

Country progress report - Republic of Moldova

Global AIDS Monitoring 2020



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- VII. Social protection - Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020
- VIII. Community-led service delivery - Ensure that at least 30% of all service delivery is community-led by 2020
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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 to 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 mil. 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, about 5 harm reduction projects (about 4500 beneficiaries from KP), as well as about 1500 1st line patients (60%) from Transnistrian region from domestic resources as of the end of 2019. 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 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 0.3% (0.24% for the left border and 0.62% for the right one). 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.

Chisinau and Balti, the most HIV affected cities of Moldova joined Paris Declaration in 2019;

produced municipal HIV plans and firstly allocated resources to those.

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 Gynecologists were developed and approved in 2018 by the MHLSP, addressing youth, people with HIV and disabilities.

The 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.

According to the national statistics, 13,706 HIV cases (including 4,171 in Transnistria) were cumulatively registered by the end of 2019. During the reporting period, 922 cases (of which 221 in Transnistria) were newly registered in the Republic of Moldova (905 in 2018, of which 225 – in Transnistria), with no major changes in the gender distribution.

During year 2019, 267,923 HIV tests were made in the Republic of Moldova: 170,426 tests in general population, 18,348 - in the high-risk population and 79 149 tests - in the blood transfusion system.

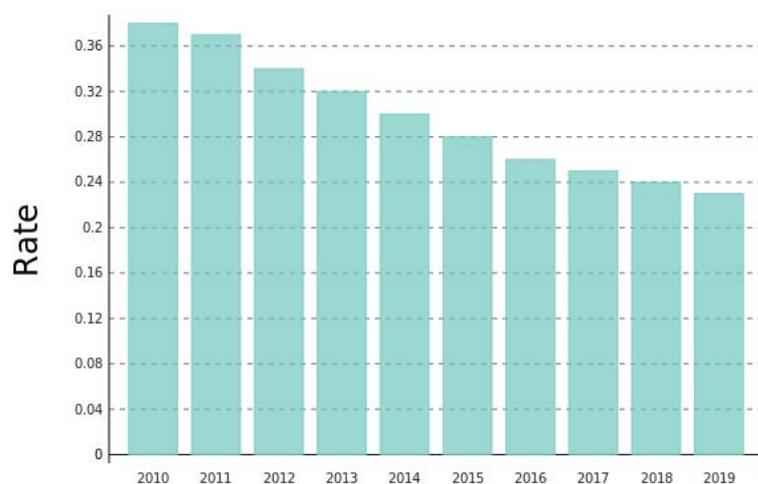
The predominant mode of HIV transmission in 2019 remains heterosexual sex, which accounts for 88.5% from the new cases. The total number of HIV cases registered by 31.12.2020 amounts at 13,706, of these persons 9,407 are alive and know their status.

During the reporting period AIDS was confirmed in 286 cases, including 45 cases on the Left Border (in 2018 – 364 and 72, respectively). Of these, in 168 cases (58.74%) AIDS disease was confirmed in persons diagnosed with HIV in 2019.

HIV prevalence constitutes around 297.21 per 100,000 population, 238.61 – for the Right Border, Transnistria region registering significantly higher rates – 622.31 per 100 000 population.

3.1 HIV incidence rate per 1000, Republic of Moldova (2010-2019)

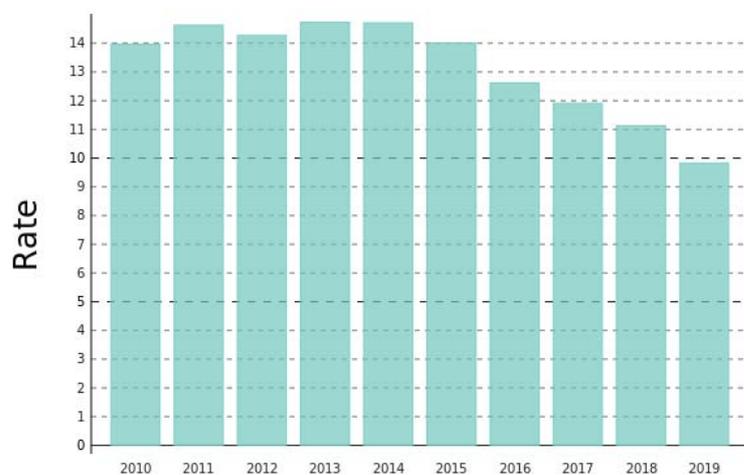
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Republic of Moldova (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

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

In 2018 a new HIV testing algorithm based on Rapid Diagnostic Tests (RDT) has been developed and approved. The respective testing method is recommended by WHO, aiming at increasing access of various population groups to HIV testing; at the same time this testing method diminishes to the maximum extent beneficiaries' time-spending and travel expenditure for testing and receiving of results.

The test's screening result becomes available at the same place, within 20 minutes from testing. Using RDT for HIV has been approved at all the levels of medical care (primary, specialized, hospital), as well as on the basis of NGOs providing services to groups at risk of HIV infection.

Testing was allowed to be performed, along with medical staff, by specially trained non-medical staff. During 2019 NGOs have tested 16,861 people from groups at risk (in 2018–15,313), having detected 92 in 2019 new cases of HIV infection.

At the same time, in March 2019 an assessment of introducing the above-mentioned testing has been performed, having revealed the main problems and shortcomings. Following the assessment, a set of recommendations have been formulated, to serve as basis for staff training. With a view to effectively implement the said testing method, during 2019 a series of trainings (11 training sessions) for medical staff have been carried with the focus on testing methodology.

Following implementation of RDT, the interest towards HIV testing, as well as the number of tests performed, have increased in 2019 up to 267,923 (170,426 in general population, 18,348 - in NGOs working with key affected populations and 79,149 - tests in the transfusion system).

This, in turn, brought to a scale up in the diagnosis of new HIV cases: from 835 in 2017, (905 in 2018) up to 922 – in 2019. In spite of the implementation of the new testing strategy, a large number of cases are diagnosed based on testing by medical staff following clinical indications, respectively, a late diagnosis phenomenon is observed. In spite of the undertaken efforts, the number of newly diagnosed cases with intense immunosuppression, i.e. CD4 < 200, has increased from 29% in 2018 up to 34% in 2019. At the same time, the number of

newly diagnosed who died during the same year has decreased from 9.83% (89 persons out of 905) in 2018 down to 6.83% (63 out of 922).

Due to decentralization and owing to ensured access to confirmation tests within the territorial ART units, a large number of newly diagnosed persons reached the territorial units and respectively started ART in the same year (2017 – 76%, 2018 – 79% and 88% - in 2019). At the same time, the percentage of people who started ART with a CD4<200 remains rather high, having registered only a slight decrease: from 28% in 2018 to 27% in 2019.

The HIV testing laboratory of the National Hospital for Communicable Diseases demonstrated a high level of performance by participating in the External Quality Assessment program performed with the support of a German laboratory. 37 YFHCs out of 41 (around 90 %) provide HIV rapid testing to adolescents according to the new guidelines. Self-testing, piloted in Moldova since May 2016, is available to all in line with the conventional and rapid testing performed by NGOs.

In 2019, universal access to treatment was ensured in 8 territorial ART units to all PLWH requesting medical care. No cases of interruption, or modification of treatment schemes in relation with medicines stockouts have been reported. At the same time, there are no ART waiting lists, nor prioritization of ART prescription depending on the patients' condition. All PLWH can freely receive ART and all HIV-related services immediately after the diagnosis is set, which complies with the test and treat strategy, no matter of the availability of medical insurance. In 2019 1075 have newly enrolled in ART (in 2018 - 1054) and 293 - have renewed ART (in 2018 - 232). By the end of 2019, 6690 were on ART (in 2018 - 5865), including 131 were children under the age of 15 years. During the same period, 511 PLWH (572 - in 2018) abandoned treatment, in 155 cases (142 in 2018) because of death. Treatment adherence during 12 months from ART initiation was of 85% in 2019 (87% - in 2018), during 24 months – 81% (78% - in 2018), during 60 months – 74% (70% - in 2018). 93% of PLWH on ART have been at least once tested for viral load and the viral suppression constituted 83.7% (83% in 2018).

It should also be mentioned that, following approval of the new treatment protocols in 2018, which recommend Dolutegravir-based schemes as the main first treatment line for both adults and teenagers, as well as for children over 6 years old, the number of patients on Dolutegravir-based schemes has increased from 250 at the end of 2018 up to 853 PLW in 2019.

In 2019, new treatment schemes start being applied with the aim to optimize ART; thus, by 31.12.2019 5,777 adults and teenagers administer first line schemes: 83% (4,826 patients) administer EFV-based schemes; 14.8% (853 patients) – already administer the DTG-based scheme and 58 patients (1%) – the NVP-based schemes. For the treatment of adults and teenagers resistant to the first treatment line, boosted protease inhibitors are being used – in 84% of the cases (661 patients) LVP/r-based schemes are being applied and respectively 16% (124 patients) receive ATV/r-based treatment. DRV/r-based schemes are being applied as third line treatment (46 patients).

As a whole, at 01.01.2020, 81 children under 10 years are under ART (77 patients receive 1-line drugs and 4 - second-line ART).

The main drugs used for the treatment of children under 10 years are LPV/r-based schemes – 84%, respectively 16% are on EFV treatment schemes.

Policy questions (2019)

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?

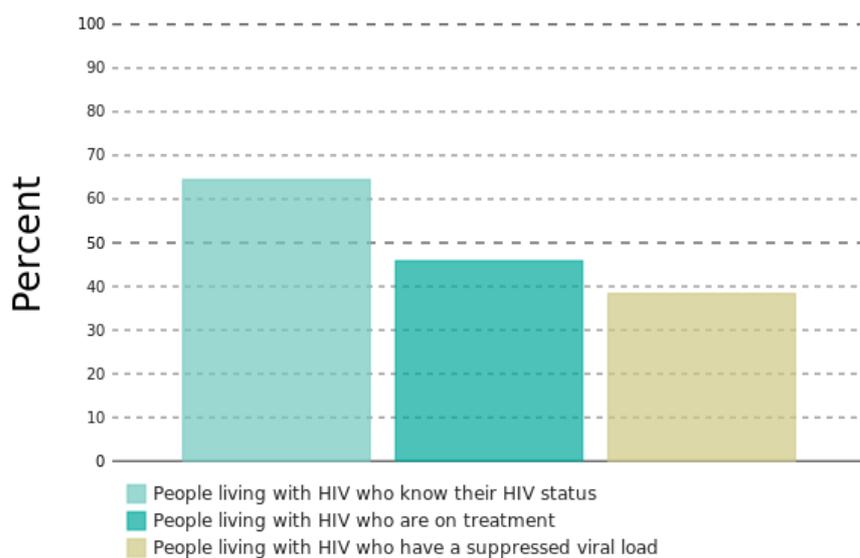
a) For adults and adolescents

Yes; Implemented countrywide (>95% of treatment sites)

b) For children

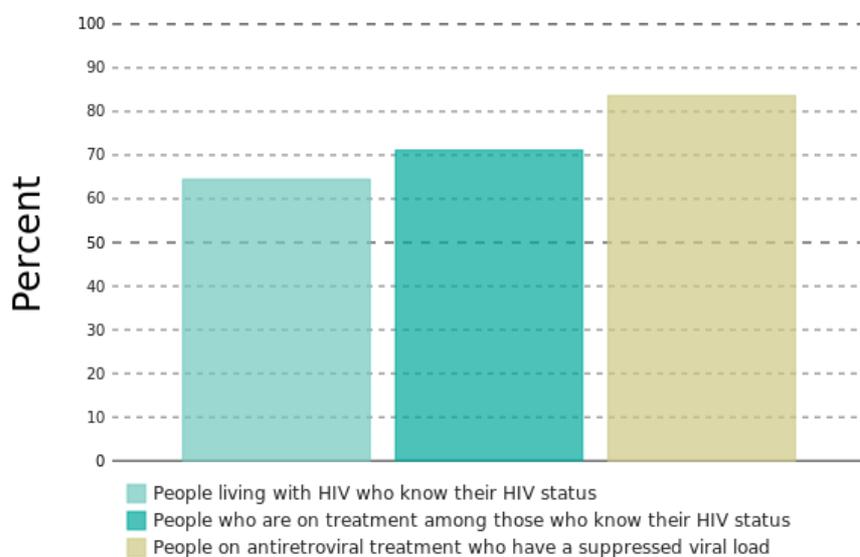
Yes; Implemented countrywide (>95% of treatment sites)

HIV testing and treatment cascade, Republic of Moldova (2019)



Source: Spectrum file

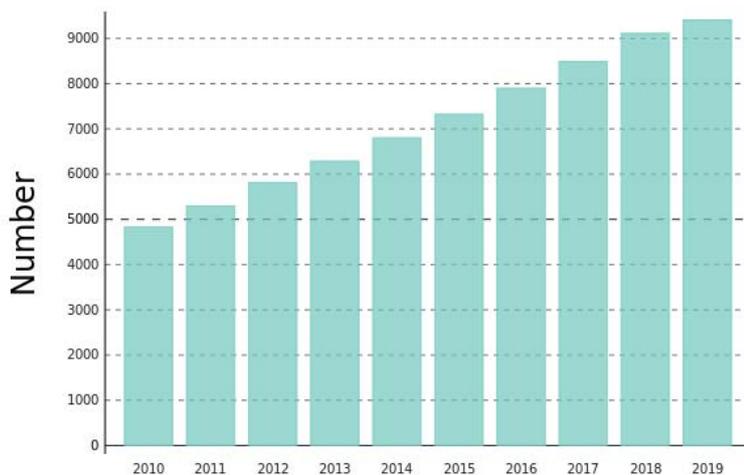
Progress towards 90-90-90 target, Republic of Moldova (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Republic of Moldova (2010-2019)

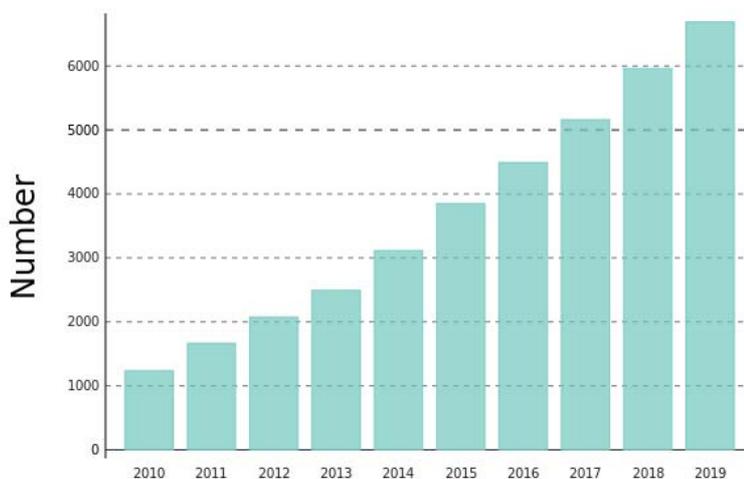
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Republic of Moldova (2010-2019)

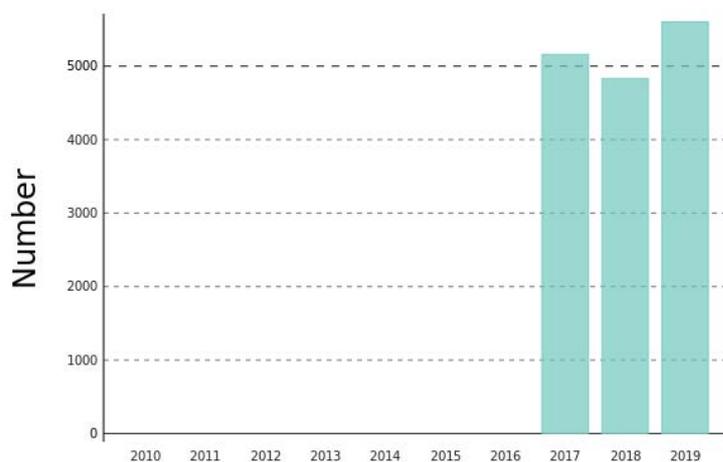
Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Republic of Moldova (2010-2019)

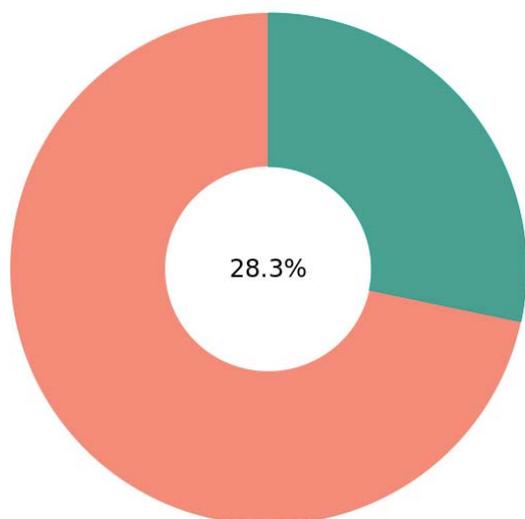
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

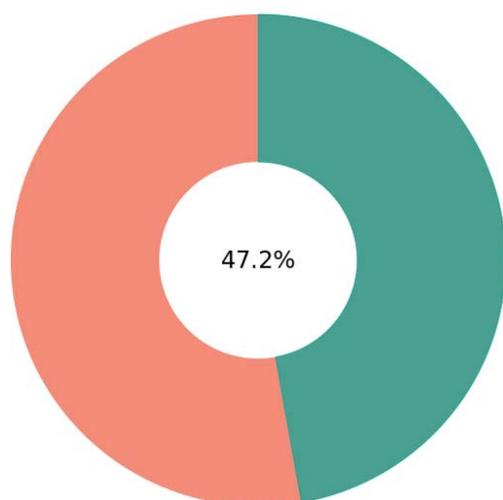
1.4 Late HIV diagnosis, Republic of Moldova (2019)

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



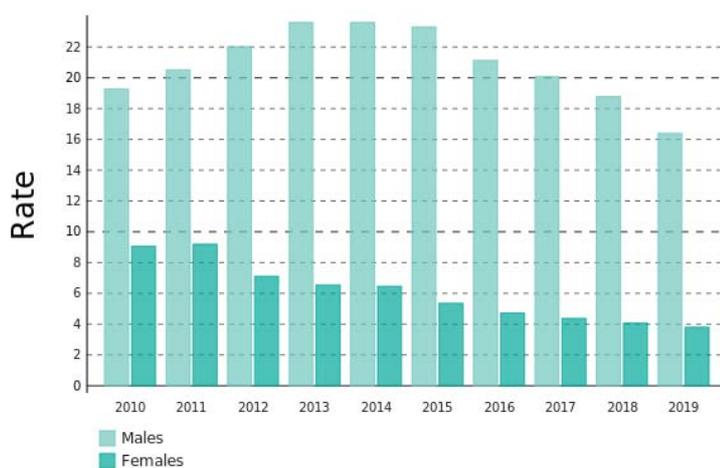
1.4 Late HIV diagnosis, Republic of Moldova (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm³ during the reporting period



1.6 AIDS mortality rate per 100 000, Republic of Moldova (2010-2019)

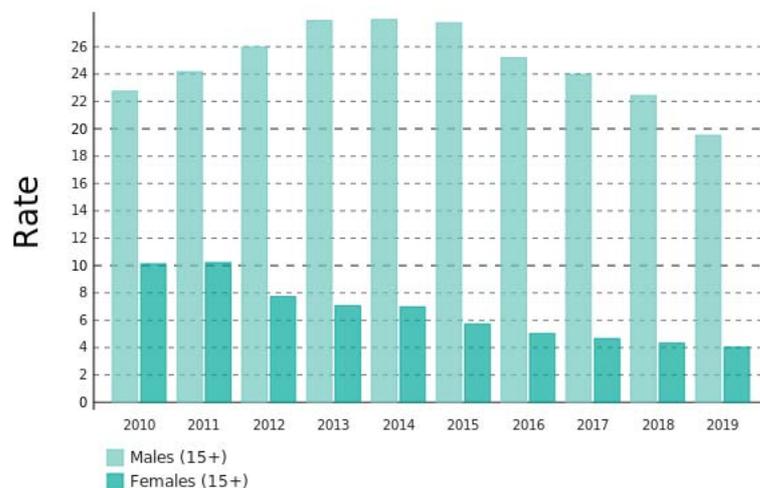
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Republic of Moldova (2010-2019)

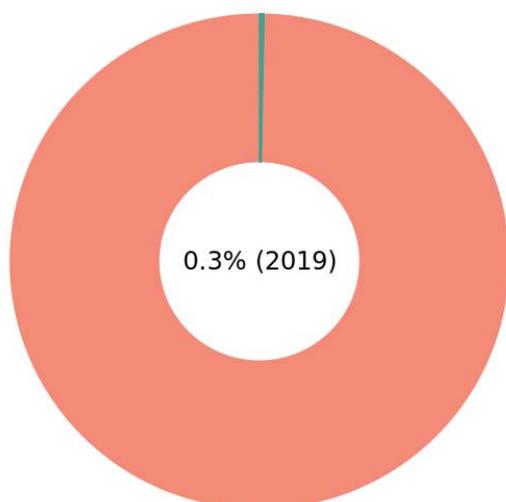
Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.7 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 = 267 923

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

In accordance with statistical form no. 32 "Regarding medical care for parturient and postpartum women", in 2019 36,047 women (32,577 on the right border and 3,470 on the left border) gave birth to 36,540 (32,894 on RB and 3,646 – on the LB) liveborn children. Of them, 35,675 women were on antenatal care (32,205 on the RB and 3,740 on the LB). Thus, the antenatal care coverage indicator (calculated based on live-born children) accounted for 97.63% and for 98.97% calculated based on women who delivered during the reporting period.

Of the pregnant women who delivered and were on antenatal care in 2019, 35,598 (32,026 on the RB and 3,432 on the LB) were tested for HIV, which accounted for 99.78%.

HIV testing during pregnancy in 2019 revealed 54 new cases of HIV infection (compared to 68 in 2018).

During the reporting period, 208 HIV positive women parturied 208 live born children. Of these, for various reasons, 9 women have not received any ART, inclusively during labor. Thus, the percentage of women who received ART during pregnancy and/or labor constituted 95.7%.

Republic of Moldova has implemented early HIV diagnosis in children born from HIV+ mothers based on RNA detection during the first 48 hours and 6 weeks. In 2019, of the 208 liveborn children from HIV+ mothers 207 received prophylactic treatment, 178 (85.6%) - were tested within the first 48 hours from birth, with 3 cases of HIV+ results. The percentage of HIV testing in children of up to 2 months of age was of 202/208=97.1%, with 5 new HIV+ cases diagnosed. In addition, 2 children of over 2 months of age have been diagnosed as HIV+. Thus, the percentage of HIV mother-to-child transmission of HIV was of 4.8% (10/208).

Aiming at reducing the number of new HIV infection cases among children, a technical group of specialists, established through the order of Ministry of Health, Labor and Social Protection, has carried out a complex analysis of all cases of mother-to-child transmission of HIV registered during 2016-2018. Based on the said analysis, a series of recommendations have been formulated, which laid at the basis of trainings for specialists directly involved in

implementing mother-to-child Prophylaxis, including family doctors, managers of medical facilities, on-the-job training of specialists: 60 trainings for family doctors, 105 trainings for managers of medical institutions and 238 staff treated at the working places.

In addition, a series of informative materials have been developed and printed for the pregnant: "Guide for expectant mothers regarding the prophylaxis of mother-to-child transmission of HIV" 115,000 units, 900 units of the "Guide on the care of the newborn from the HIV+ mother" and 700 units of informational materials for physicians.

Based on the analysis of statistical data regarding pregnant women, as well as on the report on the evaluation of all cases of mother-to-child transmission of HIV, a draft of the national evaluation report «ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV» has been developed.

In 2019 coverage with testing for syphilis in pregnant women was of 98.7%: 35,532 (32,062 on the RB and 3,470 on the LB) tested among the 35,998 (32,205+3,783) pregnant women who were under medical supervision. During the reporting period 3 new cases of congenital syphilis have been registered, that is 8.21 cases per 100 000 livebirths ($3/(32,894+3646)*100000$).

Policy questions (2019)

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: <50; 2020

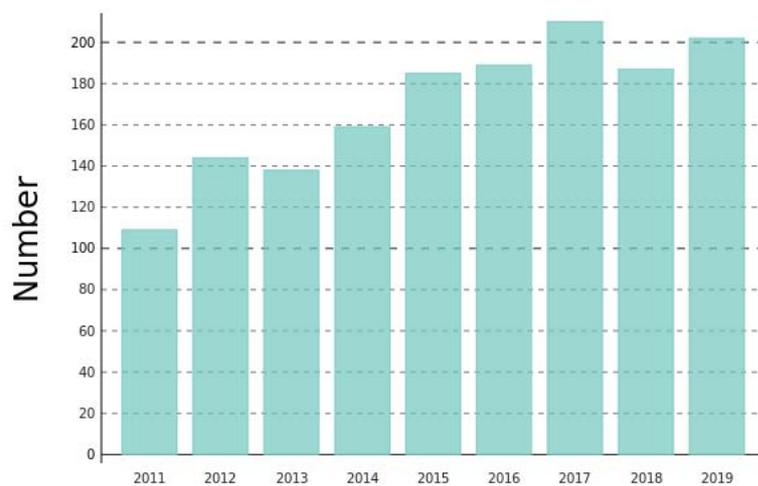
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

Implemented countrywide (>95% of treatment sites)

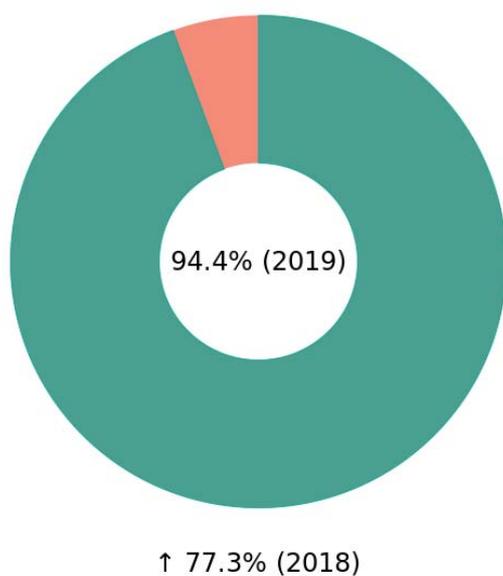
2.1 Early infant diagnosis, Republic of Moldova (2011-2019)

Number of infants who received an HIV test within two months of birth



2.1 Early infant diagnosis, Republic of Moldova (2018-2019)

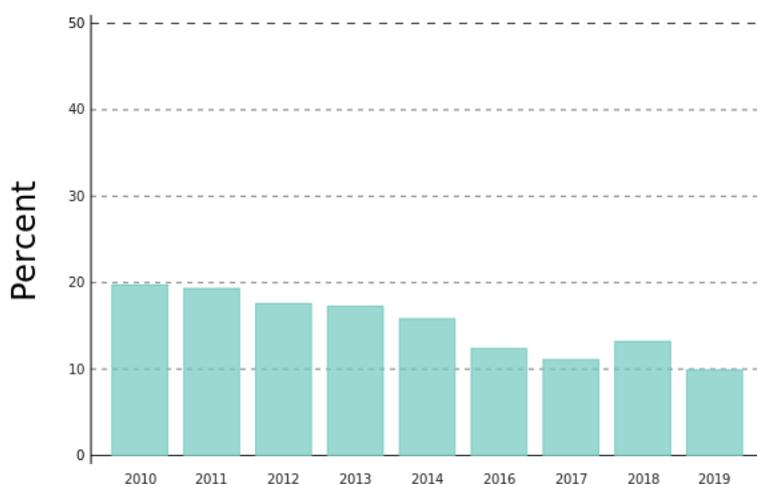
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



Source: Spectrum file

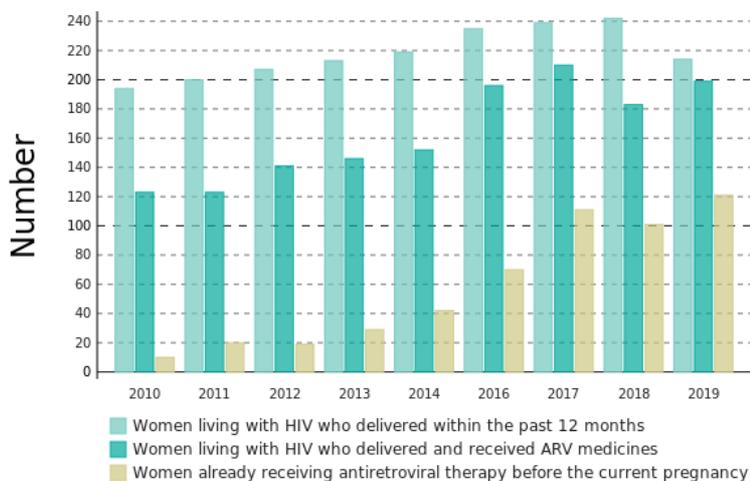
2.2 Mother-to-child transmission of HIV, Republic of Moldova (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

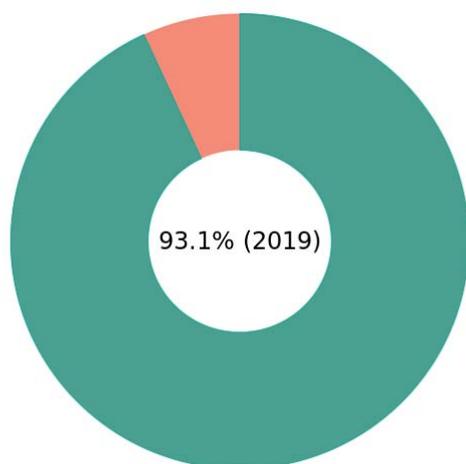
2.3 Preventing mother-to-child transmission of HIV, Republic of Moldova (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Republic of Moldova (2018-2019)

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

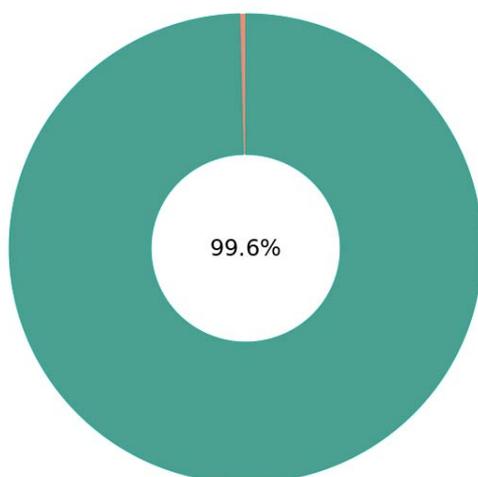


↑ 75.68% (2018)

Source: Spectrum file

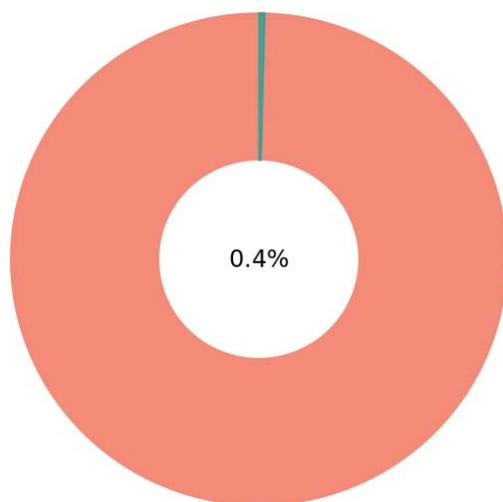
2.4 Syphilis among pregnant women, Republic of Moldova (2019)

Percentage of pregnant women tested for syphilis



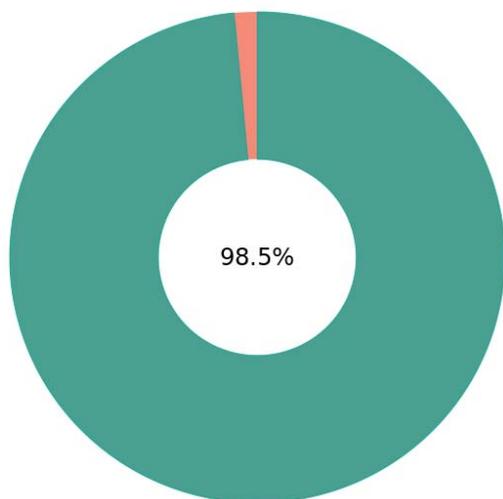
2.4 Syphilis among pregnant women, Republic of Moldova (2019)

Percentage of pregnant women tested positive for syphilis



2.4 Syphilis among pregnant women, Republic of Moldova (2019)

Percentage of pregnant women on treatment among those who tested positive



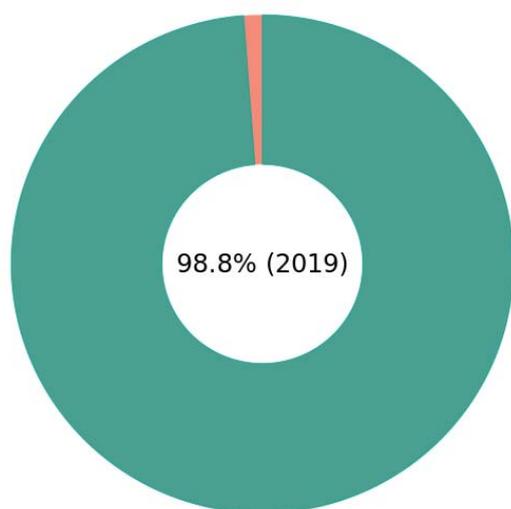
2.5 Congenital syphilis rate (live births and stillbirth), Republic of Moldova (2013-2019)

Number of reported congenital syphilis cases (live births and stillbirths)



2.6 HIV testing in pregnant women, Republic of Moldova (2018-2019)

Percentage of pregnant women with known HIV status



↓ 99.4% (2018)

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 2019, 15,627 (20,801 in 2018) IDUs persons (12,718 in the civilian sector and 2,909 in the penitentiary sector, 13,178 - on the right bank and 2,449 - on the left bank) benefited from at least two services from the basic package of harm reduction services, one of which was provision of syringes. The services were implemented through 10 NGOs and the Department of Penitentiary Institutions, covering 40 localities and 18 penitentiary institutions.

During the reporting period, 7,332 (8,373 in 2018) commercial sex workers benefited from at least two basic services of the packages of harm reduction programme, one of which was condom provision. The services were implemented through 11 NGOs covering 30 localities.

During the same period, 4,376 BSB (4,630 in 2018) benefited from at least two prevention services, one being the supply of condoms and lubricants. The services were implemented through 6 NGOs and covered 17 localities and the penitentiary service from the left bank.

In 2019, two HIV prevention projects have been financed from the National Health Insurance Company's sources, amounting at a total of 1.5 million MDL. Under these, prevention services have been provided to 1,148 IDUs, 263 CSW and 425 BSB.

HIV prevention services were also provided through a network of 30 commercial pharmacies (26 on the right bank and 4 – on the left one), by releasing consumables for HIV prevention, such as syringes, condoms, alcohol napkins, information materials, etc., through the individual cards of harm reduction programme's beneficiaries. 3,111 beneficiaries (784 in 2018) were covered through this way of service provision. In parallel, starting with 2018, three mobile clinics (2 on the right bank and 1 – on the left one) have been offering a wide range of prevention services for all key affected populations, including rapid capillary blood tests for

the diagnosis of HIV, viral hepatitis C and syphilis.

Consumables distributed with a view to reducing the risk of HIV transmission among the key populations included:

1. Syringes – 2,279,009 (2,920,391 in 2018);
2. Condoms – 1,152,405 (1,347, 886 in 2018);
3. Condoms with increased durability – 215,579 (243,533 in 2018);
4. Lubricants – 182,660 (60,756 in 2018) of 5 ml envelopes and 11,636 - 50ml envelopes.

90 persons from key populations (77.8 % from MSM population and 22,2 % from key populations) were enrolled in communitarian PrEP (pre-exposure prophylaxis). The PrEP service was designed based on the PrEP protocol approved in February 2018, the study visits to Paris, France, organized by UCO in Moldova and the training of about 30 staff from nongovernmental organizations on the community-based PrEP. Actually, the community is an innovation that is very much appreciated by all stakeholders; it increased provision of PrEP up to 100 persons in a 6 months period compared to 2 in one year, when PrEP was delivered by health institutions only.

Opioid Substitution Treatment (OST) services are available and provided through 8 territorial service units and 13 penitentiaries; at the end of the reporting period 522 injecting drug users were in OST, of which 69 – in the penitentiary sector.

During the reporting period, validation criteria for HIV prevention services among key populations have been developed, with participation of all relevant NGOs activating in the field. Based on these criteria, the development of prevention services costing methodology has been initiated (in process). With the UNFPA support, the Standards regarding the functioning and organization of HIV prevention services among key populations, including the young people from these groups, have been revised/updated. The standards have been updated taking into account the last international recommendations for all groups at high risk of HIV infection; the peculiarities for the young people from these groups have been mentioned and considered; non-injectable drug consumers have been considered as a separate group, as well, transgender people's peculiarities have been introduced. The document has been approved through the Order of Ministry of Health, Labor and Social Protection no. 278 of March 03 2020.

In addition, during the reported period, 3 thematic workshops have been held in Chisinau with the focus on Comprehensive HIV Implementation Tools for Key Populations in 2019. Out of the 60 participants in the workshops (staff of NGOs working with Key Populations, healthcare personnel, as well as few representatives of medical education institutions) 33 were from the Transnistria region, which allowed for an exchange of good practices between professionals from both banks of Nistru River. Some of the NGOs representatives attended all the 3 thematic trainings (since their organisations work with all groups of populations at increased risk of HIV). Consequently, overall 55 professionals had their knowledge improved on implementation of Comprehensive HIV Prevention Tools. Participation of representatives of medical educational institutions in the trainings created opportunities for further integration of the respective training modules into the curricula of medical educational institutions, ensuring thus the sustainability of the intervention.

During 2018-2019 UNODC has been providing support to the Government with updating the existent normative and legal frameworks to initiate alternatives to punishment for PWUD while

ensuring referral mechanisms to treatment and rehabilitation. In 2019 UNODC has provided technical support to Drug Control authorities with revising the Government Ordinance 79 regarding the drug quantities. The expert group which includes specialists from forensic police, drug control police, UNODC, CSOs and representatives of PWUD community, medical doctors, revised the existent ordinance and drafted the justification to the Government and to the Parliament on the approval of the new list. Law enforcement authorities from both banks were assisted by UNODC to pilot and implement "police - harm reduction referral model". In December 2019, NGO "Triniti" has reported 236 PWUD and SW as referred by police to Harm Reduction services in Ribnita raion. Right bank authorities are assisted with the revision and update of the Guiding Procedures Manual, in addition to the Manual and SoP, action plan and the referral ticket were drafted and submitted to the authorities. Support was provided by UNODC with development and printing of Information Education and Communication IEC materials meant to describe safety and security procedures for police in regards to HIV, TB and HCV and referral process from police to harm reduction services. In. A user-friendly booklet should serve as an informative booklet for police offices and as a referral informative document for drug users that were retained.

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. New relevant data follow to be collected under the IBBS planned for 2020.

Policy questions: Key populations (2019)

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

- Neither criminalized nor prosecuted

Sex workers

- No

Men who have sex with men

- Other non-discrimination provisions specifying sexual orientation

People who inject drugs

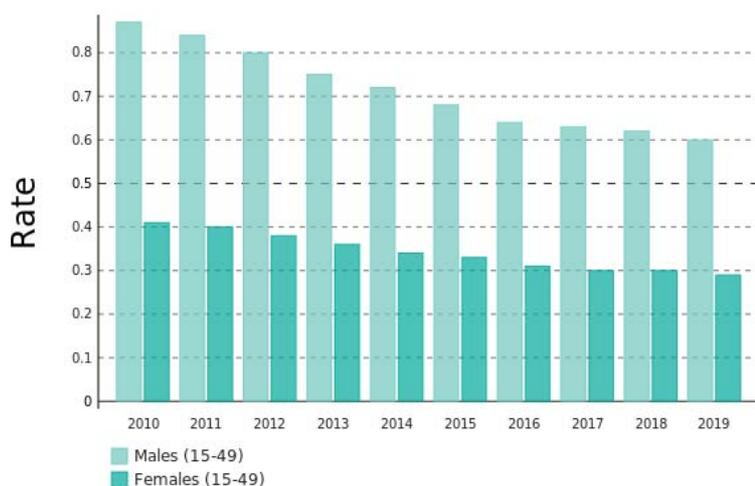
- No

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 (2010-2019)

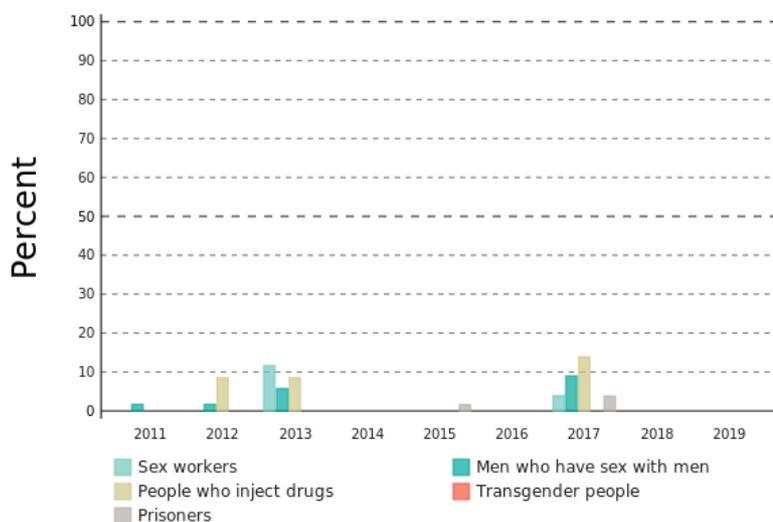
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

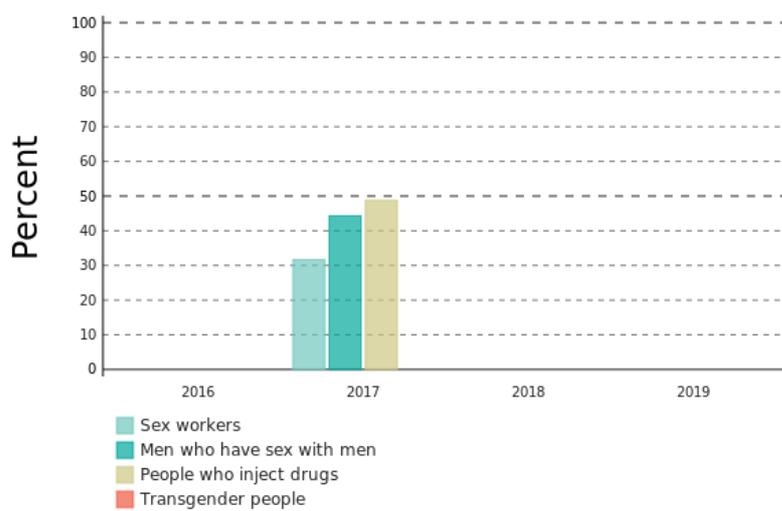
3.3 HIV prevalence among key populations, Republic of Moldova (2011-2019)

Percentage of specific key populations living with HIV



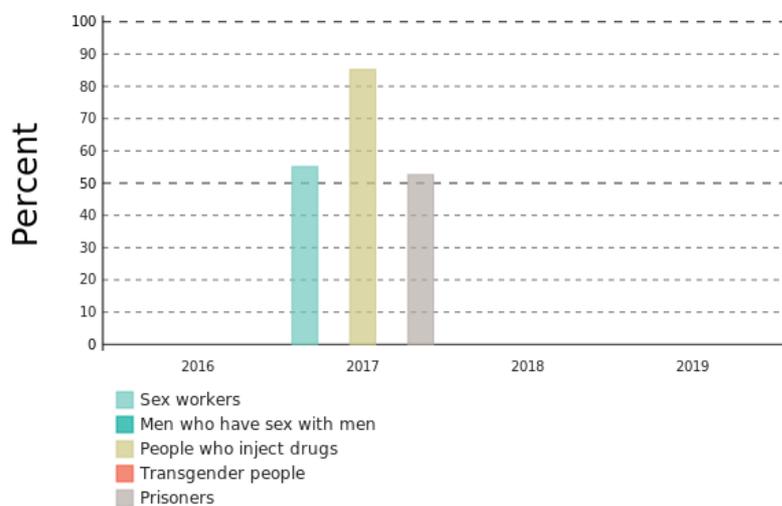
3.4 HIV testing among key populations, Republic of Moldova (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



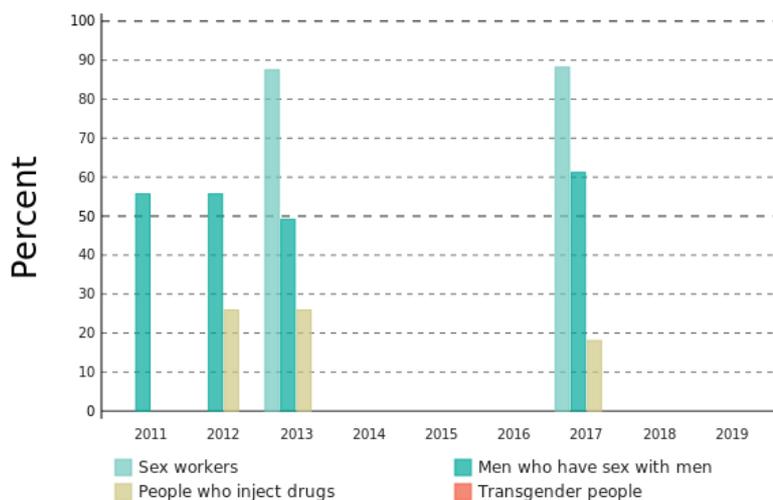
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Republic of Moldova (2016-2019)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



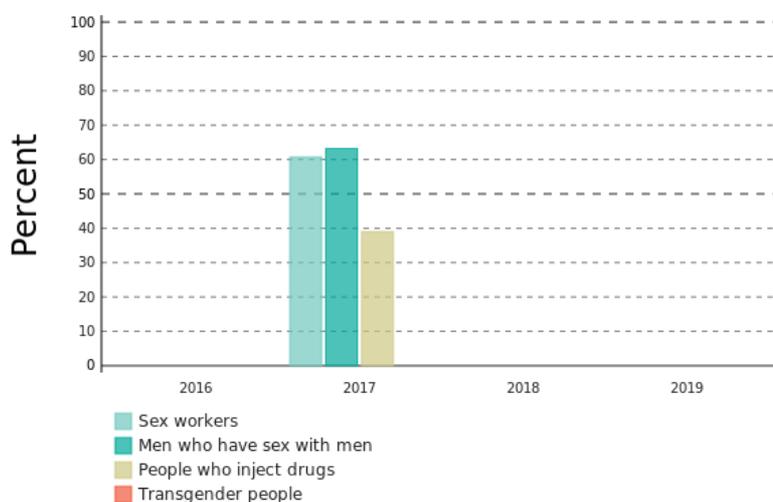
3.6 Condom use among key populations, Republic of Moldova (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



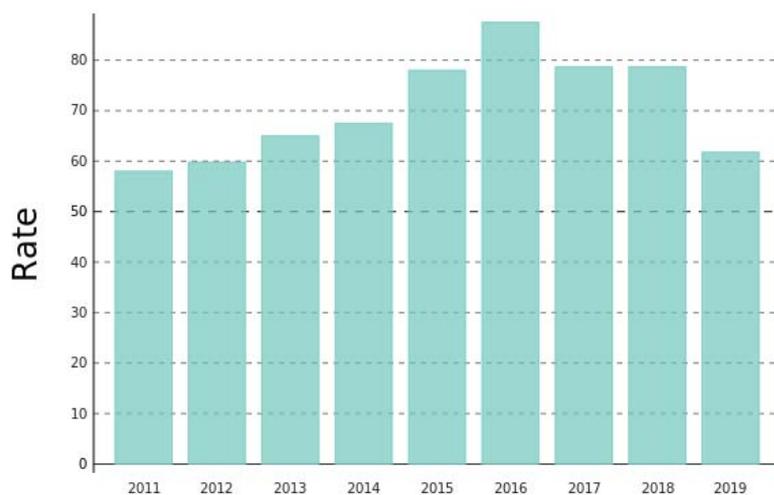
3.7 Coverage of HIV prevention programmes among key populations, Republic of Moldova (2016-2019)

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



3.9 Needles and syringes distributed per person who injects drugs, Republic of Moldova (2011-2019)

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



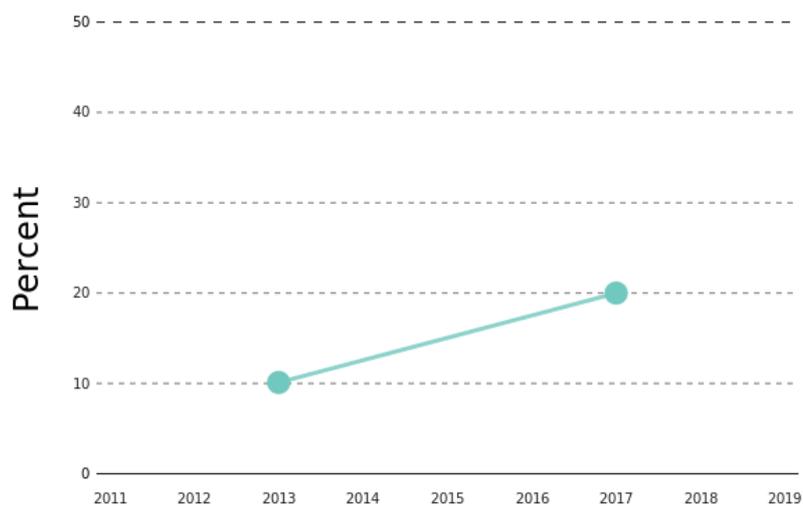
3.10 Coverage of opioid substitution therapy, Republic of Moldova (2015-2019)

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



3.11 Active syphilis among sex workers, Republic of Moldova (2011-2019)

Percentage of sex workers with active syphilis



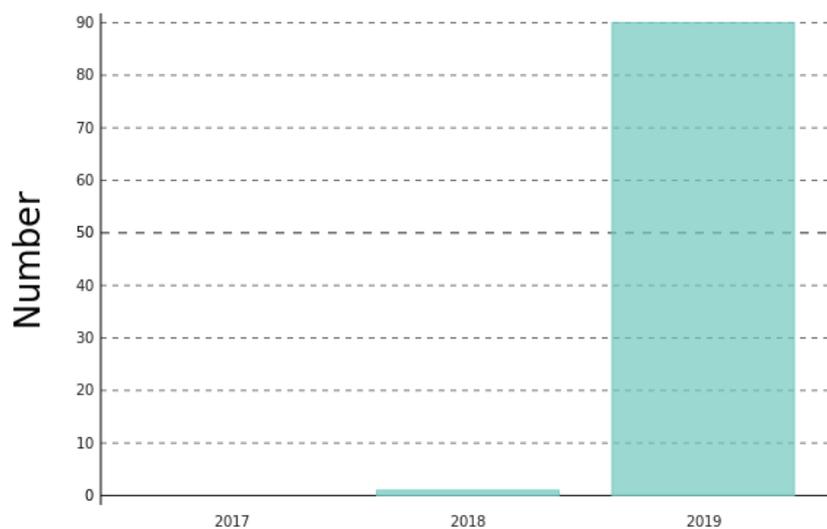
3.12 Active syphilis among men who have sex with men, Republic of Moldova (2011-2019)

Percentage of men who have sex with men with active syphilis



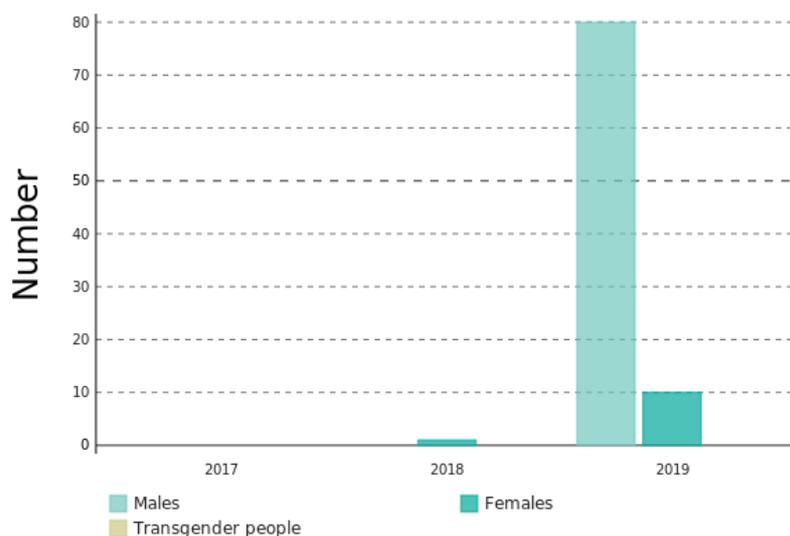
3.15 People who received pre-exposure prophylaxis, Republic of Moldova (2017-2019)

Total number of people who received oral PrEP at least once during the reporting period



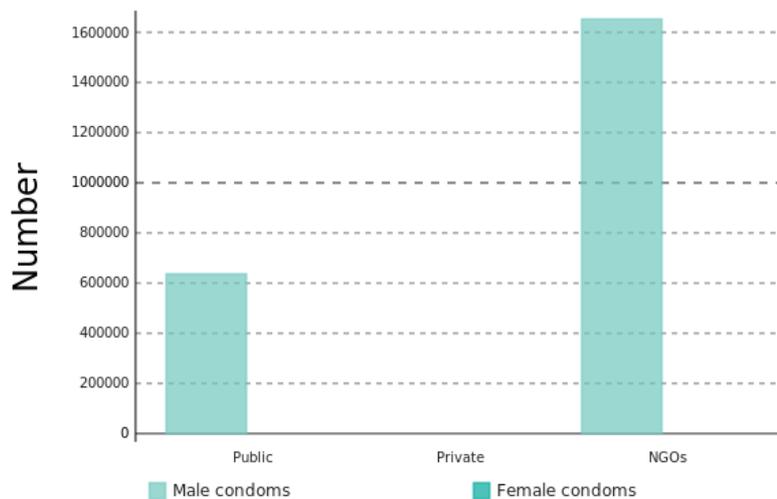
3.15 People who received pre-exposure prophylaxis, Republic of Moldova (2017-2019)

Number of people who received oral PrEP at least once during the reporting period



3.19 Annual number of condoms distributed, Republic of Moldova (2019)

Number of condoms distributed during the past 12 months



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

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, revealed that four out of ten PLWH experienced discriminatory treatments in the previous 12 months. Four out of ten people said that their status was disclosed to the third parties, most often it happened in the health system, family or close community. Practically each questioned person self-stigmatized, experiencing feelings of self-indulgence, shame, and underestimation. Also 6,6% recognized suicidal tendencies.

In 2019, a "Gender Academy" training event was carried out in Chisinau in the period of December 16-18, for 25 participants from different sectors with the aim to increase the level of knowledge and develop abilities for implementing the gender-oriented approach within the HIV prevention and support programs in Moldova. It has been developed in response to the acute need to fight gender inequity and permanent violation of human rights, which expose women, girls and transgender to an increased risk of acquiring HIV/AIDS, hepatitis and tuberculosis. The event was carried out in the framework of the project "East European regional platform for accelerated actions for women, girls and transgender in the context of HIV/AIDS" with the financial support of Moldova UNAIDS.

Two sets of recommendations on criminalization of HIV exposure and transmission and access of PLWH to in-vitro fertilization have been transformed in a draft law on decriminalizing HIV exposure and transmission as well as in amendments to MHLSP

regulations on in-vitro fertilization eliminating the barriers for accessing these services by PLWH.

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

- Physical violence
- Sexual violence
- Psychological violence
- Emotional violence
- Economic violence
- Explicit criminalization of marital rape
- Protection of former spouses
- Protection of unmarried intimate partners

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?

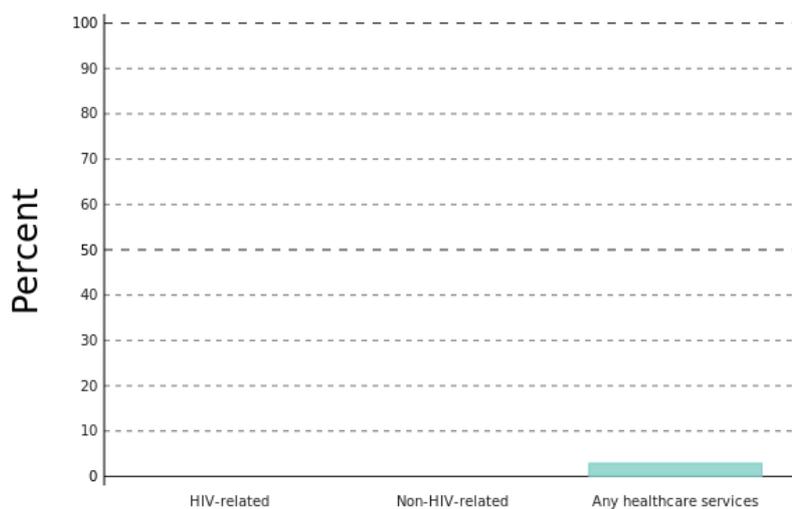
Yes, policies exists and are consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

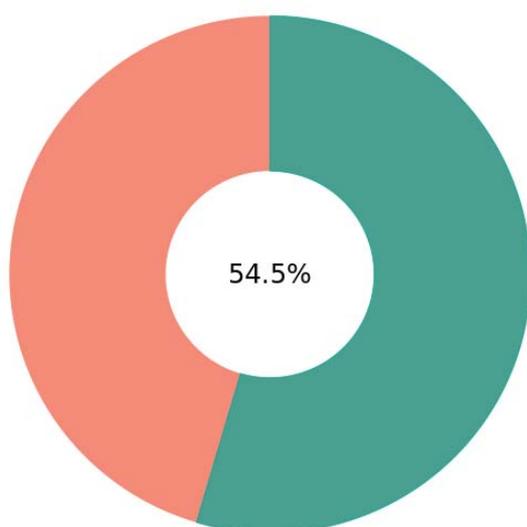
Yes

4.4 Experience of HIV-related stigma and discrimination in healthcare settings, Republic of Moldova (2019)

Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings - disaggregated by type of health service



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



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

With UNFPA support, around 8000 young boys and girls from all over the country annually were covered with non-formal education on SRHR through peer-to-peer techniques (including subjects related to HIV and STIs prevention), almost half of them being from the rural area.

2 school curricula - of the mandatory discipline "Biology" (for 6-12 grades) and of the optional course "Education for Health" - were revised with UNFPA and Dutch Government support, being approved by the Ministry of Education, Culture and Research, including, among others, the issue on HIV and other STIs prevention. The revised optional course "Education for Health" was piloted in 22- schools from 5 targeted districts and is available for all schools that select and teach the respective optional course (using the didactic support for teachers also developed in line with international recommendations and approved by MoECR).

The number of adolescents from 5 targeted districts who selected the "Education for Health" optional course increased with 43.75% in 2019 comparing to 2018 due to a significant advocacy effort, as well as youth empowerment-related interventions supported by UNFPA and other partners.

More than 650 participants were engaged in 5 "Let's Talk" events held at the district level, breaking the existing taboos and stereotypes related to SRHR.

Among other vulnerable groups, young people have access to modern contraceptives,

distributed free of charge by PHC facilities, including YFHCs, purchased from State Budget, within National Programme on SRHR 2018-2022.

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

Progress summary

By the end of 2019, 5,188 people (4,768 in 2018) benefitted from psychosocial support and consultations aimed at increasing adherence, provided by specialists of 10 NGOs activating in the field. During the reporting period these services were delivered by the staff of mentioned NGOs in territorial treatment centers, as well as in 4 highly specialized social centers at the clients' place of residence.

Policy questions (2019)

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

Yes, and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

No

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

No

• -

d) Does it recognize adolescent girls and young women as key beneficiaries?

No

e) Does it recognize children affected by HIV as key beneficiaries?

No

f) Does it recognize families affected by HIV as key beneficiaries?

No

g) Does it address the issue of unpaid care work in the context of HIV?

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), representing about 30% of the budget, are being implemented by nongovernmental organizations representing the community of those people. All their activities are regulated by standards and guidelines approved by the Ministry of Health, Labor and Social Protection. Starting with 2017 harm reduction projects have partially been funded from domestic funds, namely from the Prophylaxis Fund of the National Health Insurance Company. In 2019 2 such projects have been contracted to NGOs, amounting at circa 1.5 million MDL to cover about 2000 persons. This is a relevant achievement towards ensuring the sustainability of harm reduction programmes, after over five years of advocacy; those efforts should be further continued and strengthened.

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

Policy questions (2019)

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

No

Are there any of the following safeguards in laws, regulations and policies that 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

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

Indicator: HIV/AIDS spending

To ensure proper reporting according to the provisions of the indicator for the 2019-year, data have been collected from various sources in accordance with the recommendations of the guide „Categories of expenditures in the field of HIV/AIDS by financial sources” (Reference).

Hence, there have been selected institutions from the local and national levels that implemented and disbursed funds for HIV and AIDS prevention and treatment, as well as for coordination and monitoring and evaluation activities in the field of interest. 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 2019, data on annual expenditures with special destination for prevention and treatment of HIV and AIDS have been taken into consideration from the following institutions within the health system:

- Ministry of Health, Labor and Social Protection 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 Agency of Public Health responsible for HIV/AIDS epidemiological surveillance and prophylaxis activities;
- National Blood Transfusion center responsible for blood safety;
- MSPI Hospital of Dermatology and Communicable Diseases, responsible for HIV/AIDS surveillance, diagnosis and laboratory, STI pre-treatment and treatment and ARV pre-treatment and treatment;
- MSPI National Narcology Dispensary for the activities on Harm Reduction in IDUs, including the methadone substitution program;
- MSPI Mother and Child Institute, for prevention activities of the vertical transmission of HIV;

- Educational institutions, subordinated to the Ministry of Health, Labor and Social Protection for expenditures in trainings, refresher trainings and specialization for pedagogical workers;
- Republican, municipal and raional MSPI.

Information on financial flows was requested from municipal and district councils, line Ministries (Ministry of Education, Culture and Research, Ministry of Internal Affairs, Ministry of Justice, Ministry of Defense), international organizations implementing their activities in the Republic of Moldova (UNAIDS, the principal recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), WHO, UNICEF, UNFPA, UNODC, SOROS) and NGO (Positive Initiative, League of People Living with HIV, etc.).

Medical service providers reported according to the 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 the national currency) for 2015, 2016, 2017, 2018 and 2019 are presented in the Matrix for 2015, Matrix for 2016, Matrix for 2017, Matrix for 2018 and Matrix for 2019 respectively.

Expenditures for the HIV response increased in 2019 by about 15,0 mil. MDL (+10,9%) in comparison with 2018, amounting at a total of 153,1 mil. MDL, or 8,712,398 USD.

Public financial resources allocated for the national HIV response amounted at about 90,2 mil. MDL, or 5,130,598 USD (58,9%), international resources for this period reached the value of circa 63,0 mil. MDL, that is 3,581,800 USD (41,1%).

It is necessary to be mentioned that in 2019 expenditures from public financial resources have increased by about 28.8% compared to the previous year: from 70.0 mil. MDL in 2018 up to 90.2 mil. MDL in 2019.

At the same time, spending from international resources for the national HIV response decreased by about 7.6%: from 68.1 mil. MDL in 2018 down to 63.0 mil. MDL in 2019.

In terms of the structure of expenditures for the national response to HIV, in 2019 the predominant share of expenditures (43%) went to Treatment, care and support. 32% of resources were allocated to HIV Prevention, the share of Governance and sustainability amounted at 7%, of Critical enablers - 5%, of TB/HIV co-infection, diagnostic and treatment component - 4%, of HIV Prevention from Mother to Child transmission component - 3% and components Social Protection, Programmes for children and youth and Community Mobilization – accounted for 2% each.

Limitations of the method used to generate this indicator were as described further (some were also valid for the prior reporting periods):

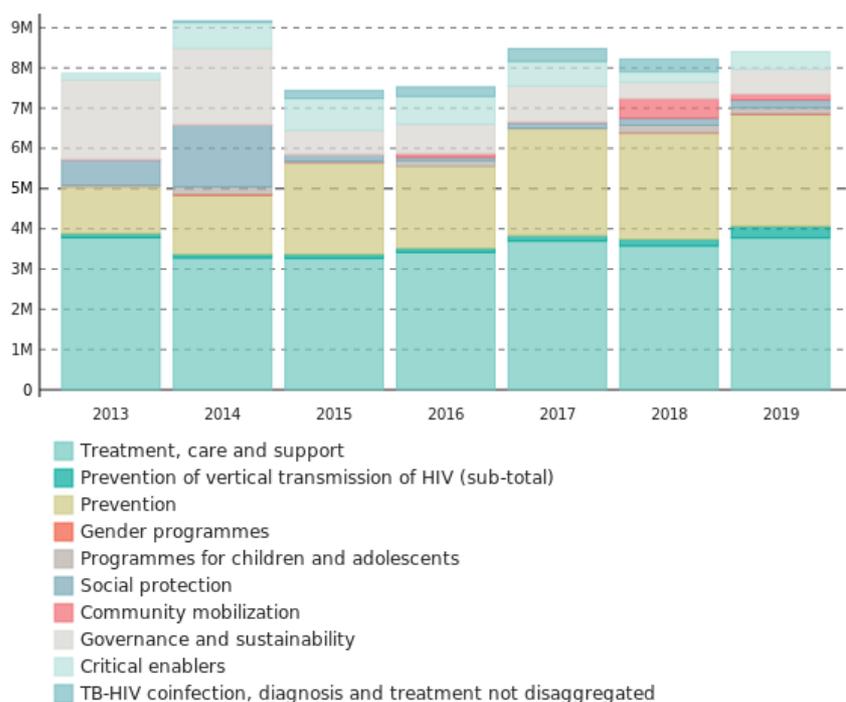
- Although data were collected from most institutions active in HIV/AIDS field, including coordination, monitoring and evaluation, still there are institutions that consume their HIV/AIDS budgets but do not report on those budgets in the matrix, as their activities are not

reported as activities that directly target the general population or people living with HIV.

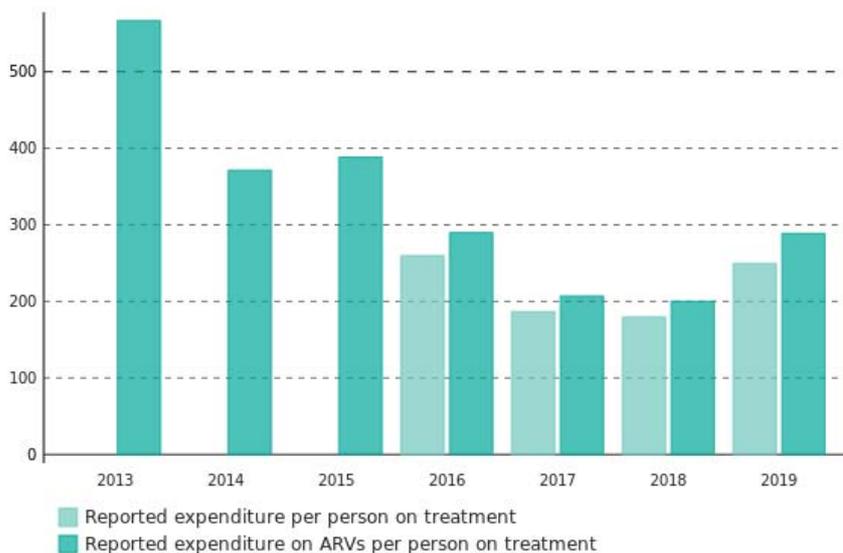
- In the case of public institutions funded from the State budget, tracking all indirect costs of the subdivisions, specifically for the maintenance and utilities costs associated to activities in the framework of the national HIV response, has not been possible as the maintenance costs per institution form the integral budget and cannot be disaggregated.

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.

8.3 HIV expenditure (USD) by programme category, Republic of Moldova (2013-2019)



Expenditure per person on treatment, Republic of Moldova (2013-2019)



Structure of investments on effective and other prevention programmes (%), Republic of Moldova (2019)



- Social and behavior change (SBC) programmes
- Condoms
- Pre-Exposure Prophylaxis (PrEP) disaggregated by key populations
- Voluntary medical male circumcision (VMMC) in high prevalence countries
- Prevention, promotion of testing and linkage to care programmes for gay men and other men who have sex with men (MSM)
- Prevention, promotion of testing and linkage to care programmes for sex workers and their clients
- Prevention, promotion of testing and linkage to care programmes for persons who inject drugs (sub-total)
- Prevention, promotion of testing and linkage to care programmes for transgender persons
- Prevention, promotion of testing and linkage to care programmes for prisoners
- Prevention, promotion of testing and linkage to care programmes targeting young women and adolescent girls (high-prevalence)
- Cash transfers to girls (high-prevalence countries)
- Prevention programmes for vulnerable and accessible populations
- Post-exposure prophylaxis (PEP)
- Workplace
- Synergies with health sector
- Prevention of HIV transmission aimed at PLHIV not broken down by type
- Prevention (five pillars) not disaggregated

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 the 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. At 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.

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 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.

A Visionary Roadmap for de-stigmatization of the people living with HIV (PLWH) was developed, including key inputs from the PLWH with open HIV status, service providers and decision makers, supported by UN Women and informed by Stigma Index realized in 2018. The Roadmap serves as a guiding document for the Government, NGOs and other partners in further activities to improve the lives of PLWH. Several outstanding communication campaigns to fight stigma and discrimination were organized around WAD 2018-2019, AIDS Candlelight, World Drugs Day, resulting in the coverage of about 60,000 people (including 7,000 in the Transnistrian region); 40 cities from both banks of Nistru; 6 Ministries, 14 NGOs, 4 Regional Social Centers; about 20 media channels covered the events. About 80 PLWH, also positive deviants, have better skills to use the positive deviance approach for a better inclusion and protection of their rights, as solution holders, including tools to combat gender stereotypes and gender discrimination.

HIV Legal Environment Assessment (LEA) developed under UNDP leadership provides over 70 recommendations for potential legislative changes and will serve as guidance for national authorities in undertaking sector-wide reforms, compliant with international standards and best practices. Advocacy measures on normative framework adjustment engaged more than 200 representatives of key populations, civil society members, governmental officials. Two sets of recommendations concerning the criminalization of HIV exposure and transmission, and access of people living with HIV to in vitro fertilization have been transformed in a draft law on decriminalizing HIV exposure and transmission, and in amendments to MHLSP regulations on in vitro fertilization, eliminating the barriers for accessing these services by PLWH. 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 communities remain the most stigmatized and left behind people.

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)?

Yes

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 2019, 163 persons administered Isoniazid for prevention of TB among PLWH. This decrease (812 in 2018) was caused by shortages in pyridoxin at the national level, in relation with procurement issues.

Policy questions (2019)

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

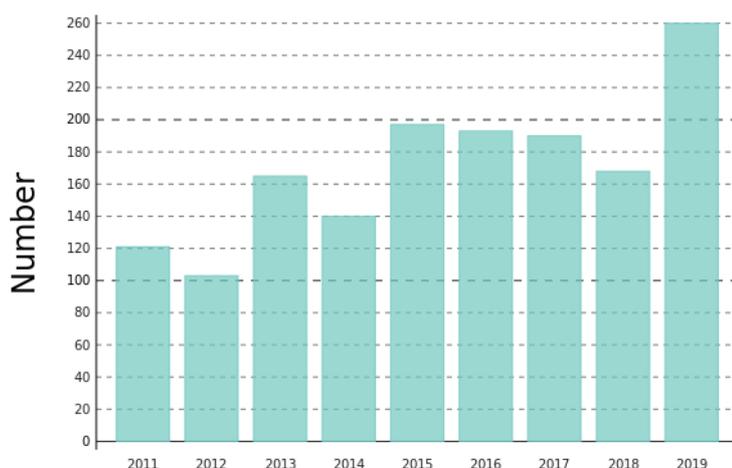
Yes

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 (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Republic of Moldova (2015-2019)

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



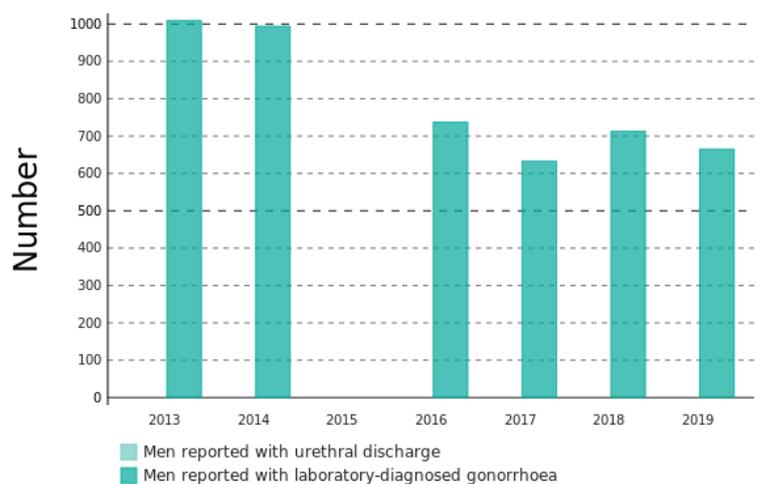
10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Republic of Moldova (2015-2019)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period



10.4/10.5 Sexually transmitted infections, Republic of Moldova (2013-2019)

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 Hepatitis testing, Republic of Moldova (2015-2019)

Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (HCV)

