

# Country progress report - Republic of Moldova

Global AIDS Monitoring 2018





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# Overall

## Fast-track targets

### Progress summary

Together with other countries, the Republic of Moldova participated at the UN General Assembly in 2011 where the Political Declaration of Commitment to eliminate HIV/AIDS was signed. In addition, it is a part of the Dublin Declaration and of the WHO Global Strategy on Health sector. In 2016, in June, in New York a new bold agenda to end the AIDS epidemic by 2030 was endorsed during the United Nations General Assembly High-Level Meeting on Ending AIDS. The progressive, new and actionable Political Declaration includes a set of specific, time-bound targets and actions that must be achieved by 2020 if the world is to get on the Fast-Track and end the AIDS epidemic by 2030 within the framework of the Sustainable Development Goals, Moldova adhered to it too.

The joint Monitoring and Evaluation framework of the National Programme on Prevention and Control of HIV/AIDS and STI in the Republic of Moldova has been implemented starting with 2005. Over the years, this system passed through a series of system strengthening stages, but it is yet premature to state that the system is fully functional and satisfies all the key information needs. Thus, there is still a need to improve the information system, the informational flow and to adapt the existing reporting forms and software used in the country to the recommendations provided by international experts and to the requests of the civil society. However, relevant strategic information was obtained and made accessible, to inform the decision-making process in the national response to HIV.

The given report is the result of collaboration among institutions, ministries, and public organisations, non-governmental and international organisations. Representatives of governmental institutions and nongovernmental organizations, which are part of the national HIV response, have been involved in the process of collection, analysis and interpretation of data for the current AIDS Progress Reporting. The values of the indicators were presented and validated in the framework of the Country Coordination Mechanism (CCM) technical working meetings with the participation of the community, national and international counterparts.

There are no relevant changes observed in the country's epidemiological context as compared to the previous report. Moldova's HIV epidemic continues to be concentrated among key affected populations (KAP), mostly PWID, with an increasing contribution of SW and MSM. HIV prevalence in general population is 0.20%. Available data suggest the epidemic has transitioned from an early concentrated epidemic in which the highest rates of transmission were among PWID to an advanced concentrated one, in which onward transmission to sexual partners of PWID and other key populations has become a source of new infections.

The national HIV response is based on the National Control and Prophylaxis HIV/AIDS programme for 2016-2020, approved by the Government in mid-2016. Several studies and epidemiological analyses supported by UN agencies and international scientific partners resulted in a robust, well prioritized, costed, and defined programme to tackle HIV epidemic. Technical assistance provided by UN Joint Team on HIV (Joint team) resulted into mainstreamed human rights and gender in the national HIV response, as well synergies with other programmes. The development of the transition and sustainability plans for Moldova and Transnistrian Region (TR) by all national stakeholders, guided by the coordination unit of the National Programme on TB/AIDS are at the basis of the continuation request to Global Fund (GF). Thus, the amount of € 15.8 million (about 7.1 mln Euro for HIV programme) offered by GF at the end of 2017 will support the achievement of targets of NAP 2017-2020.

# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

HIV testing policies were streamlined and antiretroviral (ARV) options were updated to the latest WHO consolidated guidelines by the end of 2017. Innovative blood rapid testing will replace usual methods in health facilities and non-governmental organizations (NGOs) aimed at reducing the diagnosis setting process from several weeks to 1 day. Treat all approach and PreP are firstly envisaged by treatment protocols. The Ministry of Health, Social Protection and Labor approved the testing guideline and HIV treatment protocols in the first quarter of 2018. Self-testing was piloted in Moldova since May 2016 to increase the number of people living with HIV who know their status. The service is available to all in addition to conventional and rapid testing performed by NGOs. The process towards reaching this achievement included strong advocacy with the Ministry of Health and the development of a road map on reaching the first 90% under the guidance of the UNAIDS Secretariat.

According to national statistics, 11 887 HIV cases (including 3 723 in Transnistria) were cumulatively registered by the end of 2017. A stable number of slightly more than 800 new cases (including 230 in Transnistria) was registered yearly in the past 3 years, with no major changes in the gender distribution.

During the year 2017, 250 788 HIV tests were done in the Republic of Moldova: 161 155 test in the general population, including 3 704 in the high-risk population and 85,927 tests in the blood transfusion system.

The predominant mode of HIV transmission in 2016 remains heterosexual sex that account for 81% from the new cases.

Reported cases on both banks 8 505, account for a half (56%) from 2017 estimated number of PLHIV – 15 132). About 50% of new diagnosed cases are at AIDS stage. HIV prevalence constitutes around 239.51 per 100,000, Transnistria region registering significantly higher rates – 563.21 per 100,000. HIV mortality rate shows a slight declining trend with 4.13 in 2016 and 3.6 in 2017 per 100,000. From the total number of deaths, about 60.2 % are HIV related, the main death cause remaining Tuberculosis - 54.1%. In the last 3 years, it is observed a slight decrease in the mortality rate among HIV infected and HIV related deaths.

## **Policy questions (2017)**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is solely performed based on voluntary and informed consent**

Yes

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

No

**d) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

≤500 cells/mm<sup>3</sup>; Implemented countrywide

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

Yes, fully implemented

**b) For children**

Yes, fully implemented

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

Following the piloting of tools to validate the elimination of mother-to-child transmission (EMTCT) of syphilis and/or HIV in Moldova and several WHO missions to the country (2015) and the validation of EMTCT of syphilis in May 2016, the country re-confirmed its validation of EMTCT of syphilis in June 2017, with WHO and UNAIDS support, while engaging with the country in acting upon the GVAC recommendations, in particular on External Quality Assurance (EQA) for syphilis and HIV infection. Preparations have been started by the Coordination team of the National AIDS Programme, and national stakeholders to validate EMTCT of HIV infection in 2018-2019.

Throughout 2017, 210 infants have been tested for HIV in the first 2 months of life. Out of this number, 208 infants received a negative result for the test, 2 received a positive result. 220 HIV positive women gave birth during the reporting period but was born 221 live children.

According to the administrative statistics for 2017, out of the number of women that gave birth during 2017 (30 200), 99.46% have been tested for HIV at least once.

During 2016, 87 new cases of HIV infection were identified among pregnant women and 161 HIV positive women became pregnant and decided to go on with the pregnancy.

The coverage of syphilis testing in women attending antenatal care services at any visit is 92.3% according to the national statistics and the congenital syphilis rate (live births and stillbirth) is 0% (5 cases out of 41511).

## **Policy questions (2016)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**



Yes

Target(s) for the mother-to-child transmission rate and year: <2%; 2020

Elimination target(s) (such as the number of cases/population) and year: -

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Yes, with an age cut-off to treat all of <1 years; Implemented countrywide

# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90%% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

During 2017, 15,431 (14,806 in 2016) IDUs persons (13,866 in civilian sector and 1,565 in penitentiary sector, 13,423 on the right bank and 2,008 on the left bank) benefited from at least two services from the base package of risk reduction services, one of which was offering syringes. The services were implemented through 10 NGOs and the Department of Penitentiary Institutions covering 30 localities and 18 penitentiary institutions.

During 2017, 5,620 (4,717 in 2016) commercial sex workers benefited from at least two basic services out of the packages of risk reduction programme, one of which was condom provision. The services were implemented through 5 NGOs covering 12 localities. It is worth to mention that in tree districts on the left bank of Dniester River, the prevention services for CSWs were implemented for the first time.

During the year 2017, 3,636 BSB (3013 in 2016) benefited from at least two prevention services, one being the supply of condoms and lubricants. The services were implemented through one NGO and covered 4 municipalities (Chisinau, Balti, Tiraspol and Bender).

At the same time, the HIV prevention services were continued in the commercial pharmacies, the release of consumables for HIV prevention (syringes, condoms, alcohol napkins, information materials, etc.) through the individual cards of the beneficiaries of the risk reduction programs, 532 beneficiaries were covered by this way of providing services. At the same time, for the first time in the Republic of Moldova during 2017 activated three mobile clinics that offered a wide range of prevention services for all key populations. For the first time, mobile services also used rapid capillary blood tests to diagnose HIV, viral hepatitis C and syphilis. Mobile clinics covered a total of 2932 beneficiaries. Through NGOs active in the field of prevention of overdoses among IDUs, 4065 (946 in 2016) naloxone vials were

distributed.

In order to reduce the risk among the key populations, there were distributed:

1. Syringes - 2,902,001 (2,642,705 in 2016);
2. Condoms - 1,119,257 (1,059,683 in 2016);
3. Condoms with increased durability - 71 719 (52,074 in 2016);
4. Lubricants - 60,996 (31,011 in 2016) envelopes 5 ml.
5. Informative materials - 121,436 (144,322 in 2016) pcs.

In order to reach the target regarding the coverage of the opioid substitution treatment (TSO) granted in the Republic of Moldova, activities were carried out to extend the TSO points to 8 territories and 13 penitentiaries with the coverage of 497 (505 in 2016) injecting drug users at the end of 2017. From 126 (175 in 2016) persons who initiated the TSO during 2017 administered this treatment for at least 6 months - 79 persons (62.7%). From the global fund sources, NGOs provided psychosocial support services to improve adherence to TSOs for 670 beneficiaries (including 119 beneficiary in the penitentiary system).

Based on the results of the last IBBS Survey carried out in 2016 - 2017, the prevalence of HIV in IDUs according to the results is 13.9% In Chisinau, 17.0% in Balti and 29.1% in Tiraspol. The prevalence rates for Chisinau are higher than the previous results with about 5% while in Balti the prevalence rate is less by 24.8%. The prevalence of HIV in CSW's according to the results is 3.9% for Chisinau and 22.3% in Balti. If for Balti the results are almost the same (21.5% in 2012-2013) in Chisinau the prevalence of HIV declined with about 7%. The prevalence rate of HIV for MSM's in Chisinau is 9.0% (5.4% in 2012-2013) and 4.1% in Balti (8.2% in 2012-2013). The switch in prevalence rates in these two locations might be explained by the migration of MSM population to the capital city.

## **Policy questions: Key populations (2016)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

Neither criminalized nor prosecuted

#### **Sex workers**

Sex work is not subject to punitive regulations or is not criminalized

#### **Men who have sex with men**

No specific legislation

### **Is drug use or possession for personal use an offence in your country?**

Possession of drugs for personal use is specified as a non-criminal offence

### **Legal protections for key populations**

#### **Transgender people**

Constitutional prohibition of discrimination based on gender diversity

#### **Sex workers**

Constitutional prohibition of discrimination based on occupation

#### **Men who have sex with men**

Constitutional prohibition of discrimination based on sexual orientation

#### **People who inject drugs**

No

### **Policy questions: PrEP (2017)**

**Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

No, guidelines have not been developed

# Gender; Stigma and discrimination

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

A report on Costing Domestic Violence and Violence Against Women in Moldova, commissioned by UN Women and in cooperation with WHO, was developed by the NGO, Women's Law Centre. The report recommendations were used in advocating for a new comprehensive strategic document on fighting violence against women and domestic violence in Moldova to be approved by Government in 2018. Twenty-three women survivors of violence from different groups (Roma women, women with HIV, migrant women, women with disabilities) also increased awareness on combating domestic violence by co-developing a Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) Easy-Read document. As a result of work on Positive Deviance with NGOs active in HIV field for the past two years in Moldova, the number of people who disclosed their HIV status has increased 10 times since 2015, when there were only 3 people with open HIV status, reaching a total of about 35 people by the end of 2017.

Several outstanding communication campaigns to fight stigma and discrimination were organized around WAD 2016&WAD2017, AIDS Candlelight, World Drugs Day resulting in the coverage of about 60,000 people (including about 20,000 in the Transnistrian region); 35 cities from the both banks of the river Nistru; 6 Ministries, 14 NGOs and 4 Regional Social Centers for PLWH; National HIV conference&Red Ribbon Gala in 2017 for about 100 persons on the 90-90-90 reach; 24 media channels covered the events. On the occasion of the International Youth Day, the 3rd edition of Youth Festival was supported by UNFPA, during which the issue of young people's contribution to conflict prevention and transformation, as well as inclusion, social justice and sustainable peace, was widely discussed.

### **Policy questions (2016)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

Programmes to address intimate partner violence\*

Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exists and are consistently implemented

# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

To ensure the universal access of young people to age-appropriate health education including sexual and reproductive health, HIV, human rights, prevention of gender violence the secondary school mandatory curriculum “Biology” and “Class hours” 5th grade were assessed; 30 national education experts were capacitated to develop comprehensive health education programme; about 55 stakeholders – authorities, young people, NGOs, technical specialists were empowered to discuss health issues in an interactive way and to promote health promotion among peers. It was increased the access of young people to Youth friendly health services, the total coverage reaching about 135 K of young people in 2016, 18% represent the MARA. Promotion of healthy behaviors among youth to reduce SRH risks, violence and unsocial behavior was further extended and strengthened. Nineteen secondary school teachers certified as national trainers and 19 young people certified as national Y-Peer trainers succeeded to create 19 new teams of peer educators. Around 13000 young people are able to protect and realize their adolescents’ rights on SRH, as a result of the information summer camps.

It was also ensured that the following results were achieved during 2017 (a) the development and promotion of a series of 11 edutainment videos and Internet\social media based platform TEENSLIVE.INFO (<http://teenslive.info/>) to raise adolescents’ awareness about HIV, STI, unintended pregnancy and substance use prevention; relationships building, decision making, gender equality and peer pressure resistance; these videos scored over 8,5 million views in EECA including Republic of Moldova; (b) national health education curriculum revision to enhance sexuality and HIV education; (c) education sector capacity building to address

violence, bullying and discrimination against learners living with/affected by HIV - all 1500 schools in the Republic of Moldova have been provided with a guide for educators and a digest of national policies and tools (both endorsed by the Ministry of Education) and educators from these schools have been trained in using the guide.

## **Policy questions (2016)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

No

**b) Secondary school**

Yes

**c) Teacher training**

Yes



# Social protection

**Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

**Policy questions (2016/2017)**

No

**What barriers, if any, limit access to social protection programmes in your country?**

Complicated procedures Fear of stigma and discrimination

# Community-led service delivery

## Ensure that at least 30%% of all service delivery is community-led by 2020

### Progress summary

In the Republic of Moldova, prevention programmes in key populations (1st priority of the National AIDS programme 2016-2020), which represent about 30% of the budget is being implemented by the nongovernmental organizations, representing the community of those people. All their activities are regulated by standards and guidelines, approved with the Ministry of Health, Labour and Social Protection. Moreover, starting 2017, the first 2 harm reduction projects for key populations, with the total value of MDL (Moldovan Leu – national currency) about 2 mln (or about Eur 100 000) were procured from domestic resources, using the Prophylaxis Fund of the National Health Insurance Company. This is the first important achievement towards the sustainability of those programmes, after more than five years of advocacy. Those efforts should be further continued and strengthened.

The activities related to HIV care and support, are also including community lead interventions to ensure the quality life of PLWH, as well as adherence to ART, which influences the third 90.

### Policy questions (2017)

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

1344381

**b) Female condoms:**

-

**c) Lubricants:**

854647

# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers**

## Progress summary

Thus, for calculation of expenses in the field of HIV/AIDS for 2017, data on annual expenditures with special destination for HIV/AIDS have been taken into consideration from the following institutions within the health system:

- Ministry of Health, for state budget allocations and funds for Mandatory Health Insurance, for “Public Health Services” Program, for Prevention of HIV/AIDS an STI, and for implementation of the National Program for Prevention and Control of HIV/AIDS and STI 2016-2020;
- National Public Health Centre responsible for HIV/AIDS epidemiological surveillance and prophylaxis activities;
- Medical –Sanitary Public Institution Hospital of Dermatology and Communicable Diseases, the highest as hierarchy institution responsible for HIV response, specific responsibilities relate to HIV surveillance, HIV/AIDS diagnosis and laboratory, pre-ART surveillance, ARV treatment management and ARV treatment provision, as well as STI case management;
- National Blood Transfusion center responsible for Blood Safety;
- National Narcology Dispensary for the activities on Harm Reduction in IDUs, including the methadone substitution program;
- National Institute of Research in the field of Mothers’ and Children’s health, for PMTCT;
- Educational institutions, subordinated to the Ministry of Health, for expenditures in training, refresher training and specialization for pedagogical workers.

Information on financial flows was requested from municipal and district councils, line Ministries (Ministry of Justice; Ministry of Defense; Ministry of Youth and Sports; Ministry of Education; Ministry of Labor, Social Protection and Family) and international organizations implementing their activities in the Republic of Moldova (UNAIDS, World Health Organization, the principal recipients of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNICEF, UNFPA, UNODC, SOROS) and NGO (Positive Initiative, League of People living

with HIV, Union for HIV prevention and Harm Reduction). Public Health Institutions reported according to budget lines, specifying the spending category and the source of financing. Bilateral or multilateral international organizations were classified according to the criteria of source of financing, but also as financial agents.

The content of the received questionnaires was verified to exclude the double counting of resources. In order to exclude possible overlapping of resources, the expenditures have been cumulated in accordance with the disaggregation by cost categories.

The expenditures for the HIV response in 2017 increased with about 6,8 mln. MDL (+4,6%) compared to the volume of expenditures from 2016 and reached the total amount of about 156.8 mln. MDL or USD 8,479,680. From those expenditures, the public financial resources constituted 61,0 mln. MDL or USD 3,296,184 (38,0%). International resources for this year constituted 95.8 mln MDL or USD 5,183,496 (61,1%).

Simultaneously it is necessary to note that increased spending for the national response to HIV in 2017 is due to increased public financial resources, which are up about 6,9%, from 57,0 mln. MDL in 2016 to 61,0 mln. MDL 2017, as well as increased of international resources, which are up about 3,6% from 92,6 mln. MDL in 2016 to 95,8 mln. MDL in 2017.

Transnistria region of Moldova for the first time increased financial commitments for the HIV programme of the region (from 3% in 2016 to 20% in 2020) as a result of the development of the transition and sustainability plan 2017-2020.

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

Classified by spending category of expenditures for the national response to HIV in the framework of the national response to HIV in 2017, 44% went to Treatment and Care. For the spending category HIV Prevention financial resources of about 31% have been allocated, Governance and sustainability - 10%, Critical enablers – 7% allocated, TB/HIV co-infection, diagnostic and treatment – 4%, category Prevention of mother to child transmission, Community mobilization and Social Protection – 2% per each of them.

Limitations of the method used to generate this indicator are as follows, some are valid also for prior reporting periods:

- Though significant progress has been registered in data collection from the greatest majority of organizations and institutions, involved in various aspects of the national HIV response, including coordination, monitoring and evaluation, there are still entities with budgets committed and spent for HIV/AIDS that do not report their expenditures and are not reflected in the matrix, due to the fact that activities are not targeting general population, or PLHIV, or MARPs as such and are more tangential to the response, hence not fitting comfortably in the pre-set spending categories.
- In the case of public institutions funded by the State budget, tracking all indirect costs of the subdivisions, specifically the maintenance and utilities costs associated to activities in the framework of the national HIV response, has not been possible as the maintenance costs per institution form the integral budget and cannot be disaggregated.

- Some international institutions are reported the data without the desired disgregations.

In conclusion, the data collected for the Indicator "HIV/AIDS Spending" for the Republic of Moldova allow the comparative analyses of trends over time in costs of activities in HIV/AIDS, based on budget categories covered.

# Empowerment and access to justice

## **Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

### **Progress summary**

Republic of Moldova is aligned to UN standards with regard to right to health for all people as suggested by CESCR - 22 Session of the Committee on Economic, Social and Cultural Rights, the Right to the Highest Attainable Standard of Health (Art. 12) ensuring that services are: accessible, non-discriminatory, physically and economically accessible, informative and qualitative, while providing access to the most vulnerable groups such as marginalized, people with HIV, disabilities, different ethnicity, women and children, etc.

In the Republic of Moldova, the legislation and the policies in the area of gender equality are quite well developed. The gender equality is a founding principle set by the supreme law, the Constitution, and there is a specific law on gender equality.

The Constitution of the Republic of Moldova art. 15, ch. 2 guarantees the right to equal attitude and establishes that men and women are equal in front of law and local public authorities.

Several other organic laws stipulates the right to equal attitude and forbids discrimination: Law No. 411 from 28.03.2005 with regard to the health care ; Law No. 263 from 27.10.2005 with regarding the patients' rights and responsibilities, etc.; Law on gender equality between men and women No.5 XVI from 02.09.2006 ; Law on Social Inclusion of Persons with Disabilities No. 60 - 30.03.2012. The amendment of the Law on HIV/AIDS and the Law on Ensuring Equality strengthen non-discrimination guarantees, equal rights of every person and confidentiality safeguards. National mechanisms, as Ombudsman, Antidiscrimination council are already in place since 2014 to protect the rights of people.

The Law No. 121 from 25.05.2012 ensures the equality of chances is aiming at preventing and fighting the discrimination, as well as ensuring the equal chances to all in political, economic, social, cultural and other spheres without making any race, color, nationality, ethnical origin, language, religion or beliefs, sex, age, disability, opinion, political belief or any other similar criteria.

The Law No. 298 from 21.12.2012 approves the Regulation of the Council on Preventing and Eliminating Discrimination and Ensuring Equality ("Equality Council") which serves as one of

the mechanisms to ensure the law implementation. The HIV Law No. 23 from 16.02.2007 amended and modified in 2012 Art. 25 forbids any kind of discrimination on HIV status.

The NAP 2016-2020 is built upon principles of gender mainstreaming and human rights evidence - based approach (programmatic data and researches) and ensures no one is left behind. The NAP addresses the needs of key affected population PWID, CSW, MSM, prisoners, PLWH, vulnerable youth having those as the center of all the interventions, targeting their needs as per program objectives, budget and M&E framework. In the same time, it includes strategic focus on Human Rights, gender sensitive activities for KAPs and community systems strengthening with relevant budget. The NAP M&E framework includes gender-disaggregated data on all those most affected populations, thus ensuring the HR and gender is quantified and measured. Recent Gender assessment of the HIV policies reveals achievements and needs for further improvements.

The gender equality is the mandate of several structures at the governmental level. A Governmental Commission on Equal Opportunities for Women and Men is established. The Ministry of Labor, Social Protection and Family has a Department of Equal Opportunities and Family Policies. Since year 1999 all ministries have established gender focal points and there are local commissions on women issues at the level of local public authorities.

The draft of the National Human Rights Action Plan (NHRAP) was developed by the Government with the support of OHCHR involving NGOs, including HIV ones and it reveals ensuring the access of population to HIV, SRH health services. It is with the Parliament for the approval in 2018. A Study on the equality perception in Republic of Moldova was developed showing the high level of intolerance towards PLWH.

## **Policy questions (2016)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale at the national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

No

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**



Mechanisms do not function

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

For the first time in Republic of Moldova there was started the prophylactic treatment of tuberculosis among people on ART. During 2017 – 70 persons were administered Isoniasid for prevention of TB among PLWH.

## **Policy questions (2016)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

No

**b) The national strategic plan governing the AIDS response**

No

**c) National HIV-treatment guidelines**

Yes

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis C screening and management in antiretroviral therapy clinics