Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS)

Progress report
2003-2005

Chisinau 2006
Dear Sirs/Madams,

The Scientific and Practical Center of Public Health and Health Management (SPCPHHM) of the Ministry of Health and Social Protection of the Republic of Moldova is honored to present the National Report for the period of January 2003 – December 2005, following the Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, signed in 2001. This time the Republic of Moldova reports based on the set of indicators for countries with a concentrated/low prevalence epidemic. These indicators are included in the national set of monitoring and evaluation indicators on HIV/AIDS, together with the indicators reflecting the information of internal interest. The database with the indicators’ values will be submitted using the CRIS program.

The current report represents the materialization of the national consensus and efforts aimed at enhancing the comprehensiveness of the national reporting system. To date, the Republic of Moldova is implementing data collection instruments and mechanisms, with the goal to increase the reliability of information used in decision-making process, which would result in an efficient national response in reducing the public health and socio-economic impact of the HIV/AIDS epidemic. Ensuring data comparability at the regional and international level would allow a better measurement of the UNGASS DoC strategies’ impact. These strategies have served as a base in the elaboration of the National Programme on Prevention and Control of HIV/AIDS/STI for 2006 – 2010.

We would like to express our gratitude and appreciation to the UNAIDS Headquarters, and the UNAIDS representative in the Republic of Moldova, and to thank in particular Mrs. Gabriela Ionascu, the UNAIDS Country Coordinator, for the support offered in putting up this report.

Respectfully,

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I. Country general presentation

Since August 27th 1991 Republic of Moldova is a parliamentary, independent and sovereign republic. Before declaring its independence it has been a component part of Union of Soviet Socialist Republics (USSR).

Figure 1 Geographical location of the Republic of Moldova, 2006

Republic of Moldova is located in the South-Eastern part of Europe. To the North, South and East it borders with the Ukraine, to the West with Romania. Total acres come to 33.8 square kilometers and total length of borders 1389 kilometers. The territory topography is various and takes in steppe regions in the North and South and forest and hills regions in the Central part. The Republic of Moldova is located in a zone with a temperate continental climate, influenced by Atlantic air mass from West, Mediterranean from South-West and continental-excessive from North-East. The population of Republic of Moldova (except population from Trasnistrean region), on January 1st, 2006 comes to 3,391.7 mil people¹, where 38.9% represents urban population and 61.1% – rural. Population distribution by sex is: 51.8% – females, 48.2% – males. The mean density of

¹ Source: National Bureau of Statistics, Republic of Moldova
population is 119.0 inhabitants per square kilometer. The country capital city is Chisinau with a population greater than 750 thousand people.

Starting with the economic decline of the Soviet Union at the beginning of the 90’s, Republic of Moldova continues to go through a difficult transition period under multiple aspects. Domestically Republic of Moldova has stepped into a three-dimensional transition – towards a political system based on democratic values, to state independence and free market economy. Internationally, it is induced that Republic of Moldova has to introduce and adapt to intense globalization and transition to informational societies processes. The events that take place in the post socialist area do not have any analogies, and differs enormously from country to country, although newly-created institutional structures and legislative framework are approximately the same everywhere, being implemented from other systems with cultural and psychological traditions absolutely different from the ones formed in the countries of Warsaw Treaty. It is considered that the gravity of economic collapse has been partially determined by the erroneous diagnosis of the country particularities at the debut of transition to market economy that resulted in adoption of some inadequate policies.

According to the Human Development Report 2005, the Republic of Moldova took the 115th place from 177 countries.

De jure, Republic of Moldova is an integrant country, but de facto, the persistence of Transnistrean political conflict unofficially divides the country into the right bank and left bank (Transnistrean region) of the Dniester River territories, this river crosses the country on the East side. The national policy of state reintegration has enhanced the collaboration with the Transnistrean region authorities, but due to persistent division of the state the consistence of statistical data continues to be affected.
II. The national response to the HIV/AIDS spread determinants, to the social and health impact of the HIV/AIDS epidemic in the Republic of Moldova

The efficiency of the country response to the spread of the HIV/AIDS epidemic is based on the multisectoral principle of the national strategy implementation in this field, including actions oriented towards the minimization of spread determinants’ effects, and the reduction of the social and health impacts. The analysis of the response of the Government of the Republic of Moldova to reduce the spread of the HIV/AIDS epidemic is presented from this approach of the national response consistency.

The HIV/AIDS epidemic in the Republic of Moldova is a concentrated/low prevalence one. Since 2004 the HIV/AIDS epidemic shows tendencies to spread in the general population, although it maintains the characteristics of the concentrated one.

A. Reduction of the vulnerability of the Republic of Moldova population to the HIV/AIDS

1. Poverty

The poverty issue in the Republic of Moldova is still a provoking one and is closely related to the economic growth. As a response to economic challenges confronted by the Republic of Moldova, the Government has approved in 2003 the Economic Growth and Poverty Reduction Strategy (EGPRS) for the period of years 2004 – 2006. The current monitoring has registered a constant reduction of poverty rate beginning with the year 2000. Thus, within the reporting period (2003 - 2005) the level of poverty measured through this indicator has decreased over time and in 2004 – 26.5% of the population of the Republic of Moldova was poor (compared to 71% in 1999), with the level of wealth below the absolute poverty threshold. The significant decrease in poverty within 2003-2005 together with a constant GDP annual increase by 6% is due to the fact that during this period of time an increasing number of households began to receive funds from abroad, as a result of workforce migration. The still low level of average wage has
determined the fact that in 2004 three quarters of the population had a consumption level under minimal subsistence threshold. The results of the EGPRS implementation’s monitoring in 2005 will be available only at the end of the year 2006.

The social determinant of HIV/AIDS epidemic spread was taken into consideration when elaborating the EGPRS for 2004-2006. It was mentioned in two objectives of this strategy, one of which provides for increase of accessibility to medical care services, especially for the poor strata of population. The main means for achieving this is the realization of the objectives of the National Health Programme for the reduction of the frequency of socially-determined disease through equitable provision of medical care in urban and rural population. In the list of actions provided for the realization of this objective are included in the implementation of the National Programme for Health Education and Healthy Lifestyle Promotion approved through the Decision of the Government of the Republic of Moldova nr. 482 of June 18, 2001 and the National Programme on Prevention and Control of HIV/AIDS and STIs for 2001-2005 approved through the Decision of the Government of the Republic of Moldova nr. 482 of June 18, 2001. The improvement of the technical capacity of Blood Safety system has been also planned. The second objective of the EGPRS concerning the problem of HIV/AIDS epidemic provides for quality improvement in health care services through the implementation of new diagnostic and treatment technologies, modernization of medical technologies in the process of social-related and chronic disease prevention and treatment.

Given those mentioned above it becomes obvious that the Government of the Republic of Moldova has ensured all necessary provisions to give to the HIV/AIDS epidemic a status of public health priority and created a legal framework for HIV/AIDS prevention and control actions implementation. The local financial resources have proved to be insufficient to achieve all objectives; therefore the Government of the Republic of Moldova has submitted official funding requests to main international donors (UN Agencies, World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, Sida Sweden et al.). An increased amount of financial resources from outside strictly oriented towards fighting
HIV/AIDS offered the possibility to redistribute efficiently the national financial resources. The funds used for HIV/AIDS prevention and control during 2003 – 2005 were mainly international by provenience. This explains the reduction in public funds spending in 2004 comparing to 2003, and a slight increase by 2.8% in 2005. All data, methodology of data collection, the trends and their interpretations are presented in the chapter with the description of UNGASS indicators.

2. Migration
According to the official statistics approximately 25% of the economically active population of the Republic of Moldova has left the country looking for a job abroad. The necessity to ensure a decent life level and the attraction of eventually higher wages outside the country has determined a part of the population to migrate in order to look for employment in other countries. The Republic of Moldova as well as other South-Eastern European countries is facing the problem of human trafficking, including for sexual exploitation reasons.

In the context of an expansionary migration phenomenon, the Concept of Migration Policy has been developed and adopted in the Republic of Moldova by the Parliament on 11 October 2002, through the Decision nr. 1386-XV. The concept aims at determining the state policy on migration to facilitate the insurance of the respect for the fundamental human rights and freedoms, the regulation and administration on the migration phenomenon in the best interest of the person and of the society, social protection of the migrants and their families, establishment of cooperation with other states, creation of the environment for legal employment abroad of the Moldovan citizens, the fight against illicit migration and human beings trafficking. The adoption of a legal framework creates favourable conditions to implement actions to reduce the social and health risks that come with this phenomenon.

Often the migrant employees that come from Moldova work in dangerous conditions. A recent IOM (International Organization of Migration) study referring to remittances mentions this fact, specifying that almost half of the returned immigrant workers (45.1%) worked in unfavourable conditions for
health. Immigrants are vulnerable to HIV infection because of: cultural barriers, discriminations, exploitation, alienation, and feeling of anonymity, instability, separation from their families and partners, and the social and cultural norms that guide their behaviour. There is no pre-check including the test and HIV counselling of the irregular immigrant workers who leave the country. There is no health check mechanism including the test and HIV counselling for the returned immigrants (except for the Victims of Human Being Traffic), deported persons inclusive. Often Moldovan immigrants have limited access to the health care institutions from the countries of their destinations, especially the ones who don’t have a permanent status; sometimes immigrants do have formal access to medical care, but they are not acknowledging their rights and are afraid to turn to the competent institutions. Moreover, the educational health programs often do not reach the Moldovan citizens abroad. The infections are brought to Moldova by the returned persons, without them knowing about it. Some people, such as the spouses of immigrants, are the most vulnerable.

As a response to this critical situation with regards to migration, in 2006 some important projects will be launched in the field of HIV prevention. Within the framework of these projects informational materials will be distributed that will target the immigrants that leave / come back from their destination countries through the points of border crossing, airports, employment agencies, etc. It is planned to establish a communication network with the Moldovan Diaspora in Russia and Italy. Behavioural and sentinel surveillance survey will be conducted in the next year in order to monitor the situation to allow an adequate reaction thereafter.

3. The level of population’s knowledge on HIV/AIDS

The level of knowledge on HIV/AIDS transmission ways and on the effective prevention methods determines the degree of population’s vulnerability to HIV/AIDS. The communication in the field of HIV/AIDS represented an important strategy of the National Programme for HIV/AIDS and STI Prevention and Control for 2001-2005. Informational and communicational activities increasing the awareness of the population regarding the personal health and the
threat of infectious disease transmissions, including HIV, has been permanently realized by governmental and nongovernmental structures within the framework of this strategy.

The results of the KAP study on HIV/AIDS performed in 2005 on a sample of 1205 individuals between 15 and 50 years of age and considered to be representative for the population of the Republic of Moldova has shown a reduced level of knowledge regarding the ways of HIV transmission and an underestimation of the risk to become infected with HIV. Thus, 75.2% of 15-24 years old respondents have agreed that a person can protect him/herself using the condom, and only 55.1% of 15-24 years old respondents know that an apparently healthy person can have HIV. A high rate of misconceptions has been registered regarding the ways of HIV transmission. The score of the UNGASS current GE-10 indicator is 28.33% in 2005. The study results have shown that the rural population and women are more vulnerable if taking into consideration their level of knowledge on HIV/AIDS. The respondents from the 15-24 years old group have demonstrated a more positive attitude towards condom utilization, compared to older respondents. Comparing with the results of the survey Health and Development of Youth, Knowledge, Attitudes and Practices, conducted in 2003, which had a component on HIV/AIDS, there is an increase in the level of knowledge of HIV transmission (score of the UNGASS current GE-10 indicator is 12.25% in 2003). Details on the methodology, the degree of comparability and the limitations of these surveys are presented in the chapter with the description of UNGASS currents indicators for generalized epidemics.

It is the state’s duty to inform correctly its citizens about the risks they may be exposed to. The increase in the level of awareness of the general population is crucial for the evolution of HIV/AIDS epidemic in the Republic of Moldova, given that the official statistics show an increase of new registered cases of HIV infection and a predominance of the sexual way of HIV transmission among new registered HIV cases. Thus, in 2003 this way accounted for 44% of all new registered HIV cases, while in 2004 it was 48%, and in 2005 it reached the value of 54.6%. (Figure 2,3)
Figure 2: Distribution of the routes of HIV transmission in new registered cases, (%), Republic of Moldova, 1995-2005

Source: Scientific and Practical Centre of Preventive Medicine, AIDS Centre, Ministry of Health and Social Protection, Republic of Moldova

Figure 3: Incidence of registration of HIV cases, per 100,000 inhabitants, Republic of Moldova, 1997-2005

Source: Scientific and Practical Centre of Preventive Medicine, AIDS Centre, Ministry of Health and Social Protection, Republic of Moldova
In this context, in order to reduce the degree of Moldovan population’s vulnerability to HIV/AIDS caused by the lack of correct knowledge in this field, to stimulate behavioral changes, to reduce stigma and discrimination, to promote and develop prophylactic, curative and support services, and to change high risk behavior, the College of Experts of the Ministry of Health and Social Protection through its Decision of March 17, 2005 has adopted the Strategic Communication Framework on HIV/AIDS. Following the normative framework readjustment to international population’s needs a communication campaign was launched in 2005 on the issue of HIV/AIDS/STI prevention, which has the goal to contribute to an adequate perception of HIV/AIDS as a real problem which should concern every member of the society, and aims at reducing the level of misconceptions in general population regarding the ways of HIV transmission, as well as at improving the understanding of the fact that the correct use of condom provides a good protection against HIV infection.

In order to ensure a correct education and information of the growing generation, starting from September 1, 2005, with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Ministry of Education, Youth and Sport of the Republic of Moldova has introduced in the curricula of secondary education institutions the course “Life-skills based education”, which promotes the healthy lifestyle and the reduction of other health and development risks. Due to some social misunderstandings the sexual education compartment was excluded from the course and the curriculum have got an optional status.

As the HIV/AIDS epidemic in the Republic of Moldova is still concentrated, one of the strategies of the National Program on Prevention and Control of HIV/AIDS and STIs for the 2001-2005 period was the Harm Reduction Strategy that implied informing the most-at-risk population (IDUs, CSWs, MSM, prisons inmates, track drivers) on HIV/AIDS and its ways of prevention in the context of their risky practices. The geographical distribution of the beneficiaries of Harm Reduction programmes among IDUs for 2004 and 2005, according to the prevalence of registration of drug use per 100 000 inhabitants for 2004 is shown by the figure bellow.
Figure 4 Geographical distribution of the beneficiaries of Harm Reduction programmes among IDUs, Republic of Moldova, 2004-2005
The average percentage of IDUs among persons under medical surveillance for drug use (prevalence of registration of drug use) was 56.2% in 2004 and 52.4% in 2005 and the disaggregation of this indicator by districts is still not available. In this context, in order to plan the geographical distribution by Harm Reduction programs, by default by district has been taken the national average percentage of IDUs among persons under medical surveillance for drug use.

Comparing the results of the behavioural surveys conducted in 2003 and in 2004 a progress in the level of knowledge of most-at-risk populations has been registered. The detailed description of the methodology, the study limitations, the degree of comparability and the interpretations of these results is presented in the chapter on UNGASS indicators.

**B. Behavioural factors**

The spread of the HIV/AIDS epidemic is determined by the take up risk behaviour such as unprotected sex, drug injection equipment sharing, and breastfeeding of a child by a HIV + mother.

Comparing the results of the survey *Health and Development of Youth, Knowledge, Attitudes and Practice* conducted in 2003 and the results of the survey *KAP study on HIV/AIDS* conducted in 2005 there is an increase of the percentage of youth (15-24 years) who have had sex before 15. Thus in 2003 the value of this indicators was 11.77%, in 2004 it was 28.29%.

Details on the methodology, the degree of comparability and the limitations of these surveys are presented in the chapter with the description of UNGASS current indicators for generalized epidemics. For the country response in this context see the description presented in the knowledge determinant of HIV/AIDS epidemic in the Republic of Moldova.

Beginning with the year of 1997, the HIV/AIDS epidemic has passed from the incipient stage to a concentrated epidemic stage in the Republic of Moldova, especially in the IDUs’ group. In 1997, 89% of the total number of the new registered cases of HIV infection was a result of the probable infection through drug injections. The evolution of the distribution of new registered cases of
HIV/AIDS infection, broken down by the possible ways of infection is shown in the figure 2.

The national policy to combat drug abuse and traffic for the 2003-2005 reporting period of time is completed by the Decision of the Government of the Republic of Moldova, nr. 411 of April 7, 2003, Regarding the approval of measures to combat drug abuse and traffic for the years of 2003-2004 with a multisectorial approach to the problem. To ensure the sustainability of the continuity of the results, the Government of the Republic of Moldova has adopted the Decision nr. 166 of February 15, 2005, Regarding the approval of measures to combat drug abuse and traffic for the years 2005-2006. As a result of the degree of accomplishment of the measures stipulated in the above-mentioned normative acts as well as due to previous efforts, a stability in the spread of the drug use phenomenon in the Republic of Moldova has been noticed, and confirmed by the dynamic analysis of the official statistic data. This stabilization is characterized by a decreasing tendency in the incidence of registration of drug use per 100,000 inhabitants and similar trends in the percentage of opiates use and the rate of the injecting drug administration way in persons under medical surveillance for drug use (Figure 5).

**Figure 5 Incidence of registration and prevalence of registration of drug use, per 100,000 inhabitants, Republic of Moldova, 1991-2005**

Source: PHMI Republican Narcological Dispensary, Ministry of Health and Social Protection, Republic of Moldova
The abovementioned Harm Reduction strategy of the National Program on Prevention and Control of HIV/AIDS and STIs for the 2001-2005 period of time implied the exchange of needles and condom distribution in most-at-risk populations (IDUs, CSWs, MSM, prisons inmates, truck drivers) with the aim to reduce the harm of their practices.

**C. Medical Factors**

1. **Tuberculosis**

Once the characteristics of the HIV/AIDS epidemic in the Republic of Moldova have changed and the infection passed to the general population (mostly sexually transmitted among new registered HIV cases), the epidemiological situation of tuberculosis in the Republic of Moldova might set the conditions for the further development of the HIV/AIDS epidemic. Thus in the most recent years an increase in the global incidence of tuberculosis per 100 000 inhabitants has been noted.
The global incidence (new cases and relapses) of tuberculosis in the year of 2005 was 133.4 cases per 100,000 inhabitants or 5632 cases in absolute figures, which is 9.3% higher than in the year of 2004 (121.7 cases per 100,000 inhabitants or 5153 cases in absolute figures). The incidence of the destructive forms of tuberculosis is increasing, registering 43.1 cases per 100,000 inhabitants or 1819 cases in absolute figures in 2005, which is an increase of 20.7% if compared to the 2004 year (35.6 cases per 100,000 inhabitants or 1501 cases in absolute figures). The percentage of TB patients carrying destructive forms of tuberculosis was of 42.7% of the global incidence of tuberculosis, while in the year of 2004 it was of 40.7%. The increase results to be of 2.0%. Under the conditions of HIV/AIDS infection passing to general population, there is the risk of its association with TB and forming a lethal tandem.

There was no separate strategy for TB-HIV in the National Program on Prevention and Control of HIV/AIDS and STIs for the years of 2001-2005. During the same period of time, the National Program on Prevention and Control of TB provided that all TB patients have to be tested for HIV. There is no reliable data to evaluate the realizations of these stipulations. The National Program on Prevention and Control of HIV/AIDS and
STIs for 2006-2010, as well as the National Program on Prevention and Control of TB for 2006-2010 include the chapter on prevention and control of TB-HIV.

2. Sexually transmitted infections

The official statistical data notice a decrease in time of the incidence of registration of syphilis and an increase of the incidence of registration of gonorrhoea per 100 000 inhabitants.

Figure 8 incidence of registration of syphilis and an increase of the incidence of registration of gonorrhoea, per 100 000 inhabitants, Republic of Moldova, 1992-2005

Even if these two indicators are not considered to be key indicators, they represent indirectly the sexual behaviour of the general population. Moreover, the STIs presence increases the risk of HIV infection subsequent to an unprotected sexual contact.

3. Blood safety

The blood safety represents one of the National Program on Prevention and Control of HIV/AIDS and STIs strategies and one of EGPRS’ strategies. According to the national standards all the blood samples that are taken over
from the blood donors are obligatorily tested for HIV. The reporting for this indicator following the CRIS standards is not possible due to the inexistence of the blood banks system. No one case has been registered during the reporting period 2003-2005 having the blood transfusion as probable route of HIV transmission.

4. Treatment

The specific antiretroviral treatment for the 2003-2005 reporting period was ensured by the procurement of specific antiretroviral medications, using funds of the World Bank and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The national protocol of ARV treatment for HIV infection was adjusted to the WHO recommendations.

During the year of 2003 there was a total of 27 persons under antiretroviral specific treatment, 74% of whom were probably infected through drug injection (20 persons). In 2004, there were 82 persons under specific antiretroviral treatment, out of whom 60% (49 persons) were probably infected through drug injection. In 2005, there were 109 persons under specific antiretroviral treatment, out of whom 45% (49 persons) were probably infected through drug injection (Figure 8)

Figure 9 Number of patients under ARV treatment for HIV, Republic of Moldova, 2003-2005

Source: MPHI Republican Dermato-Venerological Dispensary, Ministry of Health and Social Protection, Republic of Moldova
In time, the percentage of persons under ARV treatment for HIV and who probably were infected through the injection of drugs registers a decrease, while the percentage of those who probably were infected through sexual route increases.

As well, during the 2003-2005 reporting period ARV treatment was available to prevent MTCT. Subsequently, in 2003, 4 pregnant women benefited from such a treatment, in 2004 – 31 pregnant women, and in 2005 – 62 pregnant women from all over the country. The data collection mechanisms available in the Republic of Moldova do not offer the possibility to report on the respective UNGASS current indicator.

Since 2004 the substitution treatment with methadone started to be provided. This kind of treatment is provided in the penitentiaries’ institutions also.

5. HIV testing

During the 2003 - 2005 reporting period 3 new HIV Laboratories have been opened, thus a total of 12 HIV Laboratories are functioning on the whole territory of the Republic of Moldova, including one National Reference Laboratory within the framework of the AIDS Centre.

The total number of tested persons has increased over time (figure 10).

Figure 10 Number of tested persons (thousands) and number of new HIV cases, Republic of Moldova, 2001-2005

Source: National Scientific and Practical Centre of Preventive Medicine, AIDS Centre, Ministry of Health and Social Protection, Republic of Moldova
This increase since 2003 is due to the grants of the Global Fund to Fight AIDS, Tuberculosis and Malaria and World Bank.

The geographical locations of HIV Laboratories ensure a good accessibility of the population to the HIV testing.

Figure 11 Geographical location of HIV Laboratories, Republic of Moldova, 2006

Source: National Scientific and Practical Centre of Preventive Medicine, AIDS Centre, Ministry of Health and Social Protection, Republic of Moldova
III. UNGASS Indicators for the concentrated/ low prevalence epidemic

A. National Commitment and Action

1. Amount of national funds disbursed by Government for HIV/AIDS

The methodologies of the HIV/AIDS National Spending Assessments (National Accounts for HIV/AIDS in the context of National Health Accounts and stand alone National Accounts for HIV/AIDS) recommended for monitoring the disbursed resources for HIV/AIDS in low and middle income countries and are not applicable for the Republic of Moldova due to the absence of the National Health Accounts system. The existing system of evidence for the financial flows in the Republic of Moldova makes impossible to accurately break down the public expenditures for HIV/AIDS by strategies and types of activities within the national response to HIV/AIDS.

Considering the above-mentioned, in order to assess the value of the UNGASS current indicator GE-1, the M&E Unit has pursued to collecting the data from multiple sources. Both national and local institutions - that carry out activities directly linked to the prevention and treatment of the HIV/AIDS, as well as to other coordinating, monitoring and evaluation activities in the area – have been selected. The leaders of the given institutions have been requested to calculate retrospectively the spending of public money aimed at HIV/AIDS that their institutions registered, noting in detail the origin of the financial resources (ex: National Health Insurance Company, State Budget, Local Budget, Global Budget of the institution etc.).

The resources used to calculate UNGASS current indicator GE-1 for the years of 2003, 2004 and 2005 have been as follows:

- The annual reports on the implementation of the state budget under the chapter “centralized allocations for the prevention and control of
HIV/AIDS, and sexually transmitted infections” (available only for the years of 2003 and 2004, while the year of 2005 such a report will be available by the end of the first half of the 2006 year),

- Annual expenditures of national funds strictly directed for HIV/AIDS of the Ministry of Health and Social Protection (for the years of 2003, 2004 and 2005),
- Annual expenditures of national funds of AIDS Centre (for the years 2003, 2004, and 2005),
- Annual expenditures of national funds of the National Centre for Blood Transfusion to ensure the security of the blood transfusion through the HIV/AIDS testing (for the years of 2003, 2004 and 2005),
- Annual expenditures of national funds for HIV/AIDS of the MPHI Republican Dermato-Venereological Dispensary, which comprises a section for infection diseases – the only of such kind in the Republic of Moldova that provides specific antiretroviral treatment to the HIV/AIDS infected patients (for the years of 2003, 2004, and 2005),
- Annual expenditures of national funds for HIV/AIDS of the Medical Service of the Department of Penitentiary Institutions of the Ministry of Justice, which provides specific antiretroviral treatment to the HIV/AIDS infected prison inmates (for the years of 2003, 2004 and 2005),
- Annual expenditures of national funds of the National Coordination Council for carrying out activities coordinated by the National Program on Prevention and Control of HIV/AIDS and STIs (for the years of 2003, 2004, and 2005),
- Annual expenditures of national funds of the Scientific and Practical Centre of Public Health and Health Management to carry out the activities of the National Health Programs Monitoring and Evaluation Unit, HIV/AIDS compartment (for the years 2004 and 2005),

An analysis of received data was performed to avoid the duplication of expenditures, taking into consideration the fact that certain expenditures were reflected in both the reports of the health care institutions and the reports of the
central authorities, especially when the financial resources originated from the State Budget or the National Health Insurance Company. Following the exclusion of any possible calculus duplication, the annual expenditures of national funds for each year was aggregated. The aggregated amount was divided by the average US dollar exchange rate, provided by the National Bank of Moldova\(^2\).

The evolution in time of expenditures of national funds for HIV/AIDS in the Republic of Moldova for the 2003-2005 period of time, expressed in US dollars is captured by the figure 12.

**Figure 12 Expenditures of national funds for HIV/AIDS, Republic of Moldova, 2003-2005**

In 2004 the expenditures of national funds for HIV/AIDS evaluated in US dollars has decreased compared to the year of 2003 by 12.5%. In 2005, compared to the year of 2004, the expenditures of national funds expressed in US dollars has increased by 2.8%. The fluctuations in the evolution of spending for HIV/AIDS expressed in MDL are greater, due to the fluctuations in the US dollar exchange rates that differ from one year to another. The public spending for the HIV/AIDS

\(^2\) The average exchange rate of NBM for the year of 2003: 1 USD = 13.9426 MDL
The average exchange rate of NBM for the year of 2004: 1 USD = 12.3283MDL
The average exchange rate of NBM for the year of 2005: 1USD = 12.6003 MDL
expressed in MDL for the 2004 year has decreased by 18.2% if compared to the year of 2003, and increased by 8% in 2005 if compared to the year of 2004.

Using the above-described methodology to assess the UNGASS current GE-1 indicator on expenditures of national funds for HIV/AIDS in the context of the reality of the Republic of Moldova, the value of the GE-1 indicator for the 2003, 2004 and 2005 year could be reported. Amongst the limits for this methodology the following ones can be mentioned:

- Although data has been collected from all the institutions that had activities directly linked to the prevention and treatment of HIV/AIDS, as well as related to coordinating, monitoring and evaluation activities, still it is considered that public spending for HIV/AIDS that is carried out by other institutions as well; institutions that have no directly linked activities to HIV/AIDS, but their current activity includes services aimed at the prevention and non-specific treatment of all citizens and PLWHA inclusive.

- The assessment of all the expenditures of the subdivisions, which offer services strictly related to HIV/AIDS could not be made for the interviewed institutions during the collection of data for this indicator, due to the retrospective collection of data in the majority of cases.

In conclusion, the data for the UNGASS current GE-1 indicator presented by the Republic of Moldova is estimative and allows an analysis of tendencies, but does not include all the expenditures of national funds for HIV/AIDS disbursed in the Republic of Moldova in the 2003-2005 period of time.

The Republic of Moldova is a low-income country. The considerable increase of financial resources of international origin, which have entered the country in the period of the 2003-2005 years at the request of the Government, under the form of humanitarian aid or grants, has facilitated the reorientation of public money to other crucial areas of public health. This could explain the decrease of public spending for HIV/AIDS in the Republic of Moldova in the 2003-2005 period of time. The progress achieved in the implementation of the National Program for HIV/AIDS Prevention and Control for the years of 2001-2005 was
possible due to the financial support of the international donors (Global Fund to Fight AIDS, Tuberculosis and Malaria, UN Agencies, Sida Sweden, Red Cross in the Republic of Moldova). In the future, together with the continuous economic growth the Government of the Republic of Moldova will undertake a larger share of the expenditures of national funds for HIV/AIDS. A similar situation has occurred in the case of Immunoprophylaxy at the beginning of independence when it was supported mostly by financial resources from abroad, but now the main financial support has domestic origins.

A. Policies Development and Implementation Status

1. The Composite Policy Index

The questionnaires for the Composite Policy Index from the CRIS program have been filled in and their electronic versions are attached to the present report.

B. National Programmes Indicators

1. The percentage of persons from most-at-risk populations who received HIV testing in the last 12 months and who know the result

The percentage of Commercial Sex Workers (CSWs) who received HIV testing in the last 12 months

The data presented for this indicator is collected on the basis of behavioral sentinel surveillance conducted in the year of 2003 (on a sample of 150 CSWs) and in the year of 2004 (on a sample of 150 CSWs) by the National Scientific and Practical Centre of Preventive Medicine, AIDS Centre and the NGO “Medical Reforms” and NGO “Gender Doc-M”. The sampling methodology and the questionnaires, as well as the methodology of determining the seroprevalence of anti-HIV anti-bodies were identical for both studies, fact that allows the data comparability. The Behavioural Surveillance Surveys, Guidelines for Repeated Behavioural Surveys in Populations at Risk of HIV, FHI, 2000 has served as basis for the development of the questionnaires for both of the studies on
behavioural surveillance. It is difficult to state that the size and the characteristics of the sample ensure to be the representative for the entire population group of CSWs from the Republic of Moldova, due to the underground character of the commercial sex practice. The majority of the persons that accepted to take part to the study have been identified through the projects involving prevention activities within this vulnerable group. The "snow ball" method has been used to attract other CSWs to the study. The main limits in ensuring the representativeness of these studies for the entire CSWs group of the Republic of Moldova are determined by the characteristics of the CSWs that benefit from the HIV prevention programmes in the Republic of Moldova. It is a known fact that CSWs benefiting from HIV prevention programs are from the group with low incomes out of the practice of commercial sex. The CSWs from the group with average incomes out of the practice of commercial sex are more seldom affected by the HIV prevention programs, while the CSWs from the group with high incomes from the practice of commercial sex are considered to be affected extremely seldom or even exceptionally by the HIV prevention programs. Moreover, occasional commercial sex is a very common practice. The possibility to cover episodic commercial sex workers with HIV preventive programs is even smaller, therefore the probability to have representatives from this group in the sample is very low.

According to the questionnaires of the behavioural and sentinel surveillance studies conducted in 2003 and 2004, the responders were asked the following question: "Have you been tested for HIV within the last 12 months?". The question of whether the responders knew the HIV test results was not included in the questionnaire. The questionnaire also contained a question on the living environment of the place of origin of the interviewed person, without any specification on the living environment at the moment of the interview. The questionnaires on the behavioural and sentinel surveillance studies from 2003 and 2004 had a filter that selected the persons who gave an affirmative answer to the question regarding the presence of any STIs symptoms within the last 12 months and to whom were addressed the question on the HIV testing. The questionnaire has been adjusted according to the existing national regulations at
the moment, referring to the screening of the population for HIV, and that requested that the persons with STIs symptoms were tested for HIV. The samples from both studies included only female respondents. The above-specified differences between the methodologies of studies and the standards stipulated in the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005, did not allow to report the values for the UNGASS current CLPE-3 indicator for the years of 2003 and 2004.

As to ensure the reporting on the basis of the Declaration of Commitment the UNGASS related CLPE-3CSWs indicator was created. The methodology of calculus of the UNGASS related CLPE-3CSWs indicator for the years of 2003 and 2004:

**The numerator:** the number of interviewed persons that answered "yes" to the question "Have you taken the HIV test within the last 12 months?"

**The denominator:** the number of interviewed persons (the number of persons that were addressed this question, different from the study sample size, due to the questionnaire filter)

The results of the behavioural sentinel surveillance studies carried out in 2003 on a sample of 150 CSWs, all female, with the age ranging between 18 and 45 years, have shown that 13.18% (12 out of 91 persons) of the interviewed CSWs have been tested for HIV within the last 12 months. Differences between the two age groups (under and above 25 years of age) have not been noticed, as where the percentage of HIV testing is regarded.

The results of the study on behavioural sentinel surveillance carried out in 2004 on a sample of 150 CSWs, all female, have proved that 53.09% of the interviewed CSWs have been tested for HIV within the last 12 months. Subsequently, differences have not been noticed between the two age groups (under and above 25 years of age) as where the percentage of HIV testing is regarded.

The comparison of the values of the UNGASS related CLPE-3CSWs indicator for the 2003 and 2004 years is captured in the figure 13.
When performing the dynamic analysis of the CSWs percentage who received HIV testing in the last 12 months a major difference between the year of 2004 and 2003 can be drawn. The value of the increase in favour for the 2004 year amounts to 40%.

Reasons for this significant increase could be:

- The specific bias in the studies of the vulnerable populations
- A large share of the respondents involved in the above-mentioned studies represented beneficiaries of the prevention programs and benefited during the following year (the year of 2004) of prevention programs (statistical data has not been presented, only according to the saying of the bodies implementing the studies). This measured the results of the HIV prevention programs among the MSM in the Republic of Moldova.

In the year of 2005, no study has been carried out that could make the reporting possible; that is why neither the UNGASS current CLPE-3 indicator for
CSWs nor any other UNGASS related indicator have been completed. The use of the methodology of program monitoring recommended by the *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005* as an alternative to calculate the UNGASS CLPE-3 current indicator for CSWs, for the 2003-2005 period of time, is not possible due to some technical issues.

The percentage of Injecting Drug Users (IDU) who received HIV testing in the last 12 months and know their results

On the basis of the UNGASS CLPE-3 current indicator, for IDUs, for the 2003-2005 years, the Republic of Moldova reports only for the year of 2004, using the data available following the study “HIV/AIDS Surveillance, Moldova 2004, Injecting Drug Users, Commercial Sex Workers, and Prison Inmates” carried out for the IDUs in the year of 2004. Using the programme monitoring methodology recommended by *The Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS 2005* as an alternative to calculate the UNGASS CLPE-3 current indicator for IDUs for the 2003-2005 period of time is not possible due to some technical issues.

The study “HIV/AIDS Surveillance, Moldova 2004, Injecting Drug Users, Commercial Sex Workers, Prison Inmates” carried out in the year of 2004, had a sample of 507 IDUs. Two sampling procedures were used:

- For the projects launched in 2003, all the population of the project was interviewed on the day the decision was taken;
- For the projects launched previous to 2003, the sample population was selected using the time and location based group sampling method. The locations where the project was implemented represented the places of needles exchange and meetings of the field workers with the UDI.

The major limits in ensuring the representativeness of this study for the entire IDUs population from the Republic of Moldova are as follow:

- Sampling has been made in such a way as to include all the participants to the projects on Harm Reduction in the Republic of Moldova. Subsequently the results of the present study can be generalized only for the IDUs that took part to these projects. 91.7% of the respondents affirmed that they
have benefited from the Harm Reduction Program, which implied at least a single contact with the project administration, a visit to PNE (Place of Needles’ Exchange) and the use of any of the services delivered by the project. Therefore it is quite difficult to make any conclusions regarding the behaviour of the entire IDUs population of the country.

- Though it was used the technique of sampling according to the place and time and only a small number of IDUs refused to take part to the study, an error might have occurred in selecting the most active participants to the Harm Reduction projects in the Republic of Moldova. The probability of a non-differential error of wrongful classification arises because 8.7% of the population declared that they did not take part to the Harm Reduction Program.

- The data collection was made on of the auto-reporting basis, which is subject to remembering errors and social desirability. Remembering errors should be minimized by the relative short periods of time for which data was requested (last time, 30 days). The experience of other studies has shown that the testimonies of the IDUs are still sufficiently valid to analyse their behaviour.

- Some errors might occur when referring to the information on the common use of the drug injection equipment.

The questionnaire of the study on behavioural surveillance for the IDUs carried out in 2004 was elaborated on the basis of the Behavioural Surveillance Surveys, Guidelines for repeated behavioural surveys in populations at risk of HIV, FHI, 2000. The question of the study survey correspond to the standards that are stipulated in the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005, which made possible to complete the UNGASS current CLPE – 3 indicator for IDUs for the year of 2004.

The results of the study “HIV/AIDS Surveillance, Moldova 2004, Injecting Drug Users, Commercial Sex Workers, and Prison Inmates” evidenced that 47.87% (the indicator score according to the CRIS program) of the respondent IDUs have received HIV testing in the last year and who know the results of their
testing. The figure on the scores of the indicator broken down by gender and age groups is shown below.

Figure 14  Score of UNGASS related CLPE - 3 for IDUs broken down by gender and age groups, Republic of Moldova, 2004

When analysing the indicator broken down by gender and age groups, a higher value is registered for females IDUs: 70.83% of females in 20-24 age group and 61.4% females in the 25+ age group, versus 45.94% of males in 20-24 age group and 52.94% in the 25+ age group.

Since any comparable data for the reporting period is missing and there have been limits to the study, any interpretation of these results presents difficulties. The results of the study “HIV/AIDS Epidemiological Surveillance, Moldova 2004, Injecting Drug Users, Commercial Sex Workers, and Prison Inmates” study capture the results of the Harm Reduction projects’ implementation.

In 2003 and 2005 no studies were made on the basis of which any reporting data would be available. The use of the program monitoring methodology recommended in the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005 as an alternative for the calculation of the UNGASS current indicator CLPE – 3 for IDUs in the time period of the 2003-2005 years is not possible due to some technical issues.
The percentage of men having sex with men (MSM) who received HIV testing in the last 12 months

The data presented for this indicator is collected based on behavioural and sentinel surveillance studies, carried out in 2003 (on a sample of 121 MSM) and in 2004 (on a sample of 120 MSM), by the National Scientific and Practical Centre of Preventive Medicine, AIDS Centre together with the nongovernmental organizations «Medical Reforms” and “Gender Doc-M”. The methodology for sampling and for determining the seroprevalence of anti-HIV antibodies has been identical for both studies, which facilitates a comparability of the data. It cannot be said that the size and the characteristics of the sample ensure the representativeness for the whole group of MSM from the Republic of Moldova, given the high degree of MSM stigmatization in the society. The majority of the persons that accepted to take part to the studies have been identified through the sentinel places that in 57.5% of the cases represented the locations of the projects that carried out HIV prevention activities within this vulnerable for HIV/AIDS group, in 30.8% of the cases represented the locations of discotheques and nightclubs for gays, in 11% of the cases places of gays meetings in bars and parks. The “snow ball” method has been used to involve other MSM in the study. The main limits in ensuring the representativeness of these studies for the entire MSM population group from the Republic of Moldova are determined by the fact that the sample included MSM that benefit from the HIV prevention programs in the Republic of Moldova and that more or less do not hide their homosexual orientation.

As basis to the development of the surveys for both of the studies of behavioural surveillance (2003 and 2004 years) has been the Behavioural Surveillance Surveys, Guidelines for repeated behavioural surveys in populations at risk of HIV, FHI, 2000. In the questionnaire of these studies the following question was formulated: “Have you been tested for HIV within the last 12 months?” Still it was not followed up by the question “Do you know the result of your test?”. As well, the questionnaire contained a filter that selected the persons who reported the presence of any ITS symptoms in the last 12 months and who were addressed the question on the HIV testing. The questionnaire was
adjusted according to the existing national regulations at that moment regarding
the screening of the population on HIV and that required that the persons with
ITS symptoms took an HIV test. The above-described differences between the
methodologies of the studies and the standards stipulated in the Guidelines on
Construction of Core Indicators, 2006 reporting, UNAIDS, 2005 did not allow
the report of the values of the UNGASS CLPE-3 current indicator for MSM, for
the years of 2003 and 2004. To ensure the reporting on the basis of the
Declaration of Commitment, the UNGASS CLPE-3MSM related indicator was
created.

The methodology of the UNGASS CLPE-3MSM related indicator calculus for
the years of 2003 and 2004:

**The numerator:** The number of persons that answered “yes” to the question
“Did you receive an HIV testing within the last 12 months?”

**The denominator:** The number of persons interviewed (the number of
persons who were addressed the above question, different from the study
sample due to the filter of the survey)

The results of the study on behavioural sentinel and surveillance carried
out in the year of 2003 on a sample of 121 MSM showed that 46.0% of the MSM
that were addressed the question have taken the HIV test in the last 12 months.
The distribution by gender and age groups of the HIV tested persons in the last 12
months, respondents within the study on behavioural surveillance is shown in the
figure below (figure 15).

The results of the study on behavioural sentinel and surveillance carried out in
the year of 2004 on a sample of 120 MSM showed that 60.0% of the MSM that
were addressed the question have taken the HIV test in the last 12 months. The
distribution by gender and age groups of the HIV tested persons in the last 12
months, respondents within the study on behavioural surveillance is shown in the
figure below (figure 15).
Figure 15 Percentage of MSM who received HIV testing in the last 12 months, Republic of Moldova, 2003-2004


The dynamic analysis of the values of the UNGASS CLPE-3MSM related indicator brings out a difference between the year of 2003 and the year of 2004. The value of increase in favour of the year of 2004 reaches a level of 14.0%.

Reasons for this increase could be:

- The specific bias in the studies of the vulnerable populations:
- A large number of the respondents involved in the above-mentioned studies represented beneficiaries of the prevention programs and benefited during the following year (the year of 2004) of prevention programs (statistical data has not been presented, only according to the saying of the bodies implementing the studies). This measured the results of the HIV prevention programs among the MSM in the Republic of Moldova.

In the year of 2005, no study has been carried out that could make the reporting possible; that is why neither the UNGASS CLPE-3 current indicator for MSM nor any other UNGASS relation indicator have been completed. The use of the methodology on program monitoring recommended by the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005 as an
alternative to calculate the UNGASS CLPE-3 current indicator for MSM, for the 2003-2005 period of time, is not possible due to some technical issues.

2. The percentage most-at-risk population reached by prevention programs

The percentage of Commercial Sex Workers reached by prevention programmes

The standards for the calculation of the indicator stipulated in the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005 have not allowed to report the values for the UNGASS CLPE-4 current indicator for CSWs, for the years of 2003, 2004 and 2005. The methodology of data collection through the program monitoring permits to report through the creation of an UNGASS CLPE-4CSws related indicator in which the data is not broken down by the character of the intervention to prevent HIV infection, age group or sex.

As a numerator for the calculation of this indicator, the aggregated number of the CSWs that benefited in each year of the reported period of time, from the HIV prevention programmes financed by the Grants of the World Bank and the Global Fund to Combat AIDS, Tuberculosis and Malaria. The data collection limited to the monitoring reports of the implementation of the TB/AIDS project of the Grants of the World Bank and the Global Fund to Combat AIDS, Tuberculosis and Malaria, since the majority of the prevention programs for the CSWs are financed from the source. The techniques of program monitoring presently available do not allow the breaking down by types of prevention activities, age or sex of the beneficiaries. Under the rules of evidence, beneficiaries of the project were registered only the persons who had at least twice contact with the project administration.

As a denominator, the most recent estimations of the CSWs population of the Republic of Moldova have been taken. The estimations have been made by the consultants of the World Bank in the year of 2003 through the rapid modelling, which disclosed that the number of CSWs in the Republic of Moldova was estimated to be 5160 persons in the year of 2001, remaining almost constant during the simulations. The presented forecasts were based on the model of the
electronic table, built to analyse HIV/AIDS in Belarus. The functional form stayed the same, while the parameters have been changed to reflect the situation of the Republic of Moldova. These estimations can be viewed as the case study scenario, i.e. what might happened if interventions lacked. The Belarus model was elaborated partially on the basis of the model of Kumaranayake, Vickerman et al. 2000. The model comprises only several parameters, most important being the sexual and drug injection behaviour of the population. The values for these parameters have been selected from the epidemiological literature, including UNAIDS Situational Analysis, 2000 and consulting the persons in charge from the governmental organizations, international bodies and civil society of the Republic of Moldova. The model assumes several conditions: the lack of the net annual population growth, the sexually active population is half of the 4.2 million and the lack of migration.

The main limits in calculating this indicator are:

- Deficiencies in collecting the data on the project beneficiaries,
- The degree of accuracy of the methodology to estimate the number of the CSWs population described here above.

The evolution the values of the UNGASS CLPE-4LSC related indicator is shown in the figure 16.
A tendency to increase the coverage with HIV prevention programs for the CSWs of the Republic of Moldova is noticed. It is worth mentioning that the majority of the CSWs who are in any way reached by the HIV prevention programs, are representatives of the group with low incomes from commercial sex.

The above-mentioned increase might be interpreted as it follows:

- The numerical spread and geographical coverage of the country’s territory through locations of Harm Reduction programmes
- High credibility of Harm Reduction programmes within the most-at-risk population, especially because the majority of these are implemented by the nongovernmental organizations that are more trusted than the public governmental organizations.
Percentage of Injecting Drug Users (IDU) reached by prevention programmes

The standards to calculate the indicator that are stipulated in the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005 have not allowed the report of the values for the UNGASS CLPE-4 current indicator for IDUs for the years of 2003, 2004 and 2005. The methodology of data collection through the program monitoring permits to report through the creation of an UNGASS CLPE-4 IDU related indicator in which the data are not broken down by the character of the intervention to prevent HIV infection, age or sex.

As a numerator for the calculation of this indicator, the aggregated number of the IDUs that benefited in each year of the reported period of time, from the HIV prevention programmes funded by the Grants of the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The collection of data limited mostly to the monitoring reports of the implementation of the TB/AIDS project of the Grants of the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, since the majority of the prevention programs for the IDUs are funded from this source. Under the rules of evidence, beneficiaries of the project were registered only the persons who had at least twice contact with the project administration. Another source of data used is the monitoring reports on the implementation of the Red Cross, Semi-Moon and Red Crystal Organization in the Republic of Moldova projects on the exchange of needles. The techniques of program monitoring presently available do not allow the breaking down by types of prevention activities, age or sex of the beneficiaries. Accruing the data from both of the sources, the value for the numerator for each year of the reporting period was calculated.

As a denominator, the most recent estimations of the IDUs population of the Republic of Moldova have been taken. The estimations have been made by the consultants of the World Bank through rapid modelling, which disclosed that the number of IDUs in the Republic of Moldova was estimated to be 35,000 persons in the year of 2001, increasing monthly at a 0.05% rate and expected to be 37,000 persons in the year of 2011. The presented forecasts were based on the model of the electronic table, built to analyse HIV/AIDS in Belarus. The
functional form stayed the same, while the parameters have been changed to reflect the situation of the Republic of Moldova. These estimations can be viewed as the case study scenario, i.e. what might happened if interventions lacked. The Belarus model was elaborated partially on the basis of the model of Kumaranayake, Vickerman et al. 2000. The model comprises only several parameters, most important being the sexual and drug injection behaviour of the population. The values for these parameters have been selected from the epidemiological literature, including UNAIDS Situational Analysis, 2000 and consulting the persons in charge from the governmental organizations, international bodies and civil society of the Republic of Moldova. The model assumes several conditions: the lack of the net annual population growth, the sexually active population is half of the 4.2 million and the lack of migration.

The following values have been calculated for the numerator:

- The year of 2003 – 35422 IDUs,
- The year of 2004 – 35635 IDUs,
- The year of 2005 – 35850 IDUs.

The main limits in calculating this indicator are as it follows:

- Deficiencies in collecting the data on the project beneficiaries,
- The degree of accuracy of the methodology to assess the number of the IDUs population described here above.

The evolution in time of the values taken by the UNGASS CPLE-4 IDUs related indicator is shown by the figure 17.
While there is a linear tendency in the increase of the HIV prevention programmes coverage of IDUs in the Republic of Moldova, this can be explained by:

- The numerical spread and geographical coverage of the country’s territory through locations Harm Reduction programs’ placements in the administrative territorial units, where the statistical data indicates an increased number of drug use per 100 000 inhabitants,
- High credibility of Harm Reduction programme within the most-at-risk population, especially because the majority of these are implemented by the nongovernmental organizations that are more trusted than the public governmental organizations.
The percentage of Men who have sex with Men (MSM) reached by prevention programmes

The standards to calculate the indicator that are stipulated in the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005 have not allowed the report of the values for the UNGASS CLPE-4 current indicator for MSM for the years of 2003, 2004 and 2005. The methodology of data collection through the program monitoring has not as well permitted reporting through the creation of an UNGASS related indicator. The estimation data of the number of this most-at-risk group is missing, subsequently reporting is not possible. 638 persons of this group benefited from HIV prevention programs in the year of 2005.
Comparison, percentage of most-at-risk population reached by prevention programmes

In the figure below is presented the evolution of the coverage of most-at-risk populations by prevention programmes. The value of the indicator is higher in the case of IDUs. As explanations could be that the HIV/AIDS epidemic in the Republic of Moldova in concentrated in the IDUs group and a large amount of prevention activities have targeted this most-at-risk group.

Figure 18 Percentage of most-at-risk populations reached by prevention programmes, Republic of Moldova, 2003-2005

Sources:
National Health Programs Monitoring and Evaluation Unit, Scientific and Practical Center of Public Health and Health Management, Ministry of Health and Social Protection, Republic of Moldova
TB/AIDS project of the Grants of the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria
**C. Indicators of knowledge and behaviour**

1. The percentage of most-at-risk population who both correctly identify correctly ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

The percentage of CSWs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

The data presented for this indicator is collected on the basis of behavioural and sentinel surveillance studies carried out in the year of 2003 (on a sample of 150 CSWs) and in the year of 2004 (on a sample of 150 CSWs) by the National Scientific and Practical Centre of Preventive Medicine, AIDS Centre together with the nongovernmental organizations “Medical Reforms” and “Gender Doc-M”. The sampling methodology and its limits are presented on the page that describes the *UNGASS CLPE-3CSWs related indicator*.

As basis to the elaboration of the surveys for both studies on the behavioural and sentinel surveillance were the recommendations in the *Behavioural Surveillance Surveys, Guidelines for repeated behavioural surveys in populations at risk of HIV, FHI, 2000*. The questionnaire for the behavioural and sentinel surveillance studies carried out in the years of 2003 and 2004, included 4 out of the 5 considered key questions under the standards stipulated by the *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005*. In the questionnaire both of the studies missed the question: “Can a healthy looking person have HIV?”, which has not been replaced by any other question. As well, the tool included a question referring to the living environment of origin of the interviewed person, without any further specifications referring to the living environment at the moment of the interview. The form of data collection of the CRIS program for the UNGASS CLPE-5 current indicator for LSC lacked the breaking down by living environment; and that is why this form was filled in for the years of 2003 and 2004 without the creation of an UNGASS related indicator.
The results of the study carried out in the year of 2003 indicated a score for the UNGASS CLPE-5 current indicator of 19.14%. The results of the study carried out in the year of 2004 indicated a score for the UNGASS CLPE-5 current indicator for CSWs of 34.69%. The figure 19 captures the dynamics of the UNGASS CLPE-5 current indicator for CSWs, for the years of 2003 and 2005.

Figure 19 The percentage of CSWs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, Republic of Moldova, 2003-2004

Comparing the values for the UNGASS CLPE-5 current indicator for CSWs, for the 2003 and 2004 years, an increase of almost 16% can be remarked.

Reasons for such an increase could be:

- The bias specific to any studies of most-at-risk population
- A large number of the respondents involved in the above-mentioned studies were beneficiaries of the prevention programmes and have benefited during the following year (2004) of prevention programmes (there have been no statistical data presented, but the words of the study implementation bodies). This measures the result of the HIV prevention programmes’ implementation.
In the year of 2004, another behavioural study has been carried out within the CSWs, but due to the small sampling size (52 persons) it will not be reported on its basis.

In the year of 2005 no studies that could be used for reporting have been carried out, thus the data necessary for reporting is not available.

The percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

On the basis of the UNGASS CLPE-5 current indicator for IDUs, for the reporting period of the 2003-2005 years, the Republic of Moldova reports only for the 2004 year, on the basis of the results of the “HIV/AIDS surveillance, Moldova 2004, Injecting Drug Users, Commercial Sex Workers, and Prison Inmates” study, carried out in the year of 2004. The methodology of study and its limits are presented on the chapter describing the UNGASS CLPE-3 current indicator for IDUs.

The questionnaire for the study was elaborated on the basis of the recommendations of Behavioural Surveillance Surveys, Guidelines for repeated behavioural surveys in populations at risk of HIV, FHI, 2000. The questionnaire included 4 out of the 5 considered key questions under the standards stipulated by the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005. The questionnaire of the study missed the question: “Can a healthy looking person have HIV?” that has not been replaced by any other question. The key question on whether a mosquito bite might lead to an infection with HIV virus was considered to be irrelevant for the Republic of Moldova and was replaced with the question “Can a person get HIV using the WC after a HIV+ person?”.

The degree of compliance with the standards permitted the filling in of the UNGASS CLPE-5 current indicator for IDUs for the year of 2004.

The results of the study indicated that 37.0% (the score of the indicator according to the CRIS program) of IDUs respondents answered correctly to all of the four questions of the survey.
The percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, Republic of Moldova, 2004

[Bar chart showing percentage] 41.17% for females and 36.04% for males.


When analysing the indicator by gender, a greater value was registered for IDUs females – 41.17% of all interviewed IDUs females, while the value for the IDUs male respondents was of 36.04%.

Lacking any other comparable data for the reporting period of time and the limits of the study, the interpretation of the results is difficult. In the years of 2003 and 2005, no studies that could make reporting possible took place, thus there is no available data for reporting.

The percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

The data presented for this indicator are collected on the basis of behavioural and sentinel surveillance studies carried out in the year of 2003 (on a sampling size of 121 MSM) and in the year of 2004 (on a sampling size of 120 MSM). The sampling methodology and the surveys, as well as the methodology of determining the seroprevalence of the anti-HIV antibodies were the same for
both of the studies, fact that makes possible a comparison of the data. Details on the methodology and its limits are presented on the page describing the UNGASS CLPE-3 related indicator for MSM.

As a basis for the elaboration of the questionnaires in both studies were the recommendations of *Behavioural Surveillance Surveys, Guidelines for repeated behavioural surveys in populations at risk of HIV, FHI, 2000*. The surveys included 4 out of the 5 considered key questions under the standards stipulated by the *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005*. The surveys for the studies missed the question: “Can a healthy looking person have HIV?” that has not been replaced by any other question. The survey included a question on the living environment of origin of the interviewed person, without any specification on the living environment at the moment of the interview. The form for the data of the CRIS program for the UNGASS CLPE-5 current indicator for MSM lacked the break down by the environment of living. That is why this form was filled in for the years of 2003 and 2004, and an UNGASS related indicator has not been created.

The results of the 2003-year study indicated that **30.5%** of the respondents have answered correctly all of the four questions. The results of the 2004-year study indicated that **38.3%** of the total number of respondents has answered correctly all of the four questions. Thus, an increase of almost 8% is registered.
Figure 21 The percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, Republic of Moldova, 2003-2004


Reasons for such an increase could be:

- The bias specific to any studies of most-at-risk population
- A large number of the respondents involved in the above-mentioned studies were beneficiaries of the prevention programmes and have benefited during the following year (2004) of prevention programmes (there have been no statistical data presented, but the words of the study implementation bodies). This measures the result of the HIV prevention programmes’ implementation.

In the year of 2005 no studies have been made that could be used as basis for reporting, thus the reporting data is not available.
Comparison, the percentage of most-at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

The figure 22 shows that in 2004 there are not big differences in the level of knowledge on HIV/AIDS between most-at-risk population.

Figure 22 the percentage of most-at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission, Republic of Molodva, 2003-2004

Sources:

Percentage Commercial Sex Workers (CSWs) reporting the use of condom with their most recent client

The data presented for this indicator is collected on the basis of the behavioural and sentinel surveillance studies that were carried out in the year of 2003 (on a sample of 150 LSC) and in the year of 2004 (on a sample of 150 LSC), by the National Scientific and Practical Centre of Preventive Medicine, AIDS Centre together with the nongovernmental organizations “Medical Reforms” and “Gender Doc-M”. The study methodology, the representativeness and the limits
to it are presented on the page describing the UNGASS CLPE-3 related indicator for CSWs.

The questionnaires included the questions considered key questions according to the standards stipulated by the Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005. The questionnaires also included a question on the living environment of origin of the interviewed person, without any specification on the living environment at the moment of the interview. The form for the data of the CRIS program for the UNGASS CLPE-5 current indicator for CSWs lacked the break down by the environment of living. Therefore this form was filled in for the years of 2003 and 2004 without the creation of an UNGASS CLPE-6 CSWs related indicator.

The results of the 2003 study indicated that the percentage of CSWs reporting the use of condom with their most recent client is of 82% (according to the CRIS program). The results of the 2004 study indicated that the percentage of CSWs reporting the use of condom with their most recent client is of 98.43% (according to the CRIS program). No big differences between age groups.

Figure 23 Percentage Commercial Sex Workers (CSWs) reporting the use of condom with their most recent client, Republic of Moldova, 2003-2004


An increase of almost 16% has been registered.

Reasons for such an increase could be:
• The bias specific to any studies of most-at-risk population
• A large number of the respondents involved in the above-mentioned studies were beneficiaries of the prevention programmes and have benefited during the following year (2004) of prevention programmes (there have been no statistical data presented, but the words of the study implementation bodies). This measures the result of the HIV prevention programmes’ implementation.

In the year of 2005 no studies have been made that could be used as basis for reporting, thus the reporting data is not available.

**Percentage of Men having sex with Men (MSM) reporting the use of condom last time they had anal sex with a male partner in the last 12 months**

The data presented for this indicator is collected on the basis of the behavioural and sentinel surveillance studies conducted in the year of 2003 (on a sample of 121 MSM) and the year of 2004 (on a sample of 120 MSM).

The study methodology, its representativeness as well as its limits are presented on the page the UNGASS CLPE-3 related indicator for MSM.

The questionnaires included the questions considered key questions according to the standards stipulated by the *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005*. The surveys also included a question on the living environment of origin of the interviewed person, without any specification on the living environment at the moment of the interview. A standard deviation is that the period of time presumed by the question was of 12 months and not of 6 months. This led to the completion of the UNGASS CLPE-7 current indicator for MSM for the years of 2003 and 2004.

The results of the 2003 study indicate that the percentage of MSM reporting the use of condom during the last time they had anal sex with a male partner in the last 12 months is of **60.7%**.
The results of the 2004 study indicate that the percentage of MSM reporting the use of condom during the last time they had anal sex with a male partner in the last 12 months is of 63.0%. When breaking down the data on age groups and analysing the outcomes, it can be remarked that there is a smaller value of the indicator for the group of less than 25 years old than for the group of over 25 years old in both years. Though the difference is not large, it maintains its tendency through time.

A 3% increase has been registered.

Reasons for such an increase could be:

- The bias specific to any studies of most-at-risk population
- A large number of the respondents involved in the above-mentioned studies were beneficiaries of the prevention programmes and have benefited during the following year (2004) of prevention programmes (there have been no statistical data presented, but the words of the study implementation bodies). This measures the result of the HIV prevention programmes’ implementation.
This indicator is from practices’ indicators which change in time slowly than the knowledge indicators.

In the year of 2005 no studies have been made that could be used as basis for reporting, thus the reporting data is not available.

**Percentage of Injecting Drug Users (IDUs) who have adopted behaviours that reduce transmission of HIV, i.e., who both avoid sharing equipment and use condoms, in the last 12 months**

For the UNGASS CLPE-8 current indicator, for the 2003-2005 reporting period of time, the Republic of Moldova has reported only for the year of 2004, on the basis of the behavioural and sentinels surveillance study within the IDUs. The study methodology and its limits are presented on the page with the description of the [UNGASS CLPE-3 current indicator for IDUs](#). The surveys included the questions considered key questions according to the standards stipulated by the *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005*.

The results of the study within the IDUs that was carried out in the year of 2004, on a sample of 507 IDUs, have indicated a score of the indicator of 48.13%.
When breaking down the data on age groups and analysing the outcomes (figure 25), it can be remarked that there is a smaller value of the indicator for the group of over 25 years old than less 25 years old, without big differences between males and females in these age groups. The UNGASS CLPE-8 current indicator for IDUs for the year of 2004 has been completed.

In the years of 2003 and 2005 no studies have been made that could be used as basis for reporting, thus the reporting data is not available.

D. Impact Indicators

1. Percentage of most-at-risk population who are HIV infected

Commercial Sex women-workers (CSWs)

For UNGASS current indicator CLPE – 9 for CSWs for reporting period 2004-2005 the Republic of Moldova reports for the years 2003 and 2004 on the basis of results of behavioral and sentinel surveillance conducted among CSWs, carried
out by the National Scientific and Practical Center of Preventive Medicine, AIDS Center together with nongovernmental organizations “Medical Reforms” and „Gender Doc-M” in 2003 and 2004. The study methodology has been identical for both years. Study methodology and its limitations are presented on the page where related UNGASS indicator CLPE-3 CSWs is described. Seroepidemiological sentinel surveillance has been based on anonymous linked or non-linked testing with the informed consent of respondents.

The results of the performed in 2003 has showed that the prevalence of „ELISA +” reaction on HIV among CSWs has come to 4.63%. No cases of „ELISA +” reaction on HIV before the age of 20 (twenty) have been registered. Most persons with „ELISA +” reaction on HIV have been from the age group of 21-25 years old (57%). The results of the research performed in 2004 has showed that the prevalence of „ELISA +” reaction on HIV among CSWs has come to 8.45%. An increase of 4% has been registered.

The positive dynamic of HIV prevalence in most-at-risk populations, including CSWs is reflected in the figure.

Figure 26 Percentage of most-at-risk population who are HIV infected, Republic of Moldova, 2003-2005

Sources:
MPHI Republican Narcological Dispensery
It is difficult to give an interpretation to this increase, taking into account the sample size (only 151 samples have been tested for HIV in 2003 and 142 samples have been tested for HIV in 2004). In conformity with the standards stipulated in *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005*, only the evidences from the capital city of the reporting country are taken into calculations. The above mentioned studies have been conducted in the capital city of the country that is why the UNGASS current indicator CLPE – 9 for CSWs has been filled in.

During 2005 researches on the basis of which it would have been possible to report haven’t been carried out, and due to this fact the data for reporting are unavailable.

**Injected Drug Users (IDUs)**

For UNGASS indicator on HIV prevalence among IDUs for reporting period 2003-2005 the Republic of Moldova reports for the years 2003, 2004 and 2005 on the basis of results of programme monitoring methodology. Used methodology doesn’t correspond to the stipulated recommendations for the programme monitoring in *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005*. Only the data from the capital city of the reporting country are taken into calculations. Because Republic of Moldova is a small country it has been decided that in the framework of UNGASS related indicator CLPE – 9 for IDUs to introduce the data for the whole country. That is why a UNGASS related indicators CLPE-9 IDUs has been created.

Methodology:

**Numerator:** Number of IDUs under medical surveillance for drug use who have a positive test on HIV (per each year)
- 2003 – 870 persons
- 2004 – 882 persons
- 2005 – 785 persons

**Denominator:** Number of IDUs under medical surveillance for drug use who have been tested (per each year)
• 2003 – 4648 persons
• 2004 – 3681 persons
• 2005 – 3382 persons

Comments: Following the normative regulations, the IDUs under medical surveillance have to be screened for HIV twice per year. The positive dynamic of HIV prevalence in IDUs is reflected in the figure above (figure 26).

**Men who have sexual relations with Men (MSM)**

For UNGASS current indicator CLPE – 9 for MSM for reporting period 2003-2005 the Republic of Moldova reports for the years 2003 and 2004 on the basis of results of behavioral and sentinel studies done among MSM, carried out by the National Scientific and Practical Center of Preventive Medicine, AIDS Center together with nongovernmental organizations “Medical Reforms” and „Gender Doc-M” in 2003 and 2004. The study methodology has been identical for both years. The study methodology and its limitations are presented on the page where UNGASS related indicator CLPE-3MSM is described. Seroepidemiological sentinel surveillance has been based on anonymous linked or non-linked testing with the informed consent of respondents.

The results of sentinel surveillance for HIV conducted in the Republic of Moldova in 2003 through a voluntary testing of a sample of 118 MSM have shown a 1.69% prevalence of „ELISA +” reactions to HIV (2 (two) cases of „ELISA +” reactions to HIV have been recorded). The results of sentinel surveillance for HIV conducted in the Republic of Moldova in 2003 through a voluntary testing of a sample of 121 MSM have shown a 2.47% prevalence of „ELISA +” reactions to HIV (3 (three) cases of „ELISA +” reactions to HIV have been recorded). There is a positive dynamic with an insignificant increase (figure 26). The difference in the absolute figures is only 1 case and taking into account a total number of 121 samples in 2004, it is difficult to affirm that there is an increase in the prevalence of HIV among MSM.
IV. Additional Indicators (for generalized epidemics)

A. Percentage of young women and men (15-24) who have had sex before 15 (fifteen)

For UNGASS indicator current GE-10 (NPBI-7) for reporting period 2003-2005 the Republic of Moldova reports:

- for the year 2003 basing on the results of *Health and Development of Youth, Attitudes, Knowledge and Practices study* carried out in year 2003.

**Research methodology:** a randomized research stratified on a sample of 3406 persons within the age of 10-24 years old considered being representative for the Republic of Moldova. In the research questionnaire the question on the sexual life debut was “How old were you when you started your sexual life?”. In conformity with the standards stipulated in *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005* the persons between the age of 15-24 who declared the beginning of their sexual life before the age of 15 have been selected, this number being reported to the total number of respondents to this question within the age of 15-24 years old. The score of UNGASS current indicator GE-11 generated by the CRIS program is 11.77 %. The UNGASS indicator current GE-11 has been completed for the year 2003.

- for the year 2005 basing on the results of *Attitudes, Knowledge and Practices on HIV/AIDS*, general population study carried out in year 2005.

**Research methodology:** A randomized research stratified on a sample of 1205 persons within the age of 15-50 years old considered being representative for the Republic of Moldova. In the research questionnaire the question on the sexual life debut was “How old were you when you started your sexual life?”. In conformity with the standards stipulated in *Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005* the persons between the age of 15-24 who declared the beginning of their sexual life before the age of 15 have been selected, this number being reported to the total number of respondents to this question within the age of 15-24 years old. The score of UNGASS current
The indicator GE-11 generated by the CRIS program is 28.79 %. The UNGASS indicator current GE-11 has been completed for the year 2005.

**Figure 27 Percentage of young women and men (15-24) who have had sex before 15, Republic of Moldova, 2003-2005**

In 2004 researches that would allow reporting have not been carried out.

**B. Percentage of young people aged 5-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject the major misconceptions about HIV transmission**

For UNGASS indicator current GE-10 for reporting period 2003-2005 the Republic of Moldova reports:

- for the year 2003 basing on the results of KAP study “Health and Development of Youth, Attitudes, Knowledge and Practices” carried out in year 2003.

**Research methodology:** see below, UNGASS current indicator GE-11

In the research questionnaire there have been 5 questions out of the 5 considered to be key ones in conformity with the standards stipulated in

- for the year 2005 basing on the results of Attitudes, Knowledge and Practices among general population research carried out in year 2005.

Research methodology: see below, UNGASS current indicator GE-11

In the research questionnaire there have been 4 questions out of the 5 considered to be key ones in conformity with the standards stipulated in Guidelines on Construction of Core Indicators, 2006 reporting, UNAIDS, 2005. In the questionnaire the question “Can the HIV infection be avoided by having sexual contacts with a only one faithful uninfected partner?”. The question “Can a person get HIV from mosquito bite?” has been replaced with the question “Can a person get HIV by using the WC together with a person with positive HIV?”. The persons within the age of 15-24 who answered correctly to all 4 (four) questions have been selected. In this way the score of UNGASS indicator current GE-11 for the year 2005 is 28.33%.

Figure 28 Percentage of young people aged 5-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject the major misconceptions about HIV transmission, Republic of Moldova, 2003-2005

Sources:
Health and Development of Youth, Attitudes, Knowledge and Practices study, 2003
Attitudes, Knowledge and Practices on HIV/AIDS, study, 2005
There is an increase of almost 14% of HIV/AIDS knowledge among young people. The results of both studies show that the level of HIV/AIDS knowledge among urban youth is higher than among rural youth, males are better informed than females.

The UNGASS indicator current GE-10 (NPBI-7) has been completed for the year 2005.

In 2004 researches that would allow reporting have not been carried out.

V. Emerging Issues and Challenges for the National Response

The Moldovan national response to the HIV/AIDS epidemic is well-established and has a multisectoral approach. The degree to tackle the HIV epidemic in the Republic of Moldova is high. On the policy front Republic of Moldova has developed and approved a national strategic framework for 2001-2005, which has been successfully finalized. A second phase of the national strategic framework was developed for the period 2006-2010. The government has also legalized the operation of harm reduction programmes both for IDUs and for prisons, approved a Palliative Care Strategy for PLWHA and has been implementing methadone substitution programmes. The presence of many partners and availability of financial resources scaled up fight against HIV. However, the limiting factor to scale up seems to be the lack of capacity of staff both at national and local levels to implement programmes. The government contends with serious problems in financing some public sector services, like the health sector, but has made a strong commitment to fighting the growing HIV/AIDS epidemic.

Given the high dependence on external support for the national HIV/AIDS response the donor’s commitment to the Three One’s will be another major emerging issue. There is an urgent need for better co-ordination of the national response and harmonisation of the existing systems among different partners. Within this, there is a need to strengthen the national HIV/AIDS body – Country Coordination Mechanism, to lead the national response and strengthen the
multisectoral approach. This will help to strengthen the administrative capacities of national organizations and partnership relation between the government and NGOs for effective implementation of national and external funds.

Moldovan NGOs remain “unsustainable” surviving from donor grant to donor grant. The NGOs operating in rural regions are relatively young and with no strong tradition of community interaction. Capacity strengthening including accounting, business management and business development as well as advocacy skills is required to sustain and scale-up NGOs activity. The civil society participation in the fight against HIV/AIDS has been institutionalized through the establishment of several coordination mechanisms such as the harm reduction network, network of PLHA and a network of NGOs working in the field of HIV/AIDS.

Participation in the global Accelerating Access Initiative starting from 2003 was intended to strengthen capacity within this response and to place particular emphasis on the growing care needs of Moldovans living with HIV/AIDS. During the period of report significant success was achieved in providing ARV treatment to PLWHA at the hospital and ambulatory level, including treatment of opportunistic infections. However, despite the fact that the treatment is provided free of charge, still many people who live far from the capital cannot bear the indirect costs of the treatment (i.e. travel, lodging, etc.). For this reason the Government following the UN and major donors’ initiative is considering the possibility to extend the in-hospital ARV treatment to two other municipalities of Moldova (Balti and Tiraspol) with a high incidence of HIV. Aside from medical treatment, the initiative seeks to strengthen comprehensive and integrated care and support for people living with HIV/AIDS.

A deeper study of the HIV/AIDS socio-economic impact is needed in the Republic of Moldova in order to increasingly engage business and the private sector in addressing HIV/AIDS through “partnerships” with the Governmental bodies and NGOs.

One of the main obstacles encountered was caused by the political separation of the territory on the left bank of Dniester River which is a self-proclaimed
republic with a different health reporting system which does not comply and follow the recent developments encountered in the Republic of Moldova.

VI. Support required from countries development partners

Given the precarious economic situation in the country the financial support from international donors is indispensable for a successful implementation of the National Programme on Prevention and Control HIV/AIDS and STIs for 2006-2010. However, funds allocation alone would not be sufficient in dealing with many direct and interrelated challenges existing in the country and in the region. Technical assistance in capacity building and development is one of the main components in achieving the program goals. The key domains in which support is absolutely necessary in order to increase the efficiency and effectiveness of the activities implemented by local governmental officials and civil society in fighting HIV/AIDS, and for increasing program sustainability are commensurable with the major donors’ areas of planned intervention.

National Leadership: advocating for the strengthening of a Country Coordination Mechanism and provide assistance, as necessary, for the effective functioning latter.

Partnerships: international organizations’ support will be beneficial in advocating for meaningful involvement of NGOs and international organizations. Particular attention will be paid to the establishment and maintenance of PLWHA network and to the support and development of partnerships between NGOs working in the field of HIV/AIDS through information dissemination and capacity building.

Strategic information: Technical assistance in permanent update of the available information on the national HIV/AIDS epidemics. With the help of international experts an analysis of the country situation is needed, followed by a targeted distribution of its results among national institutions and donors, and making it available to the general population through media. Given that the Republic of Moldova is qualified as a country with concentrated/low prevalence epidemic, it is required to perform a more accurate estimation of the vulnerable
groups (IDU, CSW, MSM) size in order to improve the planning and management process.

**Monitoring and Evaluation**: assistance in maintaining the national M&E system, created with the technical assistance of the UNAIDS and GFATM, is indispensable through training of national professionals in management of the M&E system, facilitation of activities of the cross-sectoral M&E working group. Support in carrying out studies on the follow-up and implementation of the UNGASS Declaration of Commitment and undertaking the second-generation surveillance among CSW, IDUs and MSM.

**Technical/Financial resources**: The main needs in technical resources are:

- clinical care of HIV/AIDS, including training in ARV treatment and diagnostics,
- M&E and surveillance,
- VCT.

It is clear that most of financial needs will be satisfied in case of successful implementation of the existing donor-funded programmes. To serve this purpose a successful coordination among all stakeholders, assistance in developing working plans and setting the project management office, assistance in developing a smooth mechanism for funds distribution and management, advocating for expanded cooperation between government institution and NGOs are mandatory.

**Multisectoral approach**: The international development partners should also evaluate where HIV/AIDS can be integrated as a logical component of their current programs. Specifically, in the Republic of Moldova, HIV/AIDS is a natural fit with anti-trafficking, gender and reproductive health/family planning programs. NGOs working in trafficking could be encouraged to add HIV/AIDS to their educational and public awareness messages. The IOM representative in Moldova indicated that IOM could collaborate and add a tag line of HIV/AIDS prevention to future OIM anti-trafficking campaign materials. Actions in this domain, including increased access to preventive, curative,
support and informational services for migrants, including the victims of human traffic, were already started in joint collaboration of UN, IOM and the SFM in the Republic of Moldova.

The Republic of Moldova relies on the support of the WHO which has defined areas in which the health sector has an advantage, and determined those sectors in which comprehensive region-based interventions are needed.

**Support to PLWHA:**

- Support in national and international resource mobilization to secure the purchase of adequate supplies of medications, diagnostic equipment and other materials needed to expand access to care.
- Assistance in strengthening of the legal framework to protect the rights of people living with HIV/AIDS and ensure their equal access to comprehensive care.
- Incorporation of positive living messages into communications campaign
- Support for coordination among the various actors working on access to care, including groups of people living with HIV/AIDS, NGOs and various sectors of government;
- Support in capacity development of new ARV treatment departments in the Republic.

**VII. Monitoring and Evaluation environment**

In 2001 the Government of Moldova has approved the National Programme on Prevention and Control of HIV/AIDS/STIs for 2001-2005 based on a thorough Situational and Response Analysis. Once officially approved, the National Programme became the basic strategic framework for reducing the spread of HIV/AIDS and STIs. At the time of the development of the National Programme the capacity of the Government to plan a monitoring and evaluation component for the National Programme was limited, thus the indicators stipulated in the National Programme against which it was originally planned to perform the monitoring and evaluation do not longer satisfy the country needs. In addition the Government has committed itself to the monitoring of the Millennium
Development Goals (MDGs) and the Declaration of Commitment (DoC), resulting from the United Nations Generally Assembly Special Session on HIV/AIDS (UNGASS).

The Government of Moldova has established a fruitful collaboration with international organizations representatives (the GFATM, the World Bank, and UNAIDS), has endorsed the concept of a comprehensive national Monitoring and Evaluation system (M&E) and recognized its advantages and importance over separate systems addressing the monitoring needs of each major initiative. The Government established a multi-stakeholder technical M&E working group (TWG) within the framework of the One National Authority, Country Coordination Mechanism for HIV/AIDS/STIs, which has recently enlarged its mandate and overtook the responsibilities of the National AIDS Committee. On January 1, 2004, the Government of Moldova has identified the Scientific and Practical Center of Public Health and Health Management of the Ministry of Health and Social Protection of the Republic of Moldova to be in charge of the national M&E system. The M&E Unit was created as part of the abovementioned Center. According to the Center’s Activity Regulations the M&E Unit represents a sub-division of the Medical Statistics, Monitoring and Evaluation Direction. Following the approval of the recommendations of the Washington Conference organized by the UNAIDS and the main donors in HIV/AIDS from April 25, 2004, regarding the necessity to implement “The Three Ones” Principle, the M&E Unit represents the only monitoring and evaluation mechanism at the country level. The M&E unit is in charge to elaborate a M&E plan for the National Programme on Prevention and Control of HIV/AIDS and STIs for 2006-2010 and the current UNGASS report represents results of its activity. All data base of mentioned in the report studies has been centralized into the M&E unit, some of them have been restored by re-entering data from study questionnaires.

At present, a full design of the system has been conceived with a set of indicators agreed upon by all major stakeholders. According to the plan the implementation of the designed system should occur by the beginning of 2006 if additional financial resources would be made available for capacity building and additional procurement of equipment to assure timely reporting of data from the primary
level M&E Units. Currently, the National Monitoring and Evaluation Plan for HIV/AIDS prevention and control programmes, together with its budget for 2006-2010 are being elaborated in collaboration with state officials and nongovernmental organization working in this area, as well as with international donors. After finalization the plan will be submitted to the CCM for approval. The plan will include activities and strategies aimed at capacity development, advocacy and technical assistance. These activities will allow the revision and modification of the informational flow, application of the one M&E unit concept, utilization of collected information in the decision-making process at the governmental, nongovernmental and international level related to HIV/AIDS/STI and TB control and prevention.

**Relations with the CRIS program**

The informational reporting system on HIV/AIDS/STI is connected to the CRIS program. In October, 2005, the first training on CRIS management was held for representatives from governmental institutions, and civil society organizations. Simultaneously with the UNAIDS efforts in standardizing the data transmission format, the national reporting system is being adapted to the existing informational capacities in order to prevent further data input overlaps.

**VIII. Consultation/preparation process for this national report**

At the initial stage the following activities were planned during the preparation process:

- Study of the UNGASS Guidelines on Construction of Core Indicators;
- Analysis of data reported in 2003;
- Analysis of existing information at the country level (governmental, nongovernmental, and international organizations’ reports; informational bulletins, the National Programme on HIV/AIDS/STI Prevention and Control, etc.)
- Completion of the NCPI questionnaire;
- Sentinel surveillance and other studies’ database analysis;
- Report compilation;
- Report presentation to the main governmental and civil society stakeholders for examination and recommendations.

A workshop was held on September 22-23, 2005 for the elaboration of national monitoring and evaluation indicators within the National Programme on HIV/AIDS/STI Prevention and Control, where the UNGASS indicators were presented and discussed, and the NCPI questionnaire was completed by the participants. The workshop moderated by the representatives of the Unit of Monitoring and Evaluation of the Scientific and Practical Centre of public Health and Health Management was attended by representatives of governmental institutions, including the Ministry of Health and Social Protection, the AIDS Centre of the National Scientific and Practical Centre of Preventive Medicine, the Ministry of Justice, the Ministry of Education, Youth and Sport, the Ministry of Internal Affairs, and the representatives of the UN Agencies (UNAIDS Moldova, UNFPA), AIHA, the Soros Foundation – Moldova, the International Organization for Migration. The completed questionnaire was analysed and annexed to the current report.

On October 11-12, 2005, a training on CRIS system management was organized, and attended by the representatives of public health institutions from the country, which will be responsible for CRIS data collection and reporting at the sub-national level in the future.

The process of collecting and compiling UNGASS data had been done during November-December 2005.

On November 28, 2005 a consensus meeting was held in Iasi, Romania, concerning the capacity development of the Country Coordination Mechanism Working Group, with the participation of governmental, nongovernmental, international organizations’ and the CCM delegates, who have completed the AIDS Programme Efforts Index questionnaire, and discussed the majority of the NCPI indicators.

On December 14-16, 2005, a delegate from the Unit of Monitoring and Evaluation of National Programmes of the SPCPHHM has participated at the workshop on data input in CRIS 2.1.2 system for the UNGASS Report, where the
main reporting process principles were presented and discussed. The workshop facilitated the process of UNGASS Report compilation thereafter.

On December 29, 2005 the preliminary version of the UNGASS Report was presented at the NGO Forum of Moldova to be discussed by the civil society stakeholders.

During the month of January 2006, the national report had been discussed with national, international partners. Also, on January, the data had been entered into CRIS database. Some mistakes had been done during the first data entry and the data entry had been repeated on February.

On February the national report and the CRIS data base from the Republic of Moldova have been submitted to the UNAIDS Headquarter.