

ROMANIA

Country Progress Report on AIDS
Reporting period January 2014 – December 2014

Bucharest, 2015

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Abbreviations

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

I. Status at a glance

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

The national report was developed during the period March-April 2015 by the Department of Monitoring and Evaluation of HIV/AIDS Infection HIV/SIDA in Romania (at National Institute for Infectious Diseases “Prof. Dr.Matei Bals”) and the Romanian HIV/AIDS Centre, with support from United Nations System in Romania. In the process of development, national stakeholders have been consulted, first during a meeting (March 30th) with the main purpose of identifying reporting gaps and establish which can be bridged. A final draft was circulated in mid-April among national stakeholders who provided their feed-back. See below a list of the organizations contributing to the development of GARPR 2015.

Table 1. Contributors

No.	Institution	Type
1	National Institute for Infectious Diseases “Prof. Dr.Matei Bals”	Governmental
2	National Antidrug Agency	Governmental
3	Ministry of Health	Governmental
4	National Tuberculosis Program	Governmental
5	Ministry of Labour, Social Protection, Family and Elderly	Governmental
6	Ministry of Internal Affairs	Governmental
7	National Administration of Penitentiaries	Governmental
8	United Nations System in Romania	Intergovernmental
9	Romanian HIV/AIDS Center	Governmental
10	ACCEPT	Nongovernmental
11	Population Services International	Governmental
12	Romania AntiAIDS Association	Governmental
13	Romanian Angel Appeal Foundation	Governmental

b) The status of the epidemic

In 2014 the HIV/AIDS situation shows no major changes in incidence in adults or in children. As in the previous years, the main route of transmission has been heterosexual, followed by injection drug use and homosexual transmission. Most new cases are men, fall in the age group 25-39 years old and about 60% have a CD4 <350 cells/mm³ at the time of the diagnosis.

Although recent second generation surveillance data lacks for most vulnerable groups, the recent SIALON II study among MSM in Europe (www.sialon.eu), identified a high prevalence of HIV among a sample of 183 MSM from Bucharest (18%), more than three times higher than the one reported during the first round of SIALON in 2009 (~5%)

c) The policy and programmatic response

In 2014 Romania did not have a sectorial HIV/AIDS Strategy approved by the Government. However, there are few policy documents that also cover AIDS related objectives:

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

- The National Antidrug Strategy 2013-2020 – it is elaborated by the National Antidrug Strategy and is the main document describing in detail the harm reduction and HIV prevention objectives targeting IDUs in Romania. The document is approved and is not budgeted.
- The National Strategy for Social Inclusion and Poverty Reduction 2014 – 2020 – document elaborated by the Ministry of Labour, pending approval from the government (approval expected by summer 2015). In the form presented for the public debate, the document had an Action Plan, but not an estimated budget.

During the reporting year, the **Romanian state spent around 70 million USD to ensure access to AIDS treatment and care** for all the PLHIV who are eligible according to the national therapeutic guidelines, but **only about half a million USD for prevention activities**. Prevention activities consisted mostly on HIV testing for the general population and the vulnerable groups, and harm reduction interventions for IDUs. Although data was not fully available by the time this report was submitted, reports from the Ministry of Labour indicate that in 2014 about **6500 PLHIV also received disability benefits**, with 5000 of them receiving a severed disability benefit of 234 LEI/month. In 2014, **about 3.3 million USD** have been allocated by the state only for this benefit.¹

As in the years before, in 2014 the AIDS response (especially the prevention activities) has been supported by international donors, the largest being the Norwegian Funding Mechanism that disbursed 1.370.470 Euro, as co-funding in the project *Strengthening the prevention and control of HIV/AIDS, HVB and HVC in Romania* planned to be implemented by MoH from 1 May 2014 until 30 April 2016.

II. Overview of the AIDS epidemic

The source of the following data is the latest report of the National AIDS Commission, presenting the the epidemiological situation in Romania up to December 31st 2014. The report is available only in Romanian on the website of the Commission (http://cnlas.ro/images/doc/31122014_rom.pdf).

Since 1985, in Romania have been diagnosed 20,146 cases of HIV/AIDS. Almost half of them were children younger than 14 years of age at the time of the diagnosis.

12,866 people are living with HIV/AIDS in Romania as of December 31st 2014. Most of them (57%) are men, 45% are from the group age 25-29 years (accounting for the Romanian cohort born in the late 80s) and 208 (~2%) are younger than 14 years of age.

The HIV prevalence and incidence in adults has increased steadily since 2010 (see Table 2)

Table 2. HIV/AIDS prevalence and incidence in adults in the last 5 years

ADULTS >15 years	HIV PREVALENCE ADULTS/100.000	AIDS PREVALENCE ADULTS/100.000	HIV INCIDENCE ADULTS/100.000	AIDS INCIDENCE ADULTS/100.000
2010	14.53	23.77	1.45	1.32
2011	16.83	25.53	2.22	1.62
2012	19.34	27.07	2.51	1.54
2013	21.87	28.81	2.54	1.74
2014	24.30	31.88	2.38	1.73

Source: Department of Monitoring and Evaluation of HIV/AIDS Infection HIV/AIDS in România - Coordinator Dr. Mariana Mardarescu, www.cnlas.ro

2014 registered the highest number ever of new cases of HIV/AIDS (N=755). Almost 2 out 3 cases were male (72%). 41% of all cases were in the group age 25-34 and 21% in the group age 15-24. 13

¹ Other benefits are also covered by the state, such as: moderate disability benefit; personal assistant's salary for those registered as severely disabled; various tax exemptions (including property tax and salary tax); free transportation.

cases have been diagnosed among children younger than 4 years of age and 7% were among people of 50 years and older.

As in the previous years, in 2014 the main route of HIV transmission remains the heterosexual unprotected sexual contact (59% of all new cases), followed by injection drug use (21%) and homosexual transmission (16%). In absolute numbers, compared to 2013 there is an increase by almost 50% in the number of new HIV/AIDS cases diagnosed among MSM (113 compared to 88) and a decrease by cca 30% among IDUs (165 compared to 238).

The majority of new cases had a low CD4 count at the time of diagnosis. Cca 60% of IDUs and 52% of all other cases registered a CD4 count <350 cells/mm³ at the post-diagnosis evaluation.

A Kaplan-Meier analysis conducted among the people who died of AIDS in 2014 (n=222), indicates that their average survival duration was 45.6 months (C.I. 95% 44.3-46.9), with 25% of them having survived the illness for 100 months or more.

The IDUs diagnosed in 2014 are mostly men (144 out of 165) and **74% are between 25 and 39 years old**. 40% are using both heroine and new substances with psychoactive properties (known as “ethnobotanical drugs”), 19% are using just heroin and 11% just ethnobotanical drugs. Overall, 60% mix any two or three of the following: ethnobotanical drugs, heroin, cocaine, ecstasy.

HVC, TB and other sexual transmitted infections are the most frequent comorbidities among IDUs diagnosed with HIV/AIDS in 2014 (N=165). 82% of them had also HVC, 16% had pulmonary TB and 24% tested positive for STIs.

Not all IDU diagnosed in 2014 were new to the HIV/AIDS monitoring system. 24 out of 165 persons have been tested in the previous years, mostly during the period 2011-2013.

In Romania, tuberculosis is the AIDS defining illness. Data is necessary.

III. National response to the AIDS epidemic

In 2014, the Government approved the National Public Health Strategy 2014-2020, a policy document that includes provisions related to the country’s AIDS response. A series of strategic objectives have been formulated (MoH, 2014):

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

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

During the first months of 2015, a new policy document proposed by the Ministry of Labours was called under public debate. It is expected that it will be approved by the Government by the beginning of summer 2015. **The National Strategy for Social Inclusion and Poverty Reduction (2014-2020)**

proposes (among others) measures aiming at improving the health of vulnerable groups, by actions such as: improving the provision of prevention services in the areas of reproductive health and infectious diseases (especially TB and HIV/AIDS); increasing their access to primary health care and developing community services (including mobile services to reach “invisible” populations). By “vulnerable groups”, the Strategy refers also to injecting drug users, sex workers, prisoners, people affected by chronic disease etc. **The Social Inclusion Strategy also acknowledges that vulnerable groups are at risk of contracting HIV and TB.** In this context, the document proposes reducing the risk of TB/HIV infection among these groups by: improving active detection of HIV and TB among these groups; providing treatment support to ensure adherence for TB treatment; strengthening the system that supports TB Directly Observed Treatment. **All the health related measures described in the document have been assigned under the responsibility of the Ministry of Health.** At the point when the Strategy and its Action Plan have been published for public debate, **the documents did not include a mention of the budget estimated** for the implementation of the above mentioned measures.

Actions aiming the control of HIV/AIDS among IDUs are detailed in the National Antidrug Strategy 2013-2020, implemented under the coordination of the National Antidrug Agency (NAA). The Strategy has also Action Plan whose implementation is monitored annually by NAA; however, **the document does not mention an estimated budget for the implementation of its objectives.**

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

Prisoners

In 2014, the National Administration of Penitentiaries (NAP) continued its HIV prevention and control programs by providing (out of its own funds) HIV counselling and testing to 682 prisoners. The testing was part of a program within which have been performed the same year 16,000 test for HCV and 822 tests for HBV.

IDUs

2014 registered a decrease in the availability of harm reduction services for IDUs, both in the community and in prisons. For community level interventions, the only OST and NSP services remaining are those in Bucharest. The number of OST sites has overall decreased from 13 in 2013 to 8 in 2014, while the number of NSP sites from 7 in 2013 to 3. While OST services have been provided by public, nongovernmental as well as for-profit organizations, the needle exchange programs and other harm reduction interventions² have been implemented exclusively by two NGOs – Romanian AntiAIDS Association (ARAS) and Carusel. Given the limited funding available (from domestic and/or international sources), the services targeting IDUs have been struggling to survive in 2014. For NGOs support from the public budgets is welcomed (e.g. National Antidrug Agency, the MoH, Bucharest City Council), but if covers mainly the medical consumables need, to a lesser extent the administrative costs and almost not at all the costs with the human resources.

Although an interest has been raised in 2012-2013 for the TB/HIV co-infection among IDUs, no concrete actions have been taken in 2014 to address the issue.

SWs

SWs have access to HIV prevention and harm reduction at the low threshold clinics or through the outreach services provided by ARAS. In 2014, 1,068 sex workers received from ARAS:

² Testing for HIV, HVB, HVC; vaccination for HVA and HVB; information & health education; condom distribution; referral to other services.

HIV/HVB/HVC testing, condom distribution, information and referral to other medical or psychosocial services. SWs who also inject drugs (only in Bucharest) benefited also from needle exchange and access to methadone substitution treatment. However, because ARAS's programs are mainly funded from grants, the coverage and quality of interventions targeting SWs varies with the availability of fund.

MSM

HIV prevention programs targeting MSM have been greatly affected by the end of the Global Fund Round 6 program. According to the two organizations that used to implemented MSM prevention interventions (ACCEPT Association and Population Services International), the lack of funding made impossible the development of such interventions in 2014. Occasional prevention events have been organized (distribution of condoms in gay bars, online discussion groups), however a very small scale and usually with little or no funding (e.g. using volunteers).

The only significant MSM-related action conducted in 2014 was the bio-behavioural survey among MSM living in Bucharest. The study was implemented by ACCEPT in partnership with the National Instituted for Infectious Diseases "Prof. Dr. Matei Bals", within the European project SIALON 2 (www.sialon.eu). The report will be issued later this year, but the GARPR indicators have been made available by the project team. In a sample of N=183 MSM from Bucharest, there was a reported 18% prevalence of HIV lower among MSM < 25 years old (11.6%) and higher among adult MSM >25 years (18.5%). Less than half of those interviewed (43.4%) reported being tested and knowing their results over the last 12 months. Condom use at last intercourse with a male partners was reported by 56.6% of MSM, almost twice more frequent among MSM > 25 years old than among those younger than 25. Only 45.9% of the study participants have been reached with prevention interventions in the year before, most of them MSM over 25 years old.

PLHIV

Although positive prevention has been one of the main objectives of the Romanian AIDS response formulated in the previous versions of the HIV/AIDS strategy, in 2014 no progress has been made with the implementation of such interventions, mainly because of the lack of funding. The largest intervention targeting PLHIV in 2014 has been the project "In my Shoes" implemented by the non-governmental UNOPA (National Union of the Organizations of People Affected by HIV/AIDS) in 16 counties. The aim of the project is to increase the social inclusion of PLHIV mainly by developing their independent living skills (through information, participation at workshops & games) and raising the awareness of the community with regards to the needs of PLHIV.

Pregnant women

According to the law, pregnant women have access to antenatal screening for HIV. Out of the 132,817 tests performed in 2014 among pregnant women, 0.14% turned out positive (CNLAS, 2014). No specific interventions have been implemented in 2014 at a national/regional level to improve women's access to HIV counselling and testing.

Young people

The "Education for Health" elective curriculum (coordinated by the Ministry of Education) has been in 2014 too, the main way of disseminating HIV-related information in a wide population of children and youth. However, this program is not reaching young people who do not attend school and are in vulnerable situations (e.g. street youth, IDUs, SWs, from very poor communities). Other sporadic initiatives have been implemented (e.g. school/local events, outreach information campaigns, Internet communication), but there is no review on their overall impact.

People in the law enforcement system

In 2014, the Ministry of Internal Affairs implemented an HIV testing activity (2,414 tests performed) among employees from its system; 61,450 lei (equivalent of 14,748 USD) have been spent for the activity.

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

Universal access to AIDS treatment and care has been introduced in Romania in 2001. The program was considered a model in the region and was based on the political commitment and partnership between public authorities, pharmaceutical companies, patients and other International Agencies. The number of patients benefiting from top quality antiretroviral treatment increased from 3,500 in 2001 to 9,571 at the end of 2014 and 442 people in post exposure prophylaxis (PPE). This was made possible by increasing the budgetary allocations on one hand and on the other hand through negotiated partnerships with pharmaceutical companies, which committed to providing significant price reductions and donations. **In 2014, the Romanian government spent about 70 million USD for the treatment program.**

The ARV treatment program in Romania is implemented according to norms approved by Ministry of Health, under the technical coordination of National Institute for Infectious Diseases „Prof. Dr. Matei Bals” in Bucharest. In 2014, the treatment followed the 2013-2014 ART Guideline that strives for a cost-efficient allocation of resources, in the context of the economic crisis and the cuts affecting the national health budget. The Guideline has four areas of focus: the treatment of newly diagnosed patients, of women of reproductive age, of patients who develop neuroAIDS symptoms and those who experience therapeutic failure because of exposure to multiple treatment regimens. Two new sections have been added to the Guideline: norms for the treatment of children with HIV and provisions for a national evaluation program targeting patients with neuroAIDS symptoms.

The drug procurement is based on a decentralized system. The treatment needs estimations from the county level at the Management and Technical Assistance Unit (UATM) in INBI "Prof. Dr. Matei Bals", that provides assistance for the National HIV Programme. The Unit estimates the annual funding needs for treatment and prevention. It collaborates with Ministry of Health and the Department of Monitoring and Evaluation of HIV/AIDS Infection HIV/SIDA in Romania.

In 2014, the civil society organizations reported repeatedly that treatment interruption occurred for short periods of time (2-10 days) in all counties.

At national level, during the last years, several interventions have been developed to address the adherence problems among PLHIV, especially among the long term survivors from the cohort born in the late 80s. We mention the campaign *Take your treatment! Enjoy life* (Ia-ti tratamentul! Bucura-te de viata!) - <http://unopa.ro/ia-ti-tratamentul-bucura-te-de-viata/>), developed from a partnership between UNOPA (The national union of PLWH organizations) and the National Institute for Infectious Diseases “Prof. Dr. Matei Bals”, through its 9 Regional HIV Centres. Also the campaign *Let's talk online about HIV/AIDS* (Sa vorbim online despre HIV/SIDA)- <http://www.edumedical.ro/sa-vorbim-online-despre-hiv-sida-2/> - from the collaboration between ARAS and INBI “prof. Dr. Matei Bals”. Also, in terms of prevention a surveillance system was established in 2014, through the National Registry of HIV pregnant women and perinatally exposed children, that represents another surveillance tool for the prevention of mother to child HIV transmission.

Another contribution to the subject comes from the Black Sea - Baylor Foundation – the NGO that in 2014 published in cooperation with Amsterdam University, a manual for clinicians called “The theory and practice of treatment adherence” (available only in Romanian, the cover can be viewed here: <http://baylor.ro/wp-content/uploads/2015/03/coperta-manual.jpg>).

c) Care and social support for PLHIV

PLHIV in Romanian have access to specialized and free of charge psycho-social services tailored for PLHIV, provided by the Sun Flower Day Clinics’ Network, set up by an NGO and currently managed by MoH. The 18 Sun Flower units function within the INBI, the 8 regional centres and in other 9 infectious disease hospitals from counties with higher prevalence of HIV. These services are utilized by PLHIV

when they visit the infectious disease hospital to undergo medical and treatment assessments or to pick up their medication. The rest of the time, PLHIV can access (as all other vulnerable citizens) the general psychosocial services provided free of charge by the local authorities (the municipality, the county council). Besides these, PLHIV can also buy private services, especially psychological counselling and psychotherapy.

There is a system of support and benefits that ensures the social protection of PLHIV. It is administered by the Ministry of Labour, through its local entities, as well as through the community-level institutions in charge with social assistance. The system is stipulated both by Law 584/2002 and Law 448/2006 (regarding the protection of disabled persons). While the nutritional allowance (according Law 584) is provided to every PLHIV who requests it, the other social support forms are linked with the recognition of HIV/AIDS as a disability that entitles the person having a disability certificate to benefit from economic subsidies (double subsidy for HIV positive children, allowance for the people who never worked, a salary for a personal assistant, as well as other facilities as tax exemption). Other rights may also include: meal allowance, disability allowance, free travel tickets, complementary budget, housing or income tax exemption. According to the Ministry of Labour, in 2014 6444 persons (about 50% of all PLHIV in Romania) were benefiting from disability benefits and the value of almost every benefit was supplemented during this year. However, no aggregated data has been available at the time of this report on the amount spent on social support for PLHIV in 2014.

There is a level of stigma and discrimination towards people living with HIV/AIDS. According the latest study conducted by the National Council for Combating Discrimination (2013)³, over half of the adult Romanian population would not want a person living with HIV/AIDS to be their relative (52%) or be their friend (50%), while 47% would not want to be their colleague. 1 in 3 persons would prefer that PLHIV not live in Romania.

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

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

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

Small projects (local) providing care and support for PLHIV have been implemented in 2014 in few counties. No other large scale interventions (national, regional) have been implemented, mainly because the organizations traditionally involved in this area (mainly NGOs) lacked the funding to do it.

IV. Best practices

The National Union of the Organizations of People Affected by HIV/AIDS is implementing in partnership with an arts NGO the project “In my Shoes”, co-funded by the Swiss Fund for the period 2013-2015. The project aims to support the social integration of PLHIV, mainly by developing their independent living skills (through information, workshops & games) and raising the awareness of the community with regards to the needs of PLHIV.

Within the project, UNOPA developed a set of three Facebook applications (based on quizzes followed by informative sections) called “Life Decisions” focusing on the following topics:

- destroying the myths about living with HIV/AIDS;

³ The study was conducted in 2013, on a multi-stratified, probabilistic, representative sample from the Romanian population (1415 persons, +18 years).

- building emotional intelligence skills;
- difficult life choices (regarding health, relationships etc.).

Their initiative gives an example how technology can be effectively employed to develop actions targeting young people living with AIDS. More details about the project are available in Romanian at: <http://unopa.ro/category/proiecte/proiect-in-my-shoes/>.

V. Major challenges and remedial actions

Political commitment. A National Public Health Strategy 2014-2020 was approved in 2014 and included strategic objectives related to the AIDS response. However, there are budget estimations only for the activities involving HIV/AIDS treatment and monitoring, and those requiring co-funding or formal commitments from the Romanian government, since they will be implemented with support from international programs (e.g. Norwegian Funding Mechanism, European Structural Funds, the Global Fund).

Attracting international funds. A large program (€1,373,470) co-funded by the Norwegian Funding Mechanism (€ 992,332) will be implemented by MoH from 2014 until 2016 (*Strengthening the prevention and control of HIV/AIDS, HVB and HVC in Romania - RO19-0002*). Also, Romania submitted a Concept Note to the Global Fund, requesting over 8 mil EUR to implement mainly TB prevention and control actions, but to also address the TB-HIV risk in key populations such as IDUs. At the time of drafting this report, the Global Fund has approved the grant that is to be implemented from April 1st 2015 until December 31st 2018.

Scaling-up HIV prevention. In terms of coverage with services targeting IDUs, 2014 was marked actually by a scaling down (the number of NSP sites was reduced from 4 to 3, the number of substitution treatment sites dropped from 11 to 8). Still, no HIV prevention programs or projects were implemented in 2014 to target MSM. In all the other areas, prevention interventions coverage and/or quality stagnated.

HIV surveillance & evaluation systems. No second generation surveillance study was carried out in 2014, except the bio-behavioral survey among MSM living in Bucharest (N=183) conducted as part of the European SIALON study (www.sialon.eu). No other HIV/AIDS related studies (e.g. social research, assessment of interventions' efficacy) have been conducted in 2014.

There are still critical problems in terms of disease management. First, many late presenters have also co-morbidities (especially HVC, HVB, TB or STIs), needing a mix of medical and psychosocial services. It is especially the case of IDUs diagnosed with HIV. The mix of services addressing this group can be difficult to manage, needing coordination between several national systems and programs (the HIV/AIDS system, the NTP program, the STI surveillance program, and the methadone sites). Also, the services mix might not be accessible all over the country (e.g. free of charge psychosocial support services targeting PLHIV are available only in 16 counties out of 42, NSP and methadone programs are available just in Bucharest in 2014). Second, there are cost efficiency challenges for the national TARV program in the context of reduced adherence experienced by long term survivors (caused by therapeutic fatigue) and the PLHIV with co-morbidities (especially TB/HIV and HIV/HVB/HVC). Third, most women living with HIV/AIDS in Romania are long term survivors, being in treatment for more than 15 years and about half are in a serodiscordant couple. They are of child bearing age, they want to become mothers, but they have to confront the risks of reduces adherence and the teratogenicity of the long term administration of the ARV treatment.

VI. Support from the country's development partners

With support from the Norwegian Funding Mechanism, starting with May 1st 2014 the Romanian Ministry of Health implements through the National Institute for Infectious Diseases "Prof. Dr. Matei

Bals” the project **Strengthening the prevention and control of HIV/AIDS, HVB and HVC in Romania** (RO19-0002), over a 23 months period (until April 30th 2016). The project expects the following results relevant for the control of HIV/AIDS: 2,000 IDU’s to receive integrated harm reduction services, including needle exchange, HIV, HVB and HVC testing; 12,650 people from the general population tested for HIV, HVB, and HVC; 10,000 teenagers receiving information about HIV, HVB and HVC infections. The total budget allocated for the project is €1,373,470, out of which €992,332 are co-funding from the Norwegian grants. No report is yet available regarding the status of the project’s implementation.

In October 2014, Romanian stakeholders from the areas of TB and HIV/AIDS, assisted by WHO submitted a funding request for the Global Fund’s New Funding Model. The goal of the request is to contribute to the reduction in TB incidence and mortality in Romania, through improved high impact interventions (diagnosis, treatment, care and prevention) and a special focus on key affected populations, including IDUs affected by TB-HIV. The estimated sum allocated until December 2018 for TB/HIV activities is around €900,000 (out of over 8 million euros assigned to the entire program).

The technical and financial support provided by the UN agencies continued in 2014 for: country reporting activities (GARPR 2014); advocacy for the mobilization of resources at the level of MoH.

V. Monitoring and evaluation environment

The main M&E unit in the country is the Department of Monitoring and Evaluation of HIV/AIDS Infection in Romania, within the National Institute for Infectious Diseases “Prof.Dr.Matei Bals” in Bucharest. The unit implements a reporting system, receiving data from the nine Regional Centres in the country - 2 in Bucharest Institute “Prof. Dr. Matei Bals” and Clinic Hospital “Victor Babes” and the other 7 in: Brasov, Cluj-Napoca, Constanta, Craiova, Iasi, Targu Mures, Timisoara. The data is analysed and a report is issued twice a year (in February and June). All the data are processed by and in this unit, this representing the start point for the Ministry of Health in the process of accomplishing the technical normative of the National Public Health Programmes that also comprise the national HIV/AIDS Programme (2013-2014; 2015-2016), the last year 2015-2016 having been approved at 31.03.2015. All the information at national levels processed by the Compartment for Monitoring and Evaluation Data in INBI “Prof. Dr. Matei Bals” is reported to the international partners, namely ECDC Stockholm, WHO, UNAIDS- GARP.

Since 2007, active monitoring (second generation surveillance) has been implemented in the country targeting the following vulnerable groups: IDUs, SWs, prisoners, MSM and people living with HIV/AIDS. The surveys were part of projects funded entirely or co-funded by international donors (UNODC, the Global Fund, and European Commission). After the projects ended, no domestic funds have been allocated for follow-up. As a result, the last bio-behavioural surveillance surveys were conducted in 2010 for SWs and prisoners, in 2011 for PLHIV and in 2012 for IDUs. The most recent bio-behavioural survey was implemented in 2014 for MSM living in Bucharest under the European project SIALON II (www.sialon.eu)⁴, in a partnership between ACCEPT Association (an NGO acting for the rights of LGBT) and the National Institute for Infectious Diseases “Prof. Dr. Matei Bals”. The report is in progress, but the project team issued an analysis on the GARPR indicators for each of the participant countries.

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⁴ The countries participating in the study: Romania, Bulgaria, Slovenia, Portugal, Poland, Lithuania, Italy, Sweden, Spain, Slovakia, UK, Belgium & Germany.

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