

## Romania Report NCPI

### NCPI Header

#### COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**Describe the process used for NCPI data gathering and validation:**

The Romanian HIV/AIDS Center, institution based in the Institute for Infectious "Dr. Matei Bals" - as secretariate of the Romanian Coordination Mechanism - the CCM of the projects funded by the Global Fund for HIV, AIDS and malaria, presented the Global AIDS Report 2012 within the CCM held in March 2012. Data collection forms were send to partners active HIV/AIDS field in Romania (public institutions - national and local, organizations of the civil society, UN partners), represented in the CCM and others). The draft report was also circulated to all the partners and a reconciliation process took place in late March 2012.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

-

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

Some of the partners considered that they did not have the respective experience or knowledge to answer to a part of the questions in the questionnaire. They were advised to make comments to the respective questions and fill in and provide rationale for the ones which in their sphere of knowledge, experience, practice.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
National Antidrug Agency	Andrei Botescu, M&E expert	Yes	Yes	Yes	Yes	Yes	Yes
National Administration of Penitenciaris	Stefan Laurentia	Yes	Yes	Yes	Yes	Yes	Yes
National Institute for Infectious Diseases	Mariana Mardarescu, Chief of M&E Department	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Romanian Association Against AIDS	Monica Dan, M&E Coordinator	Yes	Yes	Yes	Yes	Yes
Close to you Foundation	Angela Achitei, Executive President	Yes	Yes	Yes	Yes	Yes
Population Services International	Tudor Kovacs/Programme manager	Yes	Yes	Yes	Yes	Yes
Romanian Angeal Appeal	Romanian Angeal Appeal/M&E coordinator	Yes	Yes	Yes	Yes	Yes
Union of NGOs representing PLHIV	Iulian Petre/Executive Director	Yes	Yes	Yes	Yes	Yes
UNICEF	Eugenia Apolzan	Yes	Yes	Yes	Yes	Yes

## A - I. STRATEGIC PLAN

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

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

Yes

**IF YES, what was the period covered:**

2012-2016

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.  
IF NO or NOT APPLICABLE, briefly explain why.:**

The National HIV Strategy for 2008 - 2013 was not approved by MoH in the context of economic crisis and fluid political environment. In 2010, at the initiative of Romanian HIV Center within National Institute for Infectious Diseases and support from UNICEF and UNODC, the strategy was revised and send for approval to MOH. The new strategy covers 2012-2016 period and covers topics as: - transmission among young population; - HIV transmission among IDUs, SWs, MSMs; - PMTCT; - ARV for PLHIV; - social and medical support for PLHIV; - M&E.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

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

SECTORS

**Included in Strategy    Earmarked Budget**

Yes	No
Yes	No
Yes	No
No	No
No	No
Yes	No
Yes	No

**Other [write in]:**

Ministry of Administration and Interior: National Antidrug Agency, National Administration for Penitentiaries

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

The National Aids Strategy is pending for approval and yet not budgeted.

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

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

Yes

**Gender empowerment and/or gender equality:**

No

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Injecting drug users, MSMs, Female sex workers; young population.

**1.5. Does the multisectoral strategy include an operational plan?:** No

**1.6. Does the multisectoral strategy or operational plan include**

**a) Formal programme goals?:**

No

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

No

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

No

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

No

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

No

**1.7**

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

Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**

Consultation meetings; inputs on the draft of the national AIDS strategy

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

Yes

**1.9**

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**

Yes, all partners

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**

Yes

**2.1. IF YES, is support for HIV integrated in the following specific development plans?**

**Common Country Assessment/UN Development Assistance Framework:**

Yes

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

Yes

**Sector-wide approach:**

Yes

**Other [write in]:**

-

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

**HIV impact alleviation:**

Yes

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

Yes

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

Yes

**Reduction of stigma and discrimination:**

Yes

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

No

**Other[write in below]:**

-

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

No

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

No

**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**

Yes

**5.1. Have the national strategy and national HIV budget been revised accordingly?:**

No

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current Needs Only

**5.3. Is HIV programme coverage being monitored?:**

Yes

5.3

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

Yes

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

No

**(c) Is coverage monitored by geographical area:**

Yes

**IF YES, at which geographical levels (provincial, district, other)?:**

County level

**Briefly explain how this information is used:**

-

**5.4. Has the country developed a plan to strengthen health systems?:**

No

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

-

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

- Prevention interventions including needle exchange and substitution treatment in the penitentiary system - Substitution treatment for IDUs expanded, in the public and private center - Prevention of vertical transmission of HIV - Improvement of the monitoring/surveillance and reporting system

**What challenges remain in this area:**

Review the National AIDS strategy, have it endorsed by the government endowed with an appropriate budget, covering effectively the ARV treatment and monitoring programs, prevention programs (targeting also vulnerable and at risk sub-populations).

## A - II. POLITICAL SUPPORT AND LEADERSHIP

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

**A. Government ministers:**

Yes

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

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

- budgetary allocation for ART in the context of economic crisis; - consultative meetings with NGOs representatives for budgetary allocation for HIV prevention programmes among vulnerable populations.

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

Yes

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

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Prof. Dr. Streinu Cercei, State Secretary MoH

**Have a defined membership?:**

No

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

it is not limited to a number

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

it is not limited to a number

**Include the private sector?:**

No

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

Yes

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

Yes

**IF YES, briefly describe the main achievements:**

The main achievement of the NAC (role undertaken by the CCM for the GFATM funded projects) is the coordination and mutual support between governmental and non-governmental institutions members of NAC in developing the strategy, services in the field of prevention, treatment, care and support, advocacy

**What challenges remain in this area:**

The main challenge is to determine the Government to commit a reasonably appropriate budget for national HIV strategy implementation: for prevention, treatment and care, advocacy.

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

1%

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the**

**National HIV Control policies?:**

Yes

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

No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

Continuation of response to HIV in the context of economic crisis: budgetary allocation for HIV treatment programme.

**What challenges remain in this area:**

The political support for HIV/AIDS programs needs to increase, in order to maintain the level of programs and services developed.

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

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

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

The Government Ordinance 137/2000 approved by the Law nr. 48/2002, and completed with (OG 77/2003, law 27/2004) for the prevention and combating all forms of discrimination creates the legal framework for the prevention, and sanctioning of the discriminations acts. It also created a governmental institution - the National Council for Combating the Discrimination (NCCD) - which investigates, reveals and sanctions the discrimination acts. The law 202/2002 regarding the equality of chances between women and men. The 584 / 2002 regarding HIV/AIDS prevention measures and protection of people living with HIV/AIDS (PLWHA) Legea 143/2000 which regarding the measures against the drug use.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

The anti-discrimination legislation is rather well developed and operational, yet it is not enough legally and institutionally enforced, especially in the prevention aspect. There are many discrimination cases, but few people who are victims of discrimination make complaints.

**Briefly comment on the degree to which they are currently implemented:**

The National Council for Combating the Discrimination (NCCD) is active since 2003 and gave solutions to a number of discrimination cases. Few people make complaints for discrimination. The anti-discrimination legislation is good, but it is not sufficiently reinforced.

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

No

IF YES, for which subpopulations?

**People living with HIV:**

No

**Men who have sex with men:**

No  
**Migrants/mobile populations:**  
No  
**Orphans and other vulnerable children:**  
No  
**People with disabilities:**  
No  
**People who inject drugs :**  
No  
**Prison inmates:**  
No  
**Sex workers:**  
No  
**Transgendered people:**  
No  
**Women and girls:**  
No  
**Young women/young men:**  
No  
**Other specific vulnerable subpopulations [write in below]:**  
-

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

-

**Briefly comment on how they pose barriers:**

-

## A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

-

**Avoid inter-generational sex:**

-

**Be faithful:**

Yes

**Be sexually abstinent:**

-

**Delay sexual debut:**

-

**Engage in safe(r) sex:**

-

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

-

**Greater involvement of men in reproductive health programmes:**

-

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

-

**Prevent mother-to-child transmission of HIV:**

-

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

-

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

Yes

Other [write in below]:

-

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

No

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

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

No

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

Yes

Briefly describe the content of this policy or strategy:

Targeted information on risk reduction and HIV education Stigma and discrimination reduction Condom promotion HIV testing and counselling Reproductive health, including sexually transmitted infections prevention and treatment Vulnerability reduction (e.g. income generation) Drug substitution therapy Needle & syringe exchange

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	No	No	-
Yes	No	No	No	Yes	-
Yes	Yes	No	No	Yes	-
Yes	No	No	No	Yes	-
No	Yes	No	No	No	-
Yes	Yes	Yes	No	Yes	-
Yes	No	No	No	Yes	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

4

Since 2009, what have been key achievements in this area:

- the prevention vertical transmission of HIV - the professional post exposure prophylaxis - HR services in some prisons, condoms available in prisons - methadone substitution treatment centers multiplied

What challenges remain in this area:

Appropriate funding for maintaining the current programs

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

Yes

IF YES, how were these specific needs determined?:

- behavioral surveys - needs analysis - consultation meetings with main stakeholders.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree



**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Agree

**IEC on stigma and discrimination reduction:**

Agree

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

Agree

**Prevention for people living with HIV:**

Agree

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

Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Agree

**Risk reduction for sex workers:**

Agree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

3

## A - V. TREATMENT, CARE AND SUPPORT

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

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

- Access to antiretroviral therapy to PLHV; - Access to psychosocial support for PLHV;

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Through direct services (medical, psycho-social) provided to PLHV, as well as through the consultations with the organizations of the patients, professionals and civil society organizations. The process is continuous. ARV treatment is provide according with a national treatment prothocol, being covered from the naional budget. It has also been determined the need for a nutritional support (equivalent of the food allowance / per day in the hospital). A person living with HIV/AIDS may also request social support as a person with handicap, the support being granted according with the severity of the disease.

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Agree

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

Disagree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Disagree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

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

Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Agree

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

Agree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

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

Yes

**Please clarify which social and economic support is provided:**

All PLHIV have access to treatment, care and support free of charge, including access to social and psychological support at level of each hospital where the patient is located. PLHIV are receiving a food allowance and depending on the status of HIV infection has the right to a monthly allowance and the right to retire.

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

No

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

No

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

- Continuous budget allocation for TARV in the context of economic crisis; access to the new ARV molecules. - The increase of the number of the PLHIV who requested the social support provided by the state and local authorities, the amelioration of the quality of life of the people living with HIV, as well as of the life expectancy. - The increase of the number of PLHIV who are active in the labour market.

**What challenges remain in this area:**

- Increase treatment adherence for PLHIV from long term survivors' cohort; - A more coordinated approach to ARV purchasing; - Optimizing costs of treatment and care; - Continue to monitor the treatment situation; - Include the OST treatment programme in the regular treatment programmes covered by health insurance; - Addressing issues of pricing and parallel imports for medicines;

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

N/A

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

-

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - VI. MONITORING AND EVALUATION

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

Yes

**Briefly describe any challenges in development or implementation:**

- funds for the national M&E plan for HIV were not secured;

**1.1 IF YES, years covered:**

yearly

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

Yes, some partners

Briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**  
Yes

**Behavioural surveys:**  
No

**Evaluation / research studies:**  
No

**HIV Drug resistance surveillance:**  
No

**HIV surveillance:**  
Yes

**Routine programme monitoring:**  
Yes

**A data analysis strategy:**  
Yes

**A data dissemination and use strategy:**  
Yes

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

**Guidelines on tools for data collection:**  
Yes

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

No

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

Yes

Briefly describe any obstacles:

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

**In the Ministry of Health?:**  
No

**In the National HIV Commission (or equivalent)?:**  
Yes

**Elsewhere [write in]?:**  
-

Permanent Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
Coordinator of the M&E Department	Full time	-	2000
Data operator	Full time	-	2000
Data operator	Full time	-	2000
ata Operator	Full time	-	2000
Epidemiologist	-	Part time	2000
IT specialist	-	Part time	2000

Temporary Staff [Add as many as needed]

<b>POSITION [write in position titles in spaces below]</b>	<b>Fulltime</b>	<b>Part time</b>	<b>Since when?</b>
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

The mechanism is based on the HIV/AIDS legislation establishing the responsibilities of all state institution in the implementation of the HIV/AIDS strategy. A complementary informal mechanism involves civil society partners and bilateral and multilateral development partners who participate in the data collection/exchange on voluntary basis.

What are the major challenges in this area:

-

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

Yes

**6. Is there a central national database with HIV- related data?:**

Yes

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

The M&E Unit manages directly a database containing National Strategy Indicators and main projects implemented (also available in CRIS). A national database including all epidemiological information regarding PLHIV is managed by the M&E Unit - National Institute of Infectious Diseases – Prof. Dr. Matei Bals, MoH

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

Yes, all of the above

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

district and regional center

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

Yes

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

The resource allocation (national budget) for the care, treatment and support of the PLHIV is developed according with the indicators revealed by the M&E data; the prevention programs targeting the populations at risk or vulnerable are not budgeted accordingly. In the future, the resource allocation should consider also the most vulnerable groups (increase in HIV in MSMs and IDUs population).

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

**At national level?:**

Yes

**IF YES, what was the number trained:**

1

**At subnational level?:**

Yes

**IF YES, what was the number trained:**

-

**At service delivery level including civil society?:**

Yes

**IF YES, how many?:**

4

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

No

**10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

Adequate information on HIV/AIDS data at national level;

**What challenges remain in this area:**

Inclusion of indicators on MARPs population; Ensuring the necessary funding for M&E and surveillance

## **B - I. CIVIL SOCIETY INVOLVEMENT**

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

4

**Comments and examples:**

Civil society representatives are represented in CNC (National Coordination Body or HIV Intersectorial Commission) and constantly participated at consultations and strategic planning in the field of HIV/AIDS. Repeatedly, within CNC or at the level of MoH, civil society representatives draw the attention on the necessity of strategic budgetary allocation for prevention interventions among vulnerable populations (eg: other costs than those allocated for testing programme, PMTCT programme which are currently covered through HIV/AIDS National Programme). The advocacy efforts didn't have results since MoH is not funding the prevention programmes for vulnerable groups.

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

5

**Comments and examples:**

Civil society was involved in the planning process of the National AIDS Strategy which is not budgeted accordingly for implementation. Civil society send to public authorities the budget necessary for HIV prevention for MARPs, but the MoH did not allocate funds.

3.

**a. The national HIV strategy?:**

5

**b. The national HIV budget?:**

0

**c. The national HIV reports?:**

1

**Comments and examples:**

-

4.

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

3

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

:

1

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

2

**Comments and examples:**

National monitoring of the National HIV/AIDS Strategy implementation is under the coordination of MoH through National Institute for Infectious Diseases where the M&E Department, Romanian HIV/AIDS Center and Secretariat of the National AIDS Commission are functioning.

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

4

**Comments and examples:**

UNOPA is the largest umbrella NGOs representing people living with HIV/AIDS in Romania.

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

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

0

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

3

**Comments and examples:**

After GFTAM closing in Romania (July 2010), financial support for implementation of HIV programmes become very difficult to access. Limited funds available at level of UN agencies (UNICEF, UNODC), European structural funds for development of human resources, private funds (donations, CSR programmes, etc) were the few funds used by NGOs for HIV programmes in 2010 and 2011. Stat budget covers the co-funding (approx. 10%) for programmes funded through European Union where NGOs could apply for prevention services for MARPs.

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

**People living with HIV:**

25-50%

**Men who have sex with men:**

51-75%

**People who inject drugs:**

51-75%

**Sex workers:**

<25%

**Transgendered people:**

25-50%

**Testing and Counselling:**

<25%

**Reduction of Stigma and Discrimination:**

51-75%

**Clinical services (ART/OI)\*:**

-

**Home-based care:**

-

**Programmes for OVC\*\*:**

51-75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

4

Since 2009, what have been key achievements in this area:

Partially, the sustainability of harm reduction interventions after GFTAM closing for Romania.

What challenges remain in this area:

Lack of financial support and political commitment for prevention services addressed to young population, vulnerable groups. Romania will plan in the near future the programmatic approach for European Structural Funds 2014-2020 where NGOs may have an important role in inclusion of the HIV/AIDS as objective for funding.

## B - II. POLITICAL SUPPORT AND LEADERSHIP

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

Yes

IF YES, describe some examples of when and how this has happened:

Civil society hearing Development of the National AIDS Strategy

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

Yes

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

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

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

• Legislative measure 137/2000 which defines discrimination and foresee measures for preventing and punishment of all

forms of discrimination, including HIV status; • Penal code – Law 324/2006 for prevention and punishment of all forms of discrimination; • Romania has a legislative framework which protects PLHIV against all forms of discrimination. The law is not always applied in a manner that general population might identify and report all cases of discrimination. From NGOs practical experience, there are forms of discrimination which are hindered and difficult to prove and sanction.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

The National Council for Combating Discrimination is responsible for preventing and sanctioning all forms of discrimination, either through self-intimation or at request. The National Council Against Discrimination implements EU antidiscrimination legislation and implements National Plan Against the Discrimination. CNCD receives notification from citizens and in 90 days from notification, CNCD has to analyse and establish if the anti-discriminatory legislation was broken. If the legislation was broken, CNC applies either a fine or a warning.

**Briefly comment on the degree to which they are currently implemented:**

The National Council for Combating Discrimination has limited capacity to monitor law implementation and solve discrimination cases (e.g. human resources, capacity of personnel to address some discrimination topics in lack of a long term human resources policy and limited budget).

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

No

2.1. IF YES, for which sub-populations?

**People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in]:**

-

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

Prostitution is criminalized in Romania which increase vulnerability of sex workers and determines low accessibility of services (HIV treatment, care and prevention).

**Briefly comment on how they pose barriers:**

-

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

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

In 2012, Romanian Presidency updated the current legislation against violence in family. The law foresee that the victim of violence in the family might ask the court a protection and restraining order against the aggressor. The victim might ask a protection measure with provisory action and the court might decide to forbid to the aggressor to remain or return in the common home, to support costs for medical care, for judgment or other costs generated by the process. The victim might ask a restraining order which foresee the evacuation of the aggressor from the common home, the strict forbiddance of any contact with the victim. The time for the restraining period is maximum 2 years.

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

Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

The right to treatment, education, special protection, access to labour.

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

Yes

**IF YES, briefly describe this mechanism:**

National Anti-Discrimination Council is an autonomous state authority, under parliamentary control, operating in the field of discrimination. Council exercises its powers in the following areas: • Preventing discrimination acts through information campaigns, awareness on human rights, the effects of discrimination, the principle of equality, training, information, projects and programs at local, regional and national studies, reports. • Mediate discrimination acts of the parties in the case of discrimination, in the presence of the National Council for Combating Discrimination. National Council for Combating Discrimination aims to reduce and eliminate acts of discrimination and not to impose fines. • Investigate, finding and sanctioning discrimination. For accurate analysis of cases and deciding if petitions received or initiative, Board of Directors has measures to investigate cases, after which it becomes aware or not the act of discrimination and, if necessary, sanctioning it. • Monitoring of discrimination cases following detection of cases of discrimination by the NCCD, the subsequent monitoring of the parties. • Provide specialized assistance to victims of discrimination in explaining the law to interested lawyers of NCCD, assisted by guidance regarding the filing of the petition and activity information resulting from this procedure.

6. Does the country have a policy or strategy of free services for the following?

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Yes	-	-
No	Yes	-
Yes	-	-

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

Antiretroviral treatment for PLHIV and care and support for PLHIV which are funded from state budget and National Health Insurance House. For the prevention programmes, the state budget covers only testing and HIV prevention from mother to child. Other prevention interventions are not yet covered from the state budget.

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

Yes

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

Yes

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

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

National HIV strategy foresee egal access of different subpopulations, including approaches taking into account social and economic specificity, gender aspect and age to services. At implementation level, the access is not yet equally ensured (eg: MARPs don't have access to free of charge HIV testing).

8.1

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

No

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

Yes

**IF YES, briefly describe the content of the policy or law:**

-

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

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

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

No

**IF YES on any of the above questions, describe some examples:**

-

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

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

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may**



**come up in the context of their work?:**

No

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

**a. Legal aid systems for HIV casework:**

No

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

Yes

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

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

Yes

**Programmes for the media:**

No

**Programmes in the work place:**

No

**Other [write in]:**

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

2

**Since 2009, what have been key achievements in this area:**

Elaboration of the National AIDS Strategy 2012-2016 which includes human rights perspective.

**What challenges remain in this area:**

-

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

5

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

Decriminalization of prostitution;

## B - IV. PREVENTION

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

Yes

**IF YES, how were these specific needs determined?:**

The needs for HIV prevention programmes were identified on the basis of several analysis in the area (baseline analysis for development of draft of National HIV Strategy; consultations with civil society representatives; national data information analysis).

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Agree

**Harm reduction for people who inject drugs:**

Disagree

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

Disagree

**HIV prevention in the workplace:**

Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Disagree

**IEC on stigma and discrimination reduction:**

Agree

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

Agree

**Prevention for people living with HIV:**

Agree

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

Agree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Disagree

**Risk reduction for sex workers:**

Disagree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Agree

**Other [write in]:**

-

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

3

**Since 2009, what have been key achievements in this area:**

Implementation and continuous involvement of civil society in implementation of harm reduction services for MARPs;

**What challenges remain in this area:**

Ensuring national ownership and proper funding of prevention programmes for most at risk population.

## **B - V. TREATMENT, CARE AND SUPPORT**

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

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

Antiretroviral therapy; Paediatric AIDS treatment; Post-delivery ART provision to women; Psychosocial support for people living with HIV and their families:

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

-

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

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

Strongly Disagree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Disagree

**Nutritional care:**

Disagree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

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

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

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

Agree

**Sexually transmitted infection management:**

Disagree

**TB infection control in HIV treatment and care facilities:**

Disagree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Agree

**Other [write in]:**

-

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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

Yes

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

Yes

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

Yes

**2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:**

Yes

**2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :**

-

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

4

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

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