, including 20 168 in the high-risk population and 72 966 tests in the blood transfusion system.

The predominant mode of HIV transmission in 2018 remains heterosexual sex that account for 85,7% from the new cases.

Reported cases on both banks 9 288, account for a half (59%) from 2017 estimated number of PLHIV for 2018 year– 15 835 persons). About 50% of new diagnosed cases are at AIDS stage. HIV prevalence constitutes around 230.43 per 100 000, Transnistria region registering significantly higher rates – 606.08 per 100 000.

Policy questions (2018)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

a) For adults and adolescents

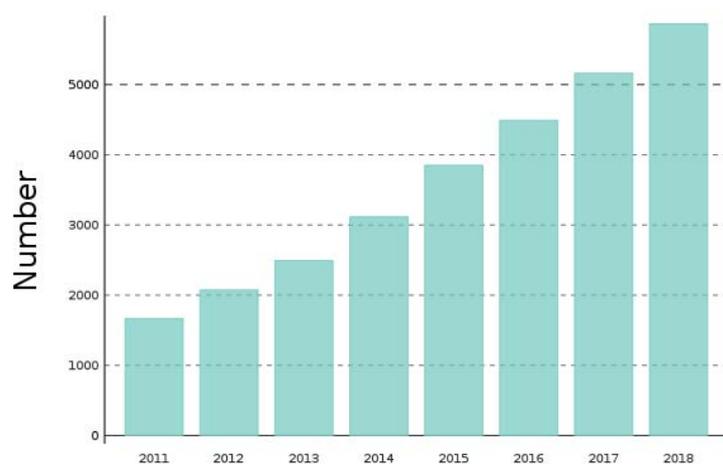
Yes, fully implemented

b) For children

Yes, fully implemented

1.2 People living with HIV on antiretroviral therapy, Republic of Moldova (2011-2018)

Number of people on antiretroviral therapy at the end of the reporting period



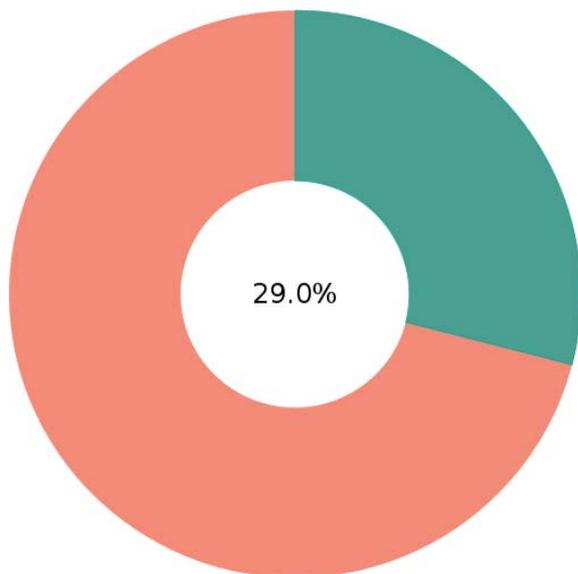
1.3 Retention on antiretroviral therapy at 12 months, Republic of Moldova (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting



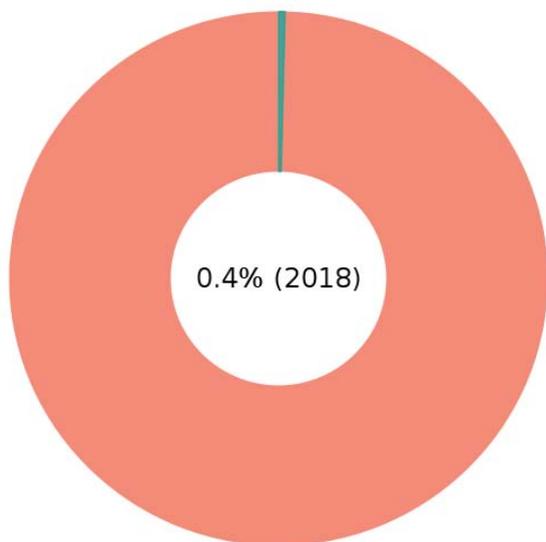
1.5 Late HIV diagnosis, Republic of Moldova (2018)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm3 during the reporting period



1.8 HIV testing volume and positivity, Republic of Moldova

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 240 847

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

Following the piloting of tools to validate the elimination of mother-to-child transmission (EMTCT) of syphilis and/or HIV in Moldova and several WHO missions to the country (2015) and the validation of EMTCT of syphilis in May 2016, the country re-confirmed its validation of EMTCT of syphilis in June 2017 and 2018, with WHO and UNAIDS support, while engaging with the country in acting upon the GVAC recommendations, in particular on External Quality Assurance (EQA) for syphilis and HIV infection, which was successfully answered in 2018. Preparations have been started by the Coordination team of the National AIDS Programme, and national stakeholders to validate EMTCT of HIV infection in 2018-2019.

Throughout 2018, 187 infants have been tested for HIV in the first 2 months of life. Out of this number, 182 infants received a negative result for the test, 5 received a positive result.

According to the administrative statistics for 2018, out of the number of women addressed for antenatal care in 2018 (40 095), about 99% have been tested for HIV at least once.

During 2018, 68 new cases of HIV infection were identified among pregnant women and 148 HIV positive women became pregnant and decided to go on with the pregnancy.

The coverage of syphilis testing in women attending antenatal care services at any visit is about 99% according to the national statistics and the congenital syphilis rate (live births and stillbirth) is 0% (6 cases out of 39 115).

Policy questions (2018)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: <2%; 2020

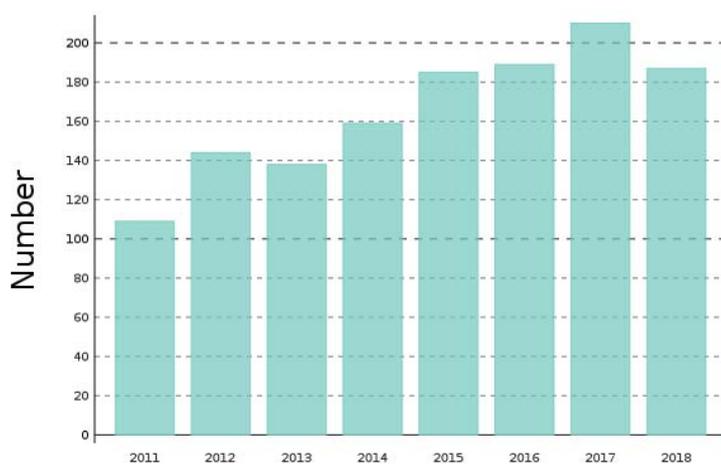
Elimination target(s) (such as the number of cases/population) and year: <4; 4040

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age; Implemented countrywide (>95% of treatment sites)

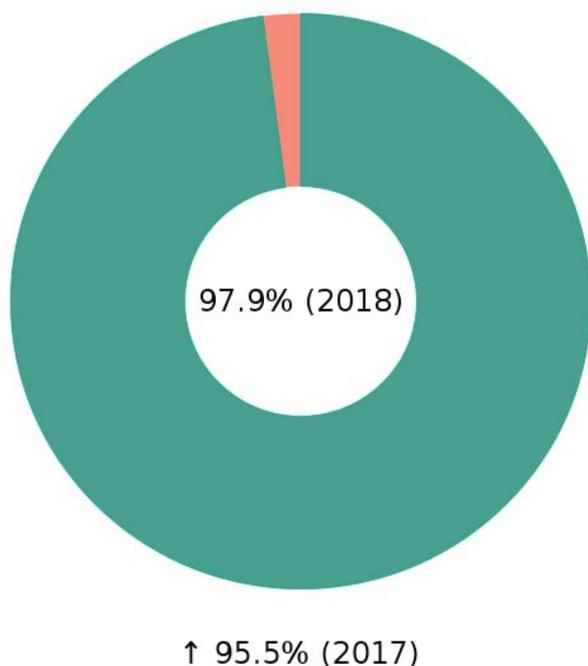
2.1 Early infant diagnosis, Republic of Moldova (2011-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



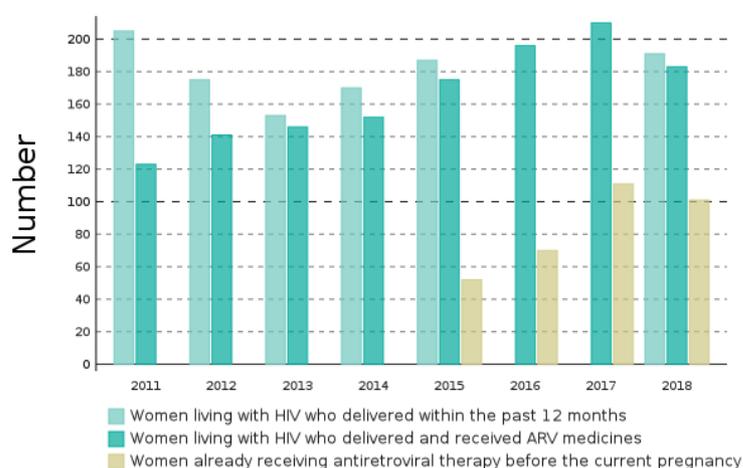
2.1 Early infant diagnosis, Republic of Moldova (2017-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



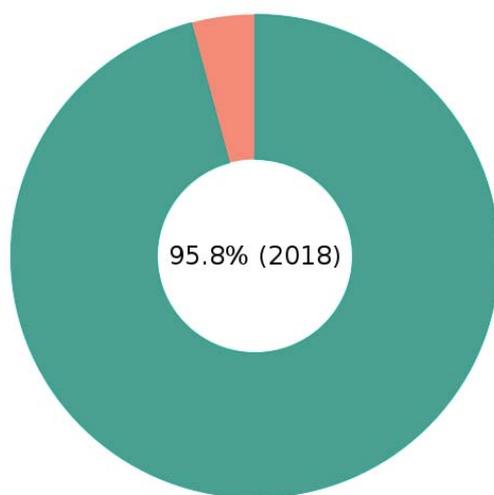
2.3 Preventing mother-to-child transmission of HIV, Republic of Moldova (2011-2018)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



2.3 Preventing mother-to-child transmission of HIV, Republic of Moldova (2017-2018)

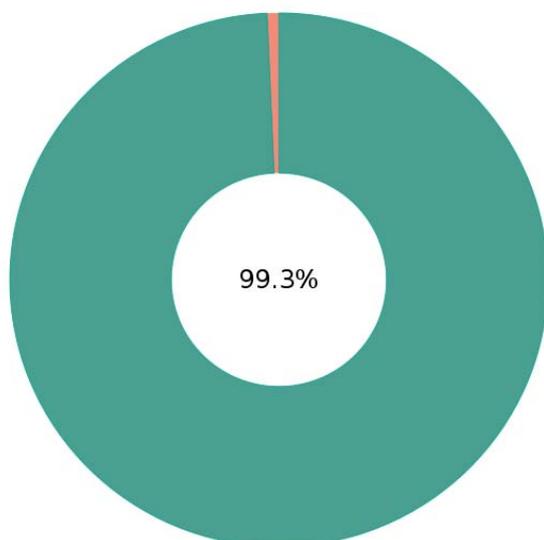
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



↑ 0% (2017)

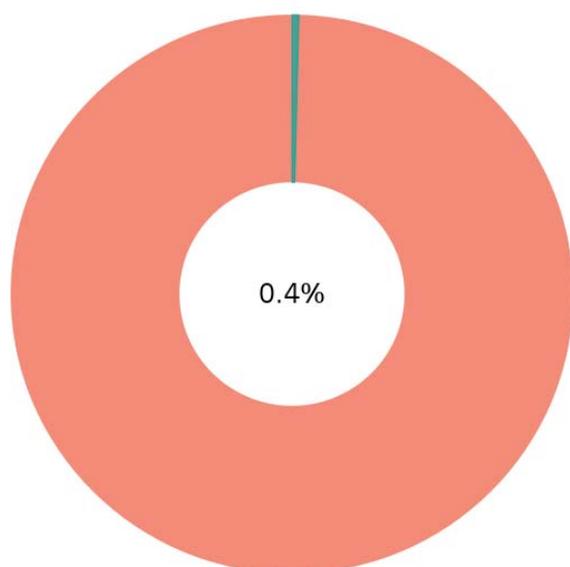
2.4 Syphilis among pregnant women, Republic of Moldova (2018)

Percentage of pregnant women tested for syphilis



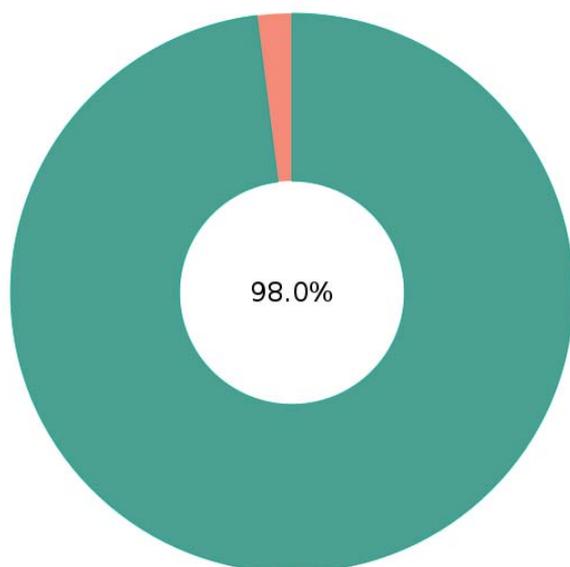
2.4 Syphilis among pregnant women, Republic of Moldova (2018)

Percentage of pregnant women tested positive for syphilis



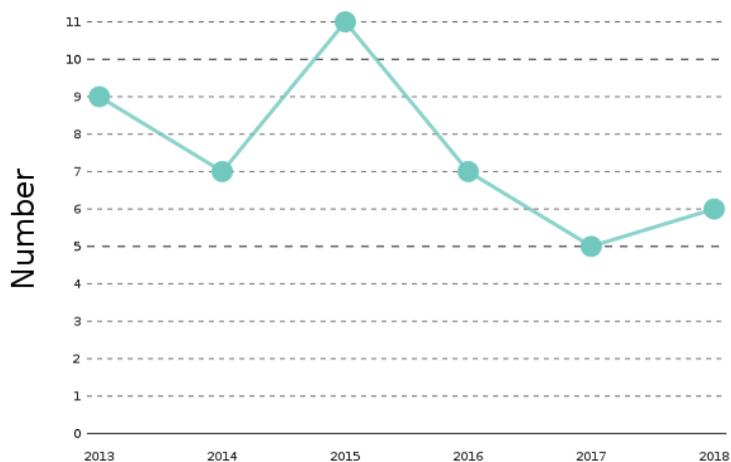
2.4 Syphilis among pregnant women, Republic of Moldova (2018)

Percentage of pregnant women on treatment among those who tested positive



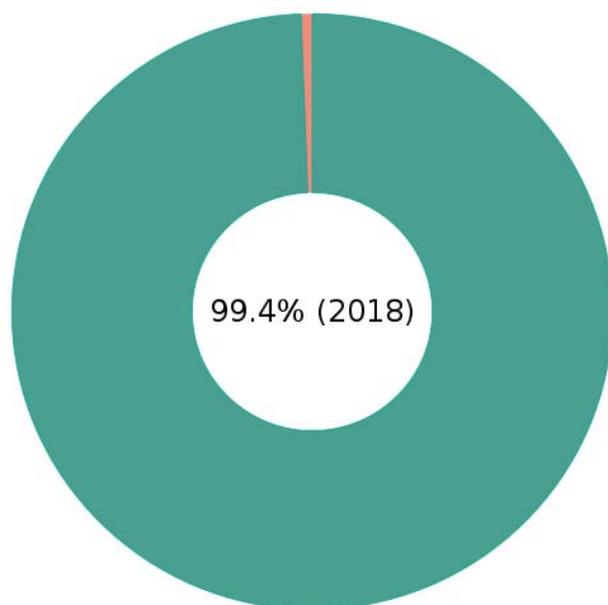
2.5 Congenital syphilis rate (live births and stillbirth), Republic of Moldova (2013-2018)

Percentage of reported congenital syphilis cases (live births and stillbirth)



2.6 HIV testing in pregnant women, Republic of Moldova (2017-2018)

Percentage of pregnant women with known HIV status



↑ 0.8% (2017)

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

During 2018, 20 801 (15 431 in 2017) IDUs persons (17 603 in civilian sector and 3 198 in penitentiary sector, 16 545 on the right bank and 4 256 on the left bank) benefited from at least two services from the base package of risk reduction services, one of which was offering syringes. The services were implemented through 10 NGOs and the Department of Penitentiary Institutions covering 40 localities and 18 penitentiary institutions.

During 2018, 8 373 (5 620 in 2017) commercial sex workers benefited from at least two basic services out of the packages of risk reduction programme, one of which was condom provision. The services were implemented through 10 NGOs covering 30 localities.

During the year 2018, 4 630 BSB (3 623 in 2016) benefited from at least two prevention services, one being the supply of condoms and lubricants. The services were implemented through 6 NGO and covered 17 localities.

At the same time, the HIV prevention services were continued in the commercial pharmacies, the release of consumables for HIV prevention (syringes, condoms, alcohol napkins, information materials, etc.) through the individual cards of the beneficiaries of the risk reduction programs, 784 beneficiaries were covered by this way of providing services. At the same time, for the first time in the Republic of Moldova during 2018 activated three mobile clinics that offered a wide range of prevention services for all key populations. For the first time, mobile services also used rapid capillary blood tests to diagnose HIV, viral hepatitis C and syphilis.

In order to reduce the risk among the key populations, there were distributed:

1. Syringes – 2 920 391 (2 902 001 in 2017);
2. Condoms – 1 347 886 (1,119,257 in 2017);
3. Condoms with increased durability – 243 533 (71 719 in 2017);
4. Lubricants – 60 756 (60 996 in 2017) envelopes 5 ml.

In order to reach the target regarding the coverage of the opioid substitution treatment (TSO) granted in the Republic of Moldova, activities were carried out to extend the TSO points to 8 territories and 13 penitentiaries with the coverage of 614 (497 in 2017) injecting drug users at the end of 2018 (including 66 beneficiaries in penitentiary sector).

Based on the Assessment Report developed on Capacity Building Needs of NGOs working with Key Populations and healthcare providers, and as a result of trainings conducted on SWIT, MSMIT, TRANSIT, IDUIT - 75 participants from the right bank of the river Nistru (41 people being staff of NGOs working with KP, and 34 - staff of public healthcare facilities) have their knowledge and skills improved, being able to provide Comprehensive HIV Prevention for KP in line with international requirements. The interventions were supported by UNFPA.

The revision of the existent PWID related normative framework on both banks, adjustments to those were assisted by UNODC. The set included a memorandum of collaboration between LEA and 6 NGOs, a Guiding procedure and an Action Plan regulating police's interaction with PWUDs, PLHIV and NGOs. Over 293 policemen were capacitated during 13 trainings conducted in 8 cities, based on approved Guiding Procedures for Police. Thus, from March to September, 50 PWUD were referred by police to harm reduction on left bank.

The Government and civil society were supported in building their capacities to mainstream alternatives to incarceration for PWUD, included in the new draft Drug Strategy 2019 – 2022, containing a road map, an action plan and a budget under drug policy, drug prevention, demand reduction, supply reduction and harm reduction components. 11 stakeholders, including 3 state secretaries of Health, Justice and Interior were capacitated in alternatives to incarceration.

Supported by UNODC prison administration and MoJ improved capacities in advancing and scaling up rehabilitation services for PWUD. A study visit for 9 specialists from prisons and NGOs to Latvian prison helped launching a Therapeutic Community in Pruncul 11 residents - prisoners are undergoing a rehabilitation program.

Based on the results of the last IBBS Survey carried out in 2016 - 2017, the prevalence of HIV in IDUs according to the results is 13.9% In Chisinau, 17.0% in Balti and 29.1% in Tiraspol. The prevalence rates for Chisinau are higher than the previous results with about 5% while in Balti the prevalence rate is less by 24.8%. The prevalence of HIV in CSW's according to the results is 3.9% for Chisinau and 22.3% in Balti. If for Balti the results are almost the same (21.5% in 2012-2013) in Chisinau the prevalence of HIV declined with about 7%. The prevalence rate of HIV for MSM's in Chisinau is 9.0% (5.4% in 2012-2013) and 4.1% in Balti (8.2% in 2012-2013). The switch in prevalence rates in these two locations might be explained by the migration of MSM population to the capital city.

Policy questions: Key populations (2018)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Other punitive and/or administrative regulation of sex work

Men who have sex with men

No specific legislation

Is drug use or possession for personal use an offence in your country?

Drug use or consumption is specified as a non-criminal offence, Possession of drugs for personal use is specified as a non-criminal offence

Legal protections for key populations

Transgender people

Other non-discrimination provisions specifying gender diversity

Sex workers

No

Men who have sex with men

Other non-discrimination provisions specifying sexual orientation

People who inject drugs

No

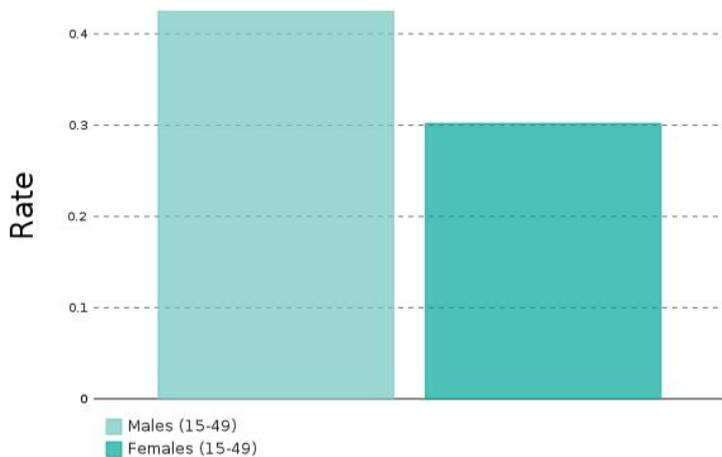
Policy questions: PrEP (2018)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed and are being implemented

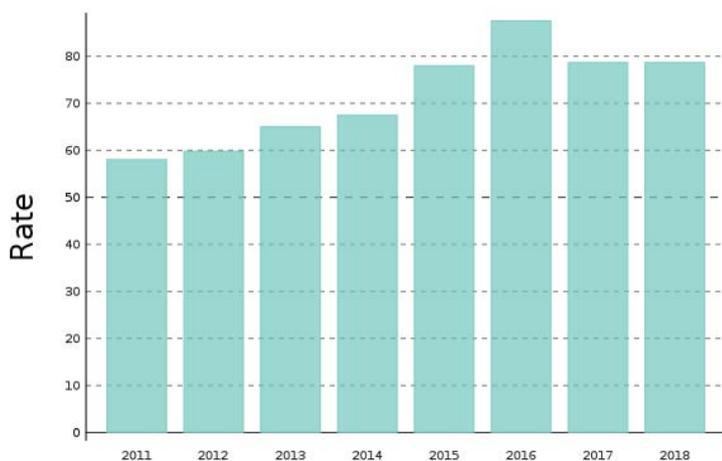
3.1 HIV incidence rate per 1000, Republic of Moldova (2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



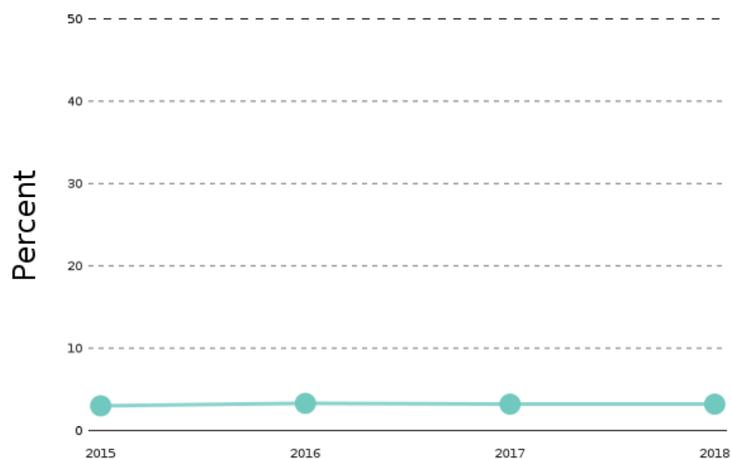
3.9 Needles and syringes distributed per person who injects drugs, Republic of Moldova (2011-2018)

Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes



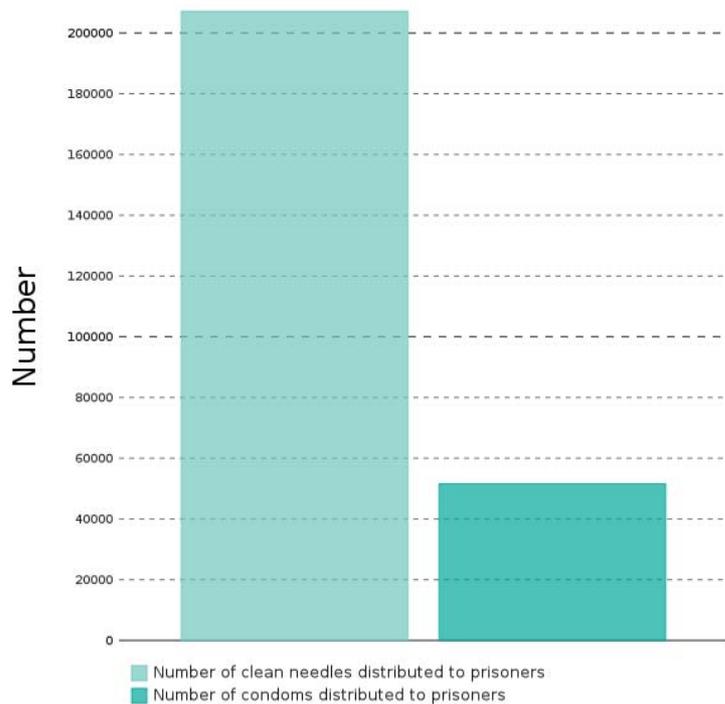
3.10 Coverage of opioid substitution therapy, Republic of Moldova (2015-2018)

Percentage of people who inject drugs receiving opioid substitution therapy (OST)



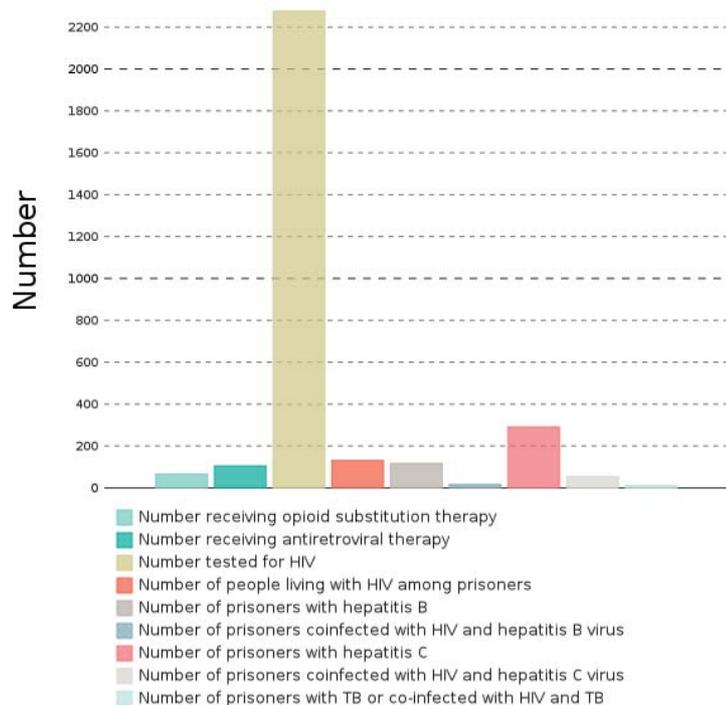
3.13 HIV prevention programmes in prisons, Republic of Moldova (2018)

HIV prevention and treatment programmes offered to prisoners while detained



3.13 HIV prevention programmes in prisons, Republic of Moldova (2018)

HIV prevention and treatment programmes offered to prisoners while detained



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

12 specialists from both banks of Nistru representing NP HIV, M&E section of the MoH, NGOs were capacitated in Gender Mainstreaming M&E of HIV Services for Women WUD, in Minsk, Belarus with UNODC support.

An assessment on women LWH economic, human rights, SRH needs was realized by a Women Living With HIV NGO, supported by UN Women, UNAIDS and UNFPA EECA RO. It revealed all the barriers for the women LWH to be empowered and to realize fully their fundamental rights.

A report on Costing Domestic Violence and Violence Against Women in Moldova, commissioned by UN Women and in cooperation with WHO, was developed by the NGO, Women's Law Centre. The report recommendations were used in advocating for a new comprehensive strategic document on fighting violence against women and domestic violence in Moldova approved by Government in 2018.

A Stigma Index launched in November 2018, reveals that four out of ten PLWH experienced discriminatory treatments in the last 12 months. Four out of ten people say their status was disclosed to the third parties, most often it happened in health system, family or close community. Practically each questioned person self-stigmatizes, experiencing feelings of self-indulgence, shame, and underestimation. Also 6,6% recognized suicidal tendencies. Research stays on the basis of a S&D reduction plan. Several outstanding communication campaigns to fight stigma and discrimination were organised around WAD 2018, AIDS Candlelight, World Drugs Day resulting in the coverage of about 60,000 people (including about 7,000 in the Transnistrian region); 40 cities from the both banks of the river Nistru; 6 Ministries, 14 NGOs and 4 Regional Social Centers; about 20 media channels covered the events.

The campaign on new psychoactive substances, organized under auspices of the National Drug Control Commission launched in November 2018, included the first video on “spices” impact. It includes social videos, media events, TV&Radio interviews, workshops with police and multidisciplinary teams in the regions.

In October 2018, a joint campaign was launched by the NGO Positive Initiative, DVV International, Pompidou Group and UNODC on scaling up rehabilitation and education services in prisons. Capacities of prisons and NGO staff were built during a round table from October and a seminar for 22 participants in December, where specialists were familiarized with the benefits of re-education and rehabilitation tools.

LEA priorities were validated by the CCM HIV Technical Group and the draft report developed under UNDP leadership. The findings will be used to inform the legal environment adjustments programmed for 2019.

Human rights perception study, 2018 guided by UNDP&OHCHR informed about the status of human rights, revealing that right to health is mostly unfulfilled and PLWH& LGBT remain the most stigmatized and left behind people.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

What protections, if any, does your country have for key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Programmes to address intimate partner violence*

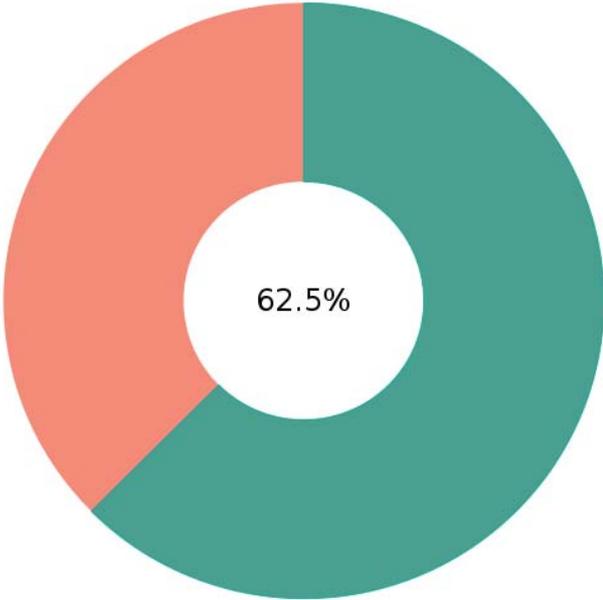
Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



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Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

The “Health education” curriculum course from secondary and high school was revised in accordance with international standards and piloted in 22-targeted schools, reaching more than 3,000 adolescents with comprehensive, age-appropriate education.

More than 13,000 young boys and girls, aged 12-18 years have their knowledge improved on healthy lifestyle, including youth SRH, HIV prevention, gender equality and prevention of violence, through peer-to-peer education, being supported by UNFPA.

More than 5000 people (parents, teachers, LPAs and FBOs, representatives, adolescents health services providers from community centers, young people) have their awareness increased on youth SRH, HIV and GBV prevention in 22 communities from 5 targeted rayons.

19 children in detention were trained regarding HIV, TB, drug use, tobacco consumption, stigma aspect and personal hygiene as a result of UNODC trainings, as well as capacity building of 29 staff members from juvenile detention centre Makarenko, Transnistria.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

No

b) Secondary school

Yes

c) Teacher training

Yes

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Policy questions (2018)

Does the country have an approved social protection strategy, policy or framework?

No

What barriers, if any, limit access to social protection programmes in your country?

Complicated procedures Fear of stigma and discrimination

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

In the Republic of Moldova, prevention programmes in key populations (1st priority of the National AIDS programme 2016-2020), which represent about 30% of the budget is being implemented by the nongovernmental organizations, representing the community of those people. All their activities are regulated by standards and guidelines, approved with the Ministry of Health, Labour and Social Protection. Moreover, at the end of 2017, the first 2 harm reduction projects for key populations, with the total value of MDL (Moldovan Leu – national currency) about 2 mln (or about Eur 100 000) were procured from domestic resources, using the Prophylaxis Fund of the National Health Insurance Company. The implementation period of those 2 projects ended 2018. Under those projects about 2000 PWID, SW and MSM were covered. At the mid of 2018, one more project was contracted run by NGOs was contracted by National Health Insurance company of about EUR 100.000 to cover about 1000 beneficiaries from key populations. This is the first important achievement towards the sustainability of those programmes, after more than five years of advocacy. Those efforts should be further continued and strengthened.

The activities related to HIV care and support, are also including community lead interventions to ensure the quality life of PLWH, as well as adherence to ART, which influences the third 90.

Policy questions (2018)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

To ensure proper reporting for the 8.1 indicator (HIV spending) for 2018, data have been collected from various sources in accordance with the recommendations of the guide “Domestic and international AIDS spending by categories and financing sources”.

Hence, there have been selected organizations from national and local levels that implemented and disbursed funds as per the HIV spending categories indicated in the template on reporting on HIV expenditures. Organizations were asked to provide information on financial allocations spent and destination of disbursement according to the NASA matrix.

Thus, for calculation of expenses in the field of HIV/AIDS for 2018, data on annual expenditures with special destination for HIV/AIDS have been taken into consideration from the following institutions within the health system:

- Ministry of Health, for state budget allocations and funds for Mandatory Health Insurance, for “Public Health Services” Program, for Prevention of HIV/AIDS an STI, and for implementation of the National Program for Prevention and Control of HIV/AIDS and STI 2016-2020;
- National Public Health Agency responsible for HIV/AIDS epidemiological surveillance and prophylaxis activities;
- Medical –Sanitary Public Institution Hospital of Dermatology and Communicable Diseases, the highest as hierarchy institution responsible for HIV response, specific responsibilities relate to HIV surveillance, HIV/AIDS diagnosis and laboratory, pre-ART surveillance, ARV treatment management and ARV treatment provision, as well as STI case management;
- National Blood Transfusion center responsible for Blood Safety;
- National Narcology Dispensary for the activities on Harm Reduction in IDUs, including the methadone substitution program;
- National Institute of Research in the field of Mothers’ and Children’s health, for PMTCT;

- Educational institutions, subordinated to the Ministry of Health, for expenditures in training, refresher training and specialization for pedagogical workers.
- Medical –Sanitary Public Institutions of the republican, municipal and rayon levels.

Information on financial flows was requested from municipal and district councils, line Ministries (Ministry of Justice; Ministry of Defense; Ministry of Education, Culture, and Research) and international organizations implementing their activities in the Republic of Moldova (UNAIDS, World Health Organization, the principal recipients of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNICEF, UNFPA, UNODC, SOROS) and NGO (Positive Initiative, League of People living with HIV, Union for HIV prevention and Harm Reduction, GenderDoc-M).

Public Health Institutions reported according to budget lines, specifying the spending category and the source of financing. Bilateral or multilateral international organizations were classified according to the criteria of source of financing, but also as financial agents.

The content of the received questionnaires was verified to exclude the double counting of resources. In order to exclude possible overlapping of resources, the expenditures have been cumulated in accordance with the disaggregation by cost categories.

Expenditures for the national HIV response in the Republic of Moldova (in national currency) for 2014, 2015, 2016, 2017 and 2018 are presented in the Matrix for 2014, Matrix for 2015, Matrix for 2016, Matrix for 2017 and 2018 respectively.

The expenditures for the HIV response in 2018 decreased with about MDL 18,7 mln. (- 18,7%) compared to the volume of expenditures from 2017 and reached the total amount of about MDL 138,1 mln. or USD 8,220,554. From those expenditures, the public financial resources constituted MDL 70,0 mln. or USD 4,167,839 (50,7%). International resources for this year constituted MDL 68,1 mln or USD 4,052,715 (49,3%).

The decrease of resources for the national HIV response in 2018 is due to the decrease of international financial resources of about 28,9%. The decrease was from MDL 95,8 mln in 2017 to MDL 68,1 mln in 2018.

In the same time, it is necessary to note public financial resources increased in 2018 compared to 2017, the increase rate is 14,9% or from MDL 61,0 mln to about MDL 70 mln in one year.

Classified by spending category of expenditures for the national response to HIV in the framework of the national response to HIV in 2018, 44% went to Treatment, support and Care. For the spending category HIV Prevention financial resources of about 32% have been allocated, Governance and sustainability - 5%, Critical enablers – 3% allocated, TB/HIV co-infection, diagnostic and treatment – 4%, category Prevention of mother to child transmission, programmes for youth and adolescents and social protection, community mobilization – about 2% each.

Limitations of the method used to generate this indicator are as follows, some are valid also for prior reporting periods:

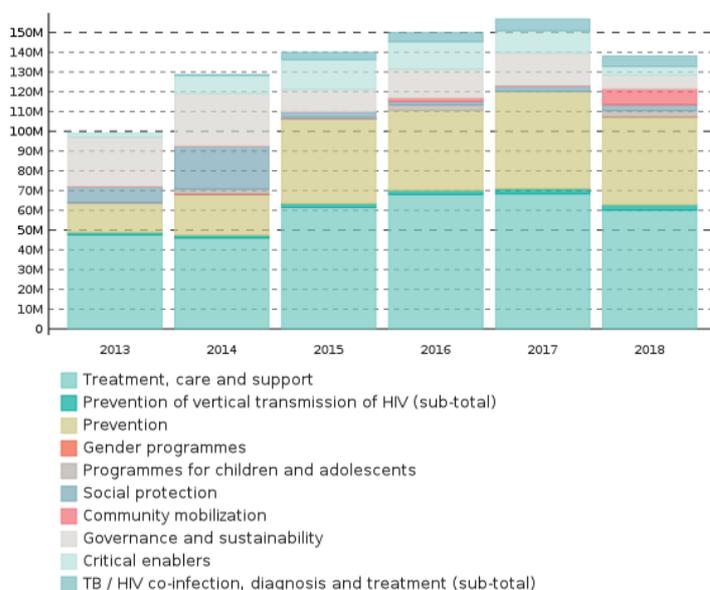
- Though significant progress has been registered in data collection from the greatest majority of organizations and institutions, involved in various aspects of the national

HIV response, including coordination, monitoring and evaluation, there are still entities with budgets committed and spent for HIV/AIDS that do not report their expenditures and are not reflected in the matrix, due to the fact that activities are not targeting general population, or PLHIV, or MARPs as such and are more tangential to the response, hence not fitting comfortably in the pre-set spending categories.

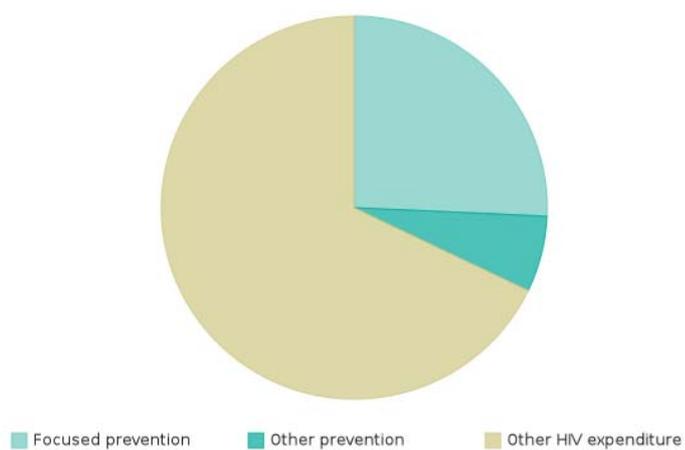
- In the case of public institutions funded by the State budget, tracking all indirect costs of the subdivisions, specifically the maintenance and utilities costs associated to activities in the framework of the national HIV response, has not been possible as the maintenance costs per institution form the integral budget and cannot be disaggregated.
- Some international institutions are reported the data without the desired desegregations.

In conclusion, the data collected for the Indicator “HIV/AIDS Spending” for the Republic of Moldova allow the comparative analyses of trends over time in costs of activities in HIV/AIDS, based on budget categories covered.

8.1 Domestic and international HIV expenditure by programme categories and financing sources, Republic of Moldova (2013-2018)



Share of effective prevention out of total, Republic of Moldova (2018)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

Republic of Moldova is aligned to UN standards with regard to right to health for all people as suggested by CESCR - 22 Session of the Committee on Economic, Social and Cultural Rights, the Right to the Highest Attainable Standard of Health (Art. 12) ensuring that services are: accessible, non-discriminatory, physically and economically accessible, informative and qualitative, while providing access to the most vulnerable groups such as marginalized, people with HIV, disabilities, different ethnicity, women and children, etc.

In the Republic of Moldova, the legislation and the policies in the area of gender equality are quite well developed. The gender equality is a founding principle set by the supreme law, the Constitution, and there is a specific law on gender equality.

The Constitution of the Republic of Moldova art. 15, ch. 2 guarantees the right to equal attitude and establishes that men and women are equal in front of law and local public authorities.

Several other organic laws stipulates the right to equal attitude and forbids discrimination: Law No. 411 from 28.03.2005 with regard to the health care ; Law No. 263 from 27.10.2005 with regarding the patients' rights and responsibilities, etc.; Law on gender equality between men and women No.5 XVI from 02.09.2006 ; Law on Social Inclusion of Persons with Disabilities No. 60 - 30.03.2012. The amendment of the Law on HIV/AIDS and the Law on Ensuring Equality strengthen non-discrimination guarantees, equal rights of every person and confidentiality safeguards. National mechanisms, as Ombudsman, Antidiscrimination council are already in place since 2014 to protect the rights of people.

The Law No. 121 from 25.05.2012 ensures the equality of chances is aiming at preventing and fighting the discrimination, as well as ensuring the equal chances to all in political, economic, social, cultural and other spheres without making any race, color, nationality, ethnical origin, language, religion or beliefs, sex, age, disability, opinion, political belief or any other similar criteria.

The Law No. 298 from 21.12.2012 approves the Regulation of the Council on Preventing and Eliminating Discrimination and Ensuring Equality ("Equality Council") which serves as one of the mechanisms to ensure the law implementation. The HIV Law No. 23 from 16.02.2007 amended and modified in 2012 Art. 25 forbids any kind of discrimination on HIV status.

The NAP 2016-2020 is built upon principles of gender mainstreaming and human rights evidence - based approach (programmatic data and researches) and ensures no one is left behind. The NAP addresses the needs of key affected population PWID, CSW, MSM, prisoners, PLWH, vulnerable youth having those as the center of all the interventions, targeting their needs as per program objectives, budget and M&E framework. In the same time, it includes strategic focus on Human Rights, gender sensitive activities for KAPs and community systems strengthening with relevant budget. The NAP M&E framework includes gender-disaggregated data on all those most affected populations, thus ensuring the HR and gender is quantified and measured. Recent Gender assessment of the HIV policies reveals achievements and needs for further improvements.

The gender equality is the mandate of several structures at the governmental level. A Governmental Commission on Equal Opportunities for Women and Men is established. The Ministry of Labor, Social Protection and Family has a Department of Equal Opportunities and Family Policies. Since year 1999 all ministries have established gender focal points and there are local commissions on women issues at the level of local public authorities.

The National Human Rights Action Plan (NHRAP) was developed by the Government with the support of OHCHR involving NGOs, including HIV ones and it reveals ensuring the access of population to HIV, SRH health services and was approved in 2018. A Study on the equality perception in Republic of Moldova was developed showing the high level of intolerance towards PLWH.

Legal Environment Assessment priorities were validated by the CCM HIV Technical Group and the draft report developed under UNDP leadership at the end of 2018. The findings will be used to inform the legal environment adjustments programmed for 2019.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Anti discrimination committee and OMBUDSMAN

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

During 2018 – 812 persons were administered Isoniasid for prevention of TB among PLWH.

Policy questions (2018)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

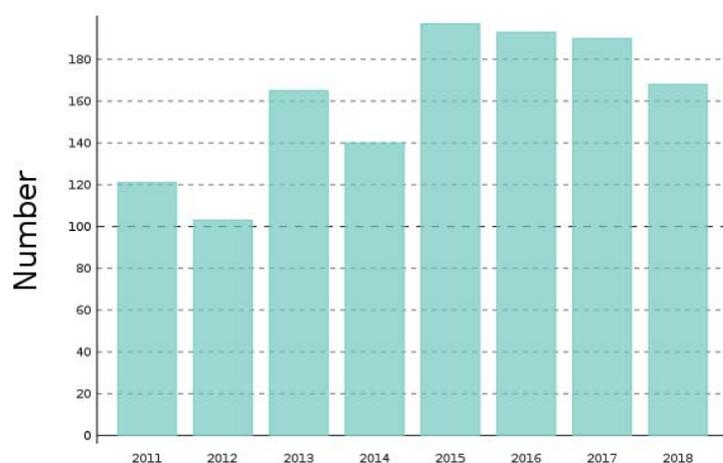
Yes

What coinfection policies are in place in the country for adults, adolescents and children?

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics

10.1 Co-managing TB and HIV treatment, Republic of Moldova (2011-2018)

Percentage of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV



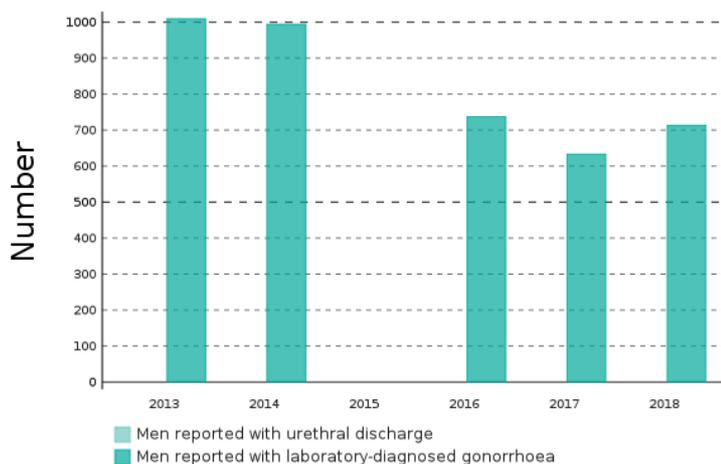
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Republic of Moldova (2015-2018)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.4/10.5 Sexually transmitted infections, Republic of Moldova (2013-2018)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months



10.6/10.8 Hepatitis testing, Republic of Moldova (2015-2018)

Proportion of people starting antiretroviral therapy who were tested for hepatitis

