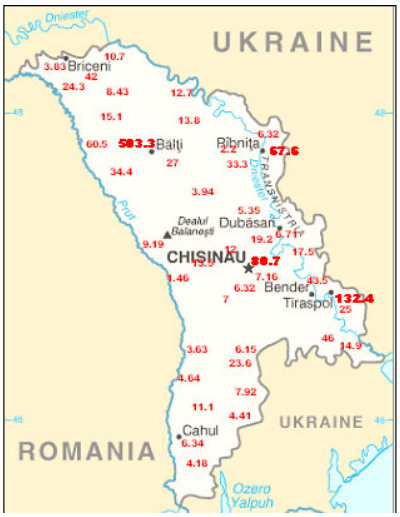
REPUBLIC OF MOLDOVA

December 2005

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: <1 000
Antiretroviral therapy target declared by country: 150 by the end of 2005

World Health Organization



Map Data Source:
HIV prevalence, cumulative data 1987-2004, National AIDS Center, Republic of Moldova (image compiled by the WHO Country Office in the Republic of Moldova, 2005)
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	3.6	National Bureau of Statistics
Population in urban areas (%)	2004	39	National Bureau of Statistics
Life expectancy at birth (years)	2004	68.1	National Centre for Public Health and Management
Gross domestic product per capita (US$)	2004	1 900	National Bureau of Statistics
Government budget spent on health care (%)	2002	15.2	Department of Sociology and Statistics
Per capita expenditure on health (US$)	2002	27	WHO
Human Development Index	2003	0.671	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

** Multiple Indicator Cluster Surveys
** Demographic And Health Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2004	0.052%	National Centre for AIDS Prevention and Control
Estimated number of people living with HIV/AIDS (0-49 years)	2003	5 500	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	222	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	<1 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Jun 2005	12	National Centre for AIDS Prevention and Control
HIV testing and counselling sites: number of people tested at all sites	Jan-Dec04	216,762	National Centre for AIDS Prevention and Control
Knowledge of HIV prevention methods (15-24 years)% - female°	2000	19	MICS*
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°	2005	44	DHS**
Reported condom use at last higher risk sex (15-24 years)% - male°°	2005	63	DHS**

3. Situation analysis

Epidemic level and trend and gender data
The spread of HIV in the Republic of Moldova is linked to the high population density and by the relative political isolation of Transnistria, a post-war conflict zone. Moreover, the geographical location favours illegal drug trafficking. Currently, the Republic of Moldova is facing a long and severe social and economic crisis, which has led to a deterioration of living standards and to a precarious demographic situation. The Republic of Moldova started moving from a concentrated HIV/AIDS epidemic that affected mostly injecting drug users with an overall male-to-female ratio of 4:1 towards one with a female-to-male ratio almost equal to one, due to an increase in reported heterosexual transmission of HIV more recently (in 2004, a cumulative total of 20% of all cases with a known route of transmission). Since the HIV/AIDS epidemic began in the early 1990s, a cumulative total of over 5500 people are estimated to have been living with HIV in the Republic of Moldova. Rapid socioeconomic change and migration have led to behaviour with a high risk of HIV infection. As of December 2005, a total of 2322 HIV cases had been reported, of which 79% were attributed to those infected through injecting drugs. Most of the affected population (82%) are aged 20-39 years. The epidemic is relatively young, with the highest HIV incidence rates in 1997-1998 (93.6 and 94.8 per million populations, respectively). After that outbreak, HIV incidence has nearly halved and remaining at this level until 2005, when it started climbing again, partly because the Transnistrian cases have been added to the national statistics (154 and 68 new cases diagnosed in the first half of 2005 in the Republic of Moldova and Transnistria respectively). The most affected regions are Balti, Transnistria (populated by a Slavic majority, mostly Ukrainians and Russians and remaining outside of government control due to political reasons) and Chisinau, the capital. Since 2000, the number of women infected with HIV has been rising. In 2004 the male-female ratio among those identified as living with HIV/AIDS was almost equal (52% versus 48%). A sentinel survey among street sex workers in 2003 found 4.6% HIV prevalence and 13% hepatitis C prevalence, which suggested that injecting drug use remains among the major risk factors (10% of sex workers confirmed unsafe drug injecting practices during 2004). Sexual transmission of HIV has been increasing since 1999 (from 22 cases in 1999 to 110 in 2003).

Major vulnerable and affected groups
Injecting drug users, sex workers who inject drugs, non-injecting sex workers, prisoners, sexual partners of injecting drug users and men who have sex with men are the most vulnerable populations. Sentinel surveillance carried out in different populations in 2003-2004 provided valuable data on vulnerable populations in the HIV epidemic. The HIV prevalence rates among the vulnerable groups are as follows: 4.6% among street sex workers (2003), 9.5% among injecting drug users (2004), 4.7% among prisoners (2004) and 1.7% among men who have sex with men (2004). Sentinel surveys carried out among the Roma population in 2003 indicated that HIV has not yet affected the Roma population.

Policy on HIV testing and treatment

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

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According to national legislation, HIV testing is mandatory for every blood donation and for all people with tuberculosis when first diagnosed. Opt-out testing and counselling is offered to pregnant women, injecting drug users and people with sexually transmitted infections. Voluntary counselling and testing is offered to the blood recipients six months after a blood transfusion, to Moldovans travelling abroad and returning and to foreigners arriving who are intending to stay for more than three months in the country. Vulnerable population groups are screened periodically through sentinel surveys. Government policy on HIV/AIDS treatment is reflected in the Law on HIV/AIDS Prevention and Control and stipulates free of charge and accessible comprehensive HIV/AIDS treatment and care and supported by the third National AIDS Programme for 2006-2010.

Antiretroviral therapy: first-line drug regimen, cost per person per year
The Republic of Moldova procured antiretroviral drugs through the International Dispensary Association at US$ 200 per person per year, utilizing the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Several antiretroviral drug combinations are used as first-line regimens: zidovudine + lamivudine + indinavir with a low-dose ritonavir boost; zidovudine + lamivudine + abacavir; stavudine + lamivudine + nevirapine; zidovudine + lamivudine + efavirenz; zidovudine + lamivudine + nelfinavir. National treatment protocols, including those being developed in Transnistria, are being revised in accordance with the recent WHO recommendations. Antiretroviral drugs have been included in the national list of essential medicines.

Assessment of overall health sector reponse and capacity
The government is strongly committed to fighting the spread of the HIV/AIDS epidemic. The Republic of Moldova has developed and approved a National Strategic Programme on HIV/AIDS Prevention and Control for 2001-2005 and a new third one for 2006-2010 passed in summer 2005; implemented harm reduction programmes both for injecting drug users and for prisons; approved a palliative care strategy for people living with HIV; and opted for methadone maintenance programmes. The National Strategic Programme on HIV/AIDS Prevention and Control aims to consolidate efforts in HIV prevention among vulnerable populations, youth, blood safety and provision of health care and social support to people living with HIV/AIDS. Civil society participation in the fight against HIV/AIDS has been institutionalized through the establishment of coordination mechanisms such as a harm reduction network and a network of nongovernmental organizations working on HIV/AIDS. The National Policy on Health Care recognizes HIV/AIDS as a priority issue. The government guarantees access to preventive and care services for people living with HIV/AIDS free of charge by law; however, due to the limited capacity of government structures, contributions and technical assistance from major international donors and nongovernmental organizations is needed. The network of the centres for preventive medicine located in all administrative territories are responsible for surveillance of HIV/AIDS with the National Centre for AIDS Prevention and Control, as the main HIV/AIDS surveillance entity.

Critical issues and major challenges
The health care system is not able to adequately respond to the treatment and care needs of people living with HIV/AIDS due to limited capacity. Access to antiretroviral therapy is available only at two clinical sites (the National Dermatovenereology Centre and the penitentiary system) and is lacking in the regions with the highest number of people living with HIV/AIDS, Balti and Tiraspol, yet talks have been initiated to start up antiretroviral therapy there. Injecting drug users have limited access to antiretroviral therapy due to lack of supporting services for them and opioid substitution treatment. Existing outreach practice is not sufficient for attracting people living with HIV/AIDS to care and treatment services, and low awareness about the services available, myths and misconceptions among the general population and people living with HIV/AIDS could be a serious barrier for scaling up access to antiretroviral therapy. Another challenge to scaling up the response to HIV/AIDS is the fact that the country lacks reference laboratories for condom quality control. HIV surveillance and monitoring and evaluation systems also need to be strengthened.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

In addition to government funds, the HIV/AIDS programme in the Republic of Moldova is supported by multilateral and bilateral donors. The Republic of Moldova submitted a successful Round 1 proposal for US$ 11.7 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria to respond to the HIV/TB epidemic. Among the main objectives of the programme are strengthening treatment, care and support for people living with HIV/AIDS and scaling up the HIV/AIDS programmes and programmes to prevent sexually transmitted infections targeting vulnerable groups. As of December 2005, US$ 6.9 million had been disbursed for implementation of activities. Some funds are also committed by United Nations agencies and bilateral partners such as the Swedish International Development Cooperation Agency. Additional funds could eventually become available for the United Nations agencies working in HIV/AIDS through European Union funding.

5. Treatment and prevention coverage

The National Centre for AIDS Prevention and Control estimates that 250 people living with HIV/AIDS needed antiretroviral therapy by the end of 2005. The government declared a target of 150 people living with HIV/AIDS on antiretroviral therapy for the Global Fund project. By the beginning of 2005, 115 people living with HIV/AIDS were receiving antiretroviral therapy and more than 200 by December 2005 (National Dermatovenereology Centre).

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management
The Ministry of Health provides leadership in policy, programming and management. In 2004, the Ministry of Health established the Commission on Antiretroviral Therapy Initiation. The principal recipient of the Global Fund grant, the Health Investment Fund, coordinates implementation of the grant in close collaboration with the Ministry of Health. Key United Nations agencies involved in policy support include WHO, UNAIDS, UNICEF and the United Nations Population Fund.

Service delivery
Under the leadership of the Ministry of Health, the National Centre for AIDS Prevention and Control, the dermatovenereological services and the centres for preventive medicine implement activities related to HIV/AIDS prevention, epidemiological surveillance and treatment. The Ministry of Health nominated the National Dermatovenereology Centre to provide leadership in providing HIV/AIDS treatment and care, including antiretroviral therapy. WHO provides technical assistance with normative tools and guideline development, assessment and monitoring of existing service delivery models and guidance on its revision to better meet people's treatment and care needs. UNICEF provides support for programmes related to preventing mother-to-child transmission.

Community mobilization
A range of nongovernmental organizations (such as the American International Health Alliance, Open Society Institute and local nongovernmental organizations), United Nations agencies (such as WHO, UNICEF and UNDP) as well as the Global Fund for AIDS, Tuberculosis and Malaria work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. Credinta, a nongovernmental organization of people living with HIV/AIDS, is an active partner for treatment advocacy and facilitating access of people living with HIV/AIDS to care and support services.

Strategic information
The National Centre for AIDS Prevention and Control and the Centre for Management and Statistics within the Ministry of Health provide leadership in surveillance, monitoring and evaluation. WHO plays an important role in providing technical guidance in development of recording and reporting HIV/AIDS treatment and care forms and supports sentinel surveys in high-risk populations.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far
• Reviewing the national guidelines and providing technical assistance for their adaptation in accordance with WHO clinical protocols for Commonwealth of Independent States countries
• Conducting an assessment of the service delivery model for antiretroviral therapy and developing recommendations on modifying it to better respond to the needs of people living with HIV/AIDS
• Providing technical assistance in developing patient recording and reporting forms to monitor the progress of antiretroviral therapy
• In collaboration with the national and international counterparts, developing a six-month action plan to overcome identified barriers and to scale up access to antiretroviral therapy
• Opening treatment sites to combine antiretroviral therapy with opioid substitution therapy
• Scaling up antiretroviral therapy in other parts of the country - Balti and Tiraspol

Key areas for WHO support in the future
• Assisting the government in developing key normative documents, including the national HIV/AIDS treatment and care plan, standards for HIV/AIDS services, etc.
• Assisting in developing the national monitoring and evaluation system for HIV/AIDS treatment and care
• Assisting in forecasting the need for antiretroviral drugs based on the knowledge of epidemic development and surveillance system, and facilitating drug procurement
• Assisting in building the capacity of the health care and social personnel involved in providing treatment and care
• Assisting in improving links and collaboration within government health care delivery models and nongovernmental organizations with the objective of developing optimally a functional, multisectoral system of service delivery for people living with HIV/AIDS

Staffing input for scaling up HIV treatment and prevention
• Current WHO staff supporting HIV/AIDS activities comprises one National Programme Officer.

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This country profile was developed in collaboration with national authorities, the WHO Country Office for the Republic of Moldova and the WHO Regional Office for Europe.

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