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ASSESSMENT OF PROGRESS IN STRENGTHENING SERVICES, PROVIDED BY HEALTHCARE FACILITIES AND NGOS WORKING WITH KEY POPULATIONS IN THE REPUBLIC OF MOLDOVA

in accordance with comprehensive approaches within HIV and STIs
Prevention Programs with KPs (IDUIT, SWIT, MSMIT and TRANSIT)

ASSESSMENT REPORT

2019

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ASSESSMENT REPORT

Developed by
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The assessment was conducted in the framework of Joint UN Plan on
AIDS

2019

CONTENTS

THE ACKNOWLEDGEMENT	5
ACRONYMS AND ABBREVIATIONS	6
INTRODUCTION	7
METHODOLOGY	8
BACKGROUND	13
Country Information	13
HIV in Moldova	13
Legislative framework	17
Epidemiological situation	19
HIV program funding	21
Program Management	36
MAIN RECOMMENDATIONS	45

The Assessment of progress in strengthening services, provided by relevant healthcare providers and NGOs working with the Key Populations in the Republic of Moldova, in accordance with comprehensive approaches within HIV and STIs Prevention Programs with KPs (IDUIT, SWIT, MSMIT and TRANSIT), was conducted under the coordination of the Ministry of Health, Labor and Social Protection of the Republic of Moldova, in the framework of the Joint UN Plan on AIDS, based on 2019 UBRAF Country Envelope, in the framework of the partnership between UNAIDS, UNFPA, and UNFPA Implementing Partner “Center for Health Policies and Studies” (PAS Center).

The report reflects the main findings of the post-intervention (training) re-assessment that highlights the progress in strengthening HIV Prevention services provided by representatives of NGOs and healthcare facilities working with KPs in line with international recommendations stipulated in Comprehensive HIV Implementation Tools for KPs (SWIT, MSMIT, TRANSIT and IDUIT).

This document does not necessarily represent the view of the UNFPA, the United Nations Population Fund, the UNAIDS, Joint United Nations Program on HIV/AIDS, or any other affiliated organizations.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ARV	Anti-retroviral treatment
NHIC (CNAM)	National Health Insurance Company
CSO	Civil Society Organizations
FSW	Female sex workers
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HTC	HIV Testing and Counseling
IBBS	Integrated bio- behavioral surveillance
KPs	Key Populations
M & E	Monitoring and evaluation
MoHLSP	Ministry of Health Labor and Social Protection
MSM	Men who have sex with men
NAP	National AIDS Program
NCC	National Coordination Council
NCU	National Coordination Unit
NGO	Non-Governmental Organization
OST	Opioid substitution treatment
PAS	Center for Health Policies and Studies
PLHA	People Living with HIV/AIDS
PWUD	People Who Use Drugs
PR	Principal Recipient
DCDH (SDMC)	Dermatology and Communicable Diseases Hospital
STIs	Sexually Transmitted Infections
TG	Transgender people
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing

INTRODUCTION

This document describes the progress in strengthening services, provided by NGOs and relevant healthcare providers working with KPs, according to the comprehensive approaches to HIV/STI programs with KPs (SWIT, MSMIT, TRANSIT, IDUIT). The assessment was conducted by an international consultant commissioned by UNFPA Moldova, and was implemented in the framework of the Joint UN Plan on AIDS (UBRAF 2018-2019).

First pre-training assessment of capacity building needs of NGOs working with KPs and relevant healthcare providers¹, was conducted in May-June 2018 and aimed to identify the major barriers in accessing by the populations at highest risk of HIV, of services provided by the NGOs and relevant healthcare providers in Moldova working with Key Populations.

Main objectives of the assessment were:

- Assess factors that influence KPs' access and referral to HIV prevention services;
- Assess organizations' working approaches with KPs on HIV prevention;
- Elaborate recommendations for increasing program coverage.

In September 2018 the capacity building training was conducted for the staff of NGOs working with the KPs and relevant healthcare providers, based on the assessment results.

The purpose of this document is to describe the achievements that were made over the past year in strengthening the services provided by NGOs and relevant healthcare providers working with KPs, changes in the environment and organizations' work, as well as to revise the recommendations made during the previous assessment.

Current report reflects the assessed differences before and after the intervention (provided training) in terms of compliance of services provided by NGOs and healthcare facilities working with KPs with international recommendations stipulated in comprehensive HIV implementation tools for KPs (SWIT, MSMIT, TRANSIT, IDUIT).

The assessment main findings, conclusions and recommendations were validated with the Technical Working Group on HIV/AIDS/STIs Prevention and Control of the National Coordination Council on HIV/TB.

¹ <https://moldova.unfpa.org/en/publications/assessment-capacity-building-needs-ngos-working-key-populations-and-healthcare>

The assessment of main findings, conclusions and recommendations will be used by the key national stakeholders in the process of the development of the next National Program on HIV/AIDS and STI for 2021 – 2025 years, especially in planning of services for key populations.

METHODOLOGY

The methodology used in the post-intervention assessment was similar to the one used in the context of the pre-intervention assessment. This has provided possibility to compare the situation and describe progress in strengthening services provided by NGOs and healthcare providers working with KPs.

Assessment methodology includes utilization of various assessment methods, applied during visits to the non-governmental organizations and public healthcare facilities working on HIV prevention with the KPs, such as:

- Individual interviews and focus-group discussions conducted with key informants (program and management staff of organizations, program's beneficiaries);
- Desk review of policy and regulatory documents in force;
- Revision of existing reports and available secondary data.

Consultant's approach intended to guarantee high level of participation, involving all main stakeholders, therefore some ethical aspects, such as confidentiality and voluntary participation were taken into consideration.

Qualitative research was conducted among the following KPs – FSW, PWUD, and MSM.

During the assessment, the following 23 organizations were visited, and interviews were conducted with their representatives:

- Ministry of Health, Labor and Social Protection: Daniela Demiscan, Head of Public Health Policies Department;
- Coordination Unit of the National HIV / AIDS / STI Prevention and Control Program, Hospital of Dermatology and Communicable Diseases: Iurie Climasevski, Program Coordinator, Maia Ribacova, Prevention Coordinator; Svetlana Popovici, ARV Treatment Coordinator, Igor Condrat, M&E Coordinator, Tatiana Costin-Codreanu, M&E Specialist;
- Coordination, Implementation and Monitoring Unit for Health Projects (UCIMP) (principal recipient of GF for HIV Program):

Victor Volovei, Consolidated Grant Manager; Angela Alexeiciuc, HIV M&E specialist; Violeta Teutu, HIV Project Coordinator; Veronica Zorila, HIV Prevention Assistant;

- Republican Narcology Dispensary Chisinau: Bucinski Iurii, Deputy-Director; Zaporozhan Ghenadie, Deputy-Director; Lilia Feodorova, narcologist;
- Center for Reproductive Health and Medical Genetics, Mother and Child Institute: Dr. Ala Spinei, gynecologist, and Dr. Mihail Stratila, Head of Center for Reproductive Health and Medical Genetics and Deputy director of the Mother and Child Institute;
- Center of Family Doctors Bălți: Elena Antoci;
- Buiucani Territorial Medical Association: Golovaci Marina, Deputy Director responsible for Mother and Child Assistance and other specialists from Primary Health Center, such as gynecologists, reproductive health specialist, family doctors;
- Ciocana Territorial Medical Association, Youth Friendly Health Center, Chisinau: Oxana Zavtonii; Viorica Sarjan; Viorica Marinov;
- Health Center Donduseni, Youth-Friendly Health Center: Adelina Celac, Director; Tatiana Țibulca, Family Doctor;
- Health Center Orhei, Youth Friendly Health Center “Orhei”, Iurii Lupăcescu; Ludmila Ursu; Svetlana Taras;
- Botanica Territorial Medical Association, Youth Friendly Health Center, CMF No.2.: Georgeta Gavrilita, Deputy Director Botanica TMA, Veronica Cumpăna director of Youth Friendly Health Center, and staff of the YFHC;
- Youth-Friendly Health Center “ATIS”, Balti: Lina Osoianu, Director of Center, psychologist, volunteer, beneficiaries;
- Youth Friendly Health Center “NEOVITA”, Chisinau: Galina Lesco, Director, Svetlana Popa, VCT Specialist, Radu Gutuleac, urologist- andrologies;
- NGO “Youth for the Right to Live” (work with PWUD and SW), Balti: Ala Iațco, Director; Corina Popa, Project Coordinator; Oxana Buzovici, Alexandru Meșco, Vitalii Rabinciuc, Arina Vetreniuc, Lilia Vieru;
- IC “GENDERDOC-M” (work with MSM), Chisinau: Veaceslav Mulear, Health Program Coordinator; Natalia Ozturk, Health Program Assistant; Grigore Lungu, Alexandru Goja
- NGO “PPV” (For Present and Future)(work with PWUD), Chisinau: Nina Tudoreanu, Director; Ecaterina Iovu, outreach coordinator, Lilia Todirascu, psychologist;

- NGO “AFI” (Act for Involvement) (work with SW), Chisinau: Lilian Severin, Director; Sergiu Cugut, Program Coordinator;
- NGO „Adolescentul”, Orhei: Svetlana Romanova, director; Elena Munteanu, outreach; Nelea Rogoja, outreach;
- NGO “Young women – Cernoleuca”, Dondușeni: Victoria Cojocaru, Director; Alexandru Gorbatîi, outreach; Serghei Harașniuc, outreach;
- NGO “Positive Initiative” (work with PWUD, PLHIV, SW, MSM, prisoners), Ruslan Poverga, director; Andrei Starcenco, peer to peer counselor; Andrei Stolarencu, social worker;
- UNAIDS, Svetlana Plamadeala, Country Manager, UNAIDS Moldova;
- UNFPA, Rita Columbia, UNFPA Representative Moldova; Natalia Plugaru, UNFPA Deputy Representative; Eugenia Berzan, Program Analyst on sexual and reproductive health;
- PAS Center: Lucia Pirtina, Program Coordinator, Sabina Taralunga, M&E Specialist, Tatiana Cotelnic-Harea, Project Manager.

Interviews included the following topics:

Basic principles of efficiency

- Relevance of the programs to the needs and interests of the community; Involvement of the community.
- Relevance and correspondence of the services to the local epidemiological situation and other specifics of the context.
- Existence of effective mechanisms for reaching the target audience (outreach etc).
- Case management: comprehensiveness and continuity in managing the client and ensuring access to services (comprehensive approach to responding to clients’ needs).
- Case management: integration of services (e.g. mechanisms of leading the client to HIV treatment) and effective mechanisms of referrals.
 - Building partnership with other service providers;
 - Promotion of the program (advocacy) and cooperation with other stakeholders.
- Segmentation of the target group and adjusting services offered to each of the subgroups, considering their specific needs and other characteristics. Correspondence of strategies and offered services to specific needs of the main epidemiologically important segments (subgroups) of the target communities.

- Needs assessment and forming the demand/services' marketing, including segmentation of the target group and elaboration of the appropriate strategies and services combination for each important segment (as applied to each component of the necessary services' package).

Services

- The package of basic services and their appropriateness to the basic needs of beneficiaries;
- Additional services, aimed at attracting and maintaining clients, covering additional needs.

Main qualitative indicators

- Existence of national and internal (institutional) guidelines, protocols, instructions, their correspondence with the international approaches and their use in practice;
- System of services' quality monitoring (in the organization);
- System of data generation and analysis (in the organization);
- Partnership and building relationship with different organizations;
- Qualification of the personnel.

External factors

- Legislation and policy: Legal barriers and contributing factors.
- Stigmatization and discrimination: Barriers and contributing factors.
- Empowerment of the local communities: Barriers and contributing factors.
- Violence: Barriers and contributing factors.

The following program and management staff of NGOs and public healthcare facilities took part in the interviews and group discussions: directors and financial personnel of the organizations, project managers, consultants, social workers, outreach workers, medical doctors, and psychologists.

During the outreach and at the offices of service providers, several interviews with the project beneficiaries (MSM, FSWs, PWUD), were conducted. Important information was collected from health policy makers and program coordination structures (Ministry of Health Labor and Social Protection, Principal Recipient of the Global Fund program, Coordination Unit of the National HIV / AIDS / STI Prevention and Control Program).

Two types of instruments were used during the assessment:

- a) Non-governmental organizations were asked to fill out a structured questionnaire (see Annex 1). Data collected through this instrument helped to identify major barriers for attracting beneficiaries from populations with the highest risk of contracting and transmitting HIV to the NGOs and relevant healthcare facilities.
- b) Semi-structured questionnaire was used during interviews and focus group discussions.

All interviews and focus group discussions were conducted in Russian language. The participant organizations selected personnel for the interviews and focus groups on their own, based on personnel's involvement in the prevention projects. Identification of the participants is not possible due to confidentiality reasons. During interviews and discussions, the consultant took verbal informed consent from the respondents in order to guarantee their voluntary participation.

The assessment was conducted in September 2019. Main findings and recommendations of the assessment are based on information and data, which describe identified differences in terms of compliance of HIV prevention services provided by NGOs and healthcare facilities working with the KPs with international recommendations stipulated in Comprehensive HIV Implementation Tools for KPs (SWIT, MSMIT, TRANSIT, IDUIT) - before and after the intervention (training).

BACKGROUND

Country Information

Republic of Moldova is a country located in the South-East Europe, bordering with Ukraine and Romania. Since August 27, 1991 it is an independent parliamentary republic. Population size (excluding left bank) is 2.7 mln; urban – 38.2%, rural – 61.8%. The biggest cities are Chisinau (population 662,836) and Balti (population 102,457). Moldova is divided administratively into 35 territorial units and 3 municipalities, and includes also region of the left bank (2 municipalities: Tiraspol and Bender)². It should be noted that data of the National Bureau of Statistics related to the general population size for 2019, are different compared to the data of 2018. Population size has decreased both nationwide and for the administrative units of the country. This change will affect planning of the interventions within national HIV and STIs programs, absolute numbers of the main program indicators, size estimations of the KPs, as well as funding (subsidizing) of the state programs. Also, targets of the indicators to be used for measuring achievements will change, such as those related to coverage by HIV prevention programs, HIV treatment cascades, etc.

HIV in Moldova

Spread of HIV infection in Moldova represents one of the priority healthcare issues. Epidemic is concentrated among KPs, especially among People Who Inject Drugs. In 2016, along with other countries, Moldova took part in UN General Assembly, where the Political Declaration of Commitment to eliminate HIV/AIDS was signed. Moldova has joined new political declaration with ambitious goals, time-bound targets and actions that must be achieved by 2020, if the world is to get on the Fast-Track and end the AIDS epidemic by 2030, within the framework of the Sustainable Development Goals.

Statistical registration of HIV infection cases in Moldova started from 1987. The first national program of HIV and STI prevention was developed in 1995. Currently a national program for 2016-2020 is being implemented.

From 2003 the country started receiving funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as funding of the World Bank. This helped to improve planning and implementation of the programs and gave Moldova possibility to roll out accessible services

²<http://www.statistica.md/index.php?l=en>

throughout the whole country. Due to this program, the country response was boosted, laboratory systems being strengthened, timely diagnostics and more accessible antiretroviral therapy being introduced.

In 2005 a coordination council for national prevention programs on HIV/ AIDS, STIs and Tuberculosis was created (National Coordination Council on HIV and TB). This contributed to increase the effectiveness of the national programs, through management, monitoring and coordination of the grants provided by international organizations, being in line with the targets formulated in the Millennium Development Goals.

UN Joint Team on HIV (Joint Team) had played an important role in fighting HIV in Moldova - providing technical support to HIV program, contributing to integration of human rights principles and gender issues into the national measures against HIV and helped to create synergy between HIV and other programs.

Current (the last) national program (for 2016-2020) was approved in October 2016 and includes three main strategic directions³:

- Reduce transmission of HIV and STIs, especially among KPs;
- Ensure universal access to treatment, care and support related to HIV and STIs;
- Ensure effective management of the national program.

Compared to the previous program, targets of the current program indicators are higher and stem from the research conducted among the KPs (PWUDs, FSWs, MSM). Program planning is based on the cost effectiveness analysis for optimization of the financial flows.

³<http://aids.md/aids/index.php?cmd=item&id=1575>

Main targets of the national program(2016-2020)⁴:

HIV-related death rate	<3% per 100,000
Deaths caused by HIV-associated tuberculosis	Decrease by 35%
Stabilize HIV prevalence in KPs:	
People who inject drugs	< 10% in Chisinau; < 38% in Balti; < 30% Tiraspol
Sex workers	< 9% in Chisinau; <18% in Balti
Men who have sex with men	< 8% in Chisinau; < 12% in Balti
Prisoners	<2%
Expansion of HIV testing:	
PWUD	60%
SW	60%
MSM	40%
Coverage of prevention services:	
PWUD	60%
SW	60%
MSM	40%
Antiretroviral treatment coverage of people living with HIV	60%

These objectives are set in the context of the UNAIDS goals of 90-90-90, which aim by 2020 that 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection, will receive sustained antiretroviral therapy; and by 2020, 90% of all people receiving antiretroviral therapy, will have viral suppression.

⁴<http://aids.md/aids/index.php?cmd=item&id=1575>

HIV Coordination structures

The Ministry of Health, Labor and Social Protection - is the main responsible structure for coordination of healthcare policy, implementation and coordination of country response to HIV. However, some functions in management and coordination of HIV program are attributed to other structures. This creates a functional unified system. There are structures at the national level, which coordinate and monitor implementation of the HIV program in the country. These structures are responsible for program and cost-effectiveness of the existing program.

These structures are as follow:

National Coordination Council (CNC): This council, as mentioned above, coordinates TB and HIV programs in the country. It is an inter-agency structure, which includes representatives of the state, non-governmental and international organizations. NCC is a decision-making body, chaired by the Minister of Health, Labor and Social Protection. This structure provides important platform for discussion, which gives possibility to the affected population and community organizations, as well as organizations that work with the KPs, to voice their concerns and participate in the planning and coordination of the programs at the highest level.

Dermatology and Communicable Diseases Hospital (DCDH/SDMC): This is a national healthcare institution, which provides medical services of HIV/AIDS treatment. SDMC is one of the stakeholders responsible for HIV program implementation. On its basis, by means of an order of the Ministry of Health, Labor and Social Protection, a **National HIV Programme Coordination Unit (NPCU)** was established, which is responsible for managing, coordinating and implementing the national HIV and STI response and conducts monitoring and evaluation of the national program. Representatives of the NPCU periodically conduct consultations to assess the progress in implementation of the national program and elaborating of the response plans. Non-governmental organizations are also involved in this process.

UCIMP: A Coordination, Implementation and Monitoring Unit for Health Projects, under the Ministry of Health, Labor and Social Protection, is a state agency. The organization's main function is realization of the Global Fund supported activities in the country, purchasing services from NGOs, purchasing medical supplies, elaboration of the action plans and monitoring schemes of the program etc.

National Health Insurance Company (NHIC/CNAM): An autonomous legal entity, which conducts non-commercial activities of mandatory medical insurance. The main goals of the company are to organize and manage processes of the mandatory medical insurance, centralized pooling of funds and mechanisms for covering costs of universal medical insurance program, also, to control quality of the purchased medical services and introduce regulatory basis in the field of medical insurance. This company purchases the health care services from healthcare facilities, for people. Considering gradual decrease of international funding for HIV Programs in Moldova, the company has to mobilize more resources and elaborate mechanisms for cost-effectiveness, in order to maintain and improve the balance of the ongoing programs, ensuring the sustainability of their financing.

These structures work in good communication and coordination, based on the mutually agreed scheme.

International organizations and local civil society, non-governmental organizations - have an important role in provision of the technical support. These organizations at the national level oversee the ongoing processes and offer their expertise for achieving the best results (UNAIDS, UNFPA, UNDP, UNICEF, WHO, UNODC, IOM, Center for Health Policies and Studies, Union of Harm Reduction Organizations, Positive Initiative, League of People Living with HIV in RM, etc.).

The existing legislative framework, as well as the state structures and country policy, serve the primary goal of sustainability of health system and determine the overall well-being.

Legislative framework

Legislative framework is defined by normative regulatory package, which creates conditions for more efficient implementation of HIV programs, so that all interventions are effective and relevant services are accessible for a wide range of population groups. Moldova shares and supports international legal approaches towards highest standards of human rights protection.

The following main laws and regulations are effective in the country⁵:

- Law on Health Protection (1995),
- Law on Reproductive Health (2012),
- Law on Migration (2003),

⁵http://www.law-moldova.com/eng/legislation_republic_moldova.html

- Law on Combating Domestic Violence (2008),
- Law on Social Assistance (2008),
- Law on donors and blood transfusions (2009),
- Law on Equal Opportunities (2012),
- Law on AIDS Prevention and Control (2012).

It should be mentioned that HIV transmission is punishable by Moldova Criminal Code, which is a preventive measure for intentional transmission, considering increased numbers of HIV in the country. However, such norms violate human rights of People Living with HIV, and contributes to their marginalization.

According to the current legislation, drug use is decriminalized in the country, still it represents administrative offense. This partially influences active involvement of drug users in harm reduction and other services.

Prostitution is also an administrative offense. However, pimping or providing territory to prostitution are criminal offenses.

Voluntary homosexual contacts are not punishable by the law.

In 2019, with UNDP support, the evaluation of the HIV-related legal framework in the Republic of Moldova was conducted and the draft Action Plan for amending the national legal framework was elaborated. Currently these documents are not finalized and, consequently, not available for broad audience. The evaluation and action plan for adjusting legal framework to the international standards are important steps for creating enabling environment for planning and effective implementation of HIV programs, as well as for improving access to relevant services for the KPs.

Along with the legal normative documents, legislative framework includes also regulatory acts concerning HIV programs and ensuring their quality.

Moldova has elaborated national standards and guidelines in the field of HIV/AIDS. These include various national standards and recommendations related to HIV services, such as standards of VCT, guidelines of HIV surveillance, guidelines for HIV treatment, care and support, national standards on organizing and functioning of the HIV prevention services for KPs, etc. These documents represent the basis for work conducted by non-governmental organizations, state health care facilities and public health centers, and provide possibility for monitoring and evaluation of the services. In 2018, five protocols (HIV infection in adults and adolescents; HIV infection in children 0-10 years;

Prevention of mother to child transmission; HIV post-prophylaxis; HIV PrEP) were aligned with the latest WHO recommendations – Treat All/ Test and Treat. All protocols were approved by the Ministry of Health, Labor and Social Protection (MHLSP) on 07 February 2018, after being widely discussed with about 60 representatives of academia, health practitioners, NGOs and experts’ groups.

Epidemiological situation

HIV prevalence in general population is 0.20%. Available data suggest that the epidemic has transitioned from an early concentrated epidemic, in which the highest rates of transmission were among PWUD, to an advanced concentrated one, in which onward transmission to sexual partners of PWUD and other KPs, has become a source of new infections.

As of December 2018, there were 12 784 persons diagnosed with HIV in the country. In 2018, 905 new HIV cases were registered. Out of these, 59.23% were males. Estimated number of People Living with HIV is 17,469. HIV prevalence constitutes around 230.43 per 100 000, Transnistria region registering significantly higher rates – 606.08 per 100 000.

Newly registered HIV cases in 2013-2018 (by years)⁶

Newly registered HIV cases (by years)						Total (starting from 1987)
2013	2014	2015	2016	2017	2018	
714	833	817	832	835	905	12 784

A number of 905 new cases (225 in Transnistria) was registered in Republic of Moldova in 2018, in the previous 3 years the number of new cases being slightly more than 800 new cases, with no major changes in the gender distribution of cases.

According to epidemiological data, the main route of HIV transmission is heterosexual contact, which makes up to 85.7% of all new cases from 2018 year. In 7.8% (in 2017 - 5.69%) of cases - transmission happened through injecting drug use, in 4.8% (in 2017 - 5.01%) - through homosexual contacts, in 1.6% (in 2017 - 1.59%) - from mother to child.

In 2018, 364 (in 2017 – 278) persons - were diagnosed with AIDS.

⁶Results of the implementation of the National Program for Prevention and Control of HIV / AIDS and STIs for 2016 - 2020

The increased trend noted in the new cases of HIV registered annually, could be connected to the improved case detection, compared to the previous years. Yet, given the perspectives of decrease in funding on behalf of donor community of HIV interventions, as well as taking into consideration unsustainable national mechanism for subsidizing funding of this domain, it is difficult to speak of stabile program interventions and effective fight with the HIV epidemic.

The prognosis with Spectrum was conducted in March-April of 2018, in order to provide analytical information as evidences for decision-making. Assessment and prognosis was done for the period of 2018-2023.

According to this analysis, in 2018- 2023, HIV prevalence in the country will increase from 0.43% to 0.48%. Number of the new cases will go down - to lower than 0.03%. Also, the indicator on mortality will decrease (from 13.96 to 6.27 per 100 000).

Prognosis of the epidemic (2018 - 2023)⁷

	2018	2019	20,20	2021	2022	2023
HIV+ population	17 469	17 801	18 045	18 253	18 433	18 560
Prevalence %	0,43	0,44	0,45	0,46	0,47	0,48
New cases of HIV	1 011	946	774	734	708	686
Incidence %	0,03	0,02	0,02	0,02	0,02	0,02
Mortality among HIV+	704	468	388	388	395	431
AIDS mortality	567	321	231	222	218	244
AIDS mortality (%)	80,5	68,6	59,5	57,2	55,2	56,6

⁷Monitoring the control of HIV infection in the Republic of Moldova, year 2018

HIV program funding

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

The decrease of resources for the national HIV response in 2018, is due to the decrease of international financial resources of about 28,9%.

This process meaningfully concerned the issue of working with the KPs. Funding of HIV prevention programs from the Global Fund to fight AIDS, TB and Malaria has decreased and quite big proportion of the financial gap was covered by the state funding. Still, the overall needed budget has not been maintained, which laid the ground for elaboration of the new mechanisms of more structured management of the program, and an effective control of the spending. As a result, the financing mechanism selected was funding per capita, which was based on the existing costing of the services and after calculating average amount, was defined as - 33 Euros (25 Euros on provided service in total and 8 Euros on procured materials).

It should be noted that KPs have different needs and provided service packages - basic, recommended, and extended — are very different.

Currently, with support of UNFPA and UNAIDS, the National Standard on Organization and Functioning of the HIV Prevention Services provided to KPs, including Young Key Population are being revised, updated and brought in compliance to the international recommendations and best practices. New standards represent holistic vision of all relevant stakeholders (including service providers, NGOs and community organizations), and will become important ground for planning and implementation of HIV programs targeting KPs.

Besides that, review of costing of the prevention packages for KPs is taking place. NGOs working with the KPs have played important role in this process, consequently, it is expected that the costing will be realistic, and will consider real needs of the program beneficiaries.

⁸GAM_Country_Progress_Report_RM_2018

System of mandatory medical insurance

In Moldova there is a law on mandatory medical insurance, which represents an autonomous system for financial protection of the population health, guaranteed by the state. This system is formed on the basis of solidarity principle, through insurance contributions. Mandatory medical insurance system provides all citizens of Moldova with equal possibilities, for up-to-date and quality medical assistance.

The insured person benefits from the full amount of healthcare services provided as part of the Unique Program of Mandatory Health Insurance.

However, emergency medical services and services provided at the level of the Primary Healthcare (by the family doctor and medical assistants), are provided to all persons, regardless of their insurance status. While, specialized and high-performance medical services, are available free of charge to people with insured status, and in case the respective service is included in the Unique Program of mandatory Health Insurance.

HIV infection, AIDS, Tuberculosis, urogenital infections, etc are included in the list of diseases, for which, it is possible to directly refer beneficiaries to a particular medical specialist, to receive specialized medical care. This is an important issue, since it provides access to specific services for wide groups of population and decreases stigmatized, stereotypical attitudes towards infections such as HIV, Tuberculosis etc. It also contributes to identification of the new cases. Within the national program, medical personnel of the healthcare facilities have the right and are entitled to conduct VCT, including for the KPs' representatives. This became a prerequisite for cooperation between non-governmental organizations and public healthcare providing facilities.

At the end of 2017, for the first time ever, based on the advocacy efforts and the financial mechanism developed with the support of NGOs, UNAIDS and NAP, the first 2 harm reduction projects run by NGOs covering the most affected cities of Moldova – Chisinau and Balti - were contracted by the National Health Insurance Company, from Prophylaxis Fund. The total amount provided by NHIC is of 2 mln MDL to cover services for PWUD, SW and MSM. It is one of the most important steps towards the sustainability of HIV prevention and government accountability towards it.

Still, it has to be mentioned that the current funding mechanism does not provide solid guarantees for proper implementation of the commitments related to full realization of HIV prevention interventions, as well as for funding increase and sustainability. Despite approval of the transition and sustainability plan for 2017-2020, approved by the

National Coordination Council on TB and HIV, which envisages gradual transition to the funding from the national budget, at this stage, whereas funding from the GF is decreasing, HIV prevention programs for the KPs are not fully financed.

Key Populations (KPs)

According to the Monitoring and Evaluation Plan of the national program the country has conducted integrated bio-behavioral surveillance surveys among KPs. The main goal of these surveys was to assess behavioral and biological tendencies among KPs, behavior of which could affect development of the HIV epidemic. Prevention interventions among these populations were also assessed. The surveys geographical coverage was as follows: for PWUDs – Chisinau, Balti, Tiraspol and Ribnita; for sex workers and MSM – Chisinau and Balti.

According to the integrated bio-behavioral surveillance surveys (2016)⁹:

HIV prevalence among PWUDs was estimated by IBBS as 13.9% in Chisinau and 17% in Balti (one of the biggest cities in Moldova). HIV prevalence among sex workers in Chisinau is 3,9%, in Balti –22.3%. IBBS of 2016 shows higher HIV prevalence among MSM in Chisinau (9%) and in Balti - 4.1%.

HIV prevalence among KPs, based on behavioral surveillance surveys

	2016
PWUDs	Chisinau 13,9%
	Balti 17%
	Tiraspol 29,1%
	Ribnitsa 22 2%
Sex Workers	Chisinau 3,9%
	Balti 22,3%
MSM	Chisinau 9%
	Balti 4.1%

⁹<http://pas.md/ro/PAS/Studies/Details/72>

Hepatitis C prevalence among KPs, based on behavioral surveillance surveys

	2016
PWUDs	Chisinau 60,4%
	Balti 41,8%
	Tiraspol 62,1%
	Ribnitsa 32,7%
Sex Workers	Chisinau 28,7%
	Balti 36,4%
MSM	Chisinau 4,0%
	Balti 6,1%

Hepatitis B prevalence among KPs, based on behavioral surveillance surveys

	2016
PWUDs	Chisinau 4,9%
	Balti 5,4%
	Tiraspol 4,0%
	Ribnitsa 1,0%
Sex Workers	Chisinau 10,2%
	Balti 11,9%
MSM	Chisinau 2,4%
	Balti 7,2%

Active syphilis prevalence among KPs, based on behavioral surveillance surveys

	2016
PWUDs	Chisinau 7,4%
	Balti 4,0%
	Tiraspol 1,6%
	Ribnitsa 1,8%
Sex Workers	Chisinau 20,0%
	Balti 12,7%
MSM	Chisinau 13,3%
	Balti 4,9%

No new studies have been conducted since 2016, so it is impossible to talk about any changes.

KPs' Size Estimations

In conjunction with the above mentioned research, population size estimations were conducted, as it was done several times previously as well. In 2017 a size estimation analysis was conducted, using broad range of experts, during which previous experience was taken into consideration, a lot of data was collected and analyzed, international experience was used, and consequent conclusions were drawn.

Population Size Estimation among KPs (2017)¹⁰

	PWUDs	Sex Workers (SWs)	MSM
Chisinau	7 200	4 200	5 200
Balti	5 000	2 700	1 200
Tiraspol	2 500	-	1 100
Other territories of Moldova	22 200	14 400	9 600
Moldova total	36 900	21 300	17 100

Revision of the KPs' size estimations is planned in the near future, which would affect programming and absolute values of the basic indicators of the National HIV Programme.

Prevention programs targeting KPs

According to the current HIV program, the following are considered as the KPs at the highest risk for HIV: female sex workers, MSM, PWUDs and prisoners. Targeted work is conducted with youth, as well as with the sexual partners of PWUDs, female sex workers and MSM. The National Program on HIV/AIDS and STIs Prevention and Control 2016-2020 does not describe and include transgender, as a separate group for the HIV prevention activities. Transgender is a group poorly studied in the country, including their epidemiological characteristics and needs in terms of HIV prevention. There is a low expertise of working with them, and group representatives are hidden. Yet, based on the international recommendations, in the National Standard on Organization and Functioning of the HIV Prevention Services provided to KPs, including Young KPs, revised in 2019 with support of UNFPA and UNAIDS, both basic and additional (specific) services for transgender are included. New standard is in the process of approval and this provides ground to assume that new national HIV program will include the group of transgender and their needs.

¹⁰<http://pas.md/ro/PAS/Studies/Details/70>

PWUDs

According to the 2018 annual report, prevention services targeting PWUDs and their sexual partners, were implemented in up to 39 (compared to 30 in 2017), geographical locations and in 18 penitentiary institutions. These projects were carried out by 10 non-governmental organizations and Penitentiary Department. 20 801 PWUDs (compared to 15431 in 2017) - have received HIV prevention services)¹¹.

Comprehensive package of prevention services includes:

- Needles and syringes exchange;
- Distribution of condoms, disinfection materials, ointments, bandages etc;
- Distribution of informational materials;
- Informational-educational activities;
- Peer counseling;
- Psychological, legal and social support;
- Outreach, including outreach with the mobile ambulatories;
- Referrals and social accompany to VCT on HIV, hepatitis testing and other medical services;
- Substitution therapy;
- Overdose management.

Opioid substitution therapy with methadone was established in Moldova in 2004. Since 2005, this program has been functioning in the penitentiary institutions as well. From 2015, this service has expanded geographically and increased in coverage. Currently substitution therapy is available in all penitentiary establishments. Non-governmental organizations actively cooperate with the program, in terms of informing beneficiaries and providing psychosocial support. In order to reach the target coverage of the opioid substitution treatment (OST) in the Republic of Moldova, activities were carried out to extend the OST points to 8 territories and 13 penitentiaries with the coverage of 498 (497 in 2017) injecting drug users at the end of 2018 (including 66 beneficiaries in penitentiary sector).

Indicators of program enrollment are not high. NGOs report that beneficiaries are not interested in enrolling in this program, and the reason for this, is existence of the narcological registry. Prescription of methadone treatment depends on the inclusion of people in the medical record, which causes other limitations (driving license and authorization

¹¹ Results of the implementation of the National Program for Prevention and Control of HIV / AIDS and STIs for 2016 - 2020

to possess weapons, for instance). The registration for the drug dependency treatment and lack of possibilities to follow an anonymous treatment is a major barrier in attracting patients to the OST. Medical data on PWUDs on therapy is included in several databases, which is subsequently used for limiting the rights of the PWUD.

Also, it should be mentioned that opioid substitution therapy is not functioning on the left bank of Dniester River, which affects effectiveness of the PWUD targeted programs in this region.

Low level of engagement into the respective service can be also related to the change of the drug use scene. Use of opioid substances is decreasing, replaced by homemade psychoactive substances, available at the black market at low prices. Existing therapeutic services, are not yet tailored to these types of drug users and do not meet their needs.

Along with the methadone substitution program, during 2018, buprenorphine substitution program was launched. This, according to the program beneficiaries, is a good alternative for those who are not using opioids.

Social workers of some organizations working with the PWUDs, also work at the OST centers, which has improved communication between NGOs and OST centers and is attractive for the beneficiaries.

Currently several non-governmental organizations work with the PWUD population. Their work covers both - right and left banks of the Dniester River. It shall be mentioned that the work is mainly conducted in the big cities, and smaller rayon settlements are not being covered. Organizations' resources and level of development are different, however, through cooperation they get technical support, share experience, strengthen each other capacities, and try to do their work in a coordinated manner. According to the information collected from the organizations, work with the beneficiaries is based on the provision of various documents, such as: quality standards for HIV prevention services among KPs (national), harm reduction programs regulations (national), consolidated guideline for HIV prevention, diagnostic, treatment and care for KPs (WHO), territorial program on HIV/AIDS (municipal), as well as internal organizational mechanisms. During the program planning and implementation, the organizations use WHO-recommended IDUIT guidelines. The organizations are involved in the country networks, regional and international partnerships and based their work on both - international and regional best practices. However, they report that due to financial constraints (cost of service package per one beneficiary in the current program), they are not able to increase motivation for attracting and covering more beneficiaries with services.

The organizations try to offer to beneficiaries various services, including information and counseling on HIV, STIs, viral hepatitis, harm reduction issues, opioid substitution therapy, mental health, human rights and violence. Yet, only few NGOs working with KPs still pay sufficient attention to issues related to sexual and reproductive health and rights.

It is worth mentioning that two organizations working with PWUDs got state accreditation. This achievement determines premises for strengthening organizational development and creates better ground for partnership with the state structures.

Opinions of the beneficiaries regarding receiving medical services were different. Some noted that it is quite comfortable to get services at the medical facilities, because it is not necessary to disclose belonging to any particular group and STI testing, or other examinations, as well as treatment is accessible. However, some beneficiaries refuse to get referrals from NGOs to these services, as they expect to face inappropriate attitude and confidentiality breach. This was especially highlighted by women PWUDs.

It shall be noted that organizations working with PWUDs, try to expand services for their beneficiaries, under different projects. Also, they are actively engaged into elaboration of the new harm reduction standards, and packages' costing.

Some organizations are involved in the PrEP program and actively implement recruitment and support of beneficiaries.

Based on the contract with the penitentiary department, an organization working with the PWUDs implements psychosocial rehabilitation program in the penitentiary establishments. The program covers 30 beneficiaries, but there are plans for expansion of the service coverage. The budget of the penitentiary department supports this program financially.

Personal use of narcotic and psychotropic substances, according to the provisions of the Code on Administrative Responsibility, is not criminally punished. According to the provisions of this Code, the use of narcotic drugs is an administrative offence. However, during the interviews with the representatives of NGOs and with the beneficiaries, it was noted, that in majority of the cases, drug users are punished for possessing narcotic substances (according to the provisions of the Government Decision no. 79), even if this possession is designated strictly for personal use. This situation pushes PWUDs underground, which hinders their coverage by HIV prevention programs.

Prosecution policy of people who use psychoactive substances and their marginalization, increase stigma towards them, and contribute to systemic discriminatory approaches (discriminatory attitudes in the context of labor, health and social issues).

There are few active initiative groups, or community organizations in the country. There are separate PWUD initiative groups, but their involvement in the HIV prevention programs is low, resources are limited, civic activism is also low and work with the community members includes mainly psychosocial support. In the country there is no a system targeting empowerment of these groups, or organizations, which would aim at leadership development and capacity strengthening. There are organization that position themselves as community-based organizations, still, this is not sufficient, to consider an active involvement of the community in formulation of HIV policy and planning of services.

Female Sex Workers

In Moldova sex workers within HIV prevention programs are represented by females, although, organizations working with MSM do segregate the group, identifying male sex workers and provide them with services based on their needs. Female sex workers mainly congregate in the big cities, however, in the smaller dwellings, there are also separate groups with few members. Sex work is mainly unstructured, and pimping is rarely mentioned (it is a criminal offense).

Prevention programs targeting sex workers, were implemented in 31 (compared to 12 in 2017) locations by 10 (compared to 6 in 2017) non-governmental organizations. During 2018 - 8,373 female sex workers (compared to 5,620 in 2017), have used minimum of two provided services (one of them being condom)¹².

Comprehensive package of prevention services includes:

- Distribution of condoms, disinfection materials, ointments, lubricants, hygiene packages, pregnancy tests etc.;
- Needles and syringes exchange;
- Distribution of informational materials;
- Informational-educational work;
- Peer counseling;
- Psychological and social support;

¹²Results of the implementation of the National Program for Prevention and Control of HIV / AIDS and STIs for 2016 - 2020

- Outreach, including outreach with the mobile ambulatories;
- Referrals and social accompany to VCT on HIV, hepatitis testing and other medical services.

According to the administrative statistics and data of the organizations working with the KPs: during 2018 - 5,431 female sex workers were covered/ reached by HIV testing. This data is higher than data of 2017 (807 FSWs).

According to the last population size estimation survey of 2016 - the FSWs size in Moldova was estimated as 21,300 people.

Behavior Surveillance Survey was also conducted in 2016, and no new data exist since. Consequently, it is difficult to say, what changes in organizations' approaches and in the environment has influenced the behaviors and biomarkers in this population.

Currently several non-governmental organizations work with the female sex workers. It shall be mentioned that the work is mainly conducted in the big cities, and smaller regional settlements are not covered. Resources and development levels of the organizations is uneven, and cooperation among them is still weak. Work with the beneficiaries is based on the provision of various documents, such as: quality standards for HIV prevention services among KPs (national), harm reduction programs regulations (national), consolidated guideline for HIV prevention, diagnostic, treatment and care for KPs (WHO), territorial program on HIV/AIDS (municipal), as well as internal organizational mechanisms/frameworks.

Organizations working with sex workers - report that they actively use WHO-recommended guidelines SWIT during program's planning and implementation. They mention that in 2019 they have launched quite a few new approaches. Compared to the previous assessment period, internet-interventions targeting SWs were largely implemented, and this approach helped to increase coverage and reach new subgroups of this population. The organizations are able to enter into the closed settings (apartments) and reach telephone-based sex workers and escort girls. Reaching such specific subgroups will contribute to future research (size estimation and behavior surveillance), becoming more representative and create more precise description of the whole population. This, in its turn, will ensure a better program planning and an effective implementation.

The organizations are involved in the country networks, regional and international partnerships and base their work on both, international and regional best practices. However, they report that due to financial

constraints (cost of service package per one beneficiary in the current program), they are not able to increase motivation for attracting more beneficiaries and covering them with services needed. Also, saliva tests (being on high demand on behalf of the beneficiaries), are not any more available in the program and community activism is not financially supported.

Interviewed sex workers still underline their interest in addressing STIs issues and some express satisfaction with the service that they receive in this regard from specialists (STI specialist, gynecologist) on NGO basis. Part of the respondent's express satisfaction with the medical services received at the medical facilities. They state that for them it is comfortable to get services in a format, where it is not necessary to reveal their belonging to a particular group and STI testing and other examinations and treatment are accessible. Beneficiaries report that attitude of the family doctors working at the primary healthcare level became more sensitized (only in Chisinau), hence, they are more willing to refer beneficiaries to these specialists. Work of the youth-friendly centers - access to various contraceptives and information about family planning methods - got especially positive feedback on behalf of the beneficiaries.

There are outreach services, targeting female sex workers. In this case, outreach does not represent a peer intervention and is conducted by trained outreach workers. Outreach work includes also a constant mapping, however, this part of work is not structured and not described in the internal documentation of the organizations.

There is high demand on behalf of beneficiaries on testing provision, through mobile ambulatories, especially testing on STIs. Currently it is not possible to launch this component, due to lack of mobile ambulatories and parking limitations in the sex workers' working zones.

It should be noted that in accordance with the national legal framework – the sex work is considered an administrative offense, whilst committing actions aimed at encouraging prostitution, or determining someone to prostitute oneself, or benefiting from - it is considered a criminal offense. Existing legal approach, contributes to marginalization of sex work. During the held interviews, NGO representatives and beneficiaries, describe cases of sex workers' discrimination, persecution and violence on behalf of the general population. Sex workers are not motivated to be referred to health-related services, due to fear of confidentiality breach and/or of a discriminatory attitude from service providers. In its turn, this affects engagement of the community members into the processes of community mobilization, and planning and implementing programs targeting sex workers.

Yet, NGOs have already started some preparation work on communities' empowerment (working meetings, discussions, needs' assessments among sex workers). This component will contribute to network development in the community and active engagement of the community representatives into the program planning, implementation, as well as advocacy.

During the conducted interviews, female sex workers express their satisfaction by the fact that non-governmental organizations' counselors and social workers started to provide more information on human rights. Along with this, referrals to the human rights defender organizations, has improved. In line with the recommendations stipulated in SWIT, some organizations started community empowerment components, which are not currently funded by donors.

Still, at this stage, there are no active initiative groups, or community organizations of female sex workers, in the country. Also, there is no system targeting empowerment of these groups, or organizations, which would aim at their leadership development and capacity strengthening.

MSM and TG

Prevention programs targeting MSM were covering in 17 (compared to 4 in 2017) locations, including left bank of Dniester River. Service provision was done by 6 NGOs. During 2018, 4630 (compared to 3636 in 2017) MSM - have used minimum of two services provided (one of them being condom and/or lubricant)¹³.

Comprehensive package of prevention services includes:

- Distribution of condoms and lubricants;
- Distribution of informational materials;
- Informational-educational work;
- Psychological, legal counseling;
- Peer counseling;
- Self-help groups;
- Outreach, including outreach with the mobile ambulatories;
- Referrals and social accompany to VCT on HIV, hepatitis testing and other medical services;
- Safer Sex PROMOTION Parties;
- Community PrEP.

¹³Results of the implementation of the National Program for Prevention and Control of HIV / AIDS and STIs for 2016 - 2020

Work with MSM population is relatively structured - dividing the group into separate segments (young MSM, aged MSM, MSM sex workers, etc.) - provides an opportunity to apply more specific approaches during work with beneficiaries. Interventions are more oriented to meet their specific needs.

Prevention work targeting MSM has been expanded during the recent years, however, it is not wide in terms of geographical distribution, and coverage is still low.

New data on HIV prevalence in this group is not available, since the last Bio-Behavioral Survey was conducted in 2016.

According to the administrative statistics available and data of the organizations working with the KPs: during 2018 - 2,848 MSM were covered/ reached by HIV testing. This number is higher than data of 2017 (454 MSM).

NGO representatives report that their organizations have improved coverage of MSM population with services that has been increased due to expanded geographical and structural reach, as well as increased quality of services. Interviews conducted with NGOs working with MSM have revealed that they actively use WHO-recommended guidelines (MSMIT, TRANSIT). Coverage through Internet and mobile phone applications, has increased and some organizations (e.g. GENDERDOC-M) provide also technical support to other NGOs in this regard.

NGO representatives and their beneficiaries report that there is a high stigma towards MSM and TG groups in the society. Field social workers and counselors, underlined the high levels of internalized stigma and its influence on attracting and enrolling of new beneficiaries into the programs. According to "THE PEOPLE LIVING WITH HIV STIGMA INDEX" survey¹⁴, conducted in 2017-2018, whereas 10% of PLHA were MSM - there are a number of types of stigma, the incidence of which among MSM is higher compared to the rest of the PLWH community.

MSM are more often exposed to gossips (48.9% vs. 35.8% in the PLWH community in general), more often being insulted, prosecuted, or verbally threatened (29.8% vs. 16.0%). In cases where the respondent was subject to stigma for reasons other than HIV status, in 34.0% - the reason was gender and identity manifestation. Despite the fact that there are no legal regulatory documents that would give ground for persecution of MSM and TG groups, high level of unacceptance of different sexual orientation, behavior, or gender identity in the society, has direct systemic implications. Cases of discriminatory attitudes and

¹⁴<https://www.stigmaindex.org/country-report/moldova/>

violation of basic human rights in the context of provision of health, social, or other services -have been described. This explains low referrals to primary healthcare services of MSM and TG populations' representatives. This lies also behind their low engagement in HIV and STIs prevention programs.

It is noteworthy to look at the rainbow index, which analyzes countries' policies regarding LGBT context and human rights, and gives possibility of comparison between the countries in the region and in the world. According to the 2019 survey, rainbow index¹⁵ of the Republic of Moldova is 14 (for comparison: Portugal - 66, Finland - 69, Malta - 90, Georgia - 30, Russia - 10). This indicates that state policy for protection of human rights in relation to sexual orientation and gender identity is weak, and cannot guarantee effective protection for LGBT/MSM human rights, which is a hindering barrier for implementation of HIV prevention programs.

Majority of the MSM respondents expressed willingness to get services at the medical facilities; however, they are afraid of confidentiality breach and improper treatment. Several respondents note that they use services provided by medical facilities, when they are referred by NGOs, but they prefer to visit only particular friendly specialists at those facilities. Interviewed MSM note that it is quite comfortable for them to get services at the organizations that mainly implement youth-targeted programs (youth friendly health centers), and have also possibility to provide services to the young KPs.

Since 2019 a NGO-based PrEP (Community PrEP) program has been launched in Moldova. The program intends to cover 50 MSM and trans persons (out of overall 100 beneficiaries). Organizations working with MSM are involved in implementation of the PrEP program and their function is to inform MSM about it, select and recruit them, conduct initial testing, as well as monitor beneficiaries enrolled in the program. Psychologists are not engaged in the recruitment process for the PrEP, which decreases chances for selecting relevant beneficiaries and might affect success indicators of the whole program. It shall be noted that in Moldova, PrEP is widely available for any person, which complies with the enrollment criteria. However, embedding this service into the NGO provided activities since 2019, increases access and takes into consideration particularities of the KPs.

Currently, under the national program, prevention among transgenders is not funded separately, since this group is not mentioned in the state program. However, with the support of UNFPA

¹⁵<https://ilga-europe.org/rainboweurope/2019>

and UNAIDS, the National Standard on Organization and Functioning of the HIV Prevention Services provided to KPs, including Young Key Population, has been revised, updated and brought in compliance to the international recommendations and best practices. Transgender are envisaged in the new standards, as a separate group, and list of basic and additional specific services needed for them is elaborated. Engagement of the non-governmental sector in the process of new standards' development is very important.

HIV testing among KPs

During the year 2018, 240 847 HIV tests were realized in the Republic of Moldova: 167 881 test in the general population, including 20 168 - in the high-risk population and 72 966 tests - in the blood transfusion system¹⁶.

One of the most important activities in HIV prevention programs - is testing of KPs. According to the reports of NGOs working in this area and administrative statistics available for 2018:

- PWUDs – 10,175 were tested for HIV (2443 in 2017), among them - 38 (20 people in 2017) were confirmed and registered in the medical card (records);
- SWs – 5,431 (807 in 2017), out of them - 19 (18 in 2017) were confirmed and registered in the medical card;
- MSM – 2,848 (454 in 2017), out of them - 19 (21 in 2017) were confirmed and registered in the medical card.

Indicator of HIV testing coverage has increased significantly, however, service provider organizations highlight impossibility of a wider coverage, due to the lack of financing, which hinders process of attracting and covering more beneficiaries with testing.

¹⁶GAM_Country_Progress_Report_RM_2018

MAIN FINDINGS AND CONCLUSIONS

Based on the information gathered during the presented assessment, some conclusions were drawn, which form the basis for particular recommendations.

As of today, the Republic of Moldova has a concentrated epidemic among KPs (PWUDs, sex workers, MSM) and their coverage by preventive programs is increasing annually.

The country is in the transition period, as international funding is steeply decreasing and, consequently, Moldova is in the process of increased mobilization of national funds and elaboration & refinement of effective system for use of these funds.

In the field of HIV prevention and control, the country has a well-established coordination mechanism, with functional structures and regulatory documents available.

There is a stigma towards KPs in the society, and it is determined including by the marginalizing approaches in the existing legislation.

Program Management

Funding of HIV prevention programs from the Global Fund to Fight AIDS, TB and Malaria has decreased and quite big proportion of the financial gap is covered by the state funding. Still, the needed budget has not been maintained, which laid the ground for elaboration of the new mechanisms of more structured management of the program and effective control of the spending. As a result, the financing mechanism selected was funding per capita, which was based on the existing costing of the services, and after calculating average amount - was defined as 33 Euros per capita (25 Euros on provided service in total and 8 Euros on procured materials). Under this new mechanism, project budgets of the organizations working with the KPs, became totally dependent on their commitments of reaching coverage indicators. The organization receives 25 Euros for services it provides to one beneficiary. This amount does not reflect different needs of various groups the organization is working with.

In 2019, with support of UNFPA and UNAIDS, the "National Standard on Organization and Functioning of the HIV Prevention Services provided to KPs, including Young Key Population" was revised, updated and brought in compliance with the international recommendations and best practices. In parallel, the process of prevention packages' costing review, is currently taking place. Planning for realistic costs will improve

effectiveness of prevention programs for the KPs, and will affect overall cascade indicators. It shall be mentioned that in the new HIV prevention services' standards Transgenders' group is envisaged, as a separate population. Based on their needs, a tailored services package is stipulated. This, in its turn, will contribute to mentioning this group separately in the new HIV national strategic document and work plan. Ultimately, this will lead to planning specific work with the Trans population, increasing coverage and provision of relevant services in line with their needs.

The issue of competition for beneficiaries between non-governmental organizations is still relevant. Each organization tries to register the beneficiaries earlier than other organizations, in order to reach the quantitative indicators. After being registered, this particular beneficiary is not interesting for other organizations, since entering him/her into the database will not be calculated in their coverage. This whole process is not positive for the beneficiaries, and at the same time affects quality of the services provided by NGOs. Besides that, partnership between the civil society organizations is weakened due to the existing competition among them for reaching beneficiaries. Setting only quantitative targets for the organizations - increases risks of data manipulation, which is difficult to check through monitoring. Since 2019, a real-time unified registration database system has been introduced, which allows NGOs working with the KPs to enter data about the beneficiaries electronically (using mobile technologies), both - in-door and outdoor. This includes both - primary registration, as well as the follow up. Generation of the available in the system data is done on the central server, which simplifies monitoring system, protects from double-counting, as well as, from mechanical errors, due to several-stage copying of the data.

Also, since 2019 - NGO-based PrEP program - has been introduced, intending to cover all KPs' representatives, which is an interesting approach in the regional context. Service providers NGOs - are involved in implementation of this program. This will contribute to development of their resources, strengthening the cooperation between non-governmental and healthcare facilities, and create additional motivation among beneficiaries to get enrolled in the prevention programs.

Progress:

- Structures responsible for program management, constantly try to refine the new scheme of funding and improve processes' planning and management:
 - With support of UNFPA and UNAIDS, the National Standard on Organization and Functioning of the HIV Prevention Services provided to KPs, including Young Key Population has been

revised and updated. This document separately considers needs of the transgender and includes list of the basis and additional (specific) services for them. In parallel, the process of prevention packages' costing review is currently taking place;

- Database was improved, real-time data generation/analysis electronic system was launched, which improved monitoring of the services provision during their implementation.

■ Expansion of the prevention programs:

- NGO-based PrEP program for the KPs was launched;
- Variety of the screening-tests – has been increased;
- According to the newly drafted “Regulation on the provision with modern contraceptives of vulnerable groups and of population with special needs, including persons with disabilities”, the list of eligible categories of beneficiaries for provision of free of charge contraceptives, includes People living with HIV and representatives of key populations with high risk of contracting HIV.

Challenges

- There are no indicators for assessing prevention programs' quality, hence it is not possible to evaluate quality of the work performed (services provided);
- The last BBS and size estimation Surveys were conducted in 2016, and no new data are available since.

Organizations working with the KPs - their development and involvement in HIV prevention

Development level of the organizations working with the KPs, as well as scope, specifics and quality of the provided services - are different. Beneficiaries' motivation to enroll in the programs and receive services are defined by different approaches, and applied guiding principles.

It shall be mentioned that development level and capacities of the NGOs working with the KPs, are increasing (they are using new approaches, being more actively engaged in program planning, and support community empowerment), which is boosted through trainings and other technical support, engagement into the regional activism, and internal restructuring, due to the new environment (transition period, new funding model).

NGOs are more prone to narrow focus of their work: there are initiative groups that start targeted work with the sex worker transgenders, or young people who use drugs.

Service provider NGOs are more widely engaged in planning process of prevention programs, which is determined by an active communication between national-level program management structures and NGOs.

During the recent period, big proportion of the NGOs has improved their internal monitoring systems. This is due to introducing a new electronic registration system, which registers the beneficiaries in the real time, through mobile electronic devices. There is less paper work and data do not need to be copied several times. Hence, risks of mechanical errors, as well as time spent - are reduced.

NGOs representatives assess introduction of this new electronic system positively. Yet, they mention some technical flaws and are actively involved in refining and improvement of this system.

Also, organizations started periodic interviewing of their beneficiaries with a specific questionnaire, which is used for assessing their satisfaction with the quality of the services received.

Starting from 2019, several service providers NGOs got enrolled into the PrEP implementation and this fact got special acknowledgment from the NGOs representatives. Community PrEP program is a pilot and is being revised jointly in dynamics (both - by the state and non-state structures). This program has contributed to strengthening partnership between governmental and non-governmental organizations. The program was planned according to the new guidelines, however, it lacks description of communication strategy, which is being implemented by the NGOs.

Majority of the organizations interviewed, reported that in their program planning and implementation, they use WHO-recommended technical guidance (MSMIT, TRANSIT, SWIT, IDUIT), which allows them to expand their interventions, and adjust approaches to the environment.

Big part of the organizations has launched Internet-interventions, with aim to increase reach and coverage of beneficiaries with services.

During the assessment period, three organizations got accreditation. This provides perspectives for their future development and it is an important factor in establishing more structured relationship with the state. These organizations express willingness to help other NGOs in preparation for the accreditation process. This initiative will strengthen cooperation between the NGOs working with Key Populations.

Main barriers, which still influence beneficiaries' active enrollment in the service provision, are as follow:

- Not all organizations have institutional service provision protocols (how to do the work), and job descriptions. This does not allow a proper planning and implementation of the interventions and a quality monitoring of provided services. Continuous re-training of the personnel does not happen, mainly due to the lack of funds for this specific purpose. Low salaries determines the outflow of human resources. Frequent changing of personnel, influences relationship with beneficiaries (level of trust) and, consequently, has a negative impact on their referrals to the services. Furthermore, due to low levels of funding, it is difficult to attract specialists (medical doctors, psychologists) to work in the regions.
- Moldova has started interventions suggested by international recommendations, e.g. PrEP program has been launched. There is a national PrEP clinical protocol, but there is no communication strategy related to PrEP implementation.
- Organizations positioning themselves as community-based, are in general not developed, and do not actively take part in the processes.

Progress:

- Development level of the organizations working with the KPs is very different; in the context of the existing partnerships - it is very rare for them to use each other's' resources, whilst implementing interventions. However, overall development level of the NGOs has improved, compared to the previous assessment period:
 - some NGOs have gone through the state accreditation process;
 - organizations started using an unified electronic registration system;
 - the organizations started intensive work on improving internal monitoring systems;
 - NGO sector is actively involved in the PrEP program;
 - NGOs are actively using international recommendations and technical guidelines (MSMIT, TRANSIT, IDUIT, SWIT) in their daily work;
 - NGOs working with the KPs, take an active part in the process of revising and updating the National Standard on Organization and Functioning of the HIV Prevention Services provided to KPs, including Young Key Population.

Challenges

- Not all organizations working with the KPs have internal protocols for service provision and detailed job descriptions. This hinders processes of internal monitoring and activities depend mainly on skills, knowledge and attitudes of a particular staff member.
- Due to different reasons there is no a system/mechanism in place of continuous re-training of the personnel. This has a direct influence on the quality of provided services.
- Community organizations and initiative groups are weakly presented, not being visible. Some communities are insignificantly involved in advocacy and decision-making processes. Community strengthening processes are also weak.

Medical services

Within the framework of the mandatory health insurance system, it is possible to get specialized medical services at the medical facilities, in case a person has mandatory medical insurance.

Without a medical insurance it is possible to get free medical services from family doctor and also, to get free pre-hospital emergency medical services. According to the beneficiaries interviewed, some of them said that they were not able to get medical insurance, because of the insurance's price, or because of the absence of necessary identity documents for getting the insurance. However, NGO representatives report within the conducted interviews, that provision of information to beneficiaries on these issues, as well as accompanying them to the relevant structures in order to assist with the documents, has improved. Interviews with the specialists (family doctors) revealed an increase in referrals through NGOs.

The conducted interviews demonstrated that medical institutions representatives have quite a good attitude towards KPs and are ready to receive them and provide them with the needed services. However, the personnel lack knowledge about specifics of these populations, they are not well sensitized. Medical doctors expressed willingness to undergo training about specifics of the KPs and to have appropriate guidelines in their institutions. According to them it is good if such trainings are provided by the organizations that directly work with the KPs, or represent community organizations.

Referrals from NGOs to the medical services are still not structured, or systematized. Every organization has its own rules and forms for

such referrals. In majority of the cases, social workers call particular specialists, or provides beneficiaries with the social accompaniment services. Referrals are not registered at the medical facilities. There is no feedback to the organization that referred the respective beneficiary. Hence, it is difficult to assess effectiveness of the referral system, due to lack of data. However, in 2019 several NGOs signed memorandums with medical facilities (mostly with the youth-friendly health centers, which implement specific programs), introduce referral forms (vouchers), which contributed to improved referrals of the beneficiaries to the primary healthcare units.

There are 41 youth-friendly health centers in Moldova. They provide a wide range of health services, with various components (HIV/STIs, drug use, violence, etc). Medical personnel in these centers is more informed about the KPs, compared to the staff of other medical facilities. However, they lack knowledge on specifics of working (e.g. counseling) with these populations. Medical personnel of these centers expressed willingness to get training on these specifics.

Since 2019, a new electronic system for beneficiaries' registration, has been introduced. This system includes a section on risks' assessment, which improves identification and will influence overall the detection rates.

Representatives of the youth-friendly health centers report that indicator of referrals would be much higher if the centers would have a wider variety of the screening tests available (e.g. for syphilis, chlamydiosis, etc).

The country has methadone substitution therapy. All PWUDs who are in need of OST can be enrolled in the program, regardless of their insurance status. During the interviews, the beneficiaries reported that there are geographical (impossible to get to OST site because it is far away, or transportation costs cannot be paid), as well as time-connected (some beneficiaries are working and their schedule does not allow them to be enrolled in the program) barriers, in access everyday OST program. However, it is possible to take home OST dose, necessary for a certain period of time.

It shall be noted that substitution therapy is not available in every geographical location and this decreases access to this service for the beneficiaries.

Due to changing drug scene, opioid injection drugs become less prevalent, being substituted by other (especially by homemade) substances. Taking this into consideration, from June 2018, the country

introduced buprenorphine substitution program. This approach has a quite positive feedback on behalf of the specialists (narcologists), NGOs' representative, as well as the beneficiaries.

Existence of the narcology registry, remains as one of the main barriers for attracting more patients to the OST programs. Potential beneficiaries of the program, do not want to be registered in the system and face all the consequences, related to this, such as limitation of some rights, risk of confidentiality breach, risk of losing a job, etc.

There are very few rehabilitation programs for those persons (people who use drugs), who have chosen sobriety. There are some support programs, but no structured, long-term rehabilitation program. This situation increases risks of relapse and repeated risk behaviors.

There is a hepatitis C treatment program in the country. However, the beneficiaries reported that despite their wish, they cannot get involved in this program because health insurance is required for inclusion in this program. And even if it is purchased for primary diagnosis, an examination such as fibro scan is not included in the Unic Program of the Compulsory Health Insurance System and needs to be paid additionally out of pocket.

Progress:

- The system of health insurance gives any citizen, including to representatives of the KPs, possibility to receive particular package of healthcare services for free. NGOs provide social support to the beneficiaries to get these services (including those, who do not have insurance policy) - in more active and structured manner;
- Relationship between healthcare facilities and non-governmental organizations has improved. There are cases of formalizing this relationship through a memorandum/ an agreement of collaboration, which contributes to the higher rates of the beneficiaries' referrals;
- Launching of the new electronic registration system in the youth-friendly health centers contributes to better identification of the KPs' representatives and improves services' monitoring process.

Challenges

- Personnel of the healthcare facilities (especially at the primary healthcare level) - is not sensitized and aware of specifics of KPs, which decreases the trust of beneficiaries and referral rates of them.

- Within the medical facilities (in the primary healthcare facilities, including in the youth-friendly health centers) - rapid screening on STIs is not widely available, which decreases referrals and influences timely detection rates.
- People who use drugs do not want to be registered in the narcology registry, therefore they avoid using drug-related services. This is considered as one of the main barriers for accessing services by people who use drugs.
- Substitution therapy is not equally accessible in all regions of the country;
- There are not long-term rehabilitation programs available for people who use psychoactive substances, which increases risks of relapse.
- Diagnostic tests necessary for enrollment in Hepatitis C treatment program are charged, and hence are considered as a barrier in accessing services needed by representatives of the KPs.

MAIN RECOMMENDATIONS

Compared to the previous assessment period, programs working with the KPs on HIV prevention have been strengthened, level of the NGOs organizational development has increased and beneficiaries express a larger satisfaction with the services received. Yet, some recommendations from the previous assessment remain important:

- Revision of the country legislation, concerning KPs, in relation to decriminalization and demarginalization, taking into consideration internationally recommended responses to any kind of violence and discrimination (e.g. response to hate crimes, or gender change restrictions in ID for transgenders). Also, this relates to the revision of regulations regarding drug turnover and use, as well as regarding sex work. Aligning laws and regulations with the international recommendations and orienting them towards protection of human rights, will reduce barriers of access to the prevention and treatment services for the beneficiaries and, will contribute to reducing stigma. As a result, health indicators of the population will improve, which corresponds the public health policies goals. Along with that, it is important to elaborate antidiscrimination legislation and engage representatives of the KPs in this process.
- Ensure the sustainability of the prevention effort - ensuring a sustainable coordination and efficiency within the new GFATM grant (remuneration [establishing a realistic costs per beneficiary / package], use of mobile prevention units - extension of activities by target groups, activities and geography).
- Along with the main quantitative indicators of performance, develop additional (national) gender-segregated quantitative and qualitative indicators, for services provided to Key Population. This will contribute to provision of expanded package of services and increase beneficiaries' motivation to enroll in more services. Involvement of all interested parties and stakeholders in this process is of the utmost importance.
- While planning funding of the projects for non-governmental organizations, consider continuous re-training of the organizations' staff. This activity shall be based on systemic approach and shall engage technical assistance of international organizations active in the country, which will increase quality of the results to be achieved.

- Promote strengthening of the community organizations and initiative groups and ensuring their participation/involvement in the program planning, coordination and implementation. It is important to elaborate a community empowerment policy and corresponding to it strategies, with meaningful engagement of KPs' representatives in this process.
- Conduct trainings of medical personnel for sensitizing them on specificity of working with KPs and developing their skills necessary for working with KPs, with involvement in the training process of the community and service-provider organizations; create corresponding guidelines/manuals and hand them over to the medical facilities. The first stage shall include - re-training of the primary healthcare personnel (family doctors) and personnel of the youth-friendly health centers.
- Revise substitution therapy interventions, taking into consideration changing drug scene and drug use tendencies, with a specific focus on geographical availability/distribution of services. Involvement of the civil society organizations in this process is important. Take into account the needs of the substitution therapy patients, especially their need for psycho-social assistance.
- Elaborate and implement long-term rehabilitation programs for sobriety-oriented people, who use drugs, based on international and national recommendations. Engaging all interested parties and stakeholders (including program beneficiaries) in this process - will guarantee effectiveness in the implementation of the elaborated programs.
- Assess accessibility to existing universal programs (e.g. hepatitis C treatment program), conducting an appropriate research. Also, revise protocols of these programs, considering identified barriers for the beneficiaries' enrollment.
- Integrate HIV prevention services with the ones that are part of TB program, hepatitis program, sexual and reproductive health program, with development of specific indicators.
- Extend the PrEP program and PEP - upon request, and ensure the accessibility of the respective services for beneficiaries.

- Plan and conduct the assessment of the beneficiaries' needs. This activity shall be based on a systemic approach and shall be conducted regularly, since needs' prioritization varies, in accordance with the changes in the environment. Unified research methodology shall be designed, which will allow conducting a holistic situational analysis and plan changes in coordination between multiple players. Engaging all interested parties and stakeholders (including representatives of the program beneficiaries from the KPs) in this process, is very important.

