



Goal 6

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# COMBAT HIV/AIDS, TUBERCULOSIS AND OTHER DISEASES

Civil Society and Private Sector Contribution to  
Achieving the National Targets of MDG 6 in the  
Republic of Moldova



The project is funded by the European Union

Chișinău, 2012



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# LIST OF ABBREVIATIONS

- CPA** – Central Public Authorities
- LPA** – Local Public Authorities
- ARV** – Antiretroviral
- MSM** – Men having sexual relations with other men
- HPA Center** –Health Policies and Analysis Center
- NCC** – National Coordination Council for HIV/AIDS and TB
- VCT** – Voluntary Consulting and Testing
- BM** – Benchmark
- HIV** – Human Immunodeficiency Virus
- STI** – Sexually Transmitted Infections
- LGBT** – Lesbians, Gays, Bisexuals, Transsexuals
- CSW**– Commercial Sex Workers
- MDF** – Millennium Development Goals Acceleration Framework
- WHO** – World Health Organisation
- NGO** – Non-Governmental Organisation
- MDG** – Millennium Development Goals
- CSO** – Civil Society Organizations
- HIV/AIDS NP** – National HIV/AIDS and STIs Prevention and Control Program 2011–2015
- UNDP** – United Nations Development Program
- PLHIV** – People Living with HIV
- MTCTP**– Mother to Child Transmission Prevention
- PwC** – Company with Foreign Capital PricewaterhouseCoopers Audit LLC
- AIDS** – Acquired Immune Deficiency Syndrome
- TB** – Tuberculosis
- MST** – Methadone Substitution Treatment
- IDU** – Injecting Drug Users



# EXECUTIVE SUMMARY

## 2015

... stabilization of the spread of HIV/AIDS infection. The HIV/AIDS incidence has reduced to 8 cases for 100 thousand population

... HIV/AIDS incidence for 100 thousand population at the age 15-24 and from 13.3 in 2006 down to 11.2 by the year 2010 and to 11 by the year 2015.

...the spread of tuberculosis was discontinued and there started the process of tuberculosis incidence reduction. Mortality rate due to tuberculosis reduced down to 10.0.

Millennium development goals assumed by the Republic of Moldova to be implemented until 2015 are of a complex nature; however, it is very important to put them into life. In order to achieve the MDG 6 targets to full extent, it is necessary to modify the development paradigm and to channel actions in three directions – the first one being coherent strategies with their priorities aimed at the attainment of MDG6; the second one – political determination and will; the third one – new development partnerships and allocation of responsibilities between all the actors involved in the process. It is necessary to have a consolidated and efficient partnership on the part of all the development actors: international organizations/donors, governmental organizations, civil society organizations and private sector. Civil society and private sector contribute directly and indirectly to the process of control and prevention of HIV/AIDS and tuberculosis and thus facilitate the MDG 6 targets implementation.

The present report contains analysis of the role and contribution of civil society organizations and private sector in the attainment of targets set in the Millennium Development Goal 6 „Combat HIV/AIDS and Tuberculosis”. The principal objective of the study consisted in demonstration of the contribution and role of civil society organizations and private sector in the implementation of the Millennium Development Goal 6 „Combat HIV/AIDS and Tuberculosis”.

Thus, as a result of analysis of the existent social documents (reports, studies) in relation to the matter under study, interview guides applied for four categories of respondents including governmental organizations, international organizations/donors, civil society organizations and private sector, as well as of the meetings held by the working groups with representatives of the group under study, we can state the following facts:

Attainment of the MDG 6 targets on the whole by 2015 is hardly probable. The benchmarks set for 2010 have been failed, which fact is confirmed by the statistic data for 2010 and 2011, while negative trends can be discontinued only through a collective effort aimed at identification of feasible solutions that would make it possible to accelerate the progress based on the specific national context and existent budget constraints.

As stated by the participants throughout the study, the biggest difficulties in **HIV/AIDS control/prevention** refer to the insufficient financing and dependence of non-governmental organizations on donors in relation to the necessary financial resources, austere budgets of the donors; difficulties in assurance of social services sustainability in this sphere due to the lacking mechanism for procurement of social services by the state; structural/organizational barriers in the sphere of HIV testing services ; very limited educational programs in the area of general education; limited access for the young people and adolescents to youth-friendly health services.

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As stated by the participants throughout the study, the biggest difficulties in the sphere of **tuberculosis control/prevention** refers to the insufficient financing and dependence on donors in relation to the necessary financial resources, limited budgets of the donors; insufficient responsibility and capacity of LPAs in the development and implementation of programs at the local level; lack of legal framework that would regulate NGOs activity in the sphere of TB control; lack of financial support guaranteed by the state, which implies a certain risk of discontinuation in medical supplies and grown number of cases of non-provision of treatment; non-conformity of human resources involved in the TB control to the actual requirements and shortage of specialists in the territories; medical staff trained in the management of adverse reactions is insufficient and, respectively, there exists „low” awareness among service users as to how to recognize and declare adverse phenomena; reduced level of awareness in relation to TB in the society, which is presently considered as “condemnation”.

The implication and role of **civil society organizations** in the attainment of MDG 6 targets is evident; they can provide information and prevention services (dissemination of informational materials, holding of surveys in the respective sphere; undertaking media campaigns, etc.); support and care services (social, psychological and legal assistance, organization of support groups, etc.) and organization of advocacy activities through participation in the decision making process, participation in the development of the National Program/ related policies, participation in the process of modification of the respective legal framework.

Another important actor in the attainment of MDG 6 targets is **private sector** whose contribution can be made in the form of organization of awareness campaigns at the level of companies/institutions or at the regional/territorial level; partnership in and support of social activities/programs developed by civil society organizations or state institutions; development and promotion of social responsibility programs, etc.

We have proposed the attainment of the mentioned objective by analyzing the role and contribution of CSOs private sector in achieving the MDG 6 targets through getting responses to a series of questions, such as: To what extent the CSOs and private sector are presently involved in the control and prevention of HIV/AIDS and tuberculosis? Are CSOs actively involved in the advocacy activities aimed at the policy change? To what extent, in what forms and how efficiently do the CSOs contribute to the policy agenda of MDG 6? Is the private sector involved in the policy dialogue with regard to the HIV/AIDS and tuberculosis control? To what extent, in what forms and how efficiently do the CSOs and private sector provide services and hold practical activities in the sphere related to MDG 6? What are the major difficulties confronted by these actors in the implementation of activities and programs that contribute to the attainment of the MDG 6 targets? Who should do what in order to assess the potential existent in the civil society and private sector with regard to the MDG 6 targets? These are some of the questions that we try to address in the present report. Throughout the document we show the opportunities, challenges and difficulties confronted by the mentioned development actors giving wherever possible the examples of good practices.



# INTRODUCTION

Millennium Development Goals targets which the Republic of Moldova has committed to achieve by 2015 are complex, but at the same time imperative. In order to meet these targets a strengthened financial, technical and human contribution and involvement is needed. All this can only be achieved in a coordinated and effective partnership among all development actors. Collaboration and cooperation of the public sector, private sector, civil society organizations and international organizations can increase efficiency and ability to achieve the goals.

In this context, this study presents an analysis of the role and contribution of civil society and private sector in achieving the targets of the Millennium Development Goal 6 „Combat and prevent HIV/AIDS and Tuberculosis” assumed by the Government and propose recommendations for a more efficient involvement.

## Purpose and aim of the study

Given the need for efficient partnership and active involvement of all development actors in achieving the Millennium Development Goals, the Economic Development Center (Sofia, Bulgaria) in partnership with the EXPERT-GROUP Independent Think Tank and Institute of Public Policies, within the project „ Contribution of Civil Society and Private Sector to Millennium Development Goals (MDG) implementation” has proposed to strengthen the capacities of the civil society organizations and private sector representatives, defined as development actors at the summit in Accra in 2008 and Busan in 2011 on technical assistance and efficient development. The project aims to contribute to implementation of the MDGs and their respective targets in the Republic of Moldova.

The first step in strengthening the capacity of development partners to contribute effectively in achieving the MDG 6, was accomplishment of the qualitative study „Contribution of the civil society organizations and private sector in achieving the Millennium Development Goals assumed by the Government of the Republic of Moldova. MDG 6 Combat HIV/AIDS and Tuberculosis”. In this respect, the aim of the study is to identify the contribution and role of the civil society organizations and private sector in achieving the Millennium Development Goal 6 „Combat and prevent HIV/AIDS and Tuberculosis”.

Aiming at accomplishment of the abovementioned aim, the following specific objectives have been set :

- ◆ identify the activities of Civil Society Organizations (CSOs), private sector, Government and international donors aimed to achieve the targets for Millennium Development Goal “Combat and prevent HIV/AIDS and Tuberculosis” and identify their potential future plans to speed up the attainment of the national targets for MDG 6;
- ◆ identify the vision of government institutions on current and future involvement of other actors in the attainment of national targets for MDG 6 and on currently existing gaps or barriers;
- ◆ find out the needs of CSO, donors and private institutions for possible actions that the government institutions would be required to undertake to achieve the targets for the MDG 6;
- ◆ find out how much the respondents understand the MDGs and the national targets for MDG 6 by, and whether they follow the international agenda on these issues;





- ♦ identify recommendations from each group of respondents on actions needed to be taken in the short and medium term to speed up the at

## The importance of subject considered

This study is a tool to identify the contribution and role of civil society organizations and private sector in achieving a certain goal, mainly with reference to achievements, best practices, potential impediments and problems encountered, and learn the recommendations to overcome the identified impediments, find the strengths, weaknesses and needs.

The carried out qualitative research covered four categories of respondents, and namely:

- ♦ civil society representatives;
- ♦ private sector companies;
- ♦ representatives of governmental organizations;
- ♦ representatives of international organizations.

Participants selection criteria for the purpose of this research were focused on: recognition on the national level of civil society organizations and private sector representatives developing activities aimed to combat and prevent HIV/AIDS and/or Tuberculosis; active involvement in relevant policy development, regional criteria.

## Research methodology:

The research methods used for the purposes of this study are:

- ♦ Analysis of social documents – official policy documents on combating and prevention of HIV/AIDS and Tuberculosis, research papers, analytical reports drafted by national and international experts in the field, national database. The statistical data were provided by National Bureau of Statistics. We relied on these resources especially when writing Chapter One and Two of the report, which outline the current situation and major trends in this area;
- ♦ Focus group (2 cluster sessions) – organized to validate the methodology and the research report. The members of the focus group were representatives of categories of respondents included in the research: government organizations, NGOs, private sector institutions and international organizations;
- ♦ Structured interviews – were conducted to identify the contribution of civil society organizations and private sector in achieving the targets of the MDG 6 six. Interviews were conducted with representatives of research group, to find out the visions of various stakeholders on the role and contribution of CSOs and the private sector in achieving the targets of the MDG6. Thus, the respondents of the research were: 15 civil society organizations, 10 private companies, 5 government institutions and 5 international organizations / donors.
- ♦ Institutional case study – presentation of best practices in the field that can be promoted and taken over by relevant organizations. Two case studies of civil society organizations and one case of private companies were prepared and presented within the study.



The study is structured into four chapters, as follows:

- ◆ **Chapter 1: MDG 6 in the Republic of Moldova – general framework.** The first chapter introduces the Millennium Development Goal 6, “Combat and prevent HIV/AIDS and Tuberculosis” and its targets, both in international as well as national formulation. It also makes an analysis of differences between international and local formulation of MDG 6, explaining the reasons for having a national formulation.
- ◆ **Chapter 2: MDG 6 – major trends and current situation.** This chapter presents the major trends in MDG 6, “Combat and prevent HIV/AIDS and Tuberculosis”, the dynamics of MDG 6 from 2001 to 2011 and makes an analysis of the factors explaining the dynamics of these indicators. Also, it identifies the key issues faced by the Republic of Moldova in achieving MDG 6 and, based on presentation of reasons, implications and risks makes the diagnosis of these problems.
- ◆ **Chapter 3: The role of civil society in achieving MDG 6.** This chapter presents the degree of civil society organizations awareness towards the MDG 6 and of the role the CSOs have in this area. Also, this chapter evaluates the CSOs’ contribution to achieving MDG 6 through activities that may be included in four areas: 1) policy advocacy, 2) services provision to various segments of society, 3) information and public awareness, and 4) adopting and serving as a model of good practice.
- ◆ **Chapter 4: Role of private sector in achieving MDG 6.** This chapter presents the awareness of MDG 6 by the private sector organizations. At the same time, it shows how the private sector, directly or indirectly, contributes to achieving the MDG 6 targets through: 1) the goods delivered within the core business, 2) positive „social externalities” generated by their core activity, 3) adoption and promotion of Corporate Social Responsibility practices and models, 4) practicing philanthropy and investment activities in the community, 5) engaging in policy dialogue with the government.

The report ends with conclusions, highlighting the main activities carried out by civil society and private sector in implementing MDG 6, as well as government corporate and donor policy **recommendations** aimed to maximize the chances to achieve the MDG 6.





# CHAPTER 1.

## MDG 6 IN THE REPUBLIC OF MOLDOVA – GENERAL FRAMEWORK

In the Republic Moldova control and prevention of HIV/AIDS and Tuberculosis is a major public health priority. In this respect, the Government of the Republic Moldova has made a series of national and international commitments to track, control and prevent spreading, and combat HIV/AIDS and Tuberculosis.

With regard to international commitments, the Republic of Moldova is part of global commitments to the Millennium Development Goals, including Goal 6 „Halt the spread of HIV/AIDS and TB by 2015 and reverse the current trend”; has signed the Declaration of Commitment of the Special Session of the United Nations General Assembly on HIV/AIDS (June 2001).

In order to meet international commitments, a number of national legislation documents on diagnostics, control, prevention and combating HIV/AIDS and TB have been drafted and adopted: the Law on prevention of HIV/AIDS (2007) with amendments and completions which came into force on June 1, 2012<sup>1</sup>; the Law on Prevention and Control of Tuberculosis no. 153 as of 04.07.2008; the Health System Development Strategy 2008 – 2017; the National Health Policy of the Republic of Moldova (2007-2021); the National HIV/AIDS and STIs prevention and control program for the years 2011 – 2015; the National Tuberculosis Control Program for the years 2011-2015.

The Government of the Republic of Moldova develops and implements programs contributing to achievement of MDGs. However, to make the prepared agenda relevant and fully integrated into national policies, objectives, the MDG targets and indicators were more rigorously adjusted to the specifics of the country's development than at the initial stage of adoption.<sup>2</sup>

In 2007, while reviewing national priorities, it has been stated that malaria was not a disease specifically widespread in Moldova and should not be considered a priority. Thus, the name of the goal has been changed, becoming „Combat HIV/AIDS and Tuberculosis”.

In this context the targets for the MDG 6 were also modified:<sup>3</sup>

- ◆ Target 1 Stabilize the spread of HIV/AIDS by 2015. Reduce HIV/AIDS incidence to 100,000 population from 10 in 2006 to 9.6 by 2010 and 8 by 2015;
- ◆ Target 2 Reduce HIV/AIDS incidence to 100 000 population aged 15-24 from 13.3 in 2006 to 11.2 by 2010 and to 11 by 2015 ;
- ◆ Target 3 Halt by 2015 the spread of TB and start the process to reduce tuberculosis. Reduce tuberculosis associated mortality from 15.9 (per 100,000 population) in 2002 to 15.0 in 2010 and to 10.0 in 2015.

1 The Law amending and supplementing Law no. 23-XVI as of 16 February 2007 on HIV/AIDS prevention //

2 The Government of the Republic of Moldova, The second Report on Millennium Development Goals of the Republic of Moldova, Chisinau 2010, p. 76

3 The Government of the Republic of Moldova, Report on Millennium Development Goals: „New challenges – new tasks”, <http://www.gov.md/doc.php?l=ro&idc=447&id=2767>, p. 24



In the Second Report on the Millennium Development Goals, the Republic of Moldova provided the reason for changing the targets for MDG 6 on HIV/AIDS and Tuberculosis. Thus, the report notes that though „a series of prompt measures have been taken to combat HIV/AIDS and Tuberculosis, Moldova has not reached the intermediate targets set in the context of MDG to reduce by 2006 the HIV/AIDS incidence and mortality associated with tuberculosis. Furthermore, these diseases have spread, so achieving these ambitious targets for 2010 and 2015 has become impossible, entailing the need to revise the targets, and set more feasible values for these indicators (Table 1).

Table nr. 1.

**International and national targets, initial and revised, MDG 6 Combat HIV/AIDS, Tuberculosis and other diseases**<sup>4</sup>

International target	Initial national targets	Revised national targets (2007)
Halt and reverse by 2015 the incidence of HIV/AIDS	Halt by 2015 the HIV/AIDS spread and start reducing HIV/AIDS. Reduce the incidence of HIV/AIDS from 4.66 (per 100.000 population) in 2002 to 4 in 2006, from 3.5 in 2010 to <b>3.2 in 2015</b>	Stabilize the spread of HIV/AIDS by 2015. Reduce HIV/AIDS incidence from 10 (per 100 000 population) in 2006 to 9.6 by 2010 and <b>8 by 2015</b> .
Halt and reverse by 2015 the incidence of malaria and other diseases	Reduce HIV/AIDS incidence in population aged 15-24 from 6 ( per 100.000 population) in 2002 to 4.2 by 2010 and <b>to 4 by 2015</b>	Reduce HIV/AIDS incidence in population aged 15-24 from 13,3 ( per 100.000 population) in 2006 to 11.2 by 2010 and <b>11 by 2015</b>
	Halt by 2015 the spread and start the process to reduce tuberculosis. Reduce the TB associated mortality rate from 15.8 (per 100.000 population) in 2002 to 13.9 in 2006, to 12.0 in 2010 and <b>to 7 in 2015</b>	Halt by 2015 the spread and start the process to reduce tuberculosis. Reduce the TB associated mortality rate from 15.9 (per 100.000 population) in 2002 to 15.0 in 2010 and <b>to 10.0 in 2015</b>

According to statistical data, as of January 1, 2012 in the Republic of Moldova in cumulative terms there were 7125 HIV-infected persons, including 2268 – in the Eastern part; the number of people living with HIV being 5383.<sup>5</sup>

According to SPECTRUM estimates there are 1882 new cases in 2012 (1283 new cases on the right bank and 599 new cases on the left bank of the Dniester River). HIV infected population is estimated to be 14528 (10517 on the right and 4011 on the left bank).

The analysis of the targets set for MDG 6, based on government reports and CSO opinion, shows that these targets are unlikely to be achieved by 2015. The latest report on the MDGs from the Government points out that „it is highly unlikely that the MDG 6 targets for 2010 and 2015 will be achieved, given the epidemiological situation and trends in HIV/AIDS spread in Moldova.”<sup>6</sup>

Most civil society representatives participating in the research, believe that the MDG 6 targets will not be achieved by 2015. Arguments in favor of this statement are that „the targets set for 2010 have not been met” and at the same time „high rate of HIV/AIDS and TB demonstrated by statistical data”

4 The Government of the Republic of Moldova, Report on Millennium Development Goals: „New challenges – new tasks”, <http://www.gov.md/doc.php?l=ro&idc=447&id=2767>, p. 24

5 Ștefan Gheorghită, „Epidemiological situation on HIV infection in the Republic of Moldova”, CNC, February 23, 2012.

6 The second Report on Millennium Development Goals of the Republic of Moldova, Chisinau 2010, p. 10

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shows that achieving the targets set for the said period of time is highly unlikely. Also, civil society representatives consider the financial crisis to be an impediment to achieving MDG 6 targets because „ it limits the actions focused on primary care interventions, treatment and less on prevention efforts beyond the specified timeline”, at the same time absence of the mechanism for purchasing social services provided by CSO impedes to ensure sustainability of social services; insufficient public resources also hamper continuity of existing programs. At the same time, lack of qualified specialists and fluctuation of qualified staff makes it difficult to achieve expected results. Another aspect mentioned by respondents is „insufficient access of population to information on HIV/AIDS and Tuberculosis, existing relevant services, for example the Voluntary Counseling and Testing Offices are underused and respectively, the population shows a certain reluctance to implement the relevant programs”; insufficiency or even lack of child-friendly education programs is also an impediment in informing the younger generation on how to prevent and combat HIV/AIDS and Tuberculosis. Discrimination against people living with HIV/AIDS is mentioned by participants in the research, but also demonstrated by research carried out prior to this stage; difficulties encountered by people in accessing social, education, professional and even health care services are factors that impede to ensure quality of life for people living with HIV/AIDS and Tuberculosis.<sup>7</sup>

Representatives of international organizations also believe that these targets will not be achieved. In their opinion, „ it is highly unlikely to fully achieve MDG 6 targets by 2015. The intermediate targets set for 2010 have been missed, this being confirmed by the statistical data for 2010 and 2011, and negative trends can be halted only through a collective effort to identify workable solutions that could accelerate progress proceeding from the specific national context and within the limits of existing budget. „

If the prevailing opinion among civil society, international organizations and state institutions is that the targets will not be achieved, most of them being sure of this, in case of the private sector, this aspect is less discussed. In most cases, businesses are not aware about the specific issues on HIV or TB and can not decide whether these targets will be achieved or not.

Consequently, the opinions expressed by representatives of the private, non-governmental and governmental sectors come to support the fact that targets set by the Republic of Moldova for MDG 6 will not be achieved by 2015. Their statements are based on facts about available financial resources, insufficient number of HIV/AIDS and Tuberculosis prevention programs and statistical evidence confirming that these targets are practically impossible to achieve in specified timelines.

7 Malcoci Ludmila, "Social-economic status of persons with HIV: sociological study " ; Soros-Moldova Foundation, Public Health Program. – Ch.: S. n., 2012 ( "Bons Offices" Publishing House), page 6



## CHAPTER 2.

# MDG 6: MAJOR TRENDS AND CURRENT SITUATION

In conformity with the World Health Organization classification (further referred to as WHO), HIV/AIDS in Moldova are at the stage of concentrated epidemic. In recent years the predominant way of HIV/AIDS transmission was heterosexual, featuring reduced number of new cases among intravenous drug users.

Thus, the epidemiological situation makes it necessary to develop strategies and activities promoting healthy lifestyles, change of the HIV risk behaviors by developing and implementing preventive measures and ensuring treatment, care and support for people living with HIV/AIDS.

The Government of the Republic of Moldova through the National HIV/AIDS and Sexually Transmitted Infections Prevention and Control Program (hereinafter referred to as Program) ensures coordination of response measures to HIV and sexually transmitted infections (hereinafter referred to as STI) for 2011-2015.<sup>1</sup>

The National HIV/AIDS and STIs Prevention and Control Program for 2011-2015 (NP HIV/AIDS) covers the priority national strategies for prevention, improved quality of life, treatment and monitoring, as well as evaluation. The Program is aligned to the national strategic framework and international commitments to which Moldova undersigned. NP HIV/AIDS is explicitly linked to the Health System Development Strategy for 2008-2017, National Health Policy. The Program represents an integral and multisectoral plan. The National Program was developed based on lessons learned from implementation of previous NPs HIV/AIDS elucidated in the EMT and National Response Analysis, 2010, as a result of consensus-based consultations with key partners, including the Government, international organizations, non-governmental organizations and persons with HIV positive status.

The objectives of the National Program are:

1. Maintain incidence of HIV/AIDS in the age group 0-39 years by 2015 – at 20 cases per 100,000 population;
2. Reduce mortality among people with HIV/AIDS by 2015 by 10% from the total estimated number of persons.

Setting indicators other than those specified in the MDG 6 in the National Program shows that the parties involved (civil society and state representatives) are aware that the MDG 6 targets can not be achieved. At the same time, „The Joint Assessment Report. National HIV/AIDS and Sexually Transmitted Infections Prevention and Control Program for 2011-2015” presents the strengths, weaknesses and critical parts of the Program.

Thus, **the strengths** of the program, mentioned in the Joint Assessment Report are:

<sup>1</sup> National HIV/AIDS and STI Prevention and Control Program for 2011-2015

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- ♦ its full compliance with the processes and procedures/national strategic planning regulations developed by the Government of the republic of Moldova. It is well aligned with the National Development Plan and National Health Policy and National Health Strategies.
- ♦ it is comprehensive as purpose and size and progressive. It presents a comprehensive response to HIV and AIDS in Moldova addressing such issues as prevention, treatment and care, impact mitigation, M & E, etc. This implies collective intellectual, political and enormous human investments.
- ♦ it represents an important platform for participation and contribution aimed at broadening of health reform processes and programs.

Significant **weaknesses** highlighted in the report are:

- ♦ not strategic enough in terms of priorities identification and resource allocation;
- ♦ focused mostly on activities rather than outcomes;
- ♦ there are shortcomings in terms of prices and NSP budget: inconsistency in how it came to prices for some products and to certain budget lines; underestimating costs set to change with time, unclear variations in government allocations within the available fund;
- ♦ it is unclear how the data on M & E is applied **to coordinate and shape the national response to HIV to match the epidemic model**. It is necessary to **identify and prioritize the main results to be achieved within the program and then use them for planning of purposes, capitalization, etc.**

In order to eliminate the shortcomings mentioned in the Joint Assessment Report and to achieve the expected impact of the NSP, and according to the decisions of the National Coordination Council under the National for of HIV/AIDS, STI Prevention and Control and TB Control Programs, it was proposed to draft the Government Decree amending and supplementing the Government Decree no.1143 as of December 16, 201.

The secondary legislation framework at the national level also includes relevant laws, strategies and programs, as well as ministerial orders and decrees that mandate actors involved in the national response to combat HIV/AIDS and Tuberculosis.

- ♦ **The Law on HIV/AIDS prevention** aims at anti-discrimination of people with HIV status and guarantees their rights. The law stipulates the right to confidential testing, antiretroviral treatment and care for people with HIV. Under this law, people can be tested for HIV only if they give their informed and voluntary agreement in writing and if the right to confidentiality is ensured. Thus, the law condemns the practice of mandatory testing as a precondition for employment, admission to education and access to medical services and other forms of discrimination against people with HIV at the workplace, in educational, health institutions and financial services.<sup>2</sup>
- ♦ **The Law on Prevention and Control of Tuberculosis** sets the legal framework for implementing the state policy on control and prevention of TB to protect public health and ensure sanitary-epidemiological welfare of po-

2 Malcoci Ludmila, "Social-economic status of persons with HIV: sociological study " ; Soros-Moldova Foundation, Public Health Program. – Ch.: S. n., 2012 ( "Bons Offices" Publishing House),page 20





pulation.<sup>3</sup> The law provides for TB prevention measures, which should be accomplished through specific prophylaxis, vaccination, revaccination, anti-tuberculosis chemoprophylaxis, preventive chemotherapy, prevention measures in tuberculosis hotbeds, mandatory medical examination and other measures required by the legislation in force<sup>4</sup>, to be carried out from mandatory health insurance funds, the state budget, from grant funds and other sources provided in accordance with the law. Also, the law provides for the modality of ensuring anti-tuberculosis medical care.

The National Health Policy of the Republic of Moldova (2007-2021) aims to create optimal conditions to achieve the highest standard of health through a person's lifetime, inclusively, by ensuring a decent living. With reference to HIV/AIDS the National Health Policy promotes HIV prevention policies and ensuring access for people with HIV to medical, social, psychological and legal services. HIV prevention policies provide for measures targeted to population at large (information, education and communication), children and adolescents in schools (implementation of „life skills” course and training of teachers involved in teaching), and key high risk groups (comprehensive prevention activities, treatment, rehabilitation, care and support).<sup>5</sup>

Control and prevention of tuberculosis is a priority in the National Health Policy. Tuberculosis control strategies are focused on the actions of the central and local public administration authorities aimed at improving living conditions and nutrition of economically disadvantaged groups. Policies to prevent and control TB provide for measures to strengthen the efforts of the state, community, government and international organizations to ensure TB control, prevent the spread and development of multidrug resistant forms of tuberculosis. Coordinated measures will be undertaken to ensure medical care for patients with various forms of tuberculosis based on the principles of the World Health Organization, European regional profile associations, in view of continuous and stable reduction of the number of cases of sensitive forms and, in particular, forms resistant to classical treatment<sup>6</sup>. Also, actions will be aimed at informing the population about tuberculosis. Combating socially conditioned diseases such as HIV/AIDS and tuberculosis is a Government priority in the context of maintaining public health. This was translated into commitments made under the Millennium Development Goals<sup>7</sup> and is demonstrated by the national social policies developed by the Republic of Moldova.

### Target 1.

**Stabilize HIV/AIDS spread by 2015. Reduce HIV/AIDS incidence from 10 in 2006 to 9.6 by 2010 and 8 by 2015 per 100 000 population.**

In Moldova, the first cases of HIV have been revealed since 1987. Over time, the situation has changed. In the first half of the ,90s there has been a relatively small number of cases, but in 1995 there was a number of outbreaks among intravenous drug users.

<sup>3</sup> Article 1, the Law on prevention and control of tuberculosis no. 153 as of 04.07.2008

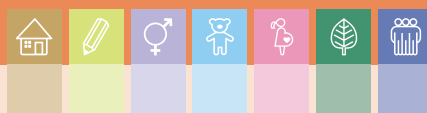
<sup>4</sup> Article 8, the Law on prevention and control of tuberculosis no. 153 as of 04.07.2008

<sup>5</sup> Malcoci Ludmila, "Social-economic status of persons with HIV: sociological study"; Soros-Moldova Foundation, Public Health Program. – Ch.: S. n., 2012 ( "Bons Offices" Publishing House) page 20

<sup>6</sup> National Health Policy of the Republic of Moldova (2007 – 2021)

<sup>7</sup> Government of the Republic of Moldova, The Second Report on Millennium Development Goals, Republic of Moldova, Chisinau 2010, p. 76



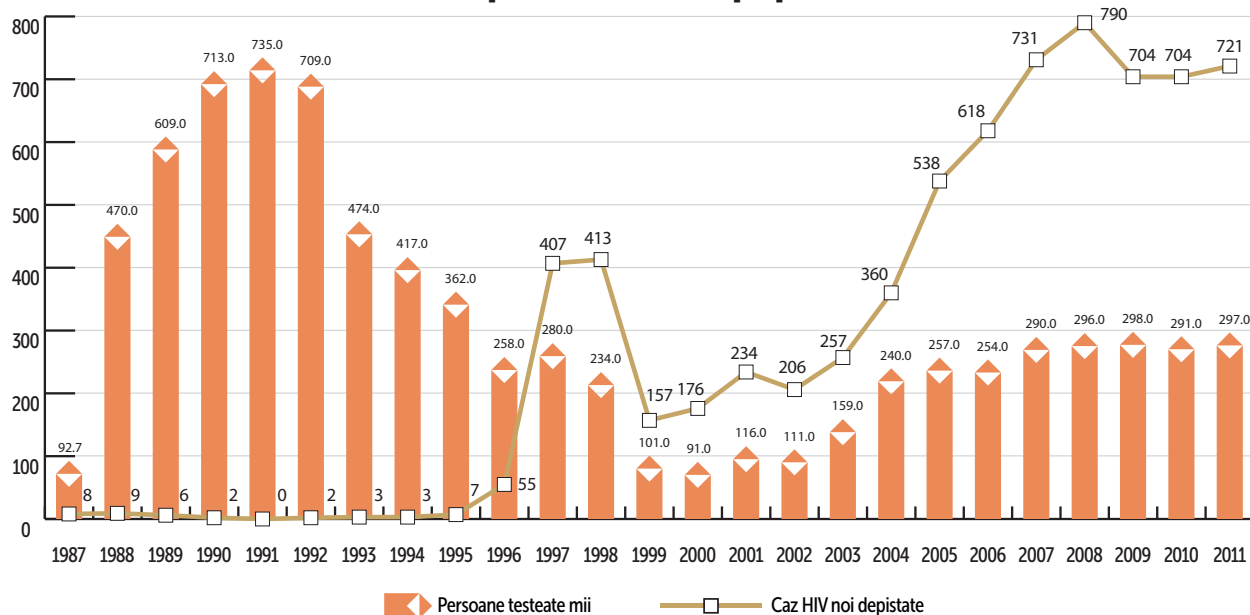


In response to the ever increasing number of people infected with HIV, almost immediately after the first revealed cases of HIV/AIDS, the country has started activities aimed at building national response to HIV. Thus, so far two national programs on AIDS have been developed and the third is in progress. The national programs define strategies to identify priorities for prevention, surveillance and treatment<sup>8</sup>.

HIV/AIDS in Moldova continues to present a major public health problem. HIV/AIDS Epidemic in Moldova is maintained under surveillance and permanent monitoring. The infection is continuously increasing, thus in 2011 there were 721 new HIV cases, including 227 in the eastern part of the country (2010-704, in the eastern part – 247)<sup>9</sup>. Also, the data from the latest newsletter of the National Center for Public Health indicate that during the first quarter of 2012 there were 207 new cases of HIV (first quarter of 2011 – 215 cases), including 72 in the east of the country (2011-69).

Figure 1.

**Dynamics of new HIV cases revealed and number of tests for HIV markers in the Republic of Moldova over 1987 –2011 în Republica Moldova pe perioada anilor 1987 –2011**



Source: National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 2.

**HIV/AIDS has been revealed in almost all administrative regions<sup>10</sup>.** By the end of 2011 HIV prevalence was 129.04 to 100,000 population, including on the right bank – 98.18, and eastern part – 292.86. The highest prevalence has been recorded in Balti – 723.97; Tiraspol – 219.06; Bender – 207.09; Chisinau – 106.02 and in districts Ribnita – 453.57; Slobozia – 224.12; Grigoriopol – 203.09; Glodeni – 134.08; Basarabasca – 150.68; Singerei – 105.99; Comrat – 193.67; Ciadir-Lunga – 109.65; Causeni – 86.67; Falesti – 87.47; Stefan Voda – 82.85; Rezina – 77.94. In other districts the prevalence index falls within the range from 26 to 67 cases per 100 000 population<sup>11</sup>.

8 League of people living with HIV/AIDS, "GIPA Moldova Report Fiche. Country assessment 2010", Chisinau 2011

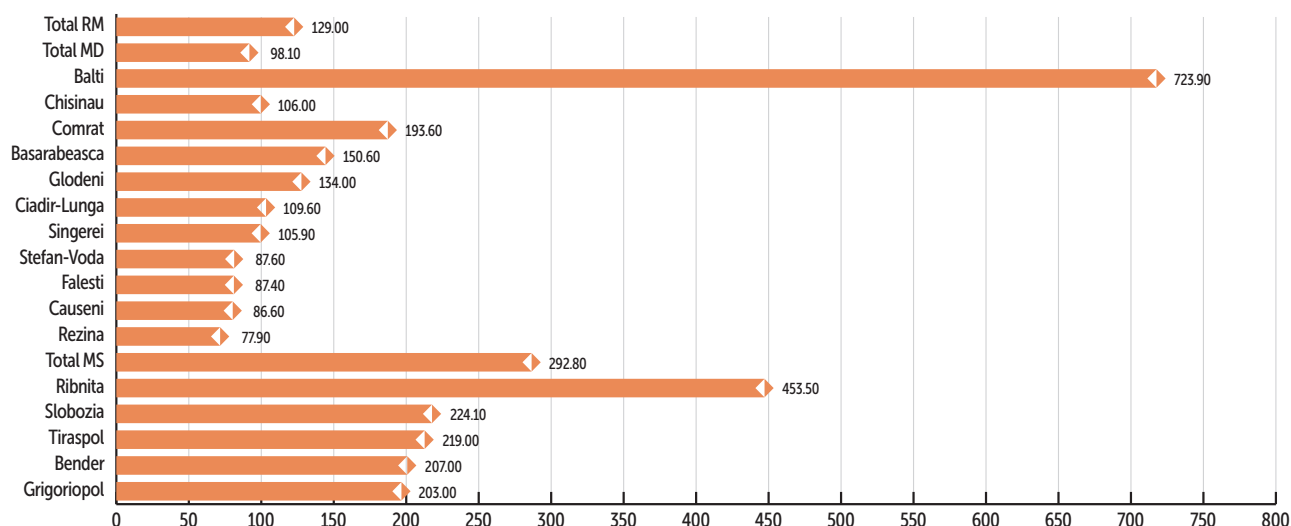
9 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011

10 Malcoci Ludmila, "Social-economic status of persons with HIV: sociological study"; Soros-Moldova Foundation, Public Health Program. – Ch.: S. n., 2012 ( "Bons Offices" Publishing House), page 16

11 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, page 3



Figure 2.  
**HIV prevalence per 100000 population (1987-2011)**



Source: National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 3

In the first quarter of 2012 there were 207 new cases of HIV, including 72 in the eastern regions of the country. Cases of HIV virus porteurs were revealed in: Chisinau – 20, Balti municipality – 30, Tiraspol – 27, Bender -11, in the districts: Slobozia – 13 cases, Ribnita – 14 cases, Cahul and Cimislia 7 in each, Grigoriopol and Anenii Noi 6 in each, Falesti and Soroca 5 in each, Basarabeasca – 4, Drochia, Ialoveni, Riscani, Comrat Ciadir-Lunga 3 in each, Briceni Causeni, Glodeni, Stefan Voda, Ocnita, Orhei, Sinjerei, Strășeni 2 cases in each, and Calarasi, Criuleni Edinet, Floresti Hincest,i Leova, Tele- nesti, Soldanesti, Ungheni, Dubasari, and Vulcanesti one case in each.

### The percentage of persons infected with HIV among the population of risk:<sup>12</sup>

- ◆ In 2011, the number of cases of HIV infection through injecting drugs use was 8.09%, remaining at the level of 2010 – 8.04% . Estimative, in the Republic of Moldova (the right bank of Nistru) there are only 25.000 IDUs, this representing a total prevalence of 0.8% of IDUs in the age group of 15 years and higher. This is the largest risk group in terms of HIV infection with the highest HIV prevalence. Official statistics indicate a declining incidence of HIV among IDUs, with fluctuating levels at the time of testing IDUs to HIV. (34 new cases on the right bank in 2010, compared with 111 new cases in 2005)<sup>13</sup>.
- ◆ In 2011 in comparison with 2010 there was a decrease in the number of HIV cases among pregnant women (80 versus 87)<sup>14</sup>. In the first quarter of 2012 HIV infection was confirmed in 27 pregnant women and two children born from HIV positive mothers<sup>15</sup>. Below is the distribution of new HIV cases among pregnant women in 2004 – 2011

12 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 3

13 Evaluation of HIV Prevention Programs in the Republic of Moldova (draft), February 2011, www.aids.md

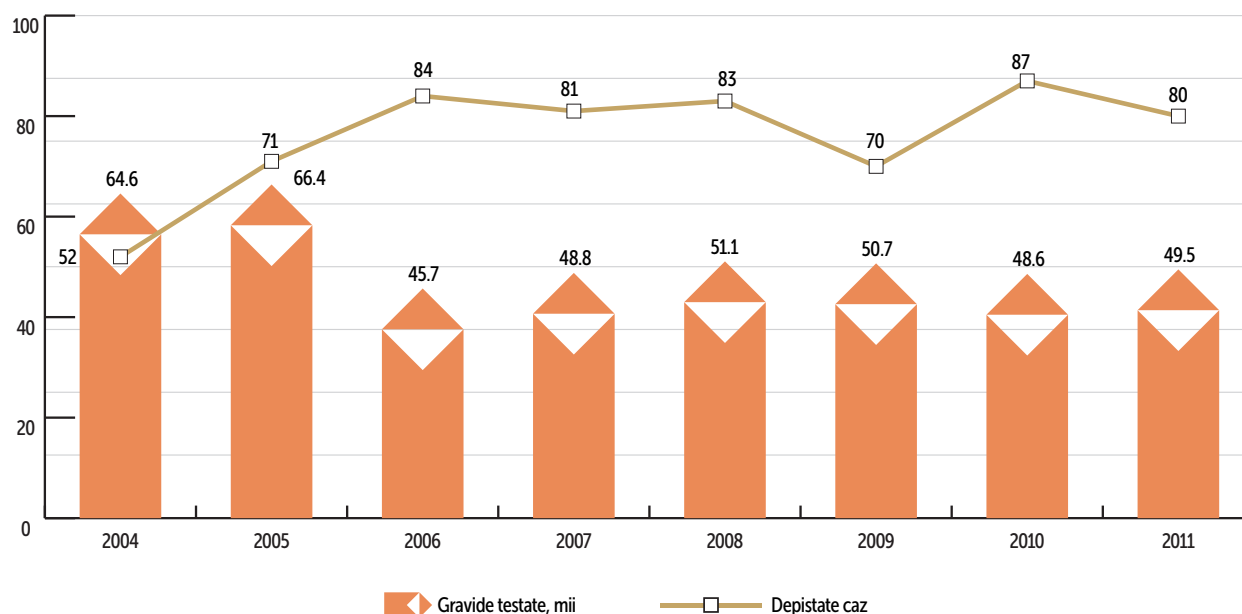
14 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 6

15 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period I quarter of 2012

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Figure 3.  
**Distribution of new HIV cases among pregnant women (2004 – 2011)**



Source: National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 6

- ◆ The comparative analysis of HIV incidence in 2010, 2011 and the first quarter of 2012 indicates a **decrease** in revealing new cases of HIV in the **age segment of 15-39 years**, which makes 72.81% of the total cases revealed (2010 – 79.54%), including the age segment 15-19 years making 2.91% against 4.97%.<sup>16</sup> In the first quarter of 2012 in the age segment 15-24 years 32 new cases were revealed (15.4% of the total number of cases revealed)<sup>17</sup>.
- ◆ **Extension of infection takes place in the rural population.** Thus, in 2011 it was 39.256%, compared to 34.9% in 2010<sup>18</sup>.
- ◆ During 2011 the number of persons infected through **heterosexual** transmission remained at rise – 86.26% (2010 – 86.79%). Of the total number of cases (494) revealed on the right bank of Nistru – 423 (85.62%) account for sexual transmission, including 128 people infected abroad (30.3%). In 32.61% infection occurred as a result of sexual contact with HIV positive husband/wife, concubine. And according to the latest Newsletter of the National Center for Public Health, during the first quarter of 2012, similarly as in 2011, heterosexual transmission of HIV prevails. Of the total number of cases revealed 105 occurred in men and 102 in women.
- ◆ The proportion of **women** covered by the epidemic is growing. Thus, in 2001 the proportion of women in new cases of HIV infection was 26.7%, while in 2011 it was 52.29%<sup>19</sup>.
- ◆ According to the data of the II generation of epidemiological surveillance among people at high risk of infection (2009-2010), HIV prevalence among **sex workers** is 6.8%, among **MSM** – 0.7%. These results confirm that HIV epi-

<sup>16</sup> National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period I quarter of 2012

<sup>17</sup> National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period

<sup>18</sup> National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 6

<sup>19</sup> National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 5



demic situation in the country is classified as a type of epidemic concentrated among groups of high risk of infection (according to WHO classification)<sup>20</sup>. MSM show a certain level of knowledge about ways of HIV infection and means of protection. MSM get the main information on HIV from the internet or participate in trainings organized by relevant NGOs<sup>21</sup>.

- ◆ According to the study „Socio-economic status of persons with HIV: sociological study”<sup>22</sup>, **migrants and their families** are one of the vulnerable groups at most risk of HIV infection. More than one third of people living with HIV surveyed said that they or their partner worked and lived abroad for more than one month in the last five years. Every second respondent knowing about his/her positive HIV status for less than one year has worked abroad for at least one month in the last five years. One in five respondents said that he/she was infected in Russia or Ukraine
- ◆ The start of the epidemic, **AIDS disease** was diagnosed in 1597 persons, representing 25.43% of people infected with HIV. In 2011 420 people revealed AIDS disease (2010-290). The most common AIDS indicator diseases: pulmonary infection with *Mycobacterium tuberculosis* – 49.19%, oesophageal candidiasis – 20.0% and HIV fatigue syndrome – 6.66%<sup>23</sup>.
- ◆ The analysis of statistical data presented in national reports and sociological studies highlights the following trends on HIV: HIV prevalence **is declining** among young people, IDUs, as well as pregnant women. At the same time, it highlights the increase of HIV infection among women, and a higher percentage of infection in rural areas.
- ◆ The Republic of Moldova is part to the Global Commitment to the Millennium Development Goals, Goal 6 „Halt and reverse the spread of HIV/AIDS and TB by 2015” and the Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS in 2001, which seek to promote healthy lifestyles, training on risk-free behavior, expansion of prevention activities, including among the high risk population, accessibility to health services, counseling and voluntary testing, early detection, treatment, care and support.
- ◆ On February 9 – 10, 2012, aiming at achieving the Millennium Development Goal 6, MAF workshop was held to evaluate three priority interventions, and namely: use of harm reduction programs focused on prevention of HIV transmission from the key population to sexual partners and their clients; strengthening of medical surveillance and monitoring system for individuals diagnosed with HIV by strengthening multidisciplinary teams in the regional offices to ensure early detection and treatment of HIV infection by promoting VCT service.
- ◆ Voluntary counseling and testing services were provided in all administrative regions. Access to counseling and voluntary HIV testing is provided in 67 VCT offices, including 54 in the PHCF on the right bank, 5 in penitentiaries and 8 in the eastern regions. The rate of voluntary counseling and testing offices to 100,000 population increased from 0.16 in 2007 to 1.63 in 2011<sup>24</sup> (Figure 4).

20 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period I quarter of 2012

21 Report on qualitative Sociological Study among Men having Sex with Men (MSM), [http://aids.md/aids/files/1210/Raport\\_%20BSB\\_05.pdf](http://aids.md/aids/files/1210/Raport_%20BSB_05.pdf), p. 3

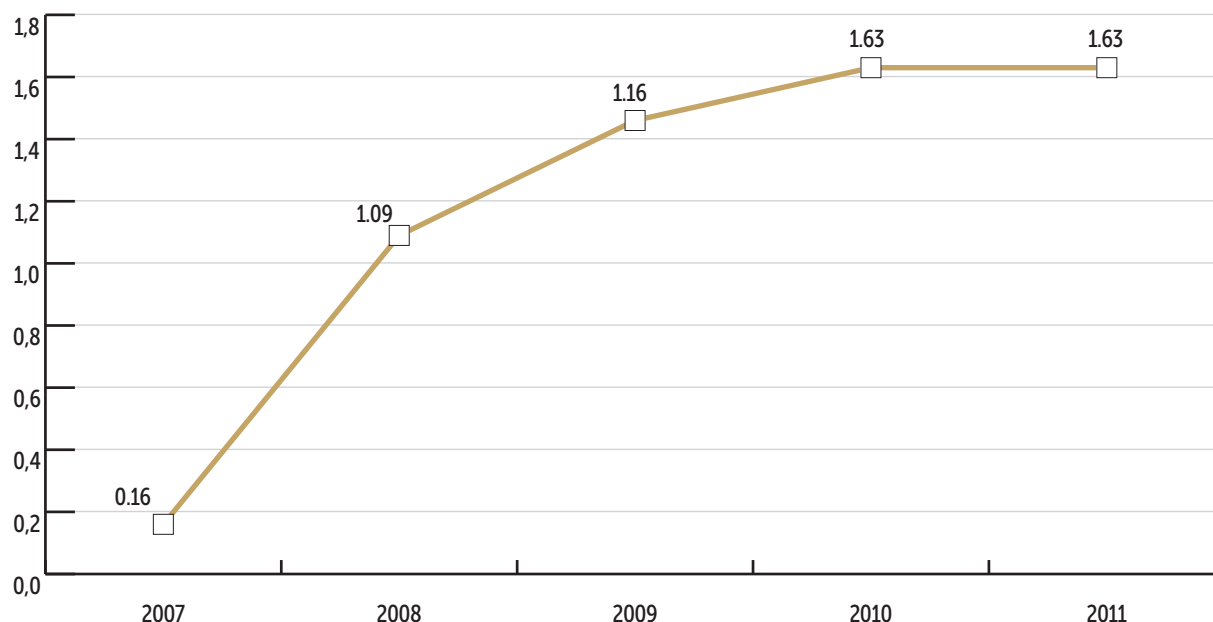
22 Malcoci Ludmila, “Social-economic status of persons with HIV: sociological study”; Soros-Moldova Foundation, Public Health Program. – Ch.: S. n., 2012 ( “Bons Offices” Publishing House)

23 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period I quarter of 2012

24 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 8



Figure 4.  
**Rate of voluntary counseling and testing offices to 100000 population, 2007-2011**



Source: National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 8

During 2011 the counseling and voluntary testing offices provided services to 81.521 people, which makes 38.36% (2010 -36.89%, 2009 – 27.10%) of people tested for HIV at the initiative of medical workers and patient initiative; at the same time 142.021 pre and post- HIV test counseling sessions were conducted (2010-133.935), including (81.521 pre-test and 60.500 post-test).

In most cases visits to the VCT offices are made at the initiative of medical workers and account for 90.38% (89.03% in 2010) of those counseled, while visits at the initiative of the patient are quite reduced, accounting for 9.61% (10.97% in 2010). The proportion of persons from the high risk groups counseled in the counseling and voluntary testing offices is growing, however the overall coverage of such persons with counseling services remains low and accounts for 61.03% (43.64% in 2010) of the persons having sexual contacts with HIV-infected persons tested for HIV markers; 27.93% (12.81% in 2010) of intravenous drug users, 25.28% (16.89 in 2010) of people with clinical signs of sexually transmitted infections, 16.43% (7.97% in 2010) of commercial sex workers and/or sexual vagrants<sup>25</sup>.

## Target 2.

**Reduce incidence of HIV/AIDS to 100 000 population aged 15-24 from 13.3 in 2006 to 11.2 by 2010, and 11 by 2015**

Adolescents and young people in Moldova account for more than a quarter of the total population excluding Transnistria. By January 1, 2011 the cumulative number of revealed HIV cases was 6.404, including 2.127 in Transnistria region.

25 National Center for Public Health, Newsletter on HIV/AIDS situation over the reference period 2011, p. 9



The HIV virus has affected mainly young, so 85% of the total number of cases of people infected with HIV were revealed in young people aged 15-39, including 29.7% among those aged 15-24<sup>26</sup>.

According to statistical data, from January 1 2011 the population permanently living in Moldova accounted for 3,560.4 thousand persons, of which 745 600 or every fifth person was below 18 years<sup>27</sup>.

Young people are included as a priority group in all programs to prevent sexually transmitted diseases, including HIV. The study conducted in 2010 among young people aged 15-24<sup>28</sup> shows that the knowledge about HIV/AIDS within this group continue to be fragmented – only 38.2% of young respondents correctly answered the whole set of questions regarding HIV/AIDS, and 66.3% of respondent gave correct answers to the set<sup>29</sup> of questions about sexual protection methods.

According to the „Knowledge, attitudes and practices of the general population (15-64 years) on HIV/AIDS” survey<sup>30</sup>, 97.1% of the research participants aged 15 – 24 have ever heard about HIV/AIDS. Also, the survey has shown a high ratio of non-permanent partners among young people aged 15 -24. Thus, among young people aged 15-24 years, the value indicator is 31%, almost twice as high as for the group aged 25-34 (16%) and more than three times higher for the group aged 35-49 (8.1%) and almost ten times higher for the group aged 50-64 years (3.7%). The data presented highlights the need to implement information programs on HIV/AIDS among young, urban and very important, in rural areas where the level of knowledge on HIV/AIDS is lower.

Among the young population, one of the groups vulnerable to HIV infection are children, young people whose parents are working abroad. Vulnerability of children with parents working abroad is related to lack of parental affection, but also parental control in sexual life. Thus, in different contexts, both doctors and other specialists have warned about the increased vulnerability of young people with parents working abroad, however until now there have been no studies to confirm or refute these facts. The media has shown some situations where teenagers and young people whose parents are working abroad have been sexually abused or acted as abusers themselves, but these are only cases that have reached the media<sup>31</sup>.

The level of knowledge about HIV/AIDS among adolescents with parents working abroad turns out to be superficial. Some teenagers, mostly those who have participated in extracurricular thematic activities, prove adequate level of knowledge, while others express vague or erroneous knowledge<sup>32</sup>.

26 The Government of the Republic of Moldova, National HIV/AIDS and STI Prevention and Control Program for 2011-2015, [www.aids.md/aids/index.php?cmd=item&id=250&lang=ro](http://www.aids.md/aids/index.php?cmd=item&id=250&lang=ro)

27 The Government of the Republic of Moldova, the National HIV/AIDS and STI Prevention and Control Program for 2011-2015, [www.aids.md/aids/index.php?cmd=item&id=250&lang=ro](http://www.aids.md/aids/index.php?cmd=item&id=250&lang=ro)

28 Knowledge, attitudes and practices of young people aged 15-24 regarding HIV/AIDS (national sample- 1209 respondents aged 15-24, data collection period 26 September – 7 November 2010), The survey was implemented with the financial support granted by the Global Fond to Combat AIDS, Tuberculosis and Malaria, round 6.

29 Proportion of respondents who gave a correct answer to each of the following questions:

Can the risk of HIV infection be reduced by correct use of the condom at each sexual intercourse?"

Can the risk of HIV infection be reduced, by having only one sexual partner, faithful and non-infected?"

Can HIV virus be transmitted by eating from the same plate with the HIV infected person?"

Can an apparently healthy person be HIV positive?"

Proportion of respondents who gave affirmative answers to the following questions:

Can the risk of HIV infection be reduced, by having only one sexual partner, faithful and non-infected?"

Can the risk of HIV infection be reduced by correct use of the condom at each sexual intercourse?"

30 Ministry of Health, National Center of Health Management, "Knowledge, attitudes and practices of the general population (15-64 years) on HIV/AIDS" survey results ", Chisinau 2010, p. 13

31 Natalia Vladicescu, "Knowledge, attitudes and practices (KAP) about HIV in adolescents with parents working abroad", under Fact Finding Mission (FFM) in NON-EU states and border areas, Chisinau 2011, 36 p.

32 Natalia Vladicescu, "Knowledge, attitudes and practices (KAP) about HIV in adolescents with parents working abroad", under Fact Finding Mission (FFM) in NON-EU states and border areas, Chisinau 2011, 36 p.



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Thus, according to „Knowledge, attitudes and practices (KAP) about HIV in adolescents with parents working abroad” survey adolescents received information mainly in educational institutions, which were focused primarily on the risk of HIV infection, ways of transmission and prevention methods. However, there are teenagers who say that in school no one ever approached the subject, one of the boys noting „might have been, but I missed from school”.

Among the main HIV/AIDS information and education actors are:

- ♦ **didactic staff** – in biology classes, classroom hours, civic education, as well as some optional disciplines „Life Skills”, „Education for health”, etc.;
- ♦ **representatives of civil society**, particularly NGOs working in the field, through information, public awareness and education projects; in this sense „Peer Educators” activity should be noted, as well as the effect of meetings of students with HIV positive persons – students begin to realize that this can happen to anyone;
- ♦ **membership and networking group for young people** – parents, siblings, relatives, friends, neighbors and other people they keep contact;
- ♦ **medical institutions** – usually billboards, leaflets and rarely health professionals;
- ♦ **mass-media** – through articles, reports, programs, commercials, movies and documentaries;
- ♦ **Internet** – a source increasingly used by adolescents in particular to deepen knowledge, when they want to know more information about something they heard.

With all these multiple sources of information, presentation of information about HIV/AIDS is prevalently done in a random, occasional manner which sometimes is confusing in terms of information. Most young people are aware about the ways of infection, but sometimes are unsure of their knowledge because are easily influenced by opinion change.

In conclusion, it is necessary to highlight the importance of continuously informing all adolescents, young people about HIV/AIDS. Lack of information is one of the causes of high incidence of HIV/AIDS among young people.

### Target 3.

**Halt and reverse the spread of tuberculosis by 2015. Reduce the rate of mortality associated with tuberculosis from 15.9 (per 100.000 population) in 2002 to 15,0 in 2010 and to 10,0 in 2015**

Prevention and combating tuberculosis is a public health priority in Moldova. As well as for the other targets, slow decrease of mortality associated with tuberculosis was the main reason for the revision of targets for 2010 and 2015 for this disease<sup>33</sup>.

Tuberculosis remains a public health problem in Moldova, and the unfavorable epidemiological situation caused by this disease makes the country to bear a heavy burden of tuberculosis.

33 The Second Report on Millennium Development Goals, Republic of Moldova, Chişinău 2010, p. 80



The progress achieved is still fragile, caused by a modest increase in mortality rate associated with tuberculosis, which in 2009 reached 18.0 cases per 100,000 people<sup>34</sup>. Developments occurred due to actions aimed to optimize cooperation between phthisio-pulmonology and primary health care services by strengthening prevention, early diagnosis, effective treatment and rehabilitation methods.

However, the rate of successful treatment of TB in the past five years does not exceed 62% and remains unsatisfactory, compared to 85% target set by WHO. The main causes the low rate of TB treatment are: abandonment of treatment under outpatient in continuity phase, poor social status of patients, the low level of sanitary culture, therapeutic failure, often conditioned by chimioresistance, irregular treatment; large number of deaths due to late detection of disease with severe clinical forms, with extensive acute progressive developments; concomitant associated pathology<sup>35</sup>.

Also, the recent years feature an increase in the number of newly detected cases among people who change their place of residence, most of these cases, and in most cases they do not undergo anti-tuberculosis therapy because they frequently change places. According to the Second Report on the Millennium Development Goals, there is a discrepancy between the number of male and female patients. Thus, in 2009 more than two thirds of new cases of TB were registered in men, although in recent years, the number of female patients is steadily increasing (from 28.85% in 2000 to 30.33% in 2009).

The number of patients with tuberculosis in rural areas exceeds the number of patients in urban areas. In 2009, almost 61% of patients were from rural areas, men accounting for more than 70%. A long-term trend of increasing proportion of patients in rural areas is well seen: from an average of 45.3% during 1998-2003 to an average of 54.1% in 2004-2009<sup>36</sup>.

According to national statistics<sup>37</sup> in Moldova, tuberculosis morbidity in 2011 remained at a high level – 113.3 cases to 100.000 population, with 3802 new detected cases what led to an increase by 1.5% since 2010, including 226 cases (26.5 to 100.000) in children. Despite a decrease by 13.4% compared to 2010, the rate of mortality through this disease is still high – 15.4 cases to 100.000 population. Late detection of patients with tuberculosis continues to be alarmingly dangerous to public health. Destructive pulmonary forms detected in 2011 in 37.9% of new cases serve an eloquent evidence of this situation. The danger of spreading the disease increases significantly if such patients have contacts with family members of other people in different circumstances<sup>38</sup>.

An alarming situation with TB incidence is observed in penitentiaries. Of the total number of patients diagnosed with tuberculosis (new cases and relapses) during the first 10 months of 2011, 3.1% come from the penitentiary system of the Republic of Moldova.

National Center for Health Management notes that the overall incidence of tuberculosis was reduced by half (to 49.5%).

However, it is alarming that more than half (66.8%) of active TB cases that are currently in the penitentiary system on the right bank of the Nistru River are multidrug resistant. Treatment results

34 Government of the Republic of Moldova, The Second Report on Millennium Development Goals, Republic of Moldova, Chisinau 2010, p.80

35 Government of the Republic of Moldova, The Second Report on Millennium Development Goals, Republic of Moldova, Chisinau 2010, p.81

36 Government of the Republic of Moldova, The Second Report on Millennium Development Goals, Republic of Moldova, Chisinau 2010, p.81

37 source: [www.ms.gov.md](http://www.ms.gov.md)

38 National Center of Public Health, Press Release "March 24, 2012 – the International Day of TB", [http://www.cnspl.md/view\\_detalii.php?id=1489&id1=999&id2=999](http://www.cnspl.md/view_detalii.php?id=1489&id1=999&id2=999), News Section

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among patients from the penitentiaries on the right bank who received standard DOTS Plus treatment (cohort of 2008) show a 35.0% dropout rate and 45.0% success rate.

In recent years, of the total number of persons released from penitentiaries, 199 persons with tuberculosis did not reach the destination. Almost half (48.7%) of them have open form of TB, and 51.2% have destructive form<sup>39</sup>.

In accordance with international recommendations, it is mandatory that all detainees entering the penitentiary system of Moldova have a radiological examination.

Given the mixed progress made in the last decade in reducing mortality associated with tuberculosis, achieving by 2010 of the intermediary target to reduce TB may still be uncertain. There is a high risk that in the future mortality from tuberculosis will be growing again. This will jeopardize achieving the final target for 2015.

Thus, having analyzed the MDG 6 targets and current status on HIV/AIDS and tuberculosis, one can say that the incidence of these diseases is still high. Progress in combating social diseases requires an efficient partnership between all development actors. The current role of civil society in achieving MDG 6 targets, difficulties and challenges faced in combating HIV/AIDS and Tuberculosis are presented in the next chapter.

39 National Health Management Center, Newsletter on monitoring and evaluation of implementation of certain components of NPCT 2011-2015 in the first 10 months of 2011, p. 10



## CHAPTER 3.

# ROLE OF CIVIL SOCIETY IN ACHIEVING MDG 6

The contribution of civil society in combating and preventing HIV/AIDS and TB is very important. The role of CSO in this area addresses a wide range of interventions and actions, from direct services to groups affected by this issue, informing people on how to prevent and control diseases, to active participation in the policymaking, participating in the National Coordination Council on HIV/AIDS and TB, Technical Working Groups in the area (under the auspices of NCC), Ministry of Health working groups, etc.

Meanwhile, the non-governmental organizations, trade unions, church and media play an important role in informing people about these infections.

### 3.1. SERVICES PROVIDED

According to estimations made by the representatives of the NGO “League of people living with HIV”, in Moldova there are about 15 NGOs active in provision of services to people living with HIV<sup>1</sup>. Organizations provide services to general population and vulnerable groups. Thus, IDUs, FSWs, MSM, women and children, etc. are covered.

NGOs provide the following type of services:

- ♦ **Information and prevention services** – distribution of information, syringes to IDUs, condoms, methadone maintenance therapy, carry out research in the field, develop various publications (guides, information materials) implement media campaigns, etc.
- ♦ **Support and care services** – social, psychological, legal support, organize support groups, etc..
- ♦ **Advocacy** – participation in decision-making, participation in the National Program/policies development, participation in the process of amending the relevant legal framework.

In the opinion of most respondents, civil society makes a significant input in prevention and control programs implementation. The respondents emphasize the fact that the efforts of civil society organizations are important for improvement of the situation of people living with HIV/AIDS, because they provide services that are not covered by public providers. This is also demonstrated by the credibility people living with HIV/AIDS display to CSOs. So, “in most cases, social, psychological, legal services have been provided by NGOs. The reduced role of the state in such services provision is explained by the small number of such services state providers, as well as by the fact that people living with HIV/AIDS prefer to turn for certain services to NGOs because they trust them more believing the NGOs would keep confidentiality of their status and provide better services”<sup>2</sup>.

1 League of People Living with HIV, “Positive Navigator”, Chisinau 2011

2 Malcoci Ludmila, “Social-economic status of persons with HIV: sociological study”; Soros-Moldova Foundation, Public Health Program. – Ch.: S. n., 2012 (“Bons Offices” Publishing House), p. 8

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An important aspect to be noted is that involvement of civil society organizations in services aimed at prevention and combating TB is much lower. This is not due to limited capacities of organizations to get involved in decision making, but rather to low interest from civil society for this issue and consequently, there are very few civil society organizations that are involved in this process at present.

The major challenges faced by organizations in the field are largely related to:

- ◆ Financial instability, financial dependence on the Global Fund and lack of funding from the national budget;
- ◆ Discriminatory attitudes towards the infected persons and stereotypes on the ways of infection;
- ◆ Lack of collaboration between LPA and non-government organizations providing services on HIV/AIDS prevention and control on the local/rural level;
- ◆ Lack of mechanism for accreditation by the state of social services provided by CSOs.

Most organizations participating in the survey indicated that sustainability of services in combating and preventing HIV/AIDS and Tuberculosis is a major problem, with arguments such as:

- ◆ Financial dependence on a single donor for many years, whose resources have improved the situation of people living with HIV in Moldova. Although relevant NGOs have been involved in trainings on project writing, fundraising, organized by technical assistance agencies (UNAIDS, WHO, UNICEF), however, they show insufficient skills in finding additional resources/writing projects or carrying out financial advocacy activities. Most said that the financial resources available to them are offered by international donors, while collaboration with them refer to provision of grants for the proposed activities;
- ◆ When funds are spent, the projects are closed, even if successful, with a major impact, but now the public (CPA and LPA) have no transitory arrangements for taking over, at least, the essential services in HIV/AIDS and TB and of contracting NGOs with social profile for provision of support to people affected by TB and AIDS;
- ◆ Civil society organizations involved in TB control activities are few, this field not being of high interest for the civil society;
- ◆ An important role in ensuring sustainability is played by the state institutions (local and central), which in the opinion of civil society organizations, should assume a greater role in particular with reference to procurement/accreditation of prevention, support, care and treatment services.

Although sustainability of programs, social projects in combating HIV/AIDS and TB, which is conditioned by the mechanism of services takeover by government organizations, is a problem for the CSO, however, it should be mentioned that most civil society organizations participating in the research collaborate with state institutions/public authority, the latter being the main partners in implementing corresponding policies and strategies. Other forms of partnership are: organization of joint activities, participation in prevention and information activities, trainings, round table discussions, research activities, etc.

According to the opinion of civil society representatives who took part in the survey, the following solutions serve as priorities for ensuring sustainability of social services:



1. Co-funding by the CPA/LPA of services developed by civil society organizations;
2. Develop and adopt legislation that would facilitate purchase/takeover of social services by the CPA/LPA;
3. Involvement of other international donors to support programs that help combat HIV/AIDS and TB;
4. Development of Social Entrepreneurship programs.

Thus, services developed and provided by the CSOs to combat HIV/AIDS and TB refers to three priority areas: information and prevention services, care and support services, and advocacy. Major difficulties faced by CSO representatives refer to financial instability, thereby sustainability of social services can not be achieved, given the fact that currently there is no mechanism to take over social services by CPA/LPA.

### 3.2. KNOWLEDGE OF DEVELOPMENT PRIORITIES

In terms of awareness by the CSO of development priorities, it should be mentioned that there are documents very well known and other less known by the CSOs. Among the most known are Millennium Statements 2000; Millennium Development Goals, the Paris Declaration of 2005. The least known documents are: Partnership for Effective Cooperation for Development of Busan 2011, Istanbul Principles for effective development of civil society organizations and the Accra Agenda for Action of 2008.

Other documents known by the CSO representatives participants in the survey are:

- ◆ National program for prevention and control of HIV/AIDS and Sexually Transmitted Infections for 2011-2015
- ◆ National Health Policy of the Republic of Moldova for 2007 – 2021
- ◆ The Health System Development Strategy for 2008-2017.

So, it is necessary to continuously inform the CSO on development priorities because continuous information is a key factor to ensure sustainable and effective development.

### 3.3. POLICY ADVOCACY

One can see positive developments on participation/advocacy segment. CSOs participating in research are actively involved in policy making process by:

- ◆ Involvement in working groups. The NSC comprises 12 working groups on HIV and TB. There are groups that directly addresses TB or HIV/AIDS as separate issues, and mixed groups, targeting TB and AIDS together, for example, Mixed TB/AIDS Monitoring and Evaluation Group . At the same, there are joint working groups involving ministries, such as TWG Social assistance created between the Ministry of Health and Ministry of Labour and Social Protection and Family with participation of civil society representatives;
- ◆ Participation in decision making through councils or networks, such as the National Council for Participation ;
- ◆ Regional organizations show a tendency to participate in local decision making process. Thus, organizations get involved in working groups on regional programs, working groups within certain directorates/departments in municipalities, etc.





The major problems currently faced by the CSOs in advocacy and policies relate to:

- ♦ Initiation by the CSO's of proposals which entail financial implications for relevant ministries. The CSO's in the field have major concerns about the risks of having no treatment in the future, bearing in mind that the Global Fund will essentially reduce funding for Moldova by 2014. Thus, given the topicality and urgency of related problems, it should be mentioned that some CSO's in the field have addressed the Prime Minister for further treatment to be purchased from the national budget;
- ♦ With reference to the level of involvement in policy making, it should be mentioned that most participating CSO representatives confirmed the increased interest and engagement in the policy process. Thus, the CSO's in the field have the opportunity to promote the interests of beneficiaries.

The needs for a more active involvement of the CSOs are:

- ♦ increase own financial resources;
- ♦ setting relationships with businesses and other private sector actors;
- ♦ better collaboration with governmental and relevant non-governmental relevant institutions.

### 3.4. ROLE MODEL

Most specialized CSOs have a strategic plan for developing their activities both on HIV and TB, depending on the areas of interest.

Civil society organizations promoting models and actions set out in their strategic plan by:

- ♦ Participation in decision making;
- ♦ Implementing joint actions with other partners;
- ♦ Informing the public about the actions, programs implemented, using different strategies: participation in various activities, organizing various awareness campaigns, conferences, round table discussions; development of promotion and information materials; publishing information on the website of the organization or other sources of electronic information.

The role of the CSOs specialized in the concerned field is undeniable. Thus, their role refers to: direct services to people affected by this problem (psychosocial support, mutual support groups, peer education, distribution of information materials, food and hygiene packages, legal aid, etc.); information and awareness campaigns on HIV/AIDS and tuberculosis, empowering professionals involved in providing services for HIV/AIDS and tuberculosis; participation in development of relevant policies, etc.

One of the organizations with experience in combating HIV/AIDS and TB is the Center for Health Policy and Analysis, the main recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Box 1), which together with the sub-recipients (Soros Foundation Moldova, NGO „League of People Living with HIV in Moldova” NGO „Institute of Human Rights”; Charity Association „New Life”) implements activities in close cooperation with the National Coordination Council for the National HIV/AIDS, STI and TB Prevention and Control Programs, Ministry of Health, Ministry of Labour and Social Protection and Family, subordinated institutions, local governments, UNAIDS and WHO Offices in Moldova and NGOs active in HIV/AIDS.



## Box 1

### Activities to combat and prevent HIV/AIDS and Tuberculosis. Case Study of the Health Policies and Analysis Center

The mission of the HPA Center is to institute a democratic society by developing the social and health sector, promoting and assessing policies, capacity building and support to reforms

The aims of the HPA Center are:

- ♦ development of democratic values;
- ♦ development, analysis and formulation of health and social policies;
- ♦ analysis and development of public health intervention strategies;
- ♦ promoting person-centered health system;
- ♦ support to health and social system reforms;
- ♦ promoting community involvement in decision making;
- ♦ human resources development;
- ♦ promoting healthy lifestyles.

The HPA Center implements the following projects on HIV/AIDS and TB combat and prevention:

#### I. Title of the Project Reducing the impact of HIV in the Republic of Moldova, 2010-2014

**Donor:** Global Fund to Fight AIDS, Tuberculosis and Malaria

Following the need to reduce the impact of HIV infection in the Republic of Moldova, as well as the high cost of complex interventions in this field, the National Coordination Council for National HIV/AIDS, STI and TB prevention and control programs requested additional financial assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria within Round 8.

The Health Policies and Analysis Center (HPA Center), an independent, non-government, non-commercial and non-profit organization, was selected by the NCC as the Main non-government Recipient in an open and transparent competition.

In conformity with the country's application and grant agreement, four sub-recipients: Soros Foundation-Moldova, Public Association "League of People Living with HIV in Moldova", Public Association "Institute for Human Rights of Moldova", Charity Association "New Life" have been contracted to implement certain project components.

The HPA Center, jointly with sub-recipients, implements the grant activities in close collaboration with the National Coordination Council for National HIV/AIDS, STI and TB prevention and control programs, Ministry of Health, Ministry of Labour, Social Protection and Family, subordinated institutions, local public authorities, UNAIDS and WHO Offices in Moldova and non-government organizations active in HIV/AIDS.

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**Purpose and objectives of the project:**

The Purpose of the whole program is to reduce morbidity, mortality and impact of HIV on persons living with HIV. The Purpose is based on the three main objectives:

1. improve performance of the Global Fund project, Round VI
2. improve quality of life for people living with HIV
3. to build capacities of the League of People Living with HIV in Moldova.

**Target groups/Beneficiaries:**

- ◆ D Direct target groups

Direct target groups of this program are all adults and children infected with HIV in Moldova. According to estimations, by the end of 2013 the cumulative number of PLH will reach 12.000 persons. Besides, the PLH League of Moldova will be supported and strengthened.

- ◆ Indirect beneficiaries

Indirect beneficiaries of this program are and social protection professionals: the main representatives of national institutions and relevant institutions in the field, primary health care services providers, infectious disease doctors, ARV teams members, students of medical colleges and universities, students of social assistance departments in Moldovan universities, social assistants, health managers, HIV/AIDS services providers, NGOs representatives, attorneys/ lawyers active in HIV/AIDS, etc.

Results obtained in the first quarter of 2011:

**Development of information materials:**

- ◆ Support for the initial training course (Romanian and Russian versions) and Teachers Guide for teaching on HIV in Colleges of Medicine and Pharmacy;
- ◆ Guidelines for teachers in Infectious Diseases discipline and Practical Guide in Infectious Diseases discipline for medical students in HIV infection. Etiology. Pathophysiology. Clinical picture. Diagnostics. Treatment;
- ◆ Started the development of the guidelines for dissemination of knowledge and best practices of child care for people living with HIV and people having a HIV infected child in their care ;
- ◆ HIV Patient Case Management Guide development was launched ;
- ◆ Guidebook on promoting and protecting the rights of persons living with HIV for attorneys, lawyers, and members of non-governmental organizations;
- ◆ Guide on rights of people living with HIV from the perspective of the European Court of Human Rights
- ◆ Performance Indicators:
- ◆ Strengthening the system: provision of ARV and monitoring services;
- ◆ Support and Care for chronic patients – provision of palliative care services at the Treatment Section for persons with HIV and AIDS; provision of food packages;



- ◆ Support for orphans and vulnerable children – social support to children;
- ◆ Outreach for behavior change–IDUs in TS (covered for the first time) were provided at least 3 support services (from the package: psycho-social support, mutual support groups, peer education, distribution of information materials and food and hygienic packages) provided by NGOs involved in rehabilitation of IDU;
- ◆ Support and care for chronic patients – provision of support and care services within 10 projects implemented in this sense;
- ◆ Reduce stigma – training of lawyers offering free legal advice under the system of state guaranteed legal assistance; initiation of litigation proceedings; PLH received legal advice from the project's lawyers;
- ◆ Strengthening of civil society and institutional capacity building – training of representatives of NGO-s providing services to PLH.

Source: [http://www.pas.md/public/files/doc/raport\\_de\\_activitate\\_semestru1\\_2011\\_15.08.11.pdf](http://www.pas.md/public/files/doc/raport_de_activitate_semestru1_2011_15.08.11.pdf)

## II. Project “Strengthening of drug resistant tuberculosis management in the Republic of Moldova”

**Donor:** Global Fund to Fight AIDS, Tuberculosis and Malaria

The overall objective of the program is to reduce the TB burden in Moldova through strengthening of drug resistant tuberculosis. While further strengthening of DOTS essential interventions is still the main requirement to prevent resistance, it is obvious that under the circumstances of high incidence of MDR TB, timely diagnostics and adequate treatment of DR TB cases are necessary for fully successful combating the epidemic and achieving the targets under the Millennium Development Goals with reference to TB and other related diseases control. The outcomes of the program, specifically TB drug-resistance, and consequently, the aim will be accomplished by pursuing one single objective, which is ensuring universal access to DR TB diagnostics and treatment.

**Target Groups/Beneficiaries:** MDR-TB patients; detainees; target groups family members; medical care providers involved in diagnostics, case management and treatment of MDR-TB, including primary health care providers; the team of the National Program to Combat Tuberculosis, and population at large.

**Activities planned for 5 years** of the Global Fund project Round 8 “Strengthening of DR-TB management in the Republic of Moldova”:

The accomplishment of the project's objective and strategies will be ensured by the following activities implemented by the HPA Center:

1. Training for central and regional NPCT units and institutions providing TB services on DR-TB management at the central and regional level:
  - a. Local training on DR-TB management for phthisiopneumologists providing services to in-patients;

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- b. Local training on DR-TB management for teams providing services to TB out-patients;
  - c. Training teams providing services on TB and primary health care teams (PHC) (family doctors, nurses) on managerial aspects, clinical and laboratory MDR-TB management, as well as ensuring adherence to treatment and providing psychosocial support to DR-TB patients in community and family;
  - d. Local training on DR-TB management for primary health care teams.
2. Further improve existing TB SIME (TB Monitoring and Evaluation System), an electronic surveillance system to meet the needs of DR-TB consolidated management program. This will be achieved by setting up a working group to review the notification and reporting forms, to develop an additional module for the second-line drugs management and implementation monitoring:
  - a. Support Working Group to review the notification and reporting system, as well as the national database of DR-TB management.
  - b. Training for implementation of revised notification and reporting forms for DR-TB management.
3. Strengthen infection control in institutions that provide TB services through technical assistance and training for infection control. However, much of the financial aid needed in this area will be provided in Round 6 TB grant:
  - a. Training for teams that provide services to control TB infection.
4. Patient support program for patients with drug-resistant TB. Providing multilateral support for the patient through the following:
  - a. Providing technical assistance (by a local consultant) for creating, monitoring and evaluation of a comprehensive patient support program that will help to strengthening adherence to treatment of MDR-TB patients;
  - b. Setting up groups on adherence counseling (consisting of a psychologist, social worker, a nurse) in each district and in Chisinau; these counselors will organize education and counseling sessions for patients and other patient support activities during the intensive and continuation phase of treatment, in the relevant topics. For this purpose relevant training will be provided;
  - c. Providing education and counseling sessions by adherence counselors on both inpatient and outpatient treatment;
  - d. Develop and distribute educational materials and information among TB patients and family members, with emphasis on the need to complete the treatment and prevent occurrence and amplification of drug resistance;
  - e. Ensure that all patients following the DR-TB treatment are provided with stimulants (food and hygiene packages) twice a month, to ensure compliance and adherence to prescribed treatment regimen for the entire duration of the course;



- f. Reimbursement of travel expenses to DOT supporters, since it is expected that 20% of DR-TB ambulatory patients will receive drugs at home (while others will attend institutions that provide TB services or PHC facilities) from DOT supporters;
- g. Reimbursement of travel expenses for 20% of MDR-TB patients in the civilian sector who must come daily in an institution TB/PHC facility during external treatment to take medications.

**Results:**

- ◆ 40 adherence counseling groups created. 2 training courses for adherence counseling groups were organized at district level (for outpatients);
- ◆ counseling sessions organized by the adherence counseling groups on patients education for inpatients;
- ◆ 808 of MDR TB patients registered in DOTS program also received counseling and support in health education;;
- ◆ 9 training courses in which 117 Phthisiologist from across the country were trained;
- ◆ 20 training courses in which 264 family doctors and 282 nurses of general practice were trained;;
- ◆ 7 training courses in infection control for teams that provide TB services, and 106 professionals trained.

Source: [http://www.pas.md/public/files/doc/raport\\_fondul\\_global\\_runda8\\_anul2010.pdf](http://www.pas.md/public/files/doc/raport_fondul_global_runda8_anul2010.pdf)

An important role is played by the organizations that provide direct services to people living with HIV/AIDS. Thus, the Public Association League of people living with HIV (Box 2), which consists of 58 individual members and 11 organizations as legal members, develops and implements programs in partnership with its members contributing to the protection of rights and interests of people living with HIV in Moldova and their families, and strengthen the efforts of the government, private sector and international and non-governmental organizations aimed at addressing HIV/AIDS issues.

**Box 2.****Public Association "League of people living with HIV in the Republic of Moldova"**

Mission of the League: protect the rights and interests of people living with HIV in Moldova and their families, and strengthen the efforts of the government, private sector, international and non-governmental organizations aimed to address of HIV/AIDS issues.

**Statutory aims:**

- ◆ increase access to treatment, care and support for people living with HIV
- ◆ massive involvement of people living with HIV in decision making on key aspects of the HIV/AIDS epidemic control and removing its consequences at all levels



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- ♦ strengthen the potential of organizations and communities of people living with HIV
- ♦ contribution to protection of human rights in the context of HIV/AIDS.

**Beneficiaries:**

The League provides services for at least 5,000 people infected or affected by HIV/AIDS – adults and children – who receive help and support from League member organizations and projects carried out by the League Secretariat.

The PLH League provides services throughout the Republic of Moldova through the regional coordinators within NGOs and central office in Chisinau.

**Members of the League:**

The League consists of 58 individual members and 11 organizations as legal members.

NGOs, legal members of the League:

1. "Childhood for All" – (Center)
2. "Faith" – (Center)
3. "Medical Reforms" – (Center)
4. "Positive Youth" – (Center)
5. "Second Breath" – (North)
6. "Chance Plus" – (North)
7. "Faith North" – (North)
8. "Trinitati" – (East)
9. "Faith Tiraspol" – (East)
10. "Hope of Life" – (South)
11. "Biaz Gul" – (South)

**Projects Portfolio:**

Project 1: «Strengthening the potential of the 'League of people living with HIV (PLH) in the Republic of Moldova». Budget: 136 028 Euro (2011)

Project 2: «Strengthening the potential of the 'League of people living with HIV (PLH) in the Republic of Moldova». Budget: 45 811 Euro (October-December 2010)

Project 3: «HIV Leadership through Accountability» – GNP+. Budget: 58 475 £ (2010-2011)

Project 4: «Reducing HIV-related burden in the Republic of Moldova, 2010–2014». Budget: 292 642 Euro (project partially implemented in January-September 2010)



Project 5: «Involvement of people living with HIV in Moldova in the process of decision-making». Budget: 10 000 USD (2009), supported by UCIMP and Tides Foundation.

**Prizes:**

- 2009 the League was awarded the „Red Ribbon Award Moldova” as the best organization providing assistance and support to people living with HIV/AIDS.

- 2011, representatives of the League were awarded the „Red Ribbon Award Moldova” for the activity and engagement in national response to HIV/AIDS: Igor Chilcevschii (chairman), Alexander Zavricico (PA Director Biaz Gul), Ion Turcan (Social, Faith PA), Evdochia Toncogla (infectious disease physician, PA Faith), Veaceslav Mulear (League Board member).

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Source: [www.ligaaid.md](http://www.ligaaid.md)

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Also, a significant contribution in combating HIV/AIDS is made by the HIV/AIDS Prevention and Risk Reduction Union of Moldova, registered on November 19, 2007, which assesses the needs and concerns of its members related to to implementation of risk reduction programs.

**Box 3****Union for HIV/AIDS Prevention and Harm Reduction in Moldova**

Since 2000 the Republic of Moldova has been implementing the first Harm Reduction programs, which comprise measures aimed at prevention/reduction of medical, social and economic consequences which inevitably occur when a person uses drugs. Harm Reduction programs are supported and promoted by the World Health Organization as an efficient measure of protection against HIV, STD, viral hepatitis. In December 2004, 19 organizations, implementing Harm Reduction Strategy in Moldova decided to set a Union of Harm of Reduction organizations.

The Union for HIV/AIDS Prevention and Harm Reduction in Moldova continuously perform the assessment of needs and concerns of members related to implementation of harm reduction. In this context, one can highlight the concern about continuity, financial stability and sustainability of projects in the near future, the need to expand the spectrum of services for beneficiaries for wider coverage and efficiency of activities, the need to adhere to the single standards for the operation of harm reduction projects, the need to create a viable reference system that would address the widest possible range of problems faced by beneficiaries.

**UHRO Mission:** consolidation and coordination of the Union member organizations to develop and promote harm reduction strategies as effective approach to public health in the Republic of Moldova.

1. Promote new health policies in the country;

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2. Consolidate efforts by all stakeholders involved and interested in finding solutions for problems of substance use, HIV/AIDS and other diseases – hepatitis, tuberculosis, sexually transmitted infections (STIs), etc.
3. Promote Harm Reduction Strategy, substitution treatment and access of drug users, including those HIV-infected to treatment and rehabilitation services. Development of Harm Reduction strategies, rehabilitation and treatment systems of drugs users.
4. Prevent the spread of HIV, STD, viral hepatitis, tuberculosis and other diseases within vulnerable groups environment, provide appropriate psychosocial support to people affected by these diseases.
5. Involvement in improving the necessary legal framework to develop and apply harm reduction strategies.
6. Ensuring involvement, sustainability and financial stability of programs implemented by member organizations.
7. Promote the interests of HIV/AIDS prevention and Harm Reduction programs in Moldova at national and international level.

**UHRO's directions of activity:**

- ◆ Facilitate sharing of experiences and best practices among organizations implementing harm reduction programs, organize study tours and field visits with the participation of harm reduction programs staff.
- ◆ Build the capacity of organizations implementing programs based on Harm Reduction Strategy by providing training and continuous professional training – seminars, workshops, consultations and supervision.
- ◆ Ensure direct connections between the organizations implementing programs based on Harm Reduction Strategy and other institutions with tangencies in the field – round tables, conferences, facilitating participation in the relevant international events, setting up a dialogue between the organizations implementing programs aimed at harm reduction and government health care and social assistance institutions.
- ◆ Advocacy to initiate support to programs implemented under the Harm Reduction Strategy from the National Public Budget (participation in developing and facilitating implementation of minimum quality standards for organizations implementing harm reduction programs in Moldova, define the social contracting mechanism to contract implementing organizations ).
- ◆ Organize HIV, tuberculosis and hepatitis B and C prevention activities for the beneficiaries of harm reduction programs – organize an educational theater forum for harm reduction programs beneficiaries in the regions, distribution of information materials, training seminars, etc.
- ◆ Promote awareness and media activities – maintaining the blog and web site information, development and dissemination of monthly electronic newsletter.

**Results obtained by projects and organizations in activities:**

1. efficient and regular communication between the organizations implementing harm reduction programs in Moldova;
2. well informed teams, trained and resilient to impediments of both external and internal obstacles nature;
3. a detailed experience sharing;
4. replication of positive experience;
5. joint actions developed by harm reduction programs;
6. greater media coverage of harm reduction projects activities;
7. more efficient and transparent communication with relevant organizations;
8. involvement of organizations implementing harm reduction strategies in Moldova in the process of promoting the interests of beneficiaries.

**Organizations /institutions implementing Harm Reduction Programs in the R. of Moldova:**

1. Public Association „Save the future together „. Target group – injecting drug users. Contact person – Iurie Osoianu
2. AIDS Center. Target group – injecting drug users. Contact person -- Ecaterina Rotaru
3. “Youth for the Right to Live” NGO, Balti. Target group – injecting drug users, commercial sex workers, long-haul drivers. Contact person -Ala Iațco
4. Public Association „Medical Reforms”. Target group – commercial sex workers, long-haul drivers. Contact person – Alexei Leorda
5. Public Association “For Present and Future „(former AP-AIDS). Target group – injecting drug users. Contact person– Nina Tudoreanu
6. „Teenager” Center. Target group – injecting drug users, commercial sex workers. Contact person – Svetlana Romanova
7. Public Association “ Thinking about the Future”. Target group – injecting drug users. Contact person- Elizaveta Iordan
8. Public Association „Our Future”. Target group – injecting drug users. Contact person – Ion Cheptene
9. „Vis-Vitalis” NGO. Target group – injecting drug users, commercial sex workers. Contact person – Igor Obadă
10. „Alcoholism and Drug addiction” Educational Center. Target group – injecting drug users
11. „Innovative Projects in Prisons „NGO. Target Group – prisoners. Contact person – Larisa Pintilei
12. Public Association „Young women-Cernoleuca”. Target group – injecting drug users. Contact person – Tatiana Cojocaru
13. Information Center „GenderDoc-M”. Target group – LGBT. Contact Person – Bucsanu Olesea
14. „Healthy Future” NGO. Target group – injecting drug users. Contact person – Natalia Hineva

**Organizations/institutions managing Methadone Substitution Therapy Programs (MST) in the Republic of Moldova**

15. Republican Narcological Dispensary. Contact person – Liubovi Andreeva
16. Consultative Center of the Municipal Clinical Hospital. Contact person – Nenescu Eduard

**Organizations/institutions implementing psycho-social assistance and rehabilitation programs for drugs users in the Republic of Moldova**

17. Charity Association „New Life”. Contact Person – Alexander Curasov
18. „Your Choice” Association. Contact person – Valeriu Antonov
19. Republican Narcology Dispensary. Contact person – Liubovi Andreeva
20. “Youth for the Right to Live” NGO, Balti. Contact person – Ina Biriucova
21. Public Association „Light of Life”. Contact person – Velinciuc Ion

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Sursa: <http://www.uorn.aidz.md/uorn> ; <http://uorn.wordpress.com/servicii/>

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It should be mentioned that, in Moldova, there are good practices developed by NGOs in combating and preventing HIV/AIDS and TB, other organizations with experience in this field. It is important to develop and maintain cooperation relations between the CSO's to strengthen the results and effectiveness of programs developed by civil society at the national level.

### 3.5. CONTRIBUTION OF CSOS TO CHANGE

Issues related to reducing the incidence of HIV/AIDS and tuberculosis could be solved through certain actions/services currently rendered by the CSO's:

- ◆ Provision of social support services to people infected and/or affected by HIV/AIDS and tuberculosis;
- ◆ Ensuring adherence to treatment;
- ◆ Information of population at large about methods of HIV and TB transmission;
- ◆ Increasing collaboration with local public authorities. In particular in rural areas where the LPA potential has to be turned to value, which would significantly contribute to support people living with HIV in rural areas;
- ◆ Monitoring social and medical workers responsibilities. With the implementation of case management it will be important to divide responsibilities of medical and social workers. Thus, the medical worker will have to provide information on medical aspect of the infection, while the social worker, in addition to conducting social inquiries, has a responsibility to provide appropriate advice and support to infected persons. It is important to ensure confidentiality of the infected persons situation.
- ◆ Promote the rights of persons living with HIV/AIDS;
- ◆ Provide free legal advice to people living with HIV/AIDS and their families;
- ◆ Advocacy actions to address major issues in the field.



## CHAPTER 4.

# ROLE OF PRIVATE SECTOR IN ATTAINING MDG 6

*“Two of three persons living with HIV have jobs – therefore, the workplace is a proper place to address HIV/AIDS problems”*

*Juan Samovia, ILO General Director*

Private companies are one of the development actors that have an important and unique role in combating HIV/AIDS and Tuberculosis, keeping in mind that preventing and combating HIV/AIDS and Tuberculosis concerns everyone, whether in family, society or at workplace. It is important that private enterprises in the Republic of Moldova to implement HIV/AIDS policies at workplace, thereby helping to prevent infection and at the same time, ensuring non-discriminatory environment for groups affected by HIV/AIDS.

HIV epidemic poses a threat to employers' capacity:

- ◆ to maintain productivity or ensure essential services
- ◆ to keep stable, qualified workforce, including
- ◆ the management
- ◆ to provide sick leaves or pension schemes
- ◆ to attract investments
- ◆ to maintain and expand their sales markets.

Since people directly affected are employers and their organizations it is important to formulate an effective response to disease.

HIV/AIDS epidemic has become a global crisis. It increasingly affects the business environment which suffers not only in terms of labour costs, but also because of loss of profit and productivity, posing new challenges for employers, as well as employees... Constructive and proactive responses to HIV at workplace may lead to good industrial relations and non-interrupted productivity”

*Francois Perigot, President, International Organization of Employers, May 2002*

According to the ILO Code of Practice on HIV/AIDS and the world of work, 2001, Geneva „HIV/AIDS must be recognized as a workplace issue and should be treated like any other serious illness or condition suffered by workers”. The principles promoted by the ILO on HIV/AIDS are:

- ◆ Recognition of HIV/AIDS as a workplace issue
- ◆ Non-discrimination
- ◆ Gender equality
- ◆ Healthy working environment
- ◆ Social dialogue
- ◆ No mandatory testing while hiring or at work place
- ◆ Confidentiality
- ◆ Continuation of labour relationship
- ◆ Prevention
- ◆ Care and support.

As shown in this study, involvement of private sector can be achieved in various forms, including: delivery of products (eg. import of medicines, syringes, condoms, etc.); information activities at the





level of the company/institution or at regional/territorial level, partnership and support of social activities/programs developed by civil society or government organizations; development and promotion of social responsibility programs, etc.

## 4.1. EXTENT OF KNOWLEDGE ON MDG 6

In terms of awareness of development priorities by private sector organizations, it should be mentioned that they do not monitor this agenda so closely. At the same time, the even a minimum degree of knowledge of international development priorities is welcomed.

Referring to the Millennium Development Goals, most organizations participating in the study showed a “medium”

level of interest for MDG 6. Interest for learning more the MDG 6 and its targets it is an important aspect in initiating a process of involving the private sector organizations in the achievement of targets set by our country to be achieved by 2015.

## 4.2. CONTRIBUTING TO MDG THROUGH THE BASIC ACTIVITY

In Moldova in recent years private medical centers have been developing at a fast pace. Their activity in combating and preventing HIV/AIDS and TB is mostly directed to informing patients/clients about ways of HIV/AIDS and tuberculosis infection, collecting data and referring them to the national medical centers.

At the same time, there are companies, members of the Global Pact national network, which have HIV/AIDS and tuberculosis prevention and control practice as organizational policy among employees.

The role of companies participating in the study to achieve MDG 6 targets are accomplished by contributing to:

### HIV/AIDS Control

The implication of organizations participating in the study refers to:

- ◆ Development of annual corporate responsibility strategy. The strategy includes activities both globally and in various separate markets;
- ◆ carrying out activities for health education, information and knowledge of health risks;
- ◆ Development and implementation of internal policies aimed to inform employees about protective measures;;
- ◆ Promoting a healthy work environment and non-discrimination of PLH;
- ◆ Activities related to social and financial support in the various campaigns aimed at vulnerable groups;
- ◆ Provision of quality health services in terms of prevention, counseling, diagnostics and medical surveillance, and respectively, treatment of related diseases;
- ◆ Investments in medical equipment and technologies that ensure a high degree of safety in delivery of health services and reduce the risk of nosocomial contamination;
- ◆ Procurement of HIV tests.



## Control of tuberculosis

In this area, the implication of the private sector refers to:

- ◆ Identification of people who are at risk for TB and providing them the entire set of preventive healthcare, including immunizations, preventive inspections, consultations and diagnostic tests;
- ◆ Sponsoring activities and acts of charity by associations and specialized entities;
- ◆ Procurement of anti-TB drugs;
- ◆ Mandatory annual medical examinations for employees. Employed persons are required to submit medical certificate.

Therefore, analyzing the activities in which the organizations participating in research are involved in combating and preventing HIV/AIDS and TB, the following areas can be identified:

- ◆ Social responsibility activities through: information activities at institutional and community level on ways of infection and protection against HIV/AIDS and tuberculosis; promoting a healthy organizational environment; charity.
- ◆ Activities related to the scope of the institution – provision of medical services.

In the opinion of international organizations, active involvement of private sector representatives in public – private partnerships, is an urgent need. This opinion is confirmed by government organizations, what emphasizes that the level of private sector involvement in achieving the MDG 6 targets is relatively low.

Governmental organizations highlight lack of involvement or very limited involvement of private sector in actions to help combat HIV/AIDS and Tuberculosis, the argument for non-involvement, or limited involvement being: lack of information or lack of initiative, desire, from the majority of private sector representatives. Also, governmental organizations participating in the research are willing to organize actions to inform the private sector on areas covered by this Report. At the same time, government organizations considers private sector involvement very important, which can be achieved by: involving them as active partner in HIV/AIDS and Tuberculosis control, increase the financial support to the implementers of projects/services in the field.

NGOs highlighted the need to identify opportunities to achieve mixed public-private partnerships to provide services to the most vulnerable groups, while private sector's role in CSO's vision is to contribute financially to the implementation of activities within the National Program for HIV and AIDS Control and to organize information activities on HIV and TB at the workplace. At the same time, supporting of services developed and implemented by CSO, would help ensure the sustainability of social services developed in the field.

In the opinion of private sector organizations participating in the research, the private sector involvement in fighting and preventing HIV/AIDS and TB, is relatively weak. Each of the interviewed organizations consider it very important that private sector is involved in actions helping to combat and prevent HIV/AIDS and Tuberculosis.

Thus, based on answers provided by the organizations participating in the research, and the current situation in the field, the need and importance of private sector involvement in fighting and pre-



venting HIV/AIDS and Tuberculosis, not only by companies directly involved with public health, is clear. An active involvement of the private sector in combating and preventing HIV/AIDS and Tuberculosis by organizing information activities at the workplace would help reduce the incidence of both HIV infection and TB among employees and their families.

### 4.3. CORPORATE SOCIAL RESPONSIBILITY

From the definitions given by the businesses interviewed, one can understand that the perception of the term „corporate social responsibility” is a justified and advanced one. Some of the definitions given by some participants are:

- ♦ „Joint the efforts of all stakeholders to solve a problem”;
- ♦ „Involvement of companies in the community and society’s life to help improve the ecologic, economic and social environment ”;
- ♦ „Understanding the needs of our community and always find ways to contribute”;
- ♦ „Support actions at local and national level to reduce the spread of HIV/AIDS and reduce/minimize its impact among employees and their families”;
- ♦ „Any activity undertaken by PwC, both at organizational and staff level, has an impact on the communities where we operate – which is why it is our responsibility to ensure that these activities contribute to the prosperity and diversity of these communities ”;
- ♦ „Commitment of businesses and individuals to concretely contribute to improving the life of the whole society”.

In the opinion of most private companies interviewed, the level of promotion and application of social responsibility principles in the company’s activity is „high”. The arguments brought by respondents are diverse, including:

„PwC understands the principle of corporate responsibility in four perspectives:

Community – We are committed to share time, knowledge and our resources to make the community in which we operate prosperous;

Environment – We preserve the environment and take necessary measures to reduce the impact of our business operations on the environment;;

People – We create a culture of success for our people motivating them so that they achieve their personal and professional goals. We grow responsible leaders who can build relationships of trust with each other and with others;;

”Place on the Market” – Our goal is to take up role in bringing a positive change, obvious improvements both in our profession and on the market where we operate. We do this by practicing long-term business practices, civic responsibility and good governance. We promote the same principles among our customers, other organizations that we interact with to solve problems that affect the market we are talking about”.

Corporate social responsibility is shown through the company’s core business, so that „all activities undertaken by the company are based on our customer’s expectations aimed at improving health and



quality of life” in terms of attitude towards the employees, “organizing trainings/information activities for employees”, through the adoption of responsible behavior towards society and the environment, by educating staff in the spirit of social and environmental responsibility through involvement in social activities, „supporting various activities and programs”.

#### 4.4. PHYLANTROPY AND COMMUNITY INVESTMENTS

##### Box 2.

##### **HIV/AIDS and workplace. Case Study “Fenosa Natural Gas” S.A**

###### **Corporate Responsibility Policy**

The company „Fenosa Natural Gas „ defines the concept of corporate responsibility as a set of steps to establish trust, stable, solid and mutually beneficial relationships with its interest groups. Proper relationship with the environment is a crucial strategic issue for the company; is essential for creation of the company’s value and long-term sustainability of the company.

The policy of corporate responsibility of „Fenosa Natural Gas „ covers seven commitments made by the company:

- ◆ Customer focus;
- ◆ Commitment to results;
- ◆ Environment;
- ◆ Interest in people;
- ◆ Safety and Health;
- ◆ Commitment to society;
- ◆ Integrity.

###### **NATURAL GAS FENOSA policy on HIV/AIDS at workplace:**

- ◆ aims to ensure conscious and objective approach to HIV/AIDS among employees and their families, to the consequences of HIV/AIDS, including care and support to employees living with HIV/AIDS;
- ◆ sets general principles related to HIV risks prevention, health and safety of employees at work, as well as general directions for these principles implementation;
- ◆ recognition of HIV/AIDS as a workplace issue.

###### **Activities under the employees information and training project**

Employees are informed about HIV/AIDS and ways of transmission of infection and on the principle of zero tolerance for any form of stigmatization or discrimination at work. The activities mentioned are:

- ◆ adequate theoretical and practical training on occupational safety and health and on HIV/AIDS, especially as information provided at the time of:
  1. hiring;
  2. place of work change, job or transfer;

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3. at least once in six months at workplace;
  4. at least once in 24 months for the managerial staff as courses on occupational safety and health;
- ◆ placing information on the local Intranet, organization quiz-es by Intranet or e-mail;
  - ◆ placement of information in the company's magazine;
  - ◆ informing employees about HIV/AIDS during working hours by posting information on bulletin boards;
  - ◆ short informative seminars on HIV/AIDS with ILO representatives and specialists in the field for all employees by rotation, in groups of 10-20 people;
  - ◆ organization, during the warm season, together with ILO representatives (or with own forces), informal seminars involving employees' families, with diverse program;
  - ◆ drawing competitions for children of employees on HIV/AIDS with awards for winners;
  - ◆ combining information about HIV/AIDS with sport and other activities promoting a healthy lifestyle;
  - ◆ training of employees on adequate behavior in case of accidents or emergency situations, including training on infection control procedures in the context of labour accidents and first aid. Courses are held regularly (2-3 times per month) within the training program at UF Training Center of Moldova, information is also provided during morning medical screening of drivers;
  - ◆ free distribution of brochures with information about HIV/AIDS, calendars, shirts, condoms (periodicity: every 2-3 months);
  - ◆ participation of the company, employees of NATURAL GAS FENOSA in municipal anti-HIV/AIDS activities.

**Care and support to persons living with HIV/AIDS**

Solidarity, care and support are essential elements that should guide any employee in responding to HIV/AIDS.

- ◆ Openness, acceptance and support for those colleagues who publicly acknowledge they are seropositive is encouraged; at the same time elimination of discrimination and stigmatization is ensured;
- ◆ Employees are informed on where to go to get medical services, inclusively, for their family members;
- ◆ Employees are informed on where to go to get counseling and legal assistance;
- ◆ Employees can apply for help for families to get access to social security programs and occupational schemes;
- ◆ Families with members diagnosed with HIV/AIDS are directed to the competent legal and health services or receive the list of recommended services.

Source: <http://gasnaturalfenosa.md/page/hivAIDS-%C5%9Fi-lumea-muncii>



Ways by which private companies usually engage in actions that contribute to combating and preventing HIV/AIDS and Tuberculosis, primarily refer to information campaigns and in-kind contribution by providing space, equipment, consultancy services. In very few cases, their involvement is manifested through organizing of social programs and sponsorship activities, community projects to combat and prevent HIV/AIDS and/or TB.

One of the arguments of low involvement of private sector in philanthropy and community investment actions to combat and prevent HIV/AIDS and TB, is that civil society organizations rarely or hardly ever approach the private sector for support in their activities and at the same time, companies receive no benefits or facilities from the state for involvement in various social activities.

For active involvement in program development and implementation of actions that help fight and prevent HIV/AIDS and/or of Tuberculosis in the near future, companies participating in the research consider the following needs as priorities:

- ◆ Clarity in vision, objectives, goals, mechanisms for collaboration;
- ◆ Legislative regulations that would provide tax incentives for social activities;
- ◆ Information support, seminars.

Actions/programs that private companies participating in the research plan to achieve/implement during 2012 – 2015, refers to:

- ◆ Preventive and curative medical diagnostics;
- ◆ Health education activities and promotion of health knowledge;
- ◆ Information at the level of organization and also information for patients, population on HIV and tuberculosis protection and prevention measures;
- ◆ Organization of months and days devoted to these pathologies, in accordance with MH and PHNC recommendations

Also, private sector shows very limited involvement in consultative meetings with organizations/international donors to combat HIV/AIDS and Tuberculosis. However, it should be mentioned that each of the private companies participating in the research, believes it very important to have consultative meetings with organizations/international donors to combat and prevent HIV/AIDS and Tuberculosis in the near future.

Consequently, we can emphasize that a more active involvement of private sector in actions that help fight and prevent HIV/AIDS and/or Tuberculosis requires a mechanism of involvement in philanthropic activities and closer cooperation between voluntary and private sector, including promoting and developing public-private partnerships both locally and nationally.

## **4.5. POLICY DIALOGUE**

As shown by the study, private sector has a very low level of involvement in the process of public participation in policy making. Involvement refers to issues related to the core business and less to those referring to prevention and control of HIV/AIDS and Tuberculosis.

It is worth mentioning that there are some examples of involvement in this respect, namely the National Confederation of Employers is a member of the National Coordination Council on TB/AIDS,





which is a cross-sectoral structure, reflecting the priorities and commitment of the Republic of Moldova in combating TB, HIV/AIDS and STIs<sup>1</sup>.

## 4.6. CONTRIBUTION TO CHANGES

On the one hand private sector organizations participating in the research believe that Moldova has made progress in combating HIV/AIDS and TB, because: prerequisites for stabilizing the situation were created, programs contributing to the objectives set with the support of international organizations/donors were developed. At the same time, there is an opinion that our country has made no progress in this area, because: it failed to influence the causes and factors of occurrence and spread of diseases. The social factor, as a reason, has only increased. The existing possibilities to control and combat the diseases are not used in an efficient manner, and the issue has not been sufficiently mediatized.

In private sector's view in order to ensure sustainability of services aimed at combating and preventing HIV/AIDS and Tuberculosis, it is important to develop and adopt legislation that would provide that certain facilities/tax incentives to companies that contribute to the development of such services and at the same time, develop mechanisms to implement the existing legislation by clear actions, fair to all players, depending on responsibilities and possibilities, with implementation management appropriate for programs and policies. An effective solution would be private companies facilitating social entrepreneurship.

One important aspect for the successful achievement of social objectives and sustainability of social programs developed or in the course of being planned is: private companies working in partnership with civil society organizations and central public authorities and/or local public authorities and international organizations, donors in the field. So, public-private partnerships would include various forms of social cooperation, generated by the dynamism of social development, a multitude of features, contractual arrangements and the latter must be regarded as a viable option, among other traditional existing models of social services provision<sup>2</sup>.

In the opinion of the participants in the study, the private sector could get involved to achieve progress in combating and preventing HIV/AIDS and tuberculosis, by: provide financial support to organizations providing services in the field, including the financial and social support of people from risk groups, sponsoring awareness campaigns, development and implementation of social programs, involvement in policy making is also considered of no less importance.

1 National Council for Coordination of National HIV/AIDS, STI and Tuberculosis prevention and control programs, <http://www.ccm.md/>

2 Social Services and public – private partnership, <http://www.scribde.com/management/Servicii-sociale-si-parteneria51395.php>, accessed 12.05.2012



## CHAPTER 5.

# CONCLUSIONS AND RECOMMENDATIONS

The main conclusion that emerges from the results of this study and the existing documents in the field, is that although MDG 6 targets, “Control and preventing of HIV/AIDS and Tuberculosis” is not included as strategic orientation in the internal politics of civil society organizations, still, without the CSO’s contribution many results would not have been possible to achieve. At the same time, the CSOs, as service providers, have improved the quality of services. However, high dependence on external sources to have a negative influence on the sustainability of CSO’s contributions, hence the need to develop and strengthen public-private partnerships, achieve a more active involvement of state and private companies, more active cooperation of CSOs with private sector.

The private sector initiates practices to combat HIV/AIDS and Tuberculosis through: provision of medical services in the field; information for patients and staff on HIV/AIDS and Tuberculosis, involvement in organizing information campaigns and sponsorship of social programs developed by government organizations and non-governmental organizations. At the same time, based on the analysis of the existing information on private sector involvement in social responsibility and according to opinions of the participants in the research, though private sector organizations understand the term „social responsibility”, their current involvement in actions to combat and prevent HIV/AIDS and Tuberculosis is still relatively low. Some of the reasons for low involvement of the private sector are: low awareness of private sector about the involvement opportunities, low level of awareness of non-governmental organizations, partnerships of civil society organizations with both central government and local public administrations remain inefficient, inconsistent and non-motivated in terms of monitoring with data elucidation equity, lack of initiative from the private sector and NGOs to collaborate with the private sector in areas covered by this report.

However, we consider as very important the active involvement of private sector in actions to help combat HIV/AIDS and TB, so that all companies, regardless of the area of their business to initiate and take action in this domain. Their involvement might relate to: development and implementation of policies to combat and prevent HIV/AIDS and Tuberculosis at the workplace, developing partnerships with CSOs in combating HIV/AIDS and Tuberculosis, active participation in sponsorship of national and local information and awareness campaigns, working with donors and adherence to participation in various social responsibility networks, and involvement in policy making is considered no less important.

Also, initiation by governmental organizations, NGOs and donors of actions for cooperation and active involvement of the private sector in combating HIV/AIDS and Tuberculosis through informing the private sector about the need for active involvement in actions that contribute to combating HIV/AIDS and Tuberculosis, involving them in actions carried out through initiation of partnerships, requesting financial and human support for implementation of programs run by them, etc., is considered to be important.

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Health policy should include and promote collaboration between all relevant institutions, including health care institutions with academic profile, hospitals, local and private clinics, occupational health services, community health services, health centers and home care associations, religious organizations, national and international NGOs .

The situation analysis and answers provided by participants in the research allow to make recommendations to undertake specific actions that lead to accelerated progress towards desired targets. The most important recommendations received from participants in research, refers to:

**Governmental Institutions**

Governmental Institutions should be required to undertake a number of important actions that would lead to accelerating progress in achieving the desired targets, among which the following could be mentioned:

1. through the responsible institutions it would be necessary to organize national information campaigns on issues related to transmission of HIV/AIDS and Tuberculosis;
2. improve the existing regulatory framework on developing human resources in health services to ensure planning, education, training, qualifications regulation and conditions for the medical staff to practice their profession, including certification and accreditation requirements;
3. adopt an appropriate legal framework to ensure the taking over, purchasing of services developed by civil society organizations by the State, and mechanisms to purchase/contract prevention and support services to people infected/affected by HIV and TB, from NGOs;
4. develop a transitional mechanism to take over essential services in HIV/AIDS (identification of financial sources and mechanisms for procuring ARV treatment, diagnostic and laboratory, PMTCT, prevention in risk groups and population at large, support people living with HIV);
5. ensure wide access to population at large, especially young people aged 15-24 in rural areas, the migrants and their families and in groups at high risk of infection to prevention information and services on HIV/AIDS and TB, with involvement of educational, health, social welfare institutions, NGOs active in the field;
6. introduced in schools the „Life skills” course, including aspects of sexual education of youth, and ways to prevent infection and HIV infection;
7. increase public access to counseling and confidential voluntary HIV testing by informing people about the importance of HIV testing, confidentiality of results, provision of pre and post test quality counseling services;
8. improve the legal and procedural framework to include provision of incentives to private sector organizations which are actively involved in social actions;
9. The Ministry of Labour and Social Protection, in cooperation with the National Confederation of Employers and the National Confederation of Trade Unions shall advise the private sector and employer organizations to develop and implement workplace policies on HIV/AIDS and tuberculosis;
10. reform Phthisiopneumology service for proper implementation of the National TB program.

**International institutions /donors:**

1. strengthen efforts to align and harmonize the programs implemented at national planning cycles and national management mechanisms;
2. organize and continue the practice of organizing consultative meetings with the private sector and civil society prior to release of certain funding programs or other interventions;
3. continue to provide global support to fight the spread of HIV;
4. monitor compliance with beneficiary countries' commitments to support (eg, gradual increase of the national contribution).

**Civil society organizations**

1. consolidate its potential and organize advocacy actions for accreditation of social services in combating and preventing HIV/AIDS and Tuberculosis;
2. strengthen advocacy efforts to increase funding services in preventing and combating HIV/AIDS and TB by the government;
3. enhance collaboration with local governments, in particular in rural areas, because the potential of LPA should be put in value, which would significantly contribute to supporting people living with HIV, including those affected by tuberculosis in rural areas;
4. identify ways to diversify the service package offered and involve engage qualified personnel;
5. set partnerships and increase collaboration with the private sector, because the PS potential has to be put in value, which would contribute significantly to supporting people living with HIV/AIDS and those affected by tuberculosis;
6. provide support to the private sector in developing workplace policies on HIV/AIDS and tuberculosis;
7. organize actions to prevent HIV/AIDS and tuberculosis in adolescents and young people by training peer educators;
8. set partnerships with educational institutions and identify effective ways to prevent and combat HIV/AIDS and tuberculosis in adolescents and youth;
9. monitor the extent of implementation of existing national policies to combat HIV/AIDS and Tuberculosis and the degree of assurance of civil rights, social, economic and cultural needs of those infected.

**Private Sector:**

1. develop workplace policies on HIV/AIDS and TB, with involvement of trade unions, appointing a responsible person (human resources specialist) for implementation and monitoring;
2. consultations with employees aimed at development and implementation of appropriate workplace policy to prevent the spread of HIV/AIDS and Tuberculosis, and at the same time, ensuring protection of all employees against discrimination;
3. identify opportunities for setting partnerships with governmental and non-governmental organization to organize information actions on HIV/AIDS and tuberculosis at the company level;



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4. identify possibilities to set joint public-private partnerships to providing services to those most vulnerable persons (because private sector in health area provides services only to those that can afford the costs, and services are expensive);
5. contribute financially to the implementation of activities within the National HIV/AIDS Control Program and organize information activities on HIV/AIDS and TB at the workplace;
6. allocate a part of revenue for co-financing of projects implemented by CSOs, more active involvement in public health related projects, etc.



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# ANNEXES

## List of organizations taking part in research

Representatives of Private Sector contributing to MDG 6	Information obtained from
Drugs Agency	MDG 6 Questionnaire
I.C.S. "Gaz Natural Fenosa" S.A.	MDG 6 Questionnaire
ÎC Balcombe SRL Family Health Center „GALAXIA"	MDG 6 Questionnaire
PricewaterhouseCoopers Audit SRL	MDG 6 Questionnaire
International Hospital Medpark	MDG 6 Questionnaire
Aesthetic Medicine Clinics "Sancos" S.R.L	MDG 6 Questionnaire
Î.C.S "Bemol Retail" S.R.L	MDG 6 Questionnaire
Joint Enterprise "Becor" S.R.L	MDG 6 Questionnaire
"Orange Moldova" S.A.	Analysis of activities carried out
"Moldcell" S.A.	Analysis of activities carried out
„New Med Life" Clinics	Detailed interviews
Modus Vivendi SRL, Medical Diagnostics Center	Detailed interviews
Representatives of Civil Society contributing to MDG 6	Information obtained from
Public Institution „ Coordination, Implementation and Monitoring Unit of Health Restructuring Project "	MDG 6 Questionnaire
Health Policies and Analysis Center (HPA Center)	MDG 6 Questionnaire
Public Association League of people living with HIV in the Republic of Moldova	MDG 6 Questionnaire
Stichting AIDS Foundation East-West (AFEW) Representation in Moldova	MDG 6 Questionnaire
Non-discrimination coalition	MDG 6 Questionnaire
HIV prevention and harm reduction Union of Moldova	MDG 6 Questionnaire
Public Association "Young and Free" Resource Center	Analysis of activities carried out
Soros-Moldova Foundation	Analysis of activities carried out
Institute for Human Rights	Analysis of activities carried out
« Teenagers education and rehabilitation Center "Adolescent"»	Analysis of activities carried out
Public Association, Information Center „GENDERDOC-M"	Analysis of activities carried out
„Terra's Hope,,NGO	Analysis of activities carried out
Public Association,,Demos,,	Analysis of activities carried out
Public Association "Biaz Gul"	Analysis of activities carried out
"Adolescent" Center,Rezina	Analysis of activities carried out
Governmental Institutions contributing to MDG 6	Information obtained from
State Chancellery	MDG 6 Questionnaire
Ministry of Health	MDG 6 Questionnaire
National Council for coordination of national HIV/AIDS, STI and tuberculosis prevention and control programs	MDG 6 Questionnaire
National Public Health Center, AIDS Center	MDG 6 Questionnaire
National Bureau for Statistics	MDG 6 Questionnaire

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International (financing) Organisations contributing to MDG 6	Information obtained from
United Nations Development Program (UNDP)	MDG 6 Questionnaire
World Health Organization (WHO)	MDG 6 Questionnaire
United Nations Agency to Combat Drugs and Crime (UNODC)	Analysis of activities carried out
United Nations Program on HIV/AIDS (UNAIDS)	Analysis of activities carried out
United Nations Fund for Children (UNICEF)	Analysis of activities carried out