

Republic of Moldova Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

Other measurement tool / source:

From date: 01/01/2014

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: The data for the NCPI part of the GARPR report was collected with the active involvement of governmental officials from national level agencies, and regional health centers, including the Eastern territory of Moldova. More specifically, the officials participating in the NCPI reporting represent: key ministries (the Ministry of Health, Ministry of Labor, Social Protection, and Family, Ministry of Education, and Ministry of Justice); national centers (the National Dermatology and Communicable Diseases Hospital, National Center for Public Health, National Center for Health Management, Department of Penitentiary Institutions, Republican Dispensary for Narcology, General Inspectorate of Police, Municipal Council of Balti, and national and regional Coordinators of HIV/AIDS/STIs control Programs from both banks of the Nistru River. The methods used to collect data for the NCPI reporting included: desk reviews of all policies, laws, regulations related to the HIV control, interviews and consultations with a wide range of stakeholders from the governmental sector. In order to validate the data collected with the implication of various sector stakeholders, a validation workshop was organized with the participation of a large number of government officials, including all respondent agencies, in-line ministries, institutions providing services.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: During the data gathering for the NCPI reporting there were no cases of strong disagreements amongst position of officials from different agencies. Yet, in case of opposed opinions related to a specific question, the technical Officer in charge for the NCPI reporting brought those questions to extended discussion during the validation process of the draft report. On consensus basis, those disagreements were settled.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): The government authorities in Chisinau and Tiraspol (the break away region of Moldova) implement Programs for HIV control covering different periods of execution. The legal framework and approach of authorities related to the control of HIV/AIDS, provision of key services to PLWH and protection of their rights in Tiraspol and Chisinau differ considerably. That influences the value of data reported as a whole.

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

Organization	Names/Positions	Respondents to Part A
Ministry of Health	Deputy minister, Head of the National Program Division	A1,A2,A3,A4,A5,A6
Ministry of Labor, Social Protection and Family	Head of the Department for Equal Opportunities and Violence Prevention	A1,A2,A4,A5
Ministry of Education	Leading Consultant of the Department for National Policies Assessment, M&E	A4
Ministry of Finances		A1
National Team for the coordination of National HIV Control Program	National Coordinator	A1,A2,A3,A4,A5,A6
National Dermatology and Communicable Diseases Hospital	Director	A1,A2,A3,A4,A6
National Center for Public Health	Deputy Director	
Department for Penitentiary Institutions	Deputy of Division, Medical Department	A3,A4
National Center for Health Management	Director, M&E Leading Specialist	A4,A5,A6
General Inspectorate of Police	Senior Inspector of the Department Public Security Directorate community interaction PGI	A3,A4
Republican Dispensary for Narcology	Director	A1,A3,A4
Medical Department of the Balti Municipality	Head	A1,A4,A5
Coordination of territorial HIV Control Program in Eastern region of Moldova	Program Coordinator	A1,A2,A3,A4,A6

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

Organization	Names/Positions	Respondents to Part B
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A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: The National Plan for HIV/AIDS/STIs Control and Prevention for the period 2011-2015, adopted by Governmental Decision # 1143 of 16 December 2010. In the eastern region of Moldova, the Plan for the HIV/AIDS/STIs Control covers the period of 2010-2014.

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: In 2011, the current Program was holistically assessed by a joint team of local and international experts, with the active involvement of various stakeholders from the Gov and NG sectors. As a result, a better prioritization of the national health policy and its objectives was proposed in order to focus and address key populations at risk of infection and resources needed to provide efficient and targeted services. Though the reviewed Program was adopted and fully supported by the CCM and civil society, it has not yet been approved by the Government. There are other laws and regulations in place that speak in favour of political leadership towards HIV. The revised in 2012 HIV law provides for non-discrimination and privacy and confidentiality safeguards, and removes travel and immigration barriers for HIV/AIDS persons. It contains specific clauses on Women, HIV and Gender. A complementary Law to ensure equality, i.e. Regulation of the Council on Preventing and Eliminating Discrimination and Ensuring Equality ("Equality Council") has been adopted. In 2013 the Parliament abrogated provisions of the Contravention Code setting penalties for advocacy of homosexuality in children. Civil society advocated with the Ministries of Health and Labor, Social Protection and Family, for reforms related to rights of persons with disabilities to live and participate fully in the community (new disability evaluation methodology includes HIV specific provisions). The amended Program focuses on services for most at risk populations, as opposed to interventions in general population stated in the current program. It includes the following objectives: 1. Prevent the transmission of HIV, particularly among key populations; 2. Reduce the negative impact of the HIV/AIDS epidemic, particularly by providing treatment, care and support for PLWH and members of key populations; 3. Promote synergies with other parts of the health system; 4. Create an efficient program management system

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Name of government ministries or agencies [Ministry of Health, through the Section for National Programs and the National Coordinator of the HIV Control Program, i.e. the Deputy Director of the Dermatology and Communicable Disease Hospital. The process of program development and implementation also actively involves stakeholders from the Ministry of Labor, Social Protection and Family, Ministry of Education, Ministry of Finances, Department of Penitentiary Institutions, other authorized institutions IOs, local

NGOs, community of PLWH and KAPs]:

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

Education:

Included in Strategy: Yes

Earmarked Budget: No

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: No

Military/Police:

Included in Strategy: No

Earmarked Budget: No

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: No

Transportation:

Included in Strategy: Yes

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: No

Young People:

Included in Strategy: Yes

Earmarked Budget: No

Other: MoJ - DPIs

Included in Strategy: Yes

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: The sectors that have no earmarked budgets for HIV activities are supported from grants and funding provided by the GFATM, UN Agencies, Soros Foundation as well as funding allocated for synergistic programs in the sectors of education, youth, social support, and justice. There is no earmarked budget, as reported by the National Programme Coordinator from Transdnistria for the labor, military forces, social welfare, transportation in the Eastern region of Moldova (the conflict separatist zone).

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: No

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: Though „People with disabilities” are not specifically part of the multisectoral strategy, the strategy addresses this population at the moment when a person, HIV+ inclusively, is granted the status of a person with disability and benefits of social support. In Transnistria, the „HIV and poverty” cross-cutting issue is addressed by the multisectoral strategy.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]::

: No

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

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) **Formal programme goals?:** Yes

b) **Clear targets or milestones?:** Yes

c) **Detailed costs for each programmatic area?:** Yes

d) **An indication of funding sources to support programme implementation?:** Yes

e) **A monitoring and evaluation framework?:** Yes

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

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: The civil society, including the community of PLWH and the key affected populations (KAPs) (both in HIV and TB), actively participate in all processes of HIV and TB national policies development. There are several mechanisms in place to support that: the CCM platform, where the civil society represents 40% of total membership, and the CCM Technical Working Groups (3 separate TWGs per disease plus 2 mixed TWGs for TB&HIV). In 2013, CCM stated the implementation of a KAP pilot, which also serves as a good platform to encourage country dialogue and involvement in the development of the multisectoral strategy for the next 5 years. For better transparency of the decision making process, all strategies are opened for a 30-day period of public consultations on the website particip.gov.md.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.: In the opinion of stakeholders from the eastern region of Moldova, the involvement of civil society in the development of the multisectoral strategy can be qualified as moderate to low.

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

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: Main alignments were performed by key partners – GFATM and UN agencies active in HIV control domain. In 2013, the GFATM has launched the implementation of the New Funding Model, which aims at adapting and tailoring the standard grants to meet the needs and priorities of beneficiary countries and national strategies. The UN agencies also make efforts to plan and support initiatives, which are in accordance with specific TA, consultancy and funding needs of the country. In Transnistria, on the other hand, stakeholders state that „yes, some partners” have aligned their HIV related programs to the local strategy.

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: No

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

:

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): No

Other [write in]:

:

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

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 4

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: The National Health Policy includes objectives on HIV prevention, treatment, care and support. The National Public Health Strategy for 2014-2020 (in place in Chisinau and Tiraspol) states the HIV/AIDS epidemic as a priority for the health sector and stipulates specific actions for its control. The government authorities have developed a road map for the reorganization and development of the health system.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Launch of a complex institutional reform of agencies responsible for the coordination and oversight of HIV infection. Increased access to HIV VCT service, provided with the support of NGOs through rapid saliva testing; Ensured universal access to ARV treatment, no waiting lists; Adjustment of national protocols on HIV in accordance with the WHO recommendations; State commitment to procure ARV drugs for the new enrolled patients since 2013, as well as procuring the services as harm reduction, better safeguards of personal data and confidentiality ensured by the Ammended HIV Law in 2012. Ministry of Education reports teaching (in 2012-2013) the Curriculum "Pro healthy life style decisions" in 29 vocational training institutions.

What challenges remain in this area: -- Ongoing institutional reform of the National AIDS Program management infrastructure raises issues of insufficient staff, lack of financial resources to ensure efficient program management system. Though the amended NHP has well prioritised interventions to be supported, the national budget does not fully reflect those priorities, especially, as the prevention programmes are weakly covered, almost uncovered financially. -- The GF phasing out raises complex sustainability issues for Moldova's national response. -- The EU integration aspirations, the need to procure ARV drugs from public resources, will challenge the authorities ability to apply the TRIPS flexibilities. It is imminent to have legislative and normative revisions to ensure competent, correct, cost-effective and saving and qualitative products procurement in the long term perspective. -- Complex political context, different level of commitment to control HIV on both banks of Nistru, negatively influences general results of HIV actions in the country. -- Low commitment of MoH officials and subordinated institutions, responsible for the HIV response in the eastern/break away region.

A.II Political support and leadership

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

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: In 2013, Government officials committed to increase domestic allocations for National HIV Program from 1,7 mln lei per year to 9 mln lei, including resources to procure ARV drugs and support one pilot harm reduction project to be implemented by the civil society sector. High level officials from the national Government (Ministry of Social Protection) pleaded for more support for the HIV response, regional social support centers inclusively, with authorities at the regional and local levels. In Transnistria, the HIV problem was discussed at the de facto local Government level. Decisions were adopted by the de facto President and the facto Government to support the Program for HIV prevention.

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

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr. A. USATII, Minister of Health

Have a defined membership?: Yes

IF YES, how many members?: 32 members

Include civil society representatives?: Yes

IF YES, how many?: Civil Society, represent 40% of CCM members

Include people living with HIV?: Yes

IF YES, how many?: 2 members representing 2 networks of NGOs of PLWH

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

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

IF YES, briefly describe the main achievements:: The CCM ensures the good coordination of the implementation of the NHP on the basis of a sustainable partnership established amongst stakeholders from governmental sector, international agencies, and civil society on principles of cooperation and transparency. In 2013, the CCM developed and successfully applied for an interim grant provided by the GF within the frame of the New Funding Model. That funding will cover the costs for the procurement of ARV drugs in 2015, which local budget lacks. Among other achievements can be stated the implementation of VCT service with the help of NGOs in the penitentiary system. In Transnistria, there was signed a cooperation agreement was signed with the Association of NGOs active in HIV prevention

What challenges remain in this area:: Despite the CCM membership, the private sector is not an active member. Further efforts need to be taken in order to make this stakeholder proactive in the HIV control domain. In Transnistria, the civil society is not active.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 0

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: • Review of the National Clinical Protocol and its approval in accordance with WHO recommendations; • Development and approval of Regulations on sharing personal health information related to the HIV status; • Development and approval of the Standard on HIV counseling and testing using rapid tests amongst vulnerable groups, provided by non-governmental organizations • HIV Law in 2012 to better safeguard personal data and confidentiality, include gender specific issues, eliminate travel restrictions

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:: There are actually 2 national programmes: one approved by the Government at the end of 2010 and the other one, reviewed after the Joint Assessment representing the basis for Global Fund applications and also the strategic document recognized by CCM members in 2011. Inconsistencies are mainly linked to the priorities the 2 documents rely on, as well as budget allocations.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 7

Since 2011, what have been key achievements in this area:: In April 2012, the Moldovan Parliament amended the Law on HIV/AIDS. The revised law provides for non-discrimination and privacy and confidentiality safeguards, and removes travel and immigration barriers for HIV/AIDS persons. It contains specific clauses on Women, HIV and Gender, aiming at beefing up HIV response. A complementary Law to ensure equality, i.e. Regulation of the Council on Preventing and Eliminating Discrimination and Ensuring Equality ("Equality Council") has been adopted.

What challenges remain in this area:: Limited financial support for the implementation of NHP from local resources. Further efforts need to be taken to ensure effective implementation of the Law on Equality.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Law on equality no. 121 from 25.05.2012 adopted by Parliament, aiming at preventing and fighting discrimination, as well as ensuring equal chances to all people of Moldova in political, economical, social, cultural and other spheres, irrespective of race, colour, nationality, ethnical origin, language, religion or beliefs, sex, age, disability, opinion, political beliefs. In Transnistria, the existing laws do not specify protection for MSM, migrants, IDUs, prison inmates, CSWs, transgender people. The region does not have a general law on discrimination.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: The Law # 298 from 21/12/2012 approved 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 Council acts as a collegial body, impartial and independent, with the status of a public legal entity, established to ensure protection against discrimination to all persons who consider themselves victims of discrimination.

Briefly comment on the degree to which they are currently implemented:: The Council is operational since 2013. One of the cases investigated by it relates to a HIV+ pregnant woman, claiming discriminatory treatment by medical staff.
<http://dis.md/wp-content/uploads/2013/12/DECIZIE-2conf-din-27-12-2013-in-cauza-021-2013-T-R.pdf>

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: Yes

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: The Penal Code, Criminal Procedure Code, and Code on Administrative Offences, in force in the eastern region of Moldova, stipulate penal and administrative penalties for HIV infection, injecting drugs, MSM intercourse, and services provided by CSWs. According to the Ministry of Health from Chisinau, after the recent modifications in the law nr. 23 on the prevention of HIV, most limitations and discriminatory acts were removed, including limitations for travels, foreigners, mandatory testing, employment, education, adoption; the law also reinforced the confidentiality and safety of health data safeguards, etc. Still, probably the only major barrier in law is the criminalization of the HIV transmission intent, which is counterproductive and in conflict with the international human rights standards. For IDUs – policies and services, including harm reduction are limited to two big cities. There are no rehabilitation services and no psychosocial support services and no clear program to implement. The existing services are oriented to detox and «medical surveillance», which is in fact administrative surveillance. There are government decisions and orders that permanently prohibit to former drug users the right to drive and other work related activities. For CSWs – the current legislation does not allow to safeguard the rights of sex workers - the criminal and contraventional liability prevent effective protection of sex workers from violence and access to prevention and health services. Transgender people – though there is an explicit provision in law on the possibility to change civil acts (records) after the correction/change of the sex, procedures are not in place yet.

Briefly comment on how they pose barriers: These laws restrain diagnosis of HIV infection, access to TARV, implementation of prevention activities among populations at risk of HIV infection.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

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

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: No

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

Briefly describe the content of this policy or strategy: The 1st objective of the NHP aims at preventing HIV transmission within key population (IDUs, CSWs, MSM, prisoners) through providing access to harm reduction programs, which will cover at least 60% of the estimated number of beneficiaries and also on preventing transmission of infection from these populations to the general population. This should be carried out through: VCT services, IEC activities for IDUs and their partners, needle exchange programs, OST services, TARV, prevention & treatment of STIs, condom provision for IDUs, etc

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

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]:

:

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 7

Since 2011, what have been key achievements in this area?: Following the 2011 Joint Assessment of the NHP, prevention of HIV transmission among most at risk populations (IDUs, CSWs, MSM) became a priority of the amended program. In 2013, the HRP's underwent a national evaluation. Also in 2013, the initiative to provide HIV counseling and testing services through NGOs started being implemented (rapid saliva tests procured, instructions to provide those services elaborated and approved, service providers trained). The Department of Penitentiary Institutions (DPI) succeeded to take over from NGOs and successfully implement the needle exchange and condom provision programs. In 2013, DPI approved the Regulation on protection of personal health data of inmates.

What challenges remain in this area?: Low coverage of harm reduction and OST Programs amongst key populations. The quality of both services was stated as low by the 2012-2013 evaluations of harm reduction and OST services. Low retention in OST. The Eastern region of the country Transnistria does not have any OST service, approaching injecting drug users only from coercive treatment approach. Sustainability of harm reduction is an issue as it is funded almost exclusively out of donors' resources, and implemented chiefly by NGOs. Insufficient geographic coverage of HRP's on both banks of the Nistru River. Limited promotion of IEC activities by mass media. Fragmentary implementation of HRP's amongst general population. Stigma and discrimination – yet a problem

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

IF YES, how were these specific needs determined?: The prophylaxis needs are established based on the HIV epidemiological evidence and tendencies. They are also based on the results of the bio-behavioral researches conducted with a periodicity of 3 years. Operational researches have been also conducted to identify the prophylaxis gaps (harm reduction evaluation, OST evaluation etc.). Those needs are reflected into the National Programmes as interventions, budget and M&E framework. The management of those is also described, including the description of the accountability of specific institutions. In Transnistria these needs were identified through studies carried out amongst women (2011), and IDUs from Titaspol & Ribnita sites (2012)

IF YES, what are these specific needs? : The needs relate to the types of the interventions (VCT, harm reduction, OST, prophylaxis in prisoners), costs and M&E frameworks. The latest operational studies concluded the need to improve the coverage of both harm reduction and OST programmes, as well as improve their quality. In order to ensure the sustainability of these programs, more funding is needed from local sources. In Transnistria, the stakeholders state the need to largely implement HRP's amongst CSWs, MSM, migrants, and at workplace.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Disagree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: N/A

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Strongly disagree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]: medical workers

: Strongly disagree

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized: The National HIV Programme for 2011-2015 stipulates the following elements of the package of services: TARV, TARV as prevention, including prevention from mother to child and post-contact prophylaxis, treatment of co-infections. Care and support include: nutritional, legal and psychosocial support, including palliative care, services for HIV + children and orphans (social and psycho-social services). The package also includes: active medical surveillance of all persons diagnosed with HIV in specialized institutions, with specific investigations; palliative care for AIDS patients who need it.

Briefly identify how HIV treatment, care and support services are being scaled-up?: The criteria for initiating TARV were reviewed, thus changing the CD4 cells level to initiate TARV in asymptomatic patients from 350 to 500. • New criteria have been introduced - pregnancy, viral hepatitis, age more than 50 years, HIV+ partner in discordant pairs, oncological diseases, etc. • Opening of Social centers for psychosocial support for PLWH (social, psychological, legal, etc.) • Provision of home based palliative care, by NGOs contracted by the NHIC.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Strongly agree

Economic support: Disagree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): N/A

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Agree

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Strongly disagree

TB preventive therapy for people living with HIV: Strongly disagree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: The government authorities in Chisinau ensure that PLWH qualify for the status of people with disabilities and can benefit of financial support. Otherwise they are entitled to same benefits provided for people with no HIV infection. More specifically, People living with HIV can receive social benefits paid both of BASS as well as BS - disability pensions, benefits, allowances, compensations, social and material aid. In accordance with current legislation, people infected / affected by HIV/AIDS do not have a special status based on the HIV infection, but could be among the beneficiaries of social benefits, based on the eligibility criteria set out in legislation. HIV+ children qualify for the degree of disability until the age of 18 years and are offered a specific benefit in this regard. In Transnistria, there is no such policy.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: Decentralization of treatment - Development of social centers and increase in the number of services provided, thus also increasing the geographic coverage, including the eastern region - Maintaining universal access to treatment and avoiding disruption of drug stocks - Increasing access to palliative treatment - Review of disability status granting, particularly related to HIV infected children.

What challenges remain in this area:: Low TARV adherence Late enrolment in TARV Lack of monitoring of TARV resistance Sustainability of the programmes has to be addressed in the coming years, as all the treatment, care and support services are provided mostly from the donor resources. The quality of the services has to be increased. In Transnistria, there are no possibilities to ensure palliative care services for children and adults with AIDS.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 7

Since 2011, what have been key achievements in this area:: Provision of social support Adjustment of legal framework to place HIV+ children in family type services

What challenges remain in this area::

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: In Moldova there is in place a M&E Plan for HIV. In Transnistria - it is „In Progress”. Especially after the reform started in 2012, which has not been consolidated and finalised, the following issues are present: Lack of an institution to coordinate the M & E Lack of a functional common database for M&E Lack of standard, unified indicators Shortage of qualified personnel/specialists in the field

1.1. IF YES, years covered: 2011-2015

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are:: Lack of an institution to coordinate the M & E Lack of a functional common database for M&E Lack of standard, unified indicators Shortage of qualified personnel/specialists in the field

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: No

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: No

A data dissemination and use strategy: No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: No

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 3.8

4. Is there a functional national M&E Unit?: In Progress

Briefly describe any obstacles:: Lack of an institution to coordinate the M & E Lack of a functional common database for M&E Lack of standard, unified indicators Shortage of qualified personnel/specialists in the field

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: Yes

If elsewhere, please specify: Hospital for Dermatology and Communicable Diseases (Chisinau) and the AIDS Center (Tiraspol)

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Specialist M&E on the right bank of Nistru	Full-time	2013
Head of Department in Transnistria	Full-time	2008
physician statistician in Transnistria	Full-time	2008
medical statistician in Transnistria	Full-time	2008

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: No

Briefly describe the data-sharing mechanisms:: In transnistria, the stakeholders clame that there are mechanisms in place to ensure report development and submission to the M&E Unit. Yearly data presented by ministries and agencies related to the implementation of Territorial HIV Control Program (In Transnistria)

What are the major challenges in this area:: Lack of an institution to coordinate the M & E Lack of a functional common database for M&E Lack of standard, unified indicators Shortage of qualified personnel/specialists in the field

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: No

IF YES, briefly describe the national database and who manages it.:

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: No

At subnational level: No

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

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

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

IF YES, for which population groups?: The HIV Program is monitored for the following groups: • IDUs • CSWs • MSMs • General population

Briefly explain how this information is used:: The information is used to estimate needs, plan the budget, but also to understand the trends of the epidemic.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: At the raion/district level on the right bank of The Nistru River. At the town, district, village level in Transnistria

Briefly explain how this information is used:: The information is used to estimate needs, plan the budget, review the actual policies, but also to understand the trends of the epidemic.

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Based on the collected data, trends and characteristics of epidemics are appreciated, goals are reformulated and targets are set to be covered by services. The NHP was reviewed.

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

At national level?: No

IF YES, what was the number trained::

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: No

IF YES, describe what types of activities:

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 7

Since 2011, what have been key achievements in this area:: Since 2011, as important achievements can be reported here the development of the following reports: National reports GARPR reports WHO reports GF Reports

What challenges remain in this area:: Lack of a functional common database for M&E Lack of standard, unified indicators Shortage of qualified personnel/specialists in the field In Transnistria, there is no formal document adopted on M&E

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples: The state policy pertaining the HIV response is the NHP HIV for 2011-2015. Based on the main conclusions of the Joint Assessment held in 2011 in a holistic way by a recognised international team of experts, it was decided to better prioritize and respectively amend the policy documents, including the NHP in order to focus and address key populations at risk and to make more specific and explicit prioritization and resource allocation. Supported by the civil society, in 2013 it was succeeded to increase domestic allocations for NHP from 1,7 mln lei per year to 9 mln lei, including resources to procure ARV drugs and for one pilot harm reduction project. The revised in 2012 HIV law provides for non-discrimination and privacy and confidentiality safeguards, and removes travel and immigration barriers for HIV/AIDS persons, with the specific clauses on Women, HIV and Gender. A complementary Law to ensure equality, i.e. Regulation of the Council on Preventing and Eliminating Discrimination and Ensuring Equality has been adopted. In 2013 the Parliament abrogated provisions of the contravention Code setting penalties for the advocacy of homosexuality in children. Civil society advocated with the MoH and MoLSPF, in embarking on reform concerning the rights of persons with disabilities to live and participate fully in the community CSO have been very vocal (watchdog) about the need for Government to secure enough domestic funding for the purchase of lifesaving medicines and consumables by providing for enough Government funding, more transparent earmarking of funds, open dialogue and involvement of CSO representatives in the budgeting and estimation of needs. A special clause of involvement of the community organizations in advocacy for social dotastions for children HIV+ actually caused for precedent when children HIV+ is receiving the dotations for the first time in Moldova.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 3

Comments and examples: There are several platforms the civil society representatives are using to participate in the HIV policy development: CCM and technical working groups. The latest NHP has been developed in 2011 and civil society was involved in its development. As for yearly budget revision, representatives of the civil society are involved into the Medium-Term Expenditure Framework process, both in the MTEF meetings and the discussion of the draft documents. Development of major supportive assistance of NHP – meaning Global Fund applications, is fully involving civil society at all stages: from the planning to M&E ones. CSO might be involved in the overall planning of National Strategy for HIV control (program) and its activities, as well as in the drafting of the concept note / grant applications for donor funding. However, CSO involvement in financing is limited, and is mostly contingent on donor funding.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 4

c. The national HIV reports?: 4

Comments and examples: Some services, even if prescribed in the national program, are barely operational due to scarce funding or imperfect regulatory mechanisms (such as the contracting of NGO services by Government or national health insurance company). There are working platforms of NGO providing HIV/AIDS services, harm reduction programs, KAP networks some involvement of social care centers. Prevention, care and support services are reflected in the national HIV programme , but coverage of this services from the public budget are very low, most of these activities are covered by external donors namely the Global Fund. National reports include information relating to the basic areas of the national program , including detailed information regarding the resources allocated by donors for HIV response . State contributions due to the absence of health accounts , remains estimated and do not reflect the real situation on the of public funds allocations in the field. The revised NHP is well prioritized, putting the prevention among key populations as the first priority and treatment, care and support as the following one. The national budget does not fully reflect those priorities, especially, as the prevention programmes are weakly covered, almost uncovered financially. Support and care, provided by NGOs is also not sufficiently covered by domestic resources. NGOs are partners in reporting in HIV field, still, there are a lot of reporting to different levels and authorities and it is imperative to aling and adjust all reporting in the country. The services of the rehabilitation within therapeutical communities are still provided and covered financially exclusively by NGO and not supported neither by state nor by any other donor. However TC proved to be effective in terms of sustainable investment for for those clients who seek for long term remission the services yet to be recognized and supported appropriately.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

c. Participate in using data for decision-making?: 3

Comments and examples: The civil society is mostly part of the M&E framework of the Global Fund applications, support to NHP. It is also part of GARPR reporting, which is also a country report. Operational researches and bio-behavioral studies involve the civil society representatives to the highest extent. Civil society representatives are fully involved into the M&E technical working group. The main issues are related to use of the data, for all stakeholder, including civil society. CSO are members of the TWG dealing with ME, and CCM members (accounting for roughly one-third of all members), they join for supervisory visits to selected sites, some are subrecipients of GFATM funds. Most information is public, therefore CSO is making use of existing data for decision-making, but may not have access to all relevant data. There is an insufficient literacy in the field of M & E for effective involvement in this field of community organizations in order to define common positions and recommendations. After reformation and disbanding local UNAIDS office, the work on M&E system in terms of coordination and development has been significantly weakened. The overall responsibility for M&E in HIV program is laying now on NP. Coordinator who is not supported financially and not equipped to take up the task effectively. The shining example is SEMI HIV data base which has been created years ago and still not functioning up to date.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples: Very active and committed, harm reduction sites are mostly driven by CSO, KAP networks have an important role in advocacy and patient support, including through public campaigns (e.g., candle light memorial day, world AIDS day etc.), working with key populations etc. All preventive services to most-at-risk groups (IDUs, sex workers and LGBT community), psycho-social services for IDUs and patients TSO, as well as a great part of care and support services for PLHIV are provided by non-governmental organizations. Outreach activities, promoting risk-free behaviour, HIV related public awareness, reducing stigma and promoting the rights of PTH are preponderant delivered by civil society. If the participation of people living with HIV, IDU, MSM lately can be estimated as a progressive, the participation and representation of groups such as sex workers, young people living with HIV and migrants remain low. There are several platforms the civil society representatives are using to participate in the HIV policy development: CCM and technical working groups. In 2013, the membership of the CCM decisional level, as well as the one of the technical working groups have been reviewed to ensure all entities are represented. The structures are joined by a new member from the confessional organization and TB platform representing about 6 NGOs. There is an insufficient involvement of Orthodox Church in implementing activities in HIV/AIDS field.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 3

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples: Most funding is from donors, few funding opportunities available with Government funds, small grant projects facilitated by GFATM subrecipients. TA is generally available upon request through different channels, subject to funds availability. Technical assistance is provided by various government organizations involved in the HIV response, and international agencies and international experts (MOH, SDMC, PAS Center, Soros Foundation Moldova, UNAIDS, WHO, GNP +, ECUO, ITPC)

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

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people: >75%

Palliative care : <25%

Testing and Counselling: <25%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: 51-75%

Programmes for OVC: 51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 8

Since 2011, what have been key achievements in this area: Following the advocacy efforts, Moldovan Parliament amended the Law on HIV/AIDS in April 2012, which provides for non-discrimination and privacy and confidentiality safeguards, and removes travel and immigration barriers for HIV/AIDS persons. It contains specific clauses on Women, HIV and Gender, aiming at beefing up HIV response. The civil society started in 2013, to provide HIV counseling and testing services based on rapid saliva tests. The CS representatives have been part of the advocacy efforts on increasing the domestic funding to NHP, including procurement of ARV drugs. (new disability evaluation methodology includes HIV specific provisions). - Increased number of members of vulnerable groups have access to decision-making processes through the work and participation in the National Coordinating Committee and its working groups - Extension of the coverage and development of services for psychosocial support , thanks to the grant GF Round 8 - Increased the number of community organizations and development - More effective and meaningful participation in the preparation , as well as the joint assessment of national programs through coordinated action and a common position - Strengthening partnerships and relationships with key ministries and agencies (Ministry of Labour and Social Protection , Ministry of Health) Unfortunately representation in municipal councils takes place only in Balti (Northern Region) and Comrat (Gagauz - Yeri)

What challenges remain in this area: There are still limitations regarding the poor direct financial support to NGOs, or any other kind of support from the state. In this regard, it is recommended to continue advocating with decision-makers at all levels for NGOs to be recognized as credible partners and to be able to tap into available financial support, as well as partners in the administration of resources allocated for the response to HIV. Not solved the problems of discrimination / stigma Eastern region of the country. There are no changes in the Penal Code regarding the decriminalization of HIV transmission. There are no NGOs contracted for HIV service provision by the state or Health Insurance Company. Stigma and discrimination also remains a major barrier to quantitative and meaningful participation of people living with HIV in the political process. -lack of coordination and cooperation between community organizations - Lack of sufficient political commitment to fund programs for HIV / AIDS - Lack of a mechanism for accreditation and contracting NGOs to finance services from the state budget

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened: NGOs are represented into the CCM, technical working groups, National Participation Council and also the group on MTEF of the MOH. All these are platforms ensure HIV normative and budgetary policies are developed with the involvement of civil society (ex. of involvement: disability methodology, national funding, ARV procurement, etc)

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws: The constitution of the Republic of Moldova, art. 15, ch. 2 guarantees the right to equal attitude. The Law Nr. 121 from 25.05.2012 to ensure the equality of chances which is aiming at preventing and fighting the discrimination, as well as ensuring the equality of chances to all persons from Moldova in political, economical, social, cultural and other spheres without making any race, colour, nationality, ethnical origin, language, religion or beliefs, sex, age, disability, opinion, political belief or any other similar criteria. The LAW Nr. 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 nr. 23 from 16.02.2007 ammended and modified in 2012 art. 25 forbides any kind of discrimination on HIV status. Several other organic laws stipulates the right to equal attitude and forbides discrimination: Law nr 411 from 28.03.2005 with regard to the health care; Law nr 263 from 27.10.2005 with regard ti the patients rights and responsibilities etc. Law on gender equality between men and women nr.5-XVI - 02.09.2006. Law on Social Inclusion of Persons with Disabilities nr.60 - 30.03.2012.

Briefly explain what mechanisms are in place to ensure that these laws are implemented: The LAW Nr. 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 council only started its work in 2013 and is one of the mechanisms of the antidiscrimination law implementation. The classical tool is to address the discrimination causes in courts. Mechanisms in place are: Extrajudicial: , by submitting a complaint to Ombudsman office, by submitting a complaint to the Council for the prevention and elimination of discrimination and providing equal protection, by submitting a complaint to the Ministry of Internal Affairs, Prosecutor. Judicial: territorial courts, courts of appeal, the Supreme Court of Justice.

Briefly comment on the degree to which they are currently implemented: The council on preventing and eliminating discrimination and ensuring equality is only functional since 2013. Among discussed causes the one on discrimination based on HIV status has also been addressed:
<http://dis.md/wp-content/uploads/2013/12/DECIZIE-2conf-din-27-12-2013-in-cauza-021-2013-T-R.pdf> . The case is based on the complaint of a HIV pregnant women who declared being assisted by the medical institution in a discriminatory way. The council concluded that the MOH order nr 100 on prevention of mother to child transmission is discriminatory towards HIV pregnant women and recommended MOH to repeal the Order. Currently is effectively used mechanism to protect the rights of PLHIV through legal support by the non-governmental human rights organization and the house thanks to financial support from the Global Fund, thanks to quality cooperation between community organizations and IDOM.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: No

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: The Law nr. 45 from 01.03.2007 on the prevention and fighting the violence in the family, including sexual violence. The quality of subjects of this law have all the potential victims of all kind of violence. The Parliament decision Nr. 257 from 05.12.2008 with regards to the approval of the strategy on the national reference system to prevent and assist the victims and potential victims of violence and human trafficking, which is also one of the tool of the law implementation. It covers the period 2009-2016. The National Programme on ensuring the gender equality and prevention of violence is being run now by 2015. The normative framework envisaged through the Government decision nr 129 from 22.02.2010 with regard to the Framework Bylaws of the organization and functionality of the rehabilitation centers for the victims of family violence is operational. The Government Decision nr 1200 from 23.12.2010 approves minimum standards related to the services provided to the victims of family violence.

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: Law nr 23 from 2007, modified and ammended in 2012, clearly regards the respect of human rights for the HIV response (art. 27). The National HIV Programme for 2011-2015 puts the human rights as the main principle of the HIV response/of the respective programme.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: The council on preventing and eliminating discrimination and ensuring equality is only functional since 2013. It covers all kind of discrimination in all spheres, including HIV persons. The council discussed and solved in 2013 one case related to discrimination based on HIV status:
<http://dis.md/wp-content/uploads/2013/12/DECIZIE-2conf-din-27-12-2013-in-cauza-021-2013-T-R.pdf> PLHIV rights violations may be registered and processed by Specialized NGOs (eg IDOM, League of People living with HIV, etc.), Centre for Human Rights in Moldova.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?:

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: National Programme on HIV Control and Prevention for 2011-2015, puts as the first priority the prevention among key populations: IDUs, CSWs, MSM, prisoners. It relates to the comprehensive package of harm reduction services, including OST. The second priority related to the universal access towards treatment, care and support envisages all those who need those services, including key and most vulnerable populations.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: The national HIV control and prophylaxis programme embeds services as voluntary counseling and testing supported through medical institutions provided to general population and key populations and through NGOs based on saliva rapid tests specifically for key populations. It also envisages holistic approach of prevention through harm reduction, including OST. The Programme describes and establishes interventions and targets for treatment, care and support for PLWH.

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

IF YES, briefly describe the content of the policy or law:: The Law nr 23 on HIV prophylaxis and control, art. 22 clearly stipulates that it is forbidden any kind of discrimination based on HIV status at the working place. All labour rights should be equally ensured to PLWH. Art. 15 of the above mentioned Law stipulates the prohibition of obligatory testing at HIV as a precondition to be hired, or to access health services, to access education or to marry. All the hidden forms of testing are prohibited.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: The antidiscrimination committee and the juridical system in Moldova, allowing the PLWH to address the court whenever their rights are not respected. There are special programmes on the legal support and mitigation for PLWH under GF grants.

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

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

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: No

Other [write in]: NGOs based service providers

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 8

Since 2011, what have been key achievements in this area:: The Laws and Programmes oriented to ensure the human rights are well aligned to international standards and norms. The mechanisms to ensure the implementation of the Laws are established. It was started from 2010 to use those implementation mechanisms and tools and to approach the human of PLWH rights in a holistic way, guidelines being developed, staff – health, attorneys being trained and formed and clear litigation cases being solved. The Antidiscrimination Committee established in 2013 started its work and has been already involved in mitigating a HIV cause. Increased coverage of activities of NGOs defending or promoting the interests and rights of PLHIV largely based funding by the Global Fund and others donors. Changed Law 23-XVI of 16 February 2007 on HIV / AIDS, Official Gazette of 20.04.2007 nr.54-56/250 (Law no. 76 of 12.04.2012).

What challenges remain in this area:: The implementation of all legal provisions and developing implementation mechanisms. A high level of discrimination by the representatives of the state of health and social sectors, as well as among the general population, as against PLHIV as well of other vulnerable groups Criminalization of HIV transmission.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 8

Since 2011, what have been key achievements in this area:: Ensuring adequate normative acts implementation as well as implement the activities undertaken by government agencies.

What challenges remain in this area:: Financial instability of the existing human rights programs on HIV Confidentiality issues

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: The prophylaxis needs are established based on the HIV epidemiological evidence and tendencies. They are also based on the results of the bio-behavioral researches conducted with

a periodicity of 3 years. Operational researches have been also conducted to identify the prophylaxis gaps (harm reduction evaluation, OST evaluation etc.). Those needs are reflected into the National Programmes as interventions, budget and M&E framework. The management of those is also described, including the description of the accountability of specific institutions. Joint planning within TWG under CCM, joint assessment of national strategies (JANS) mission in June 2011, subsequent revision of the National HIV/AIDS program with special focus on prevention in specific groups (evidence based) IBBS 2012-2013

IF YES, what are these specific needs? : The needs regards the types of the interventions (VCT, harm reduction, OST, prophylaxis in prisoners), costs and M&E frameworks. The latest operational studies concluded the need to improve the coverage of both harm reduction and OST programmes, as well as improve their quality. Evidence-based cost-efficient prevention actions in key populations, based on current epidemiological trends and available resources (harm reduction, OST, ART), blood safety etc. - Increase the geographical coverage of harm reduction services (especially MSM / FSW), TSM, for both banks, - Implementation of preventive interventions and essential priority in Transnistria (TSO) - Improved quality of services, - Developments of standart service package for MSM, FSW - Development services for specific sub-groups (IDU women, young people under 18 years on amphetamines, target groups partners), - Increased integration of services (ARV, treatment, diagnosis, prevention, TSO, TB, - Develop a strategy to change behavior, particularly risky sexual practices.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Disagree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Disagree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: Harm reduction programs, including in Transnistria region and prisons ART scale-up to South. Unification under the Hospital for Dermatology and Communicable Diseases. PMTCT available countrywide. As a concentrated epidemic, it was succeeded after the Joint Assessment of the Programme to make the prevention among key populations the first priority. It was also succeeded to evaluate the harm reduction programmes and OST services. In 2013, the initiative to provide HIV counseling and testing services through NGOs started being implemented (rapid saliva tests procured, instructions to provide those services elaborated and approved, service providers trained).

What challenges remain in this area:: The coverage of harm reduction and OST remains low. The quality of both services was also concluded being low by the evaluations of harm reduction and OST service. Sustainability of harm reduction is an issue as it is funded almost exclusively out of donors' resources, and implemented chiefly by NGOs. While the new NAP provides for sharper focus on key populations at risk, existing financial resources cover broader prevention interventions, including among the general population. Providing information on prevention, especially for students not attending school youth, adolescents from immigrant families requires strengthening Information campaigns for the general population should be strengthened. VCT through NGOs scale up, reformation of VCT system through public sector need to be reformatted

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: According to the National HIV Programme for 2011-2015 the package of service contains HIV treatment, the treatment of co-infections, of opportunistic infections, as well as ARV treatment as prevention, including prevention from mother to child and post-contact prophylaxis. Care and support include a large number of services (ARV treatment adherence, nutritional, legal and psychosocial support), including palliative care. It also embeds the services for HIV infected children and orphans (social and psycho-social services) based on national criteria. - Measures to provide ARV treatment to all those in need and to improve the level of commitment on the basis of hospital and outpatient - Measures for testing of viral load and immunity for medical patient monitoring in HIV infection - Advice and support at the level of "peer to peer" - Medical field observations accommodation through doctors' offices infekcionista - Treatment of opportunistic infections - Palliative care for HIV - Social and legal support for people living with HIV in accordance with the level of vulnerability - Methadone treatment - Social dotations for PLWH, including HIV + children Comprehensive package of HIV services as prescribed by WHO/UNODC/UNAIDS (10 elements)

Briefly identify how HIV treatment, care and support services are being scaled-up?: -There is a mechanism to ensure the leading role of the Government and the meaningful participation of all stakeholders so that they can systematically contribute to the implementation of the strategy and annual operational planning . These include national and local government agencies , representatives of the public , civil society , health care providers and development partners . - Expanding activities depending on the needs on the basis of routine epidemiological data - Decentralization of the system for the treatment of HIV infection More and more beneficiaries and children HIV+ start to use the opportunities of support of the existing mechanism of social dotations, CBOs (community based organizations) and NGO continue to play the key role in information sharing and reference for beneficiaries to the state financial support Social care centers available in the North, Center, East and South

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

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: N/A

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Strongly agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Strongly disagree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area?: The evaluation methodology of disability particularly related to HIV infected children had special clauses. It was decided to have the enrolment into the treatment at the threshold CD4 \leq 500, which is to be included into HIV national clinical treatment protocol. This decision will ensure the increase of the treatment coverage. The regional social services covering Centre, South, North and Eastern regions of the country have been made functional and offer a large number of care and support services to PLWH. Modern treatment regimens, in line with WHO recommendations New drugs available for rescue therapy Most opportunistic infections are managed

What challenges remain in this area?: Sustainability of the programmes has to be addressed in the coming years, as all the treatment, care and support services are provided mostly from the donor resources. The quality of the services has to be increased. - Low CD4 threshold (shall switch to 500 starting in 2014) - Option B+ for HIV-positive mothers - Low adherence rate is still an issue - Home care and palliative care need to scale up - Poor coordination of services between medical sector and social se

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

Yes

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

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

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area::

What challenges remain in this area::