Antiretroviral therapy target declared by country: 150 by the end of 2005

Estimated number of people needing antiretroviral therapy (0-49 years), 2005:

REPUBLIC OF MOLDOVA

Unsafe drug injecting practices during 2004). Sexual transmission of HIV has been increasing since 1999 (from 22 cases in 1999 to 110 in 2003).

2003 found 4.6% HIV prevalence and 13% hepatitis C prevalence, which suggested that injecting drug use remains among the major risk factors (10% of sex workers confirmed cases diagnosed in the first half of 2005 in the Republic of Moldova and Transnistria respectively). The most affected regions are Balti, Transnistria (populated by a Slavic majority, geographical location favours illegal drug trafficking. Currently, the Republic of Moldova is facing a long and severe social and economic crisis, which has led to a deterioration of living standards and to a precarious demographic situation. The Republic of Moldova started moving from a concentrated HIV/AIDS epidemic that affected mostly injecting drug users with an overall male-to-female ratio of 4:1 towards one with a female-to-male ratio almost equal to one, due to an increase in reported heterosexual transmission of HIV more recently (in 2004, a cumulative total of 20% of all cases with a known route of transmission). Since the HIV/AIDS epidemic began in the early 1990s, a cumulative total of over 5500 people are estimated to have been living with HIV in the Republic of Moldova. Rapid socioeconomic change and migration have led to behaviour with a high risk of HIV infection. As of December 2005, a total of 2322 HIV cases had been reported, of which 79% were attributed to those infected through injecting drugs. Most of the affected population (82%) are aged 20–39 years. The epidemic is relatively young, with the highest HIV incidence rates in 1997–1998 (93.6 and 94.8 per million populations, respectively). After that outbreak, HIV incidence has

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

Policy on HIV testing and treatment
According to national legislation, HIV testing is mandatory for every blood donation and for all people with tuberculosis when first diagnosed. Opt-out testing and counselling is offered to pregnant women, injecting drug users and people with sexually transmitted infections. Voluntary counselling and testing is offered to the blood recipients six months after a blood donation in Moldova. In Moldova, efforts to mobilize the community for condom promotion and use have largely been successful, but programmes continue to face challenges such as lack of political commitment, limited resource mobilization and weak communication systems. In addition, the government continues to struggle with providing access to HIV testing for vulnerable groups such as IDUs and people living with HIV/AIDS.

**Antiretroviral therapy: first-line drug regimen, cost per person per year**

- The WHO programme supports the government in developing patient recording and reporting forms to monitor the progress of antiretroviral therapy. The government has initiated a number of advocacy and awareness campaigns to promote antiretroviral therapy and scaling up the HIV/AIDS programmes and programmes to prevent sexually transmitted infections targeting vulnerable groups.

**5. Treatment and prevention coverage**

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

**6. Implementation partners involved in scaling up prevention**

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

**Staffing input for scaling up HIV treatment and prevention**

WHO's response so far

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

Key areas for WHO support in the future

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

Staffing input for scaling up HIV treatment and prevention

- Current WHO staff supporting HIV/AIDS activities comprises one National Programme Officer.