UNGASS COUNTRY PROGRESS REPORT

Romania

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Abbreviations

ARAS	–Romanian Association against AIDS, NGO
ARV	– Anti Retroviral Treatment
BSS	– Behavioural Surveillance Survey
CDC	– Center for Diseases Control
CRIS	– Country Response Information System
GFATM	– Global Fund Fighting AIDS, Tuberculosis and Malaria
HIV	– Human Immunodeficiency Virus
HBV/HCV	– Hepatitis B/C
IDUs	– Injecting Drug Users
IEC	– Information Education Communication
ILO	– International Labour Organization
KAP	– Knowledge, Attitude and Practices
M&E	– Monitoring and Evaluation
MoH	– Ministry of Health
MSM	– Men having sex with men
NAD	– (National Anti Drug Agency), GOV
NGO	– Non-governmental Organization
PLHIV	– People Living with HIV
PMTCT	– Prevention of Mother-to-Child Transmission
PR	– Principal Recipient
PSI	– Population Services International, NGO
RAA	– Romanian Angel Appeal, NGO
TB	–Tuberculosis
STI	– Sexually Transmitted Diseases
SWs	–Sex Workers
UN	– United Nations
UNICEF	– United Nations Children's Fund
UNGASS	– United Nations General Assembly on HIV/AIDS
UNODC	–United Nations Office for Drug and Crime
UNOPA	– National Union of PLHIV Association
VCT	– Voluntary Counselling and Testing

I. Status at a glance

The national report was developed through a transparent and inclusive process, in February - March 2010. The process was initiated by UNICEF when meeting with Coordinator of HIV/AIDS monitoring and evaluating department of Romania and of HIV/AIDS Centre representatives. Romanian HIV Center – the focal point organised within the governmental authority in HIV/AIDS in Romania which is represented by the Institute for Infectious Diseases *Dr. Matei Bals assumed the role in coordinating data collection and finalizing report.* The institute leads the National AIDS Commission of the Ministry of Health and has organised, since 2000 a model Monitorig and Evaluation department. In the development of the report, the Center received assistance from governmental and civil society partners.
All the institutions active in HIV/AIDS field in Romania, represented in the Country Coordination Mechanism for the projects funded by the GFTAM were invited to ensure input to the present report and most of them provided valuable data for it. The data needed for the report was discussed in the CCM meeting at the beginning of March.
More in-depth input, review and suggestions was requested from the M&E group working Group on HIV/AIDS (group that includes representatives of Government, NGOs, UN Agencies, Academia and the PR of the GFTAM project currently implemented in Romania). The M&E working Group was facilitated by the UNODC as well as UNICEF and UNAIDS Offices and includes relevant stakeholders with attributions and capacity of data collection in the area of HIV/AIDS. The group was developed to support the implementation of the monitoring and evaluation activities carried out by various organizations, in line with the national HIV/AIDS strategy.
Members of the M&E group had one meeting in March 2010 dedicated to review the reporting format, the available data and solutions for collecting the data needed for reporting. The UNGASS data collections tools were sent to all the relevant institutions (government, NGOs, international agencies) involved in the implementation and data collection for the National HIV/AIDS Programme (over 25 institutions).
The HIV Center team collected the information and prepared the draft report with the consistent support fo M&E group members, UN agencies, experienced experts. The draft report was submitted to M&E working group as well as to CCM members for comments and suggestions. The documents consolidated with all the comments and suggestions coming from the 35 institutions involved in the reporting process are presented hereby as the Romanian Report to UNGASS 2010
Also, at the end of March, UN thematic group on HIV/AIDS met and the progress of UNGASS report was also discussed. The report was circulated for inputs and consensus with all UN agencies represented in the group.

The HIV/AIDS situation in Romania remains stable with no major changes in incidence nor in adults, neither in children. The level of epidemic is low and there is no sign of concentration among vulnerable groups despite high-risk behavior identified among them.

The largest age group of people living with HIV/AIDS is formed of young people (17-21) over 6,000, which are in fact the children infected in the period 1987 – 1992, long time survivors. Over the past two years, their treatment and care continued to be ensured through the public health care providers specialized in infectious diseases, especially through the 9 Centers organised in the country, which also offer multidisciplinary psycho-social services. The ARV treatment has been constantly provided free of charge and is largely available for

the PLHA, as well as the social support. The programs[1] developed to ensure the social integration, access to education and jobs of the young people living with HIV need to continue and to adapt to their needs. Efforts to reduce to reduce stigma and discrimination are still necessary, as PLHA still face discrimination in accessing various services (especially specialized health care – eg. stomatology, surgery) .

Romania has committed in its strategies to provide universal access to prevention, treatment and care. While the access to treatment and social support can be considered universal the access to prevention especially for vulnerable groups is still limited and was, over the past ten years, almost entirely dependent on international funding

The coordination and partnership of all national and international partners involved in the national response worked well, based on the Country *Coordination Mechanism* for the projects funded by the Global Fund (the role of the former National Multisectorial AIDS Commission was transferred to the CCM). The document describing the National AIDS strategy 2008 - 2013 was developed in 2006-2007 in a largely consultative process, it guided the activities and collaborative efforts of governmental, civil society and international partners, even it was not formally endorsed by the government, in the context limited political stability during the period 2008-2009.

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Code	Indicator	Status
Government HIV and AIDS Policies		

[1] Many programs were developed by organizations of people affected by HIV/AIDS, associated in a large network - UNOPA

1	AIDS Spending	Completed	
National Programme Indicators			
3	Blood Safety	Completed	
4	HIV Treatment: Antiretroviral Therapy – 2008	Completed	
4	HIV Treatment: Antiretroviral Therapy – 2009	Completed	
5	Prevention of Mother-to-Child Transmission – 2008	Completed	
5	Prevention of Mother-to-Child Transmission – 2009	Completed	
6	Co-Management of Tuberculosis and HIV Treatment	Completed	No data available
7	HIV Testing in the General Population	Completed	No data available
8	HIV Testing in Most-at-Risk Populations - Sex Workers	Completed	
8	HIV Testing in Most-at-Risk Populations - Men Who have Sex with Men	Completed	
8	HIV Testing in Most-at-Risk Populations - Injecting Drug Users	Completed	
9	Most-at-risk Populations: Prevention Programmes - Sex Workers	Completed	
9	Most-at-risk Populations: Prevention Programmes - Men Who have Sex with Men	Completed	
9	Most-at-risk Populations: Prevention Programmes - Injecting Drug Users	Completed	No data available
10	Support for Children Affected by HIV and AIDS	Completed	Not relevant
11	Life Skills-based HIV Education in Schools	Completed	
Knowledge and Behaviour Indicators			
12	Orphans: School Attendance	Completed	Not relevant
13	Young People: Knowledge about HIV Prevention	Completed	partial
14	Most-at-risk Populations: Knowledge about HIV Prevention - Sex Workers	Completed	
14	Most-at-risk Populations: Knowledge about HIV Prevention - Men Who have Sex with Men	Completed	partial
14	Most-at-risk Populations: Knowledge about HIV Prevention - Injecting Drug Users	Completed	
15	Sex Before the Age of 15	Completed	No data av
16	Higher-risk Sex	Completed	No data available
17	Condom Use During Higher-risk Sex	Completed	No data available
18	Sex Workers: Condom Use	Completed	
19	Men Who Have Sex with Men: Condom Use	Completed	
20	Injecting Drug Users: Condom Use	Completed	
21	Injecting Drug Users: Safe Injecting Practices	Completed	
Impact Indicators			
22	Reduction in HIV Prevalence	Completed	
23	Most-at-risk Populations: Reducation in HIV Prevalence - Sex Workers	Completed	
23	Most-at-risk Populations: Reducation in HIV Prevalence - Men Who have Sex with Men	Completed	
23	Most-at-risk Populations: Reducation in HIV Prevalence - Injecting Drug Users	Completed	
24	HIV Treatment: Survival After 12 Months on Antiretroviral Therapy	Completed	

II. Overview of the AIDS epidemic[2]

[2] Data provided by the M&E department of the National AIDS Commission

Romania is one of the few countries in Central and South-Eastern Europe with a significant number of people affected by HIV/AIDS. According to the National Report of the HIV/AIDS Monitoring and Evaluation Department in Romania, at the end of 2009, a cumulative total of 16,162 cases of HIV and AIDS infection had been recorded, while a 10041 persons were living with HIV/AIDS.
The majority of the cases were diagnosed at the age when they were children (<14). At the present moment, the majority of the people living with HIV in Romania are adults (the 17-21 years being the most prominent group), while a relatively low number of children are living with HIV.
The incidence of HIV/AIDS (the number of cases discovered annually in relation to the population) reduced in Romania starting from 2004.

Year	**2008**	**2009**
No of new cases of HIV /AIDS diagnosed	436	428

For HIV/AIDS prevalence/incidence trends please see the table bellow[3]:

	2008	**2009**
AIDS prevalence (per 100.000)	52.54	54.26
AIDS incidence among children (per 100.000)	0.20	0.32
AIDS incidence among adults (per 100.000)	1.20	1.09
HIV prevalence (per 100.000)	19.8	24.7
HIV incidence among adults (per 100.000)	1.14	1.14

Almost 50% of the newly discovered HIV/AIDS cases discovered in 2009 are among young persons aged 15 to 29. Among adults, sexual transmission is prevalent (3/4 of the newly discovered HIV/AIDS cases). In 2009, the testing services provided for vulnerable groups highlight that IDUs are may be one the most vulnerable groups to HIV/AIDS. The increased vulnerability of IDUs is demonstrated by the slow increases in HIV newly diagnosed cases among this population. Among the children, the vertical transmission is responsible for 20 new cases of HIV/AIDS in 2009[4].
In conclusion, the sexual transmission of HIV continues to lead the epidemic among adults. Injecting drug use remains as a major risk factor especially for the capital city Bucharest were it is estimated that 1% of the population is injecting heroin. In Bucharest, 15 % (n=445; n1=62) of the heroin injectors reported use of syringes previously used by other IDU and more than one in ten IDUs (13%) (n=448; n1=59) reported passing their used needle/syringe to others at the last injection over injected with used needle within the last month according to the 2009 BSS jointly implemented by UNODC, the National Anti-drug Agency and the Romanian Angel Appeal Foundation (as Principal Recipient under the GFATM Round 6 Program), under the leadership of the HIV/AIDS Monitoring and Evaluation Working Group.

[3]. Data provided by the M&E department of the National AIDS Commission

[4] Data provided by the M&E department of the National AIDS Commission

III. National response to the AIDS epidemic

Legal framework

The basis of the legal framework and rights of people to HIV prevention, treatment and care services, respect and dignity is laid out in several national documents: the constitution; law no 584 from 2002 regarding HIV/AIDS prevention measures and protection of people living with HIV/AIDS (PLWHA), and the National HIV/AIDS Strategy for 2008-2013. A number of other laws and ministerial orders also ensure the implementation of the mentioned above legislation.

Governance and coordination

The institution responsible for governmental policy in the HIV/AIDS prevention, treatment and care services is the National HIV/AIDS Commission, reorganized in 2007 under the Ministry of Health. Most of the key responsibilities of the Commission were transferred during the period under review to the Country Coordinating Mechanism, an entity with role in overseen the implementation of the HIV/AIDS services granted by GFATM as well as prerequisite of GFATM funding for Romania.

The CCM is not a legally organised entity, but is fully structured and organised. The CCM is presided by the representative of the Ministry of Health and co-chaired by the representative of the large Network of People Living with HIV – UNOPA. It includes all governmental authorities with specific roles in the implementation of the strategy (among which Ministry of Health, Ministry of Education, Ministry of Labour, Ministry of Interior, Ministry of Defence, Ministry of Justice, Ministry of Finance), as well as civil society, representatives of the people affected by HIV and TB, academic field, UN agencies, pharmaceutical firms.

Strategy and national priorities

In 2007, a comprehensive document for the National HIV/AIDS Strategy for 2008-2013 was developed based on the evaluation of the previous National Strategy and after an active, participatory process that included all the key governmental and non-governmental stakeholders. The main objective of the strategy was to maintain the HIV incidence for 2013 at the level registered in 2006 while ensuring the universal access to treatment, care and social services for infected and affected people.

The developed document sets the guiding principles and priorities for action in HIV/AIDS area for 2008-2013 having as key objectives (1) to keep HIV incidence below 1% in general population, (2) to ensure universal access to prevention, treatment and care for HIV positive people and all vulnerable populations, and (3) to develop and maintain an efficient surveillance system.

The Strategy describes treatment in a rather comprehensive manner and includes antiretroviral therapy as well the treatment of opportunistic infections in the definition. It addresses the needs of the following vulnerable groups: young people, IDUs, female SWs, MSM, inmates, children living on the street/in institutions, pregnant women, PLHHA.

While the Strategy sets specific objectives and strategies for each target, executive measures that would enable their successful implementation were not developed. There is neither an action plan nor a budget attached to the strategy. Moreover, the document has never been officially endorsed by the national governmental authorities, due to political instability. These limitations were reflected in the implementation of the proposed programs and actions, and prevention programs face a particularly difficult situation.

Provision of the HIV/AIDS prevention, treatment and care services

Over the past years, Romania achieved substantial progress in development of HIV services, including the scale up of essential services targeting vulnerable populations such as injecting drug users (both in community and prison settings), sex workers, men who have sex with men and the Roma communities.

While the HIV/AIDS treatment is one of the key success stories of Romania in HIV field, the achievements recorded in prevention field are very fragile, because most of the HIV prevention programs are funded exclusively from international grants[5] and they have limited financial support from Romanian governmental authorities.

HIV/AIDS treatment and care services

The HIV/AIDS evaluation is ensured through 41 Infectious Diseases Hospitals from 41 counties, day clinics, the Universitary Clinics out of the nine centers of surveillance, the National Institute for Infectious Diseases "Matei Bals" from Bucharest. The ARV treatment costs are covered from the National Program funds, being provided free of charge for everyone. According to the National Report of the HIV/AIDS Monitoring and Evaluation Department in Romania, at the end of 2009, a cumulative total of 16,162 cases of HIV and AIDS infection had been recorded, while a 10,041 persons were living with HIV/AIDS. 7,244 were receiving at the end of 2009 antiretroviral therapy. It is relevant to mention here that in 2009, 428 new cases were diagnosed.

Starting 2001 Romania developed a Plan for Universal access to Treatment and Care Romanian authorities maintained the focus and commitment to provide universal access to treatment, care and social support for people living with HIV/AIDS.

The number of PLHIV receiving ARV treatment grew each year (including the expenses for monitoring), universal free access continuing to be ensured through national budget fund allocation (37.263.289 euro/2008 and 39.334.177 euro in 2009)[6].

Year	2008	2009
No of PLHIV receiving ARV treatment	7434	7244

Research show that long term patients enrolled in ARV treatment gave it up, for various reasons (burn out, unbearable secondary effects or because they feel healthy). In 2009, 492 of the people in treatment with ARV gave it up (and others were enrolled, among newly diagnosed who needed).

In 2009 some problems in supply of ARVs occurred in several counties due mainly to the decentralization of ARV procurement done in 2008 and to the limited management capacity and resources in those counties. The severe economic contraction in Romania affected the Health Insurance Fund that has significant problems in ensuring the funds for the national treatment programmes, HIV/AIDS being one of them.

[5] The Global Fund to Fight AIDS, Tuberculosis and Malaria assisted Romania in implementing the National HIV/AIDS Strategy 2004-2007 on a wide scale. Other relevant donors that supported the HIV/AIDS programs are the European Commission, UN agencies, etc.

[6] Data provided by the National Health Insurance House

The social support for the people living with HIV is provided by the Ministry of Labour and Social Solidarity - through its local entities, as well through local institutions responsible for social assistance and child protection at the county level.

The social support for PLWHA, foreseen by both Law 584/2002 and Law 448/2006 (regarding the protection of disabled persons). While the nutritional allowance stipulated by law 584 is provided to every PLHA who requests it, the other social support forms are linked with the recognition of HIV/AIDS as a disability that entitles the person having a disability certificate, to benefit of economic subsidies (double subsidy for HIV+ children, indemnization for the people who never worked, a salary for a personal assistant, as well as other facilities as tax exemption, free transportation for a limited number of trips, etc).
The fear of stigma and discrimination, as well as the lack of information limited as far the number of PLHIV that accessed such benefits.

The access of PLHIV to all forms of education is guaranteed by law and the discrimination in schools is an exceptional situation. Yet, 56 % of 595 young people (15-24 years old) living with HIV/AIDS who were enrolled in a BSS implemented in 2009 by RAA Foundation abandoned or interrupted their studies 50 % din not have any job at the moment of the survey.
The professional integration and vocational training/education of YPLHIV aiming to increase PLHIV social integration and autonomy were, in 2008 and 2009 the focus of many interventions funded by the GFATM Round 6 Programme. Civil society organisations and public authorities (district level occupation agencies) are providing counselling, orientation, vocational training and tutoring services, but on a still incipient level. A wide intervention to support the young people living with HIV to obtain and maintain a job is also implemented by UNOPA (using funds from the Social Economic Fund).
Psycho-social support services are available at national level, public and private providers still having different quality standards. The network of the 18 Day Care Clinics managed currently by the MoH remains the most important service provider beside the social assistance departments of the city halls. 41 % of the young PLWA declared that they accessed the psycho-social support services provided in the regional centers for monitoring and treatment, or the county hospitals.
Confidentiality is stipulated in all cases and any infringement may be punished, but cases of complaint are very few.
The National Council for Combating Discrimination, the Ombudsmen as well as different NGOs may provide legal advice for PLHIV who want to defend their rights.

Special attention and efforts are directed towards the positive prevention initiatives among young people living with AIDS – the largest category of PLWHA in Romania. These initiative consist of sexual and health education interventions (individual and group counselling, group IEC, condom distribution) aiming to prevent re-infection with HIV (from one person living with AIDS to another) and transmission of HIV in the general population. Currently funded almost exclusively through the GFATM Round 6 program, the *positive* prevention intervention are in danger of ending once the GFATM program in Romania will end (June 2010).

HIV/AIDS prevention interventions

During the period under review, the HIV/AIDS prevention interventions targeted both general population and vulnerable groups such as IDUs, SWs, MSM, including MARA, inmates, street children, and Roma communities. Most of the prevention interventions were developed exclusively by civil society organizations with financial assistance from international donors (mainly GFATM and UN agencies).

Prevention programs such as prevention of transmission among young people, uniformed services and prisoners developed or extended in the framework of the GFATM Round 2 programme (2004-2008), which significant scaled up and became national, restrained, after the end of the projects, in December 2008.

Youth

HIV prevention programs targeting young people remained almost entirely focused to schools. HIV prevention is part of the Health Education curricula in the Romanian schools for all classes/grades. It is promoted as optional course at all levels of the mandatory education (starting with primary school and ending with high school – 12 grades), specific training programmes being developed for teachers. The program covered cumulatively schools 5525 (70.84%) of the 7,821 schools at national level.
Campaigns targeting young people outside school settings or the general population in 2008 and 2009 had been implemented mainly at regional scale (e.g. events organised around WAD – December the 1st– in 2009 Close to you Foundation organised the biggest human Red Ribbon, mobilizing 4851 persons; Baylor Black Sea Foundation organized in the same year a campaign for promotion of HIV testing and counselling.

SWs

HIV prevention services provided during reporting period to female sex workers were implemented mainly by one civil society organization, with the support of international funding. The services included safer sex promotion, STI/HIV transmission prevention, IEC and counseling, primary medical care assistance, referrals to social and medical services. In Bucharest, where about 1/3 of the SWs also inject drugs, needle exchange was provided as a component of the service package. Rapid testing for HIV, HBV and HCV was available in outreach services, as well as in two medical-social centers opened for persons at risk and disadvantaged communities (capital city Bucharest). The testing methodology is based on UNAIDS, WHO, CDC Atlanta protocols. The outreach interventions covered Bucharest, surrounding Ilfov county and other 9 locations (Brasov, Timisoara, Arad, Cluj, Craiova, Iasi, Piatra Neamt, Bacau and Constanta). Programme monitoring data indicates that 2540 SWs were reached with HIV prevention services in 2008 and 3282 in 2009[7]. Among them, almost 10% (248 in 2008 and 251 in 2009) were minors.

The programs targeting most at risk population have a very important outreach component, a 3 year UNICEF program addressing most at risk adolescents, which reaches adolescents and young adults having risky behaviours: injecting drugs, commercial sex, or psycho-social vulnerability, living in the streets. The program also strived to contribute to the development of the legal framework, services and protocols of work in support of the most at risk adolescents.

[7] ARAS project reports - projects funded by GFATM, UNICEF, UNODC

IDUs

Even though harm reduction services are recognized priorities both in the National HIV/AIDS Strategy and the National Antidrug Agency 2005-2012, access to these essential services remain limited. Although the international funding from GFATM, , UNODC and UNICEF assisted the development of targeted HIV interventions for drug users, including most at risk adolescents needle exchange programs and opiate substitution treatment are still located mainly in capital city, and by the end of 2009 less than 5% of the estimated number of IDUs from Bucharest received OST services, according to annual reports of the grantees.

Needle exchange services for IDUs were provided exclusively by civil society organizations in outreach and drop-in centers and included information, distribution of sterile syringes and health materials, testing for HBV/HCV and HIV, medical and psychological assistance on site and referral to specialized service. Programme monitoring data indicates that approximately 7284 IDUs were reached in 2008 with needle exchange and 7334 in 2009. 1.108.762 syringes were distributed in 2008, and 1.665.776 in 2009. Sales of injecting equipment through pharmacies are not included in any national monitoring system therefore limited data are available regarding the number of IDUs who accessed the services.

Inmates

To effectively reduce the transmission of HIV and other blood-borne infections such as viral hepatitis among inmates injecting drug users (IDUs), the prison health authorities in Romania have been considered that one important strategy is to ensure IDUs access to opiate substitution treatment and needle exchange services. In 2007, Romanian Administration of Penitentiaries (ANP) requested UNODC to provide assistance for assessing the situation of polices and current practices in order to identify barriers and solution for the initiation of the two services. Following the assessment results and recommendations, ANP has performed a number of preliminary steps like analysis of situation, training and capacity building and has piloted a prison NSPs in two detention units and OST services in other 3 detention facilities. Subsequent to the positive results obtained from the pilot interventions, ANP decided in 2009 to make accessible the services within the prison system at national level. The recent developments illustrate a steady increase in the access of injecting drug users to HIV prevention services, an increased number of prison units ready to provide the services and a network of prison staff and peer educators trained to deliver the services. Prison NSPs and OST services engaged since its very beginning the inmates and beneficiaries in many aspects of planning and developing the interventions. More than 160 inmates IDUs benefited of NSPs in 2009, and more than 50 prison inmates are in OST.

MSM

Prevention activities targeting MSM were developed by civil society organizations through outreach activities in 10 cities and special campaigns and events in MSM clubs and bars took place during the period under review. With the support of international funding agencies (GFATM, round II and VI and UNICEF), the activities included information, education, communication on STIs and risky behaviors, condom free distribution, counseling, medical referrals and psychological assistance. Also, internet/virtual outreach, a network of peer educators trained and a special MSM helpline info service offered a larger coverage of the needs of information, counseling and referrals among MSM.

VCT and PMTCT

VCT services are available in each district of Romania (MoH centres in each district capital city). The national program for communicable diseases covers for funding for the reagents used for VCT and PMTCT programs. The total number of HIV tests performed in the general population ("on demand", at the VCT centers) were[8]: in 2008 – 107998 (out of which 838 were positive) and in 2009 - 118981 HIV tests (out of which 893 were positive). It is relevant to mention here that MoH registers only the number of HIV tests performed and the population based surveys did not included questions regarding HIV testing as far (last one was conducted in 2004/2006).

HIV testing services are included at national level in the antenatal health services package (free of charge, recommended by general practitioners). A network of 18 centres organised by RAA foundation in the framework of GFATM projects funded in round II were included in the District Health Authorities structures at the end of 2006. At the end of 2009, monitoring and evaluation activities pointed out a number of problems, including: 4 centres (two in the country and two in the capital city Bucharest) were closed, there were registered delays in procurement of Elisa testing kits, there was a decrease in outreach activities for VCT and PMTCT in the counties, and there was a registered loss of trained human resource (counsellor and nurses).

About 25.673[9] pregnant women were tested and received counselling in 2008 (through the 18 VCT&PMTCT centers network) and 21 of them have been diagnosed with HIV and received ARV treatment in the framework of PMTCT services. 18 pregnant women diagnosed with HIV benefited from health care and support according with the PMTCT protocol at birth as well as at the interruption of the pregnancy.

HIV and TB

Although Romania is a country with a high incidence of TB, the number of co-infection cases is still low (please see table containing data provided by the Epidemiological surveillance Unit of the National TB Control Program). Starting 1998, HIV testing is routinely performed (with patient consent) for all people diagnosed with TB (MoH order), 14032 tests being done in 2009 (101 of which resulted positive)[10].

Year	Total TB cases[11]*	PLHIV with TB co-infection
2008	24681	310
2009	23342	207

** including new cases, relapses and TB chronic cases*

[8] Data provided by the M&E department of the National AIDS Commission

[9] PMTCT Programme monitoring data (Romanian Angel Appeal)

10 Data provided by the M&E department of the National AIDS Commission

[11] Data provided by the Epidemiology Dept of the National Programme for TB Control.

Following the 1987-1991 nosocomial transmission, blood safety is a priority for the health system. The data provided by the National Transfusion Haematology Institute indicates that all blood donors (351381 in 2008 and 388955 in 2009) were screened for HIV both through standard internal screening procedures and external quality schemes (BioDev).

Knowldedge and behaviours of selected groups

No investigation was made as far regarding higher risk sex and condom use during higher-risk sex among general population. These indicators was supposed be included in the Reproductive Health survey 2009, which, unfortunately was not implemented.

Young people

A KAPB study among young people (15-24 years old) contracted by the National Public Health School and Health Management in 2009 showed:

- 99% of young people (both males and females) heard about HIV/AIDS, and recognize the condom as HIV prevention method (86.7 % - against 82.5% in 2006). 88.3% of the respondents recognized testing for HIV as prevention method, as well as 60.4 % recognized the prevention method "having a unique sexual partner".
- The median age of sexual initiation is 15.4 for men and 17.4 for women which represents a decrease from the previous surveys, (2004, 2006);
- 45 % of the men and 16.5 % of the women in the sample had at least 2 sex partners during the last 3 months;
- 77.4 % (against 66,2% in 2006) of the men who are sexually active and 71.5 % (against 61,4% of the women) declared to have used the condom during the first intercourse - an increased in the use of the condom for the first intercourse in 2008 compared with 2006. (2004 data - 58,9% of the men and 52,9% of the women);
- 62.2 % of the men (against 59.8% in 2004) and 59.7 % of the women (against 42.4 % in 2004) used a condom at their last intercourse, which represents a siginificant increase.
- 54.4% of the young people in the 2009 survey declared that they have always used condoms with an occasional partner, against 49.3 % in 2006.

The KAP study included 1203 young people in a national representative sample.

Most at risk populations

No accurate estimations of most at risk groups, including the group of most at risk adolescents are available as far (except total estimated number of injecting drug users in capital city that was of 16,800 in 2008).

The surveys focused on **sew workers** during the reported period (a BSS in 9 counties with a 337 probabilistic sample through TLS method done by ARAS in 2008-2009 and a BBS with 204 probabilistic sample done by RAA Foundation in 2009) indicate high risks related to unprotected sexual practices (22% of the SW in Bucharest sample had more than 6 pregnancies and 15 % had more than 6 abortions!) especially with the stable partner, as well as existing interrelation between sex work and injecting drug use. Condom use at the last intercourse with a client has high rates in the both samples (98% in Bucharest and 91 % in the counties) while with the stable partners, the condom use rate at the last intercourse is much smaller (15 % in Bucharest and 17 % in the country). 51 % of the SW in Bucharest sample of the BBS had injected drugs at least one, and among them 75 % injected in the last

30 days. ½ of the SW-IDU in the survey (202 respondents) used in common the recipient for the drug preparation and the injecting equipment (needle&syringe) were used in common by 15 % of the sample of SW-IDU. The surveys were implemented with GFATM funds in the second and sixth rounds[12].

Research focused on most at risk adolescents with focus on SWs during the report period (research developed on a sample of 300 SWs) indicates that out of 300 SWs interviewed 21% of female sex workers are underage. The average age for starting commercial sex work is 16 years – commercial sex work has started before the age of 18 years for 78% of respondents, and before the age of 15 years for a percentage of 16%. Sex life also begins in adolescence, for 96% of respondents before the age of 18 years, and for 46% before the age of 15 years. 60% of respondents used a condom, compared to 23% of cases when they did not use a condom. A considerable percentage of female sex workers (69%) have experienced at the least one pregnancy. A percentage of 80% started to use drugs before turning 18 years old. The age when they injected drugs for the first time is 17 years, the age of adolescence, about the same time or shortly after starting commercial sex work.
The research was implemented with UNICEF support and conducted by Faculty of Sociology and Social Work, University of Bucharest.

In order to assess risk behaviours and to determine the prevalence of HIV, Hepatitis B and C among **IDUs** in Romania, UNODC, the National Anti-drug Agency and RAA conducted in 2009 a behavioural surveillance survey (BSS). The survey was the first of its kind and was designed to enrich the HIV/AIDS and hepatitis surveillance systems. 450 IDUs gave written consent to be part of the study that used Respondent Driven Sampling (RDS). The sample size was determined by using a statistical calculator for a 95% confidence interval (CI). 78% of participants were male IDUs. 64% of the respondents were aged between 18 and 29. The frequency of injection, sharing of injecting equipments, injecting practices in prison settings and sexual behaviours were assessed as functions of HIV risks. 97 of the respondents declared heroin as being the most used drug in the last month, while 95% (n=449) reported at least one shot in the past week. More than half (53.0%) (n=169) had injected two to three times in the past day and a relatively lower proportion (18.9%) (n=169) had injected four to five times during the same period of time.

More than one in ten IDUs (13%) (n=448) reported passing their used needle/syringe to others at the last injection. As five percent (n=444) of IDUs used pre-used syringes and also reported passing the syringes to others. Among them, 96% (n=24) are positive to HCV and none positive to HBV and/or HIV. Considering the sharing habits, this group appears to be also the most exposed to HIV and HBV, once the first cases will emerge.

Safe injecting practices	**Estimated population proportions (%) (n=445)**	**Confidential interval**	**Men (%)**	**Women (%)**	**< 25 (%)**	**≥ 25 (%)**
Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected	85	82-88	86	83	87	84

[12] Commercial Sex Work – BSS, RAA Foundation, 2009

(UNGASS: Safe Injecting Practices)						

Overall, 84% (n=441; n1=372) of respondents reported purchasing/receiving sterile injecting equipments from safe providers, the last time they injected.

All participants consent to perform rapid HIV, HVB and HCV testing. Alarming rate of 83% HCV was found.

Same report conducted by UNICEF in 2009 on most at risk adolescents using injecting drugs (sample size 300 IDUs) showed that the reported average age for starting to use drugs is 16 years both in women and in men. With regard to sharing injecting equipment, a percentage of 19% report that they have shared the equipment in the last month. 21% of respondents accessed services for substitution therapy with methadone, and 19% have been in a detoxification programme in the past 12 months. Only 2% have participated in after-treatment programmes, and only 1% in rehabilitation programmes.

A great percent of the **MSM** respondents of a BSS developed by Accept Association (TLS sampling methodology) in 2009, in collaboration with European partners reported an HIV test in the last 12 months (72,5%), while less reported condom use at the last intercourse (42.7%).

A behavioural survey conducted in 2009 (Romanian Angel Appeal Foundation) among a national representative sample of 595 **YPLWHA**s aged 18 to 24 showed that only 34% of the respondents did not start their sexual activity. One fourth (25%) of those who had sexual intercourse during the last 12 months (N=393), had more than 2 sexual partners. 63% of those who had a regular partner during the last 12 months (283) declared that they are in a serodiscordant couple – the partner being seronegative. The condom use at the last sexual intercourse was 66% among YPLWHAs who had sexual activity during the last 12 months.
38 % answered correctly to all the 5 questions which are considered for the composite UNGASS indicator for knowledge. Almost ¾ of the young people who are sexually active had a stable partner during the last 12 months, and 38 % of the young people who had an HIV positive partner used condoms at the last 5 sexual intercourses, compared with 79 % of those who had a HIV negativ (or status unknown) partner. 21 % of the women in the survey had a pregnancy, among them, 63 % chose to give birth.

IV. Best practices

The Romanian medical monitoring and treatment for the people living with HIV system including treatment prothocols are wellknown model of practice in the region. The outreach intervention among vulnerable people are also recognized as best practice models, recommended by GFATM to various country teams implementing GF projects.
There is also a a valuable know- how in providing training in risk reduction training, psycho-social support for plwa, monitoring and evaluation.
With UN technical and financial support, Romania mobilized over US $16 million from GFTAM, UNODC and UNICEF for the period 2007 – 2010. The funds covered in a great extent the gap in HIV prevention for vulnerable groups. As PR for GFATM Rd 6

programme, RAA lead an advocacy group aiming to fight (1) for the sustainability of the HIV programs recently scaled up with international funding and (2) for the integration of the HIV prevention programs in existing governmental infrastructure, unfortunately, the funding is still unsecured to continue to provide the services.

The establishment of the Romanian HIV/AIDS Center as a technical facility for improving and strengthening the national response, entry point of all the UN assistance and will expand to be a technical facility for the benefit of other countries in SE Europe.

V. Major challenges and remedial actions

The key challenges are the maintainance, if not better, the strengthening the national coordination mechanisms, and the mobilization of national public funds as well as the *structural funds* from the EU for prevention activities including harm reduction. It is also essential to develop and implement a monitoring and evaluation system to measure the national AIDS strategy implementation, a system which would be mostly effective if would be assumed by national institutions. The national effort to develop a well-based strategic document to cover the period 2010 – 2015 accompanied by annual work plans and budgets, and really have the activities implemented, is a key priority for the future.
Research and interventions for vulnerable groups and for the large group of adolescents and young people living with HIV/AIDS have to continue and to be expanded. Young adults living with HIV/AIDS need special programmes and special tailored support for adequate social integration that will guarantee that they will not be the origin of a new epidemic wave.
The issue of stigma and discrimination continues to be a high priority. The successful partnership established in for the national HIV/AIDS Anti-discrimination campaign needs to be maintained also .
Mainstream youth should be constantly addressed regarding STIs and HIV/AIDS prevention, especially in the context of broader reproductive health and developing life skills and abilities. Thus, lobby to sensitize the decision makers to develop and apply effective and structured national strategies, is to be strategically planned and implemented.

VI. Support from the country's development partners

In the reporting period Romania still benefited from the UN technical and financial support in the field of HIV/AIDS The support was even expanded in financial terms and started to be focused more and more on prevention among vulnerable groups and on provision of quality technical assistance while building the capacity of the national partners to strengthen and expand in a sustainable manner the response to HIV/AIDS.

VII. Monitoring and evaluation environment

The GF projects and the UN support for interventions among persons with high risk behaviours required the effort of defining program indicators to measure equivalent interventions. Also, the need to provide impact indicators for the projects implemented on medium term 3-5 years also boosted the efforts to define an M&E framework, comprehensible for all the partners.
An M&E working group started to work in 2006 and had consultation on the surveys targeting persons at risk (SW, IDUs,) and other groups such as inmates, young people living with HIV. The working group was animated especially by UNODC and had permanent

support from UNAIDS. The group is able to provide assistance to the NAC and to all the national partners in the efforts to harmonize and coordinate the M&E activities. All the data and capacity of this virtual office is now in the process to be transferred to the (2010) Romanian AIDS Centre.
The working group facilitated an evaluation of the M&E framework of the National HIV/AIDS Strategy - the document which is under revision - at the following levels:

- indicators definitions,
- targets accomplishment,
- linkage between strategy – activities – indicators,
- Research strategy (schedule, methodology).

The M&E working group on HIV/AIDS mandate is to:

- ensure coordination of data collection, analyses and dissemination of strategic information in the area of HIV/AIDS;
- develop a set of national indicators, harmonized with the international ones and ensure the usage in all the national relevant documents and processes;
- assist the NAC in the process of developing the new National HIV/AIDS Strategy (2010 – 2015);
- assist the capacity building initiatives in the area of M&E;
- maintain the national data base with the HIV/AIDS indicators.

The group includes national partners in all HIV/AIDS program areas, the PRs of the Global Fund Project, experts, and donors.

The Romanian AIDS Centre that is currently taking over the virtual M&E office is established as a partnership between UN, Ministry of Health and NGOs, being hosted by the Institute for Infectious Diseases *Dr. Matei Bals* in Bucharest, the institute that is also hosting the HIV surveillance office of MOH and is coordinating the HIV/AIDS Commission of experts established by MOH. The institute is providing office space and part of the staff for Romanian AIDS Centre. All the M&E information and regular reports will be available on the AIDS Centre web-page, which will also work as a HIV/AIDS resource center.
Next period challenges are related to the development of the estimations for the most at risk groups (CSWs, IDUs and MSM) at national level, as well as introducing seroprevalence surveillance among these groups.
The GFATM programme and the UNODC technical support increased M&E capacity of both governmental and non-governmental implementers and this advantage should be levered by providing M&E training to all interested stakeholders in order to set the base for a coherent data collection system and allow disagregation of indicators on age groups.
Data collection methodology still needs to be harmonized in order to ensure cross-project/programs/providers comparison, while other programmatic choices such as definition of a minimum package of services are to be made in the next period of time.
M&E technical assistance needs are linked to the development of BSS methodologies and seroprevalence surveys and most vulnerable populations' estimation,.
Capacity building interventions for the following period should focus on increasing M&E capacity at the level of a large number of implementers, development of specific guidelines for national indicators and dissemination of such guidelines. Data collection and data quality control systems at all levels (national and sub-national) should also be elaborated.