Republic of MOLDOVA

Reassessment of the Implementation of the State Commitments to Ensure Sustainability of the HIV Response among Key Populations in the Context of Transition from Donor Support to Domestic Funding

EHRA

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANSP	National Agency for Public Health Азия
ART	Antiretroviral Therapy
ARV	Antiretroviral
CCM	Country Coordinating Mechanism (National Coordinating Council of National Programmes for the Prevention and Control of HIV/AIDS, Sexually Transmitted Infections, and Combating Tuberculosis)
CEECA	Central and Eastern Europe and Central Asiам
COVID	Coronavirus Disease
CSS	Community Systems Strengthening
EECA	Eastern Europe and Central Asia (region)
EHRA	Eurasian Harm Reduction Association
GAM	Global AIDS Monitoring
Global Fund	Global Fund to Fights AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HS	Health System
IBBS	Integrated Bio-Behavioural Surveillance
KAP	Key Affected Population
Kps	Key Populations
LGBT	Lesbian, Gay, Bisexual, Transgender/Transsexual
LPA	Local Public Administration
M&E	Monitoring and Evaluation
MDL	Moldovan Leu (currency of Moldova)
MHI	Mandatory Health Insurance
MHIF	Mandatory Health Insurance Fund
MLSP	Ministry of Labour and Social Protection
MoH	Ministry of Health
MoJ	Ministry of Justice
NCC	National Coordinating Council

NGO	Non-Governmental Organisation
NPA	National Penitentiary Administration
OAT	Opioid Agonist Therapy
PCIMU	Public Institution Coordination, Implementation and Monitoring Department of the Health System Projects
RG	Reference Group
PEP	Post-Exposure Prophylaxis of HIV
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RG	Reference Group
RND	Republican Narcological Dispensary
SDI	Social Distance Index
SRH	Sexual and Reproductive Health
SS	Sentinel Surveillance
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
TG	Transgender
TMT	Transition Monitoring Tool
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
VL	Viral Load
WHO	World Health Organization

EXECUTIVE SUMMARY

The Republic of Moldova, together with other United Nations Member States, has made global commitments under the Sustainable Development Goals, including target 3.3.1, "By 2030, reduce the transmission of HIV and sexually transmitted infections, particularly among key populations, and HIV-related deaths"; the Declaration of Commitment of the 2021 United Nations General Assembly Special Session on HIV/AIDS; and the 95–95–95 initiative and targets to ensure universal access to HIV prevention and treatment services.

The HIV epidemic in Moldova is concentrated in key populations (KPs), which, according to epidemiological data, include people who use drugs, men who have sex with men (MSM), sex workers (SW), and people in prison.

Since 1996, the country has been implementing national HIV/AIDS and STI prevention and control programmes with considerable support from external donors. Of particular importance is the co-financing by the Global Fund, which have accounted for around 50% of the costs of programme implementation. In the context of the sustainability of HIV interventions among key populations, such funding and commitments are only a temporary response to resource needs. Therefore, long-term and sustainable financial support of HIV-related services at the country level is required.

The budget of the National Programme for the Prevention and Control of HIV/AIDS and STI for the period 2022–2025 includes measures to transition to state funding. It continues the trend of increasing the share of state financial support.

This study aims to reassess the implementation of state commitments to ensure a sustainable response to HIV in key populations (KPs) in the Republic of Moldova in the context of the transition from Global Fund support to state funding. The study was conducted according to the guide, Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide[1], using the Transition Monitoring Tool (TMT) developed by EHRA.

The study assesses the implementation of commitments made by the Government of the Republic of Moldova based on officially approved documents on the sustainability of HIV programmes for key populations. The first assessment covered the commitments included in the National HIV Programme for 2017–2020. The current study examined the commitments mentioned in the National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025. Since the implementation of the current Programme has not yet been completed, the study did not aim to evaluate its final results. Furthermore, this assessment is not an assessment of progress in ensuring the sustainability of the HIV response in the

1 Serebryakova L. Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding. A Methodological Guide. Vilnius, Lithuania; Eurasian Harm Reduction Association, 2023. The updated methodological guidance and tool to assess the implementation of government commitments to ensure the sustainability of the HIV response in key populations during the transition to national funding can be found at https://eecaplatform.org/tmt-ru/.

context of the transition from Global Fund support as a whole. The assessment findings included in this report only show progress in implementing individual commitments made by the state for the period 2021–2022. These commitments have been prioritised for this assessment, categorised in terms of key health system domains and priority programmatic areas, and are directly related to ensuring the sustainability of the HIV response in key populations.

Implementation of the priority commitments was assessed in five programmatic areas and six health system domains, resulting in the following overall assessment of progress of the selected commitments:

Commitments in relation to the impact on the HIV epidemic. In general, progress has been made in meeting the commitments to achieve the key results of the National Programme for 2022–2025: High coverage of people living with HIV (PLHIV) with antiretroviral therapy (ARV) was achieved against the backdrop of a gradual decline in mortality from AIDS-related diseases and tuberculosis. Despite significant progress in providing free ART to all those in need and with symptoms, the situation remains challenging in the context of the new 95–95–95 targets. According to the results to the end of 2022, only 67% of people living with HIV in Moldova are aware of their diagnosis, 73% of them are on treatment, and 88% have achieved an undetectable viral load, which is far from the 95% target and represents little progress compared to the baseline of 62/70/87 in 2020. The summary data from the analysis of the impact indicators on the HIV epidemic are presented in Table 7.

Assessment of progress in meeting commitments by programmatic areas

1. HIV prevention in key populations. Progress in implementing the 18 priority commitments in the area of HIV prevention amounted to **61.6%** and was rated as **average**. Progress was made in funding prevention programmes for key populations, although insufficient given the estimated number of KPs. Significant results were achieved in meeting commitments to provide prevention services for transgender people (TG) and people in prison. There are gaps in the diversification of funding sources for prevention services for key populations and in the geographic availability of services provided by NGOs.

2. **Diagnostics, treatment, care and support.** Progress in implementing 11 prioritised commitments in the area of diagnostics and treatment was rated as **average** (**55.8%**). Significant progress has been made in the implementation of commitments such as the procurement of all ARV drugs and their uninterrupted supply (since 2021), high ART coverage (85.7%), high percentage of PLHIV tested annually for their viral load (89%) and the gradual decline in mortality from AIDS-related diseases, including tuberculosis. At the same time, the implementation of viral load (VL) monitoring and ART adherence commitments needs to be improved.

3. OAT. Progress in implementing prioritised commitments in the OAT area was rated as **average** (**55.2%**). The government has taken over the financing of OAT programmes, including for the penitentiary system. At the same time, OAT coverage in Moldova has been low for many years (no more than 5.5% of the estimated number of opioid users at the end of 2022). In addition, the territorial coverage of OAT remains low, which affects the inclusion of new people who inject drugs into the programme. This is also because it is impossible to obtain OAT medication outside of drug treatment services, such as through primary healthcare facilities, psychiatric centres, commercial organisations, NGOs, or pharmacies. The implementation of the psychosocial support component of OAT continues to be fully funded by the Global Fund and delivered through NGOs as there is no mechanism to integrate this component into the state health system.

4. Community systems strengthening and advocacy. Progress in implementing the commitments selected for the assessment in the area of community systems strengthening and advocacy amounted to **83.3%** and was rated as **substantial**. Civil society organisations are continuously involved in the work of HIV/AIDS coordinating bodies, and the overall capacity of public organisations working on HIV has increased. Despite the introduction of a state funding model for NGOs, the state is not able to guarantee the sustainability of services when the Global Fund withdraws its financial support. This is particularly true for NGO activities related to advocacy, training of NGO representatives, provision of psychosocial services and support for community initiatives.

5. Human rights. As there were no prioritised commitments, this programmatic area was not included in the assessment. At the same time, several commitments from the other four programmatic areas assessed indirectly touched on aspects of human rights. They were, therefore, taken into account in the analysis of these programmatic areas.

Table 1. Overall assessment of progress in meeting commitments by programmatic areas

Programmatic areas	Average score of commitment compliance (%)	Progress assessment, 2021–2022
HIV prevention	**61,6%**	Average progress
HIV diagnostics, treatment, care and support for PLHIV	**55,8%**	Average progress
OAT	**55,2%**	Average progress
Community systems strengthening (CSS) and advocacy	**83,3%**	Substantial progress

Assessment by health system domains

An analysis of the assessment results on progress in fulfilling commitments by health system domains showed that the highest level of progress was achieved in the 'Data and information' and 'Human resources' components, and an average level of progress in the remaining four components ('Service provision', 'Governance', 'Drugs, supplies and equipment', and 'Financing', respectively).

1. Financing. The government's progress in meeting the commitments prioritised under this component was rated as **average** (with an overall score of **58.2%**). Despite the gradual increase in allocations from the national budget for HIV programmes, about half of their total funding still comes from external financial support, mainly from the Global Fund. Progress has been made in the transition of financing for the OAT programme and the procurement of ARV drugs to funds from the state budget (including for the penitentiary system).

2. Service provision. The state's progress in implementing the prioritised commitments under this component was rated as **average** (the overall score for the component is **59.7%**). The system for providing services to key population groups remains fragmented. Although significant progress has been made in reaching people in prisons and TG with prevention services and VCT, although HIV prevention programmes for other groups (sex workers, people who inject drugs, and men who have sex with men) are not fully implemented.

3. Drugs, supplies and equipment. For this component, progress in meeting the commitments prioritised for this study was rated as **average** (with an overall score of **61.1%**). Although the government has made significant progress on several prioritised commitments (ensuring an uninterrupted supply of ARV drugs and ART coverage), there are issues with late initiation of ART for PLHIV with CD4 counts below 200, viral load (VL) monitoring, and ART adherence. In addition, OAT coverage remains low, which impairs the effectiveness of targeted programmes for people who inject drugs in the country. The Global Fund supports 90% of the procurement of prevention materials (syringes and other injecting equipment, condoms, and lubricants) provided to representatives of key populations.

4. Governance. Progress in implementing the commitments selected for assessment under this component was rated **insignificant** (**35.5%**). Several strategic regulations have been approved and implemented in the country, including national protocols that influence the sustainability of the HIV response. Unfortunately, some of the commitments, such as the development of a model for the provision of differentiated gender-sensitive services (including the calculation of the unit cost of the service package) and models for the provision of integrated services, have not been met. The commitment to develop an integrated information platform (SIME HIV) and ensure its effective functioning was also not fulfilled.

5. Human resources. Progress in meeting the commitments under this component was rated as **significant** (with an overall score of **100%**). Training for medical and non-medical staff (NGO staff, prison police) has been conducted, and an online platform for modular training on various HIV-related topics (service delivery, referral, testing, human rights, etc.) has been developed.

6. Data and information. Significant progress (**100%**) has been made in meeting the prioritised commitments under this component. A country study was conducted to determine the size of the group of non-injecting drug users. In addition, six studies were carried out, which considered various gender-specific aspects.

Table 2. Overall assessment of progress in meeting commitments by health system domains

	Health system domains	The average score of commitment	Progress assessment, 2021–2022
1.	Financing	**58,2%**	Average progress
2.	Service provision	**59,7%**	Average progress
3.	Drugs, supplies and equipment	**61,1%**	Average progress
4.	Governance	**35,5%**	Fairly low progress
5.	Human Resources	**100%**	Significant progress
6.	Data and information	**100%**	Significant progress

Based on the findings of the assessment, the following key recommendations are proposed to ensure the sustainability of HIV programmes for key populations in the context of the transition from donor support to domestic funding (see the relevant section of this report for a complete list of recommendations):

I. To the National Coordinating Council of National Programmes for the Prevention and Control of HIV/AIDS, Sexually Transmitted Infections, and Combating Tuberculosis in the Republic of Moldova:

1. When developing national HIV programmes and other official documents that include government commitments to transition to national funding, include commitments with specific language on the actions to be taken and more relevant indicators for each commitment, taking into account the availability of data and the ability to track it.

II. To the Ministry of Health of the Republic of Moldova:

2. Improve the current funding mechanism and ensure diversified funding for HIV prevention programmes from other government sources. In addition to the National Health Insurance Company (NHIC) Prevention Fund, such sources may include the NHIC Core Services Fund, the budgets of the Ministry of Health, and local governments. Continue dialog with the Ministry of Labour and Social Protection to establish mechanisms to fund psychosocial services for key populations and PLHIV and the provision of integrated medical and social services based in social centres.

3.Develop mechanisms to ensure broader coverage of OAT, focusing on the WHO-recommended coverage of at least 40% to significantly impact the HIV epidemic among people who inject drugs, alongside improving geographic access to OAT services in all regions. Develop mechanisms to fund psychosocial support in OAT programmes, and introduce alternative service delivery models at the primary healthcare level, community mental health centres, and private medical facilities.

4. Develop a plan for state funding of the OAT programme that provides for the expansion of OAT coverage and support for the OAT administrative component (the Republican Narcological Dispensary (RND)).

5. Develop and approve a mechanism for integrating psychosocial services with OAT and services for the prevention and treatment of HIV, TB, hepatitis, and non-communicable diseases (including mental and reproductive health) to increase the availability of services for KPs (based on the one-stop-shop principle).

6. Conduct regular studies (every 3-to-5 years) on the economic efficiency of different HIV service delivery models to identify the most promising models that can achieve better results in less time and at a lower cost.

7. Identify priorities for NHIC funding for HIV and TB in the medium and long term (3 or 5 years) to ensure continuity of services for KPs and better involvement of NGOs in the national HIV response.

III. To the Ministry of Justice of the Republic of Moldova (National Penitentiary Administration):

8. Ensure that prison staff (psychologists, social workers) are involved in psychosocial support for KPs, including cognitive-behavioural change programmes and support for adherence to OAT and ART, to institutionalise these activities and ensure their sustainability.

IV. To international organisations and development partners:

9. Call on the Government to fulfill its commitments to sustainably fund programmes to prevent the transmission of HIV/STI among KPs and increase funding for HIV prevention programmes in line with commitments made under the National Programme for 2022–2025.

10. Continue to strengthen the capacity of health workers to collaborate with NGOs and community representatives in the HIV-related services provision process, including integrated services for KPs.

11. Continue to support capacity building of NGOs and community representatives in advocacy, community-led monitoring, service delivery, and implementation of the National HIV/AIDS and STI Programme.

V. To representatives of civil society organisations and key populations:

12. Continue to advocate for a supportive legal environment to improve the effectiveness of the national HIV response by actively participating in the HIV response coordination bodies.

13. Continue to advocate for increased government funding for HIV prevention and psychosocial support programmes for KPs and the introduction of integrated services, including community-based services.

14. Continue monitoring government funds budgeted for HIV/AIDS programmes, planned funds in annual budgets at the state and local levels, and actual funds allocated to HIV NGOs, and publicise these amounts and their reduction.

1.CONTEXT

Table 3. General information about the Republic of Moldova

Population	2,423,300 people (stable population as of 01.01.2024, right bank of the river Dniester)[2].
Administrative division	Thirty-two districts, two municipalities, the autonomous territorial entity of Gagauzia, and uncontrolled administrative-territorial units of the left bank of the Dniester (Transnistria)[3].
Income level	According to the new World Bank income classification for 2021–2022, Moldova is an upper-middle-income country[4].
Gross national income per capita	$5,230 (2021), $5,714.43 (2022)[5].
Health expenses	5.6% of GDP (2021) and 5.0% (2022)[6]. The share of total health expenditure in the consolidated budget in 2021 was 16.5% and decreased to 13.6% in 2022[7].
Main source of funding for health	Compulsory Health Insurance Fund (since 2004). The provision of services is based on the family medicine model.
HIV Epidemic	The HIV epidemic is concentrated in key populations, particularly among people who inject drugs, MSM, TG, SW, and people in detention. Within the assessment period, HIV prevalence among people aged 15–49 years old was 0.83% (2021), 0.87% (2022) and 0.89% (2023)[8].
TB Epidemic	High burden of multi-drug-resistant tuberculosis. TB prevalence within the assessment period was 1,933 cases or 66.8/100,000 population (2021), 2,121 cases or 68/100,000 population (2022), and 2,168 cases or 72.2/100,000 population (2023)[9].
Coordination	The National Coordinating Council of National Programmes for the Prevention and Control of HIV/AIDS, Sexually Transmitted Infections, and Combating Tuberculosis (plays the country coordinating committee/mechanism role); among other members, it includes representatives of NGOs and communities[10].
The Global Fund	The Global Fund HIV and TB grant for 2021–2023 (€18,061,192)[11] and 2024–2026 (€18,507,625)[12]. Principal Recipient: The Public Institution *Coordination, Implementation and Monitoring Department of the Health System Projects* (PCIMU).
Conflict zone	Since 1992, the municipality of Bender and the administrative-territorial units of the Left Bank of the Dniester have been under the *de facto control* of the unrecognised state of the Pridnestrovian Moldavian Republic.

2. National Bureau of Statistics of the Republic of Moldova, in Romanian, https://statistica.gov.md/ro.

3. Law No. 764 of 27.12.2001 On the Administrative-territorial Structure of the Republic of Moldova, in Russian, https://www.legis.md/cautare/getResults?doc_id=125095&lang=ru.

4. New World Bank country classifications by income level: 2021–2022, in English, https://blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2021-2022?fbclid=IwAR0QVsIUk17fvIyvcMzoJ91t-txs6mfn3dnonEKy_NHV3T4ejsXWODFpuwo, https://blogs.worldbank.org/en/opendata/new-world-bank-group-country-classifications-income-level-fy24.

5. World Bank, in English, https://data.worldbank.org/country/moldova?view=chart.

6. National Bureau of Statistics of the Republic of Moldova (2022), in Romanian, https://statbank.statistica.md/PxWeb/pxweb/ro/30%20Statistica%20sociala/30%20Statistica%20sociala__08%20SAN__SAN060/SAN060100.px/table/tableViewLayout1/?rxid=2345d98a-890b-4459-bb1f-9b565f99b3b9.

7. National Bureau of Statistics of the Republic of Moldova. Indicator Share of total Health Expenditure in the Consolidated Budget. In Romanian, https://statbank.statistica.md:443/PxWeb/sq/6a56d187-ab2a-446d-82e8-667f09d9fc5d.

8. GAM reports for 2021, 2022, 2023 (data from the National HIV/AIDS and STI Programme, unpublished).

9. National TB Programme Reports for 2021, 2022, 2023. In Romanian, https://simetb.ifp.md/.

10. CCM members, official website of the CCM Secretariat, http://www.ccm.md/index.php/membri-cnc-tb-sida.

11. Grant agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria for 2021–2023. In English, http://www.ccm.md/sites/default/files/inline-files/MDA-C-PCIMU_GC_FINAL_23Nov2020signed_0.pdf.

12. Grant agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria for 2024–2026. In English, http://www.ccm.md/sites/default/files/inline-files/MDA-C-PCIMU_GrantConfirmation%20-%20signed.pdf.

1.1. HEALTH SYSTEM IN MOLDOVA

The healthcare system in the Republic of Moldova consists of public and private healthcare institutions as well as state bodies and agencies involved in the provision of healthcare services, financing, regulation, and the management of healthcare providers.

The Ministry of Health (MoH) is responsible for planning and implementing the state budget in the health sector, considering the needs of the institutions under its jurisdiction and the approved national programmes. The distribution of financial resources for the implementation of 16 health programmes to combat certain diseases (such as tuberculosis, diabetes, HIV/AIDS, and STI, as well as disease prevention) depends on the overall budget for the health sector approved by the Ministry of Finance (the annual budget increase is a maximum of 5–6% in line with the inflation rate).

The budget of the National HIV/AIDS and STI Programme comprises several sources: national funds (National Health Insurance Company (NHIC); Ministry of Health (MoH); Ministry of Justice (MoJ); local public administrations (LPA)) and funds from external international donors (mainly the Global Fund to Fight AIDS, Tuberculosis and Malaria).

Healthcare in prisons is the responsibility of the National Penitentiary Administration (Ministry of Justice)[13] and is financed from its budget. Tuberculosis and HIV activities in prisons and related accountability are included in national tuberculosis and HIV programmes (including information systems).

1.2. OVERVIEW OF THE HIV EPIDEMIOLOGICAL SITUATION AS OF THE END OF 2022

At the end of 2022, no significant changes were observed in the epidemiological context of the country compared to previous years. The HIV epidemic in Moldova continued to be concentrated in the key population groups, which, according to epidemiological data, include people who inject drugs, men who have sex with men, sex workers, and people in prison[14]. The last assessment of the number of individuals in key population groups in Moldova (including the areas on the left bank of the Dniester) was conducted in 2020. The results showed that the number of people who inject drugs amounted to 27,500 people; sex workers 15,800; and men who have sex with men at 14,600 people[15]. In 2022, an estimation

13. Doltu S. Availability, accessibility, acceptability and quality of harm reduction services in Moldovan prisons, 2021 (Harm Reduction International Report). In English, https://hri.global/publications/report-moldovan-prisons/.

14. Country Progress Report. Republic of Moldova Global AIDS Monitoring, 2022. In English, https://dsd.unaids.org/,
https://open.unaids.org/sites/default/files/documents/Moldova_Country%20Report_formatted_EN.pdf.

15. Estimating the Size of People who Inject Drugs, Female Sex Workers and Men who have Sex with Men in the Republic of Moldova. Chisinau, 2020. In English, https://sdmc.md/wp-content/uploads/2021/01/National_size_estimation_RM_report_22_01_2021-ENGL.pdf (accessed April 10, 2024).

of the size of the population of non-injecting drug users was conducted, estimated to be 50,000 people[16].

The predominant route of HIV transmission remained heterosexual as of the end of 2022, accounting for 88.15% of new HIV cases. Since 2012, there has been a general trend towards an increase in the number of registered HIV cases from 767 cases or 17.0 per 100,000 population to 929 cases in 2022 or 29.1 per 100,000 population. The total number of registered HIV cases on 31.12.2022 was 16,106 people, 10,777 of whom were still alive and knew their status. The number of registered primary HIV cases by gender shows different trends. The number of HIV cases among women remained stable at 380 (18 cases per 100,000 population). The number of HIV cases among men tended to increase from 341 (17.4 per 100,000 population) to 538 (28.3 per 100,000 population in the period 2010–2022). Of the new HIV cases registered in 2022, 59.4% were men[17].

According to the results of a sentinel surveillance (Table 4), HIV prevalence among people who inject drugs and sex workers has decreased during the period 2009–2020. At the same time, there is a trend towards a significant increase in HIV prevalence among men who have sex with men[18].

Table 4. HIV prevalence among populations at risk of HIV infection, 2009–2020

	Chisinau (Chișinău)	Balti (Bălți)	Tiraspol (Tiraspol)	Chisinau (Chișinău)	Balti (Bălți)	Chisinau (Chișinău)	Balti (Bălți)
	PWID			SW		MSM	
2009	16.4	39.8	23.9	11.6	21.5	1.7	0.2
2013	8.5	41.8	12.1	6.1	23.4	5.4	8.2
2016	13.9	17.1	23.1	3.9	22.3	9.0	4.1
2020	8.1	14.9	23.5	2.1	4.4	11.6	8.6

Following the recommendations of the National Clinical Protocol on HIV[19], the Republic of Moldova applies the approach of including all patients diagnosed with HIV in treatment, regardless of the stage of the disease and CD4 count. The number of HIV-positive people receiving ART is constantly increasing. In 2022, 921 people started ART for the first time

16. Estimated Number of Non-injecting Drug Users in Moldova, 2022. In English, https://sdmc.md/wp-content/uploads/2023/07/PWUD-MOLDOVA_final_reviewed-En.pdf. (accessed April 15, 2024).

17. SPECTRUM 2022 Report, unpublished.

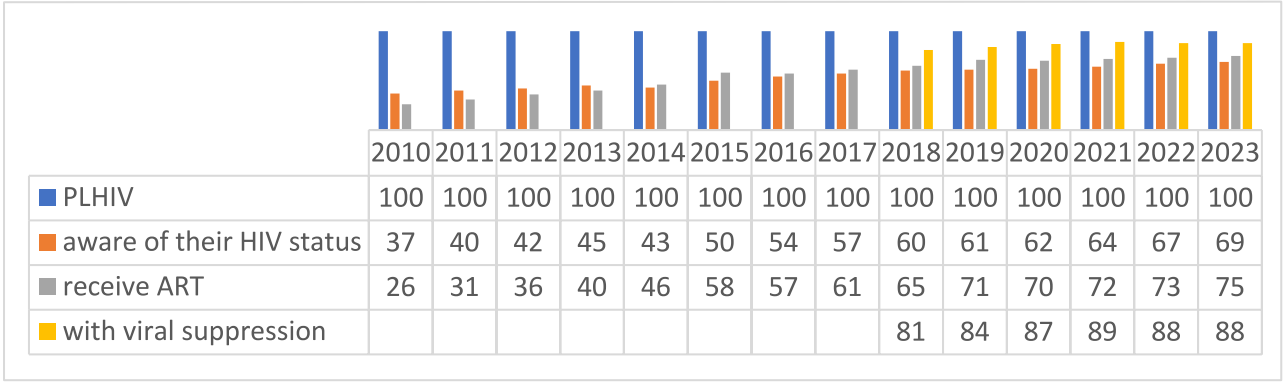
18. Integrated Bio-Behavioural Surveillance Survey among Female Sex Workers, People who Inject Drugs and Men who have Sex with Men in the Republic of Moldova. Chisinau, 2020. In English, https://sdmc.md/wp-content/uploads/2020/12/IBBS_REPORT_MD_2020_FINAL_eng.pdf. (accessed 10 April 2024).

19. Decree No. 538 of May 20, 2022, On the approval of the National Clinical Protocol "HIV infection in adults and adolescents", and Decree No. 540 of June 7, 2022, On the approval of the National Clinical Protocol "HIV infection in children from 0 to 10 years".

(804 in 2021), 330 people restarted treatment (389 in 2021), 378 people refused treatment (522 in 2021), and 166 people receiving ART died (178 in 2021). This means that at the end of 2022, 7,857 people living with HIV were receiving ART, which is 590 more than in 2021[20]

According to the SPECTRUM report, at the end of 2022, only 67% of people living with HIV in Moldova were aware of their diagnosis, 73% were on treatment, and 88% had reached an undetectable viral load (Figure 1). In 2023, the indicators have improved (69% of people living with HIV knew their diagnosis, of which 75% were on treatment and 88% reached an undetectable viral load). However, these figures are still far from reaching the 95% target[21].

Figure 1. Progress towards the 90–90–90[22] target, Republic of Moldova (2023)



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
PLHIV	100	100	100	100	100	100	100	100	100	100	100	100	100	100
aware of their HIV status	37	40	42	45	43	50	54	57	60	61	62	64	67	69
receive ART	26	31	36	40	46	58	57	61	65	71	70	72	73	75
with viral suppression									81	84	87	89	88	88

Although the difference is small between women and men among those receiving ART who have an undetectable viral load (6%), the difference among people who know their status is significant at 28%. This suggests that men (especially in rural areas) are underserved by both testing programmes and treatment and support services[23].

1.3. ORGANISATION OF HIV SERVICES FOR KEY POPULATIONS

Currently, HIV prevention services for the most affected populations are provided by public health facilities and NGOs. At the end of 2022, there were 16 health offices in Moldova providing ART, PMTCT, PEP, and PrEP treatment[24], as well as four regional psychosocial centres to support people living with HIV. Services for HIV prevention for key populations are provided by a network of 13 NGOs, eight of which operate on the territory of Moldova, one in the penitentiary system, and four on the left bank (Transnistria). Some of these NGOs also provide psychosocial support services for people living with HIV and legal support on request.

20. Monitorizarea controlului infecției HIV în Republica Moldova, anul 2020. Ministerul Sănătății al Republicii Moldova, IMSP Spitalul Dermatologie și Maladii Comunicabile. Chișinău, 2021. [HIV Surveillance Report in the Republic of Moldova, 2021]. In Romanian, https://sdmc.md/wpcontent/uploads/2021/08/SPITALUL.pdf. (accessed April 10, 2024).

21. SPECTRUM 2022, Ibid.

22. The National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025 includes commitments to achieve the 90–90–90 targets.

23. Report on HIV Inequality Assessment Tool Piloted in Moldova. UNAIDS, 2023. In English, http://www.ccm.md/sites/default/files/2024-03/MDA_inequalities%20tool_Final_1_0.pdf.

24. Decree of the Ministry of Health No. 486 of May 20, 2022, On the Decentralization of Medical Supervision and ART at Territorial Level. In Romanian, https://msmps.gov.md/wp-content/uploads/2022/05/Ordinul-nr.-486-din-20.05.2022-Cu-privire-la-descentralizarea-supravegherii-medicale-%C8%99i-tratamentului-antiretroviral-a-infec%C8%9Biei-HIV_SIDA-la-nivel-de-teritoriu.pdf.

Comprehensive activities to reduce HIV and STI transmission among key populations in the Republic of Moldova in 2021–2022 included information, counseling, referral, and orientation of beneficiaries to receive specialised treatment. The comprehensive package has been expanded to include new services: community-based testing; gender-sensitive services; overdose prevention and care; PEP; PrEP; and online outreach. In certain cases, the expanded package also offers testing for STIs and accompaniment to a medical facility for treatment.

The provision of HIV services is regulated by the Standard for the Organization and Operation of HIV Prevention Services for Key Populations, Including Young People from These Groups, approved by the Decree of the Ministry of Health, Labour and Social Protection No. 278 of March 18, 2020. Both NHIC representatives and donors use the Standard as the core regulatory document. Funding for services provided by non-profit/non-governmental organisations depends on the number of beneficiaries who received a comprehensive service package (basic or extended package of services) according to the approved Standard within the reporting period (results-based funding)[25]. In addition, all non-profit organisations working in the field of HIV prevention have started to enter information on the services provided into the unified online database for the registration and recording of prevention services using individual beneficiary cards.

Although the above Standard provides for a broader range of services for KPs in addition to those recommended by WHO (such as legal support, provision of shelters related to violence, including gender-based violence, and other gender-sensitive services), these services have not been funded by any government source. It is important to mention several donor-supported initiatives that have contributed to the creation and functioning of gender-sensitive services, such as (1) the establishment of crisis rooms for women who use drugs (UNODC); (2) the implementation of mentoring programmes for women living with HIV and representatives of groups at higher risk of infection (UNAIDS); and, (3) the provision and implementation of mini-grants for the development of gender-sensitive activities and the organisation of specialised training (Global Fund).

Innovative HIV services are currently being introduced in Moldova: Rapid capillary blood testing, including in the non-governmental sector; HIV prevention services provided by mobile clinics; and interventions for the prevention and treatment of overdose among people who inject drugs. A pilot project on HIV prevention for transgender people was launched in 2021. The basic package of HIV prevention services for transgender people includes distribution of condoms and lubricants (at NGOs and/or in the field); information, education and communication activities aimed at developing less risky behaviour; dissemination of information materials; HIV testing at NGOs using rapid HIV tests and accompaniment to specialised health facilities to confirm diagnosis and initiate ART if necessary; screening for tuberculosis; counseling, referral and accompaniment to specialised medical services in

25. Standardul de organizare şi funcționare a serviciilor de prevenire HIV în mediul populațiilor-cheie, inclusiv a tinerilor din aceste grupuri. [Standard for the Organisation and Operation of HIV Prevention Services for Key Populations, Including Young People from These Groups.] In Romanian, https://moldova.unfpa.org/ro/publications/standardul-de-organizare-%C8%99i-func%C5%A3ionare-serviciilor-de-prevenire-hiv-%C3%AEn-mediul.

cases of suspected sexually transmitted diseases, viral hepatitis and tuberculosis; organisation of self-help groups; training activities to reduce risk behaviour; information and training measures to reduce homophobia in society; psychological counseling; and legal advice.

Community-based PrEP has been available since 2021 according to the National Clinical Protocol No. 313 For Pre-Exposure Prophylaxis of HIV Infection in Moldova, which was developed in 2018 and revised in 2022.

According to the National Clinical Protocol No. 211, HIV Infection in Adults and Adolescents[26], preventive treatment of tuberculosis is available to all PLHIV in Moldova. However, only a few people have used this service: 192 in 2022 and 263 in 2021[27].

At the end of 2022, OAT was available at 10 locations in the civil sector and 13 in penitentiary institutions[28].

According to Reference Group members and the current assessment findings, challenges related to the delivery of HIV-related services to key populations identified in the initial assessment of the implementation of the commitments remain unresolved [29]. These include barriers to achieving the 90–90–90 targets related to the low frequency of testing among groups at higher risk of infection, late diagnoses, insufficient capacity to identify patients who are no longer followed up, and the presence of a vertical and highly centralised model for the provision of HIV treatment services that hinders access to these services. KP services are available to some extent throughout Moldova. But beneficiaries report that they are fragmented and that there are several barriers to access by beneficiaries to these services (stigmatisation, discrimination, criminalisation). Specialised social services for KPs are poorly developed, although there is a legal framework that could support their development and provision, including through state budget spending[30]. Government institutions and NGOs covering various aspects of healthcare in this chain report insufficient financial resources and their inefficient distribution and use[c]. The main barriers to the treatment of opportunistic infections and other co-infections are the lack of a direct referral mechanism to specialists, as the existing mechanism via the family medicine doctor is time-consuming and there is no unified information system that enables healthcare professionals to obtain information about the patient's concurrent diseases. There is a high level of stigmatisation and discrimination in Moldovan society, as well as many stereotypes about marginalised

26. National Clinical Protocol. HIV Infection in Adults and Adolescents. Ministry of Health of the Republic of Moldova, 2022. In Romanian, https://ms.gov.md/wp-content/uploads/2022/06/PCN-211.pdf.

27. National Clinical Protocol on VCT. Ministry of Health of the Republic of Moldova, 2022. In Romanian, https://ms.gov.md/wp-content/uploads/2022/06/PCN-313-Profilaxia-Pre-expunere-la-infec%C8%9Bia-HIV.pdf.

28. Report: Mapping the Availability and Accessibility of Treatment for People who Use Drugs". UNAIDS, 2023. In Romanian, http://old.uniunea.md/raport-cartografierea-serviciilor-pentru-persoanele-care-consuma-droguri-din-perspectiva-disponibilitatii-si-accesibilitatii-tratamentului-2023/.

29. Marandici L. Republic of Moldova: Assessment of the Implementation of the State Commitments to Ensure Sustainability of the HIV Response among Key Populations in the Context of Transition from Donor Support to Domestic Funding. Vilnius, Lithuania: Eurasian Harm Reduction Association, 2021. In Russian, https://eecaplatform.org/wp-content/uploads/2022/01/tmt-report-moldova-ehra-2021-rus.pdf.

30. UNAIDS, 2023, Ibid.

31. HIV Legal Environment Assessment in the Republic of Moldova. UNDP, 2021. In English, https://www.undp.org/sites/g/files/zskgke326/files/2023-02/LEA_HIV_EN_final.pdf.

groups. This is evident from the Survey on Perceptions and Attitudes towards Equality in the Republic of Moldova (2021)[32], which calculates the social distance to the relevant groups using the Bogardus scale[33]. If the level of acceptance is higher than two, then the person will not agree to be a neighbour of a member of a minority group. The level of acceptance of LGBT people is, consequently, 4.5 (2021) and 5.2 (2015), respectively, which means that they are still the least accepted group in society. The level of acceptance of people living with HIV is 3.5 (2021) and 4.3 (2015). This means that they are a dynamic group with a higher degree of social distancing. Accordingly, existing prejudices lead to less involvement in considering and solving the problems of these people at a societal level, social isolation and a lack of support in accessing HIV services.

The COVID-19 pandemic led to an increase in spending on the HIV programme. International support increased, including a special grant from the Global Fund under the C19RM mechanism. The pandemic has also helped to modernise programmes and services to meet emerging needs. Positive aspects include the widespread introduction of video-based TB treatment and longer-term provision of ART and OAT drugs (take-home doses).

In 2022, the war in Ukraine became an additional challenge for the Moldovan healthcare system. In 2022, 4,022 refugees from Ukraine used the HIV-related services of NGOs, of which 204 people received assistance in continuing ART, 748 people underwent HIV testing at the NGOs, 11 of whom subsequently received confirmation of their HIV-positive status. The problem of ensuring access to basic HIV-related services for refugees from Ukraine includes many aspects that require intersectoral cooperation and the creation of appropriate mechanisms, as well as their further modification and development[34].

1.4. FINANCING HIV SERVICES

The Republic of Moldova is implementing the National Programme for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2022–2025[35], which provides for the full transition of HIV prevention services to state funding. The implementation of this Programme is coordinated by the Ministry of Health of the Republic of Moldova. The planned total budget of the Programme for 2022–2025 amounts to €52,065,164 (MDL1.066 billion) for four years, coming from four sources[36]: (1) state budget at 16.6%; (2) Mandatory

32. Study on Perceptions and Attitudes towards Equality in the Republic of Moldova (2021). In Romanian, https://rm.coe.int/studiu-privindperceptiile-si-atitudinile-fata-de-egalitate-study-on-p/1680a655e7.

33. The Bogardus Social Distance Scale empirically measures people's willingness to engage in social contacts of varying degrees of closeness with members of diverse social groups. The scale asks people to what extent they agree with group members being (i) related by marriage to a family member (score: 0), (ii) a friend (score: 1), (iii) a neighbour (score: 2), (iv) a co-worker (score: 3), (v) a citizen of their country (score: 4), (vi) a guest of their country (score: 5), or (vii) excluded/deported from the country (score: 6). The Social Distance Index (SDI) is the average score assigned to each item depending on the level of "rejection" (acceptance as a family member is assigned 0 points – the lowest social distance, the desire to expel a person from the country – 6 points). Thus, an index of 0 means acceptance of all items, and an index of 6 means no acceptance of any item.

34. Doltu S. Assessment of the Availability of Basic Health Services for Refugees on the Territory of the Republic of Moldova. Office of the Ombudsman, 2023. In Romanian, https://ombudsman.md/wp-content/uploads/2023/11/raport_ro_servicii-sanatate.pdf.

35. National Programme for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2022–2025 (covers the period 2021–2025). In Romanian, https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro.

36. National Programme, 2022–2025, Ibid.

Health Insurance Fund at 33.4%; (3) international donors at 15.6%; and, (4) other sources (such as the Ministry of Justice) and local public administration of the left bank territories of the Dniester at 34.4%. The planned transition to state funding is included in the budget of the National Programme. At the same time, part of the required funds remains in deficit.

Today, the Global Fund remains the main donor for the programmes to combat tuberculosis and HIV/AIDS in the Republic of Moldova. This assistance is coordinated by the National Coordinating Council of National Programmes for the Prevention and Control of HIV/AIDS, Sexually Transmitted Infections, and Combating Tuberculosis (NCC/CCM). In 2021–2022, the Republic of Moldova implemented the consolidated Global Fund country grant for the period 2021–2023 of €18,061,192 (€8,662,849.00 for the HIV component and €9,398,343.00 for the TB component).

Expenditure on the national HIV response increased by around MDL37 million (+20.8%) in 2022 compared to 2020 and amounted to around MDL179 million or €8,450,755.68. This trend was observed for both domestic and external funding sources. The share of funding for services for KPs rose from 31% to 36%, while spending increased due to the war in Ukraine, inflation, and the rise in gas prices. Public spending on HIV increased by 10% to MDL95.0 million (around €5 million) in 2022 compared to 2020. The share of financing from the Global Fund also increased by around 6% (2022 compared to 2020) (Table 5). The trend toward increasing public funding will continue in 2023[37].

Table 5. HIV/AIDS expenditures by all categories: HIV prevention, treatment, care and support

Annual results	Government Sources MDL	External Sources MDL	Total Budget MDL	Total Budget EUR
2023	106,400,400,00	86,602,400.00	193,002,800.00	10,028,682.77
	44.9%	**55.1%**		
2022	95,084,419.90	84,419,400.00	179,503,805.76	8,450,755.68
	52.9%	**47.1%**		
2021	93,393,568.83	78,859,200.00	172,255,761.26	7,714,131.51
	54.2%	**55.8%**		
2020	85,563,544.98	56,462,600.00	142,026,181.02	7,682,374.68
	60.2%	**37.8%**		

* GAM data for 2020-2023

Approximately 80% of all HIV programme costs are covered by domestic and Global Fund resources, with minimal contributions from other partner organisations. Some interventions are fully funded by the government, such as STI testing and treatment of key populations; prevention of mother-to-child transmission of HIV; ART drugs and tests to monitor treatment effectiveness; the blood safety programme; hepatitis B vaccination for KPs; hepatitis C testing and treatment; and other services.

37. SPECTRUM Reports for 2020, 2021, 2022 and 2023 (unpublished).

The HIV prevention component is particularly underfunded. In 2017, a call for proposals to fund risk reduction projects from the National Health Insurance Company (NHIC) Prevention Fund was announced for the first time[38]. The NHIC is still the only source of funding for NGOs. Disease prevention and risk management activities are approved for funding from the Prevention Fund in the form of projects as per the Annex approved by the Ministry of Health and NHIC[39]. Most stakeholders in the national HIV response rate the existing contracting mechanism for services provided from domestic funds as fragile, unsustainable, fragmented, and unpredictable[40]. In addition, there were different unit costs for services for different key population groups under government funding during 2021–2022. Thus, the cost of services per client per year under the Mandatory Health Insurance Fund financial support was MDL1,025 including consumables and at the expense of the Global Fund Programme at MDL1,132 for MSM and MDL1,278.2 for TG without consumables purchased by the National Programme.

Despite the increase in government investment in the HIV response compared to 2020, most HIV prevention interventions targeting key populations are still dependent on donor funding. The Global Fund supports the provision of 90% of materials for prevention services for key populations (syringes and other injecting equipment, condoms, and lubricants). Additional support services, such as psychological and legal support, social support, and HIV care services, as well as financial support for organisations providing services to PLHIV and KPs, were also supported by the Global Fund. Activities aimed at strengthening the capacity of civil society organisations and community groups, supporting community advocacy initiatives, and strengthening community systems are supported exclusively through Global Fund grants.

38. Resolution of the Government of the Republic of Moldova No. 134 of March 2, 2022, On the National Programme for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2022–2025: Annex No. 1. In Russian,

https://www.legis.md/cautare/getResults?doc_id=130469&lang=ru.

39. Decree of the Ministry of Health No. 286/154 of April 11, 2017, On the Establishment of the Coordinating Council for Setting Priorities for the Use of Financial Resources from the Prevention Fund of the National Health Insurance Company for Types of Disease Risk Prevention Activities Financed on the Basis of Projects and on the Approval of the Regulation on the Procedure for Financing Types of Disease Risk Prevention Activities from the Prevention Fund on the Basis of Projects. In Russian, https://www.legis.md/cautare/getResults?doc_id=126086&lang=ru.

40. Raport de evaluare a mecanismelor de finanțare a asociațiilor obștești care implementează programe de prevenire HIV și suport, din mijloacele Fondului măsurilor de profilaxie al CNAM, 2021 [Report on the Evaluation of Funding Mechanisms for Public Organisations Implementing HIV Prevention and Support Programmes with Resources from the NHIC Prevention Fund, 2021]. In Romanian, http://uorn.md/raport-evaluare-mecanism-de-finantare-fmp-cnam-proiecte-in-dom-hiv/

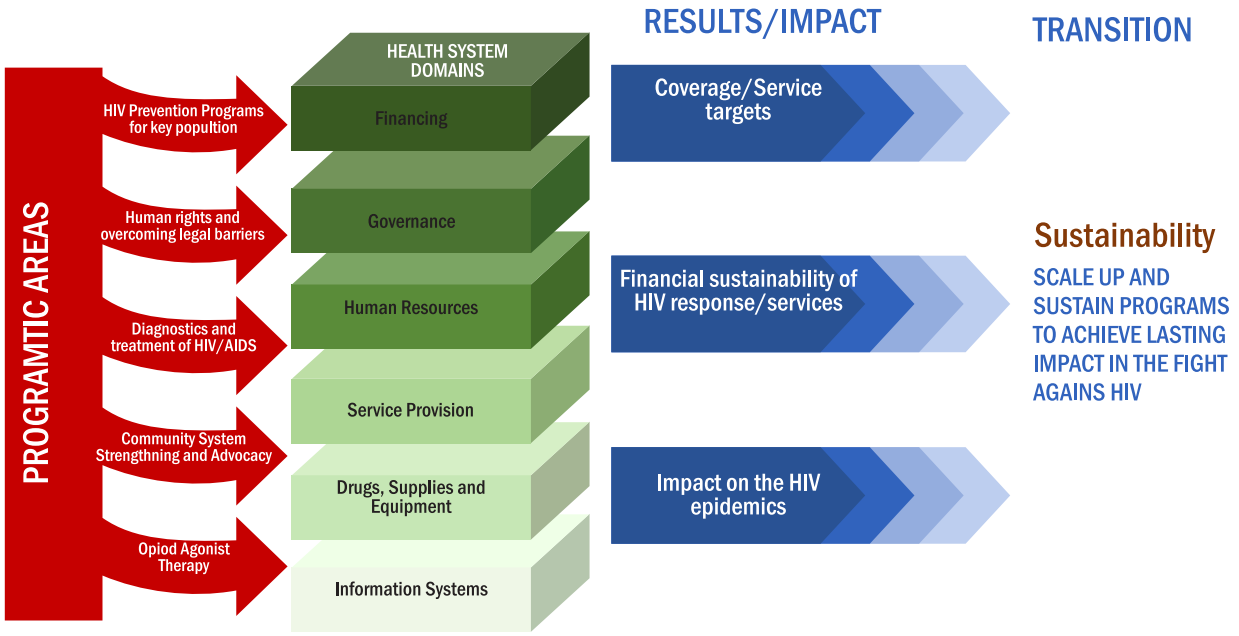
2. PURPOSE AND METHODOLOGY

The purpose of this study is to reassess the implementation of government commitments to ensure a sustainable response to HIV among key populations (KPs) in the Republic of Moldova in the context of the transition from Global Fund support to domestic funding. The Transition Monitoring Tool (TMT) is used to track and assess the country's progress in implementing the commitments made by the state and recorded in official documents. The methodology involves the participation of national experts, including community representatives, to identify the highest priority commitments, monitor their implementation, and fill the gaps in the available information on this process.

The source of information for the commitments were documents approved by the Government of the Republic of Moldova on the sustainability of HIV programmes, in particular the National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025 (only those commitments that are to be fully or partially implemented for the period 2021–2022 were considered).

The assessment was carried out according to the methodology based on the analytical framework in Figure 2.

Figure 2. Analytical assessment framework



The National Assessment Process:

Step 1: Identification of data sources and establishment of a National Reference Group

In this phase, a number of documents were identified and reviewed that contain the state's commitments to ensure the sustainability of the HIV response, including the National HIV/AIDS Programme for 2021–2022 with the approved budget. To assess progress in meeting identified and prioritised government commitments, the following documents were reviewed: Country reports submitted to UNAIDS in the framework of Global AIDS Monitoring (GAM and SPECTRUM); the HIV/AIDS expenditure matrix; official correspondence between the Ministry of Health and the Global Fund on co-financing requirements; reports on HIV monitoring in the Republic of Moldova; and reports and assessments of national and international organisations.

Eight national HIV experts were invited to participate in the Reference Group (RG), including two representatives of key populations, two representatives of public organisations working on HIV (service providers), one representative of international and regional organisations, and three experts involved in the development of HIV response strategies in the country (Annex 1). All RG experts are members of the Country Coordinating Mechanism (CCM) or the Technical Wo rking Groups (TWG) within the CCM. During the assessment, interviews were also conducted with other experts, including CCM members and representatives of government and civil society organisations, to clarify individual issues and obtain information. The main task of the National Reference Group was to prioritise the identified commitments, collect data on specific indicators and provide additional information and expert opinions to align the assessment results.

Step 2: Identification and grouping of commitments by programmatic areas and health system domains

Specific indicators and targets related to the government's commitments from 2021 were identified and then grouped by programmatic areas and health system domains. Initially, **63 commitments** were identified across all health system domains within each programmatic area, including **nine indicators of the impact** on the HIV epidemic. More detailed information on the list of initially identified commitments can be found in Annex 2 of this report.

Step 3: Prioritisation

The Reference Group members prioritised the commitments in a mini survey. In prioritising the commitments, they were guided primarily by the impact of each commitment on the sustainability of the response to the HIV epidemic among KPs, including the availability of government resources; the effect on strengthening policies and capacities for the sustainable functioning of programmes for KPs; the provision of quality services to KPs and people living with HIV; and, accordingly, the impact on the HIV epidemic as a whole.

When prioritising nine impact indicators, four of them were excluded as there were no corresponding commitments for 2021–2022 (sentinel surveillance is planned for 2024). Thus, **five commitments** relevant to the impact on the epidemic were assessed. For the health system domains and programmatic areas, there were initially 51 prioritised commitments. For 16 commitments, there were no indicators for 2021–2022, so they were excluded from the analysis. Thus, only **35 commitments** were recommended for further assessment. An overview of the commitments that were excluded, modified or added by the National Reference Group can be found in Annex 2[41].

Step 4: Data collection and analysis

To assess progress in meeting the commitments, actual data on the achievement of the target indicators for each commitment were collected for each reporting year. In the data analysis, progress in meeting each commitment was assessed separately. The results of the assessment were interpreted according to the system shown in Table 6.

Table 6. Progress bar

Definition of Sustainability	*Description*	*Achievement Percentile*	*Colour code*
Significant progress	A high degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	>85–100%	Green
Substantial progress	A significant degree of progress in fulfilling the commitments regarding the planned indicators and / or baseline	70–84%	Light green
Average progress	The average degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	50–69%	Yellow
Moderate progress	Moderate progress in fulfilling the commitments regarding planned indicators and / or baseline	36–49%	Orange
Fairly low progress	A fairly low degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	26–35%	Light red
Low progress	Low degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	<25%	Red

Step 5: Reporting and presentation of the results

A national expert prepared the report with the final assessment results and agreed it with the National Reference Group. The preliminary results were discussed in the meetings of the Committee for Key Affected Populations (KAP).

[41] For more details on excluded commitments, see the Transition Monitoring Tool (TMT) in Excel format.

Limitations and Challenges

There were certain limitations to the assessment:

- The current National Programme for the Prevention and Control of HIV/AIDS and STI covers 2022–2025, and its implementation has not yet been completed, so the study only assessed progress for 2021–2022.
- The assessment was carried out without taking into account the data on the territories on the left bank of the Dniester, which are not controlled by official authorities (the unrecognised Pridnestrovian Moldavian Republic).
- Some prioritised commitments could not be analysed due to a lack of data for 2021–2022 (the last surveillance among people who inject drugs, sex workers, and men who have sex with men was conducted in 2020, and among prisoners in 2016).
- In the National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025, there are no separate indicators for all commitments. Therefore, indicators from other relevant official documents were used (such as from the Global Fund recipient reports and the annual plans of the Ministry of Health).
- Most of the commitments reviewed in this assessment relate to all key population groups, particularly in the HIV prevention programmatic area, making it difficult to assess progress for individual groups.
- It is difficult to compare the results of this assessment with the results of the 2020 assessment as most of the commitments prioritised in the two assessment studies differ in their wording, objectives and number when categorised by programmatic areas and health system domains.

3. ASSESSMENT RESULTS

As part of the assessment of the state's progress in meeting its commitments to ensure the sustainability of the HIV response in key populations during the transition to national funding for 2021–2022, five commitments were prioritised related to the impact on the HIV epidemic in Moldova. Of these, three indicators relate to access to the HIV service cascade, and two indicators to AIDS-related mortality and TB/HIV co-infection.

3.1. IMPACT ON THE HIV EPIDEMIC

The following indicators were analysed to assess the impact on the epidemic:

Table 7. Analysis of impact indicators on the HIV epidemic, 2021–2022

	Indicator	Baseline (year)	Target (year)	Overall score by year		Overall score
				2021	2022	
1	Expand access to HIV testing cascade from 64% to 90% by 2025	64% (2020)	90% (2025)	73%/ 64%	77.2%/ 67%	11.4% Low progress
2	Expand access to HIV treatment cascade from 72% to 90% by 2025	72% (2020)	90% (2025)	86%/ 76.8%	87%/ 76.8%	26.4% Fairly low progress
3	Expand access to HIV viral suppression cascade from 84% to 90% by 2025	84% (2020)	90% (2025)	86%/ 89%	87%/ 88%	166% = 100% Significant progress
4	Reduce the number of AIDS-related deaths per 100,000 population	12.7% (2020)	9.41% (2025)	9.69%/ 10.87%	9.62%/ 8.59%	124% = 100% Significant progress
5	Reduce mortality from TB/HIV co-infection	44.5% (2020)	<40% (2025)	44%/ 28.3%	43%/ 25.1%	160% = 100% Significant progress

Significant progress was made in three-of-the-five indicators selected for the assessment by the end of 2022, while progress on two indicators was low or insignificant.

Commitments (1–3): Expand access to cascade HIV testing, treatment and viral load suppression services to 90–90–90 by 2025

Positive results were achieved in meeting the targets for expanding access to cascade services for viral load suppression – the corresponding indicator reached 166% by the end of 2022 (see Annex 3 of this report for the values used for this calculation).

Barriers to achieving the 90–90–90 targets set out in the National Programme include low coverage of HIV testing services in high-risk groups and late diagnostics. Despite a wide range of testing approaches (self-testing, mobile HIV testing services promoted via social media, home-based testing and testing in health facilities, etc.), the proportion of late

diagnoses remains high (57.3% in 2021[42] and 66.7% in 2022[43]). Although HIV services are available, their acceptability among KPs remains low. This is due to widespread problems such as non-consensual disclosure of the HIV status of PLHIV to others, stigmatisation, and discrimination related to belonging to KPs (gender identity, sexual identity, sex work, and drug use). Therefore, the Republic of Moldova is obliged to address the issues of stigma and discrimination that affect the human rights and health indicators of KPs and PLHIV.

Despite the significant progress that Moldova made during 2021–2022 in access to testing and the provision of free ART for all those in need and with symptoms, the situation remains tense in the context of the new 95–95–95 targets. Further steps are needed to scale up interventions to improve access to HIV testing and treatment for KPs.

Commitment (4–5): Reduce the number of deaths from AIDS and TB/HIV co-infection

According to the assessment results, the reduction in mortality rates due to AIDS and TB/HIV co-infection has already reached the targets set for 2025 by 2022. This is due to increased ART coverage and access to HIV and TB treatment according to WHO protocols. As a result, significant progress has been made in reducing mortality among PLHIV. In 2022, 472 AIDS-related deaths were registered (379 of them or 80.3% of cases were men) and in 2021, 483 cases (386 of them or 79.9% were men). The indicator for the reduction of mortality from TB/HIV co-infection was achieved by more than 100%. In 2022, 232 cases of TB/HIV co-infection were registered, of which 91.5% of patients received dual treatment (ART and TB)[44]. In 2022, the proportion of PLHIV who died of TB was 25.1% compared to 19.7% in 2021, indirectly indicating the need to promote preventive treatment of TB among PLHIV.

42. National Agency for Public Health (2021). Report Epidemiological Situation of HIV Infection, Control and Response Measures [Situaţia epidemiologică în infecţia cu HIV, măsurile de control şi răspuns, anul 2021]. In Romanian, https://ansp.md/wp-content/uploads/2022/03/NI-HIV-saite-ANSP-21.03.2022.pdf.

43. National Public Health Agency (2022). Annual Report. In Romanian, https://ansp.md/wp-content/uploads/2023/10/RAPORT-ANUAL-activitatea-ANSP-2022-FINAL-16.10.2023.pdf.

44. Ministry of Health of the Republic of Moldova (2022). Report on the implementation of the Action Plan for 2022 for the Implementation of the National Programme for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2022–2025. In Romanian, https://ms.gov.md/wp-content/uploads/2023/11/Raport-HIV.pdf

3.2. ASSESSMENT OF PROGRESS IN IMPLEMENTING THE COMMITMENTS BY PROGRAMMATIC AREAS

A total of **35 commitments** relevant to ensuring the sustainability of HIV interventions in key populations were analysed and assessed in the context of the transition from Global Fund support to national funding.

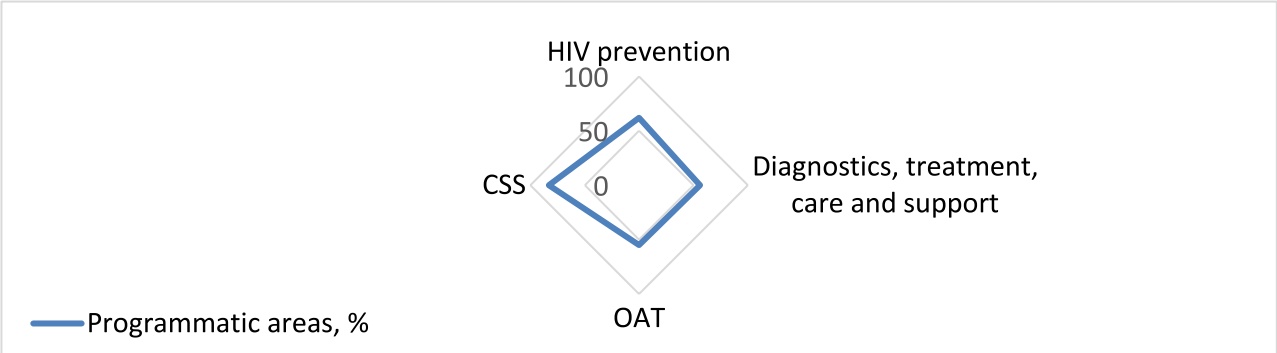
Table 8. Number of commitments analysed by programmatic area

Programmatic area	Number /%	Health system domains (number of commitments)					
		Financing	Drugs, supplies and equipment	Service provision	Governance	Data & information	Human resources
HIV prevention	18/51,4%	**6**	-	**10**	-	**2**	-
HIV diagnostics, treatment, care and support for PLHIV	11/314%	**1**	**5**	-	**4**	-	**1**
OAT	3/8,6%	**2**	**1**	-	-	-	-
CSS and advocacy	3/8,6%	**1**	-	-	**1**	-	**1**
Total	**35/100%**	**10**	**6**	**10**	**5**	**2**	**2**

Several commitments were relevant to more than one programmatic area, which was considered in the analysis. The commitments selected for the assessment were listed in the National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025. Most of the commitments were specified and set in the Implementation Plan for this Programme.

The assessment data show that some progress was made during 2021–2022 in meeting government commitments to ensure the sustainability of the HIV response among KPs and in achieving HIV impact indicators, as evidenced by the increase in funding and coverage of KPs by prevention programmes (Figure 3).

Figure 3. Progress in implementing the commitments prioritised for assessment by programmatic area



The analysis of the results of the assessment of progress in meeting the commitments concerning the programmatic areas revealed the following.

3.2.1. ASSESSMENT OF PROGRESS IN IMPLEMENTING COMMITMENTS IN THE PROGRAMMATIC AREA "HIV PREVENTION AMONG KEY POPULATIONS"

The overall progress in meeting the priority commitments in the HIV prevention programmatic area was 61.6% and was rated as **average** according to the methodology. The analysis of the assessment results is shown in Table 9 and Figure 4.

Table 9. Assessment of commitments to HIV prevention among KPs

	Indicator	Indicator/Baseline	Plan/Progress % (progress is measured in relation to baseline data)		Average score by commitment	Average score by programmatic area
			2021 г.	2022 г.		
1	*Conduct epidemiological studies taking into account the gender-specific needs of beneficiaries and service providers*	*Number of studies and assessments conducted that include reports and recommendations* *Baseline: 0% in 2020*	н/д 4 **100%**	н/д 2 **100%**	**100%**	**61,6%**
2	*Conduct a study and estimate the size of a group of non-injecting drug users*	*Research conducted* *Baseline: 0% in 2020*	-	1 **100%**	**100%**	
3	*Provide funding for scaling up prevention and mobile testing services for high-risk groups*	*Funding secured* *Baseline: 0% in 2020*	592 200 276 900 **46,7%**	592 200 380 392 **64,23%**	**55,5%**	
4	*Provide funding for universal access to HIV testing and testing for sexually transmitted infections for vulnerable populations*	*Funding secured* *Baseline: 3,594,295.68 in 2020*	839 448 4 277 510 **509,5%**	932 688 6 657 319 **713,7%**	611% **=100%**	
5	*Increase the number of people from KPs who received oral pre-exposure prophylaxis at least once during the reporting period*	*Number of people from key population groups (MSM, SW, TG, PWID, PLHIV) who received PreP at least once during the reporting period. Baseline: 192 in 2020*	300 н/д	500 492 **98,4%**	**98,4%**	
6	*Increase the percentage of PWID covered by HIV prevention programmes – basic package of services*	*% PWID covered by HIV prevention programmes – basic package of services* *Baseline: 59.3% in 2020*	72% 59,2% **0%**	78% 61,7% **12,7%**	**12,7%**	
7	*Increase the percentage of PWID who have undergone an HIV test*	*% of PWID who have undergone an HIV test* *Baseline: 33.68% in 2020*	61% 34,5% **3%**	67% 43,4% **29,2%**	29,2%	
8	*Provide funding to scale up HIV prevention services for people who inject drugs*	*Funding secured* *Baseline: 2,448,540.50 in 2020* *The analysis of progress was carried out separately for each year*	2 965 184,40 268 433,34 **9%**	3 904 931,09 774 318,65 **19,8%**	14,4%	
9	*Increase the percentage of MSM covered by HIV prevention programmes – basic package of services*	*% MCM covered by HIV prevention programmes – basic package of services* *Baseline: 26% in 2020*	35% 29,2% **35,5%**	41% 33,8% **52%**	43,7%	
10	*Increase the percentage of MSM who have undergone an HIV test in the reporting period*	*% of MSM who have undergone an HIV test in the reporting period* *Baseline: 19.95% in 2020*	32% 30,8% **90,2%**	37% 28,4% **49,5%**	69,8%	
11	*Provide funding for an expanded package of HIV prevention services for MSM and transgender people*	*Funding secured* *Baseline: 306 250 in 2020*	980 121,63 268 433 **27,4%**	*1 399 563,42* 268 433 **19.9%**	23%	
12	*Increase the number of transgender people receiving a specialised package of HIV prevention services*	*The number of transgender people receiving a specialised package of HIV prevention services* *Baseline: 0% in 2020*	50 60 **120%**	60 69 **115%**	117% **=100%**	
13	*Increase the number of SW covered by HIV prevention programmes – basic package of services*	*The number of SW covered by HIV prevention programmes – basic package of services* *Baseline: 46.5% in 2020*	54% 48,4% **25,3%**	61% 49,1% **17,9%**	21,7%	
14	*Increase the number of SW who have undergone an HIV test in the reporting period*	*The number of SW who have undergone an HIV test in the reporting period.* *Baseline: 33.56% in 2020*	49% 37,2% **23,5%**	55% 51,5% **83,6%**	53,7%	
15	*Provide funding for the provision of prevention service package for SW*	*Funding secured* *Baseline: 3,516,589.99 in 2020*	1 890 360,00 268 433,33 **14,2%**	2 551 986 619 367,05 **24,3%**	20%	
16	*Increase the percentage of people in prisons and other closed facilities reached by HIV prevention programmes – a basic package of services*	*% people in prisons and other closed facilities reached by HIV prevention programmes – a basic package of services* *Baseline: 22% in 2020*	30% 32,4% **130%**	35% 22,7% **5,4%**	67,7%	
17	*Increase the number of prisoners tested for HIV during the reporting period*	*The number of prisoners tested for HIV during the reporting period* *Baseline: 21.1% in 2020*	30% 42,9% **244%**	35% 40,6% **140,3%**	192% =100%	
18	*Provide funding to scale up prevention services in the penitentiary system*	*Funding secured* *Baseline: 0% in 2020*	371 498,40 1 802 203,40 **485%**	662 893,38 2 266 688,00 **341%**	393,4% =100%	

HIV prevention among KPs

Commitment (1): Conduct epidemiological studies taking into account the gender-specific needs of beneficiaries and service providers

This commitment was fulfilled, and the implementation progress was rated as significant (100%). As the National HIV Programme does not set annual targets, the commitment was assessed based on the results achieved compared to the final target (baseline of 0 in 2020 and 15 studies to be conducted by 2025).

In 2021–2022, six studies were conducted in Moldova, funded by the government and donors. The studies included gender and age-related aspects and addressed the following topics: the reasons why people living with HIV refuse ART[45]; the causes of delays in seeking ART in case of HIV infection[46]; the assessment of the level of training of sex workers in Chisinau in Community Mobilisation, including involvement in HIV control measures[47]; and, reports of the National Public Health Agency on the epidemiological situation with HIV in 2021[48] and 2022[49] In 2021, a gender-specific assessment of the National HIV Prevention and Control Programme for 2022–2025[50] was conducted. In addition, the Republic of Moldova participated in a regional study on gender-specific barriers to accessing HIV services for key populations[51], and in the piloting of the UNAIDS tool on inequality[52], which was led by women. Significant disparities are observed between access to HIV services for women and men, particularly in terms of incidence/registration of new cases and disease burden, which appears to be due to limited access to HIV testing, diagnostics, and treatment services for men, particularly in rural areas. MSM, TG, women who use drugs, and sex workers continue to face inequalities in access to health services and are particularly vulnerable to HIV and other STIs. According to the HIV Stigma Index 2021–2022[53], discrimination against women, including discriminatory comments by family members, was reported more frequently than discrimination against men (18.0% vs. 16.6% for men) and then discrimination by other people (18.1% vs. 16.6% for men). Women were more likely to be verbally abused and

45. ARV Dropout Study Report, 2021. National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025. In Romanian, https://sdmc.md/wp-content/uploads/2022/05/Raport_studiu_abandon_21.01.2021_Final.pdf (accessed April 10, 2024).

46. Report on the Analysis of the Causes of Delays in Seeking HIV Treatment, 2022. National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025. In Romanian, https://sdmc.md/wp-content/uploads/2022/05/Raport_studiu-neadresare_21.01.2021.pdf (accessed April 10, 2024).

47. Ciobanu A. (2022). Assessment of the Level of Training of Sex Workers in Chisinau in Community Mobilization, Including Involvement in HIV Control Measures. AFI. In Romanian, https://afi.md/eng/news/assessment-of-the-level-of-training-of-sex-workers-in-chisinau-capital-of-the-repu-141 (accessed April 10, 2024).

48. National Agency for Public Health (2021), Ibid.

49. National Agency for Public Health (2022). Report State Supervision of Public Health in the Republic of Moldova [Supravegherea de stat a sănătății publice în Republica Moldova: (Raport național, 2022) / colectiv de autori: Vasile Guștiuc, Ion Șalaru, Maria Cumpănă [et al.]; sub red.: Nicolae Jelamschi, Supravegherea de Stat a Sănătății Publice, – Chișinău: Agenția Națională pentru Sănătate Publică, (ANSP), 2023 (acces:www.ansp.md) – 139 p.]. In Romanian, https://ansp.md/wp-content/uploads/2023/10/RAPORT-ANUAL-activitatea-ANSP-2022-FINAL-16.10.2023.pdf.

50. UNAIDS (2022). Moldova 2022 Country Report. In English, https://open.unaids.org/countries/republic-moldova.

51 Eurasian Women's Network on AIDS. (2023). Women-led Gender Assessment: How Countries Address Barriers to HIV Services for Women Living with HIV, Sex Workers and Women who Use Drugs. In English, https://region.aph.org.ua/wp-content/uploads/2024/02/ewna-gender-assessment-report_2023_eng.pdf.

52. UNAIDS (2023). Summary Report Including 'Concept Note' Template: Inequalities Tool Assessment. In English, http://www.ccm.md/sites/default/files/2024-03/MDA_inequalities%20tool_Final_1_0.pdf.

53 STIGMA INDEX 2.0 of People Living with HIV in the Republic of Moldova 2021-2022. (2023). In Russian, https://www.stigmaindex.org/wp-content/uploads/2021/11/Moldova-SI-Report-2.0-2023_Russian.pdf.

blackmailed by others (18.1% compared to 15.2% of men), which confirms and reflects women's vulnerability to stigmatisation and discrimination. Stigma and discrimination against people affected by HIV, particularly in healthcare settings, is a barrier to testing and treatment.

Commitment (2): Conduct a study and estimate the size of a group of non-injecting drug users

This commitment was met on time and progress in meeting this commitment is considered **significant** (100%). The number of non-injecting drug users in Moldova is estimated at 50,000 people[54]. In 2022, the National Clinical Protocol, Disorders Associated with the Use of New Substances with Psychoactive and Stimulant Effects in Adults and Adolescents[55]. was approved. It is necessary to mention that the National HIV/AIDS Programme has not included non-injecting drug users in the list of beneficiary groups for prevention activities financed by the Global Fund and the NHIC until the end of 2022[56].

Commitment (3): Provide funding for scaling up prevention and mobile testing services for high-risk groups

This commitment was included in the funding request to the Global Fund for the period 2021–2023. Progress in implementing this commitment amounted to 55.5% and was rated as **average**. Only 46.7% of the annual target was funded in 2021 and 64.23% in 2022. Insufficient funding and the impact of COVID-19 affected the coverage of HIV prevention services by mobile units, which was only 10% (2,861 beneficiaries) in 2022, compared to the target of 30%.

Commitment (4): Provide funding for universal access to HIV testing and testing for sexually transmitted infections for vulnerable populations

The progress in meeting this commitment is considered **significant**. Initially, the baseline funding for universal access to HIV testing for the most vulnerable groups in 2020 was higher than the government's commitments for 2021–2022. However, the allocated funding for 2021–2022 exceeded the planned annual figures by 4–5 times, both from donor funds and the state budget, thanks to successful advocacy efforts. To increase the coverage and effectiveness of HIV testing in 2021–2022, funding has been allocated for testing by health workers and non-governmental organisations, as well as for index testing and self-testing. Despite the increased availability of HIV testing options and the expansion of testing capacities, the number of HIV cases detected remains low (Table 10)[57].

54. Estimated Number of Non-injecting Drug Users in Moldova, 2022, Ibid.

55. National Clinical Protocol, Disorders Associated with the Use of New Substances with Psychoactive and Stimulant Effects in Adults and Adolescents, Ministry of Health of the Republic of Moldova, 2022. In Russian, https://ms.gov.md/wp-content/uploads/2022/09/PCN-TU_RUS_Final.pdf.

56. National Agency for Public Health (2022). Illicit Drug Use and Trafficking. Annual Report, 2022. [CONSUMUL ŞI TRAFICUL ILICIT DE DROGURI RAPORT ANUAL 2022]. In Romanian, https://ansp.md/wp-content/uploads/2023/12/Raport_Consumul-si-traficul-ilicit-de-droguri-2022.pdf.

57. GAM reports for 2020, 2021, 2022, 2023 (unpublished).

Table 10. HIV testing, 2020–2023

Indicator	2020	2021	2022	2023
Number of HIV tests conducted during the reporting period (health facilities + NGOs)	259 595	223 124	277 042	345 332
Number of HIV cases detected during the reporting period	674	797	929	928
Positivity rate/% detection	**0,26%**	**0,36%**	**0,33%**	**0,27%**
Number of HIV tests conducted in NGOs	21 471	31 849	30 953	29 318
Number of HIV cases detected during the reporting period	73	121	103	93
Positivity rate	**0,34%**	**0,38%**	**0,31%**	**0,32%**
Self-testing (number of tests distributed)	5 600	10 300	12 000	12 550

The activities implemented by the NGOs are most affected by the issue of sustainability of the HIV response as the only source of funding for them remains the NHIC Prevention Fund. Unfortunately, NHIC does not adhere to plans and funding amounts, announces competitions late without synchronising them with funding cycles from other sources, and does not consider the need for the continuity of services[58]. With the prospect of a reduction in donor funding for HIV activities and the unstable national funding mechanism for this area, it is difficult to speak of stable programmatic interventions and an effective response to the HIV epidemic in KPs.

During 2021–2022, no further mechanisms for financing HIV programmes from the state budget (including through social contracts) were introduced. Funding for prevention services for people who inject drugs, sex workers, and men who have sex with men (including mobile testing) remains insignificant.

Commitment (5): Increase the number of people from KPs who received oral pre-exposure prophylaxis (PrEP) at least once during the reporting period.

The collection of disaggregated data on the number of people from KPs who received oral pre-exposure prophylaxis at least once during the reporting period was included in the GAM report for the first time in 2022. Other PrEP indicators for 2021–2022 (such as the number of people who started PrEP during the reporting period and the number of people who received PrEP by the end of the year) did not meet the required indicator definition and could not be used for this analysis.

In 2022, there was **significant** progress in increasing the coverage of KPs with PrEP compared to the 2020 indicator. The service is available in health facilities and through non-governmental organisations (Community PrEP). The 2021–2025 indicator applies to all KPs (men who have sex with men, sex workers, transgender people, people who inject drugs, and people living with HIV) and aims to reach 1,500 people by 2025. Thanks to the efforts of civil society organisations, PrEP was made available to 492 KP representatives (including 352 MSM, 57 SW, and 19 people who inject drugs) as part of the Community PrEP pilot project.

58 . Raport de evaluare, 2021, Ibid.

However, despite significant progress and the fulfillment of the 2021–2022 commitment, the number of people covered by PrEP remains insufficient. The task is to increase the number of MSM receiving PrEP and to improve coverage and retention of representatives of other groups with high sexual activity, such as people who inject drugs and sex workers, in the PrEP programme. The expansion of PrEP is hindered by the requirement for clients to provide their passport details, which reduces the demand for this service among KPs, especially in small towns.

Commitments (6–8): HIV prevention among people who inject drugs

Progress in meeting commitments to HIV prevention programmes for **people who inject drugs** is considered low. The estimated number of people who inject drugs in 2020 was 27,500, most of whom lived in the major population centres. In 2022, 16,563 people who inject drugs (only 61.7% of the estimated number of people who inject drugs) were covered by prevention services, and in 2021 it was 16,285 (59.2% of the estimated number of people who inject drugs)[59].

The Global Fund remains the primary source of financial support for prevention services for people who inject drugs. Only about 10% of people who inject drugs (1,754 individuals) received services funded by the NHIC budget. Commitments to fund prevention services for people who inject drugs were only met at 9% of the planned annual amount in 2021 and 19.8% in 2022.

The difference in funding between the Global Fund and the NHIC remains. Although from the fourth quarter of 2022, the cost of the service package per beneficiary from Global Fund resources was adjusted and amounted to MDL 853.13 (during the first three-quarters of 2022 it was MDL 681.72, excluding the cost of consumables) and from NHIC sources it was MDL 1,061.63 (including the cost of consumables)[60].

During 2021–2022, the annual indicators for increasing the percentage of people who inject drugs tested for HIV were not achieved. In 2022, progress in meeting the commitment was only 29.16%, and in 2021 it was only 3%. The total number of people who inject drugs reached by HIV testing services was 11,948 individuals in 2022 and 9,494 in 2021. This represents a slight increase in the absolute number of people who inject drugs tested for HIV. However, progress towards the final target is only 16.6%.

In summary, funding and coverage of HIV prevention programmes for people who inject drugs remains low and coverage must increase by at least 30% by the end of 2025 to reach the target of 91%.

Criminalisation of drug use, stigma and discrimination remain the biggest barriers to accessing HIV prevention services for people who inject drugs.

59. Ministry of Health of the Republic of Moldova (2022), Ibid.

60. Moldovan Institute for Human Rights (2023). Strengthening the Involvement of the TB and HIV Communities in the Context of the Application of the R. Moldova to the GF 2024-2026. In English, http://www.ccm.md/sites/default/files/2024-04/CRG_Raport_TB-HIV_14_05_2023_EN.pdf.

Commitments (9–12): HIV prevention among men who have sex with men (MSM) and transgender people (TG)

The estimated number of **MSM** in the Republic of Moldova is 14,600 people (2020)[61]. During 2021–2022, services for MSM were provided by four NGOs to the residents of 12 localities. The National Programme for 2022–2025[62], in addition to the basic package of prevention services for MSM, also offered an "attractive" additional service of STI testing, such as ureaplasma, mycoplasma, chlamydia, gonorrhea, and trichomoniasis, etc. In 2021, 4,269 people were provided with prevention services, which corresponds to 29.24% of the estimated number of MSM. In 2022, 4,934 MSM received services, representing 33.8% of the estimated number of MSM. Progress towards meeting commitments to increase the percentage of MSM covered by HIV prevention programmes in 2021–2022 is **moderate, amounting to 43.7%** (2021 at 35.5% and 2022 at 52%).

The Global Fund remains the main source of financial support for MSM prevention programmes. In 2022, only about 10% of beneficiaries were covered by NHIC services (500 out of 4,934 people). The implementation of the financing indicator was also influenced by the different costs of the service package per beneficiary (the NHIC at MDL 1,025 including consumables[63]; the Global Fund at MDL 1,132 for MSM; and MDL 1,278.2 for TG, excluding the cost of consumables)[64]. As for the final target for 2025, only 3.4% of the commitment has thus far been met, and this is against the backdrop of the significant increase in the HIV epidemic in this group. Only 23% of commitments to fund programmes for MSM and TG for 2021–2022 were met, and progress is considered **low**, posing a serious threat to achieving the targets of reducing HIV prevalence among MSM and TG.

During the period 2021-2022, there was **substantial** progress (69.8%) in covering MSM with HIV testing. In 2021, the target was almost reached, with an estimated progress of 90%. However, in 2022, the percentage of MSM tested for HIV dropped to 28.4% (from 30.2% in 2021), and the annual commitment to test 37% of MSM was not achieved due to insufficient coverage of prevention services. Another reason for the low coverage was the limited number of NGOs providing services to this group and the high level of stigma/self–stigma that affected the demand for HIV prevention services among MSM. Significant progress has been made in increasing the number of transgender people receiving a specialised package of HIV prevention services. A notable result is the identification of TG as a separate key population group and the implementation of the first pilot project in 2021 to provide prevention services for TG with financial support from the Global Fund. At the same time, it must be mentioned that the targets set for 2021–2022 were low, as there is no estimated data on the size of this group. The results of this work suggest a need to increase coverage and to set more ambitious targets.

61. Programul TB/SIDA, Raport trimestrial de progres octombrie-decembrie 2022. Ministerul Sănătăţii al Republicii Moldova IMSP UCIMP. [TB/AIDS Control Programme, Quarterly Progress Report, October-December 2022. Ministry of Health of the Republic of Moldova IMSP UCIMP]. In Romanian, https://www.ucimp.md/images/pdf/raport%20de%20progres%20q%20iv%202022.pdf.

62. National Programme for the Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2022–2025 (covers the period 2021–2025). In Russian, https://www.legis.md/cautare/getResults?doc_id=130469&lang=ru.

63. National Health Insurance Company. Contracts concluded with NGOs for 2022. In Romanian, http://www.cnam.md/httpdocs/editorDir/file/profilaxie/2022/Contract%20nr_01-05-03Uniunea%20pentru%20Echitate%20si%20Sanatate.pdf, http://www.cnam.md/httpdocs/editorDir/file/proiecte%20profilaxie/2022/Contract%20nr_01-05-01%20Initiativa%20Pozitiva.pdf (accessed April 15, 2024).

64. Programul TB/SIDA, Ibid, and also,
https://www.ucimp.md/images/pdf/raport%20de%20progres%20q%20iv%202021.pdf.

The main barriers to accessing HIV prevention services for TG remain the high level of stigma and discrimination against representatives of this key population group and the difficulty in reaching them.

Commitments (13–15): HIV prevention among sex workers (SW)

Progress in meeting commitments to increase coverage of HIV prevention programmes for **SW** was assessed as **low** at 21.7% (25.3% in 2021 and 17.9% in 2022). The estimated number of SW in Moldova is 15,800 (2020). Thirteen non-governmental organisations implement prevention programmes for SW (a basic package of services). In 2021, 7,646 beneficiaries received HIV prevention services or 48% of the estimated number of SW, and in 2022 it was only 49.1%. In addition to the basic package for SW, an additional "attractive" package of services with STI testing is offered. At the same time, RG experts have identified many important factors related to gender inequality that influence demand for, and adherence to, HIV prevention and support services among women, men, and key populations involved in sex service delivery. Among other issues mentioned was the inadequate integration of HIV prevention and support services with other health services, including tuberculosis, sexual and reproductive health (such as cervical and breast cancer prevention and screening), mental health and drug dependence treatment, and palliative care. The RG experts also highlighted the inadequate legal assistance for SW who have experienced violence, as well as prevention and support services that could contribute to better coverage of SW with HIV services. However, the commitment to develop gender-transformative services remains unfulfilled.

The Global Fund remains the main donor of prevention programmes for SW. In 2022, NHIC funded only 10% of the total coverage of SW (7,764 people) with HIV prevention services. Between 2021 and 2022, only 20% of commitments to fund programmes for SW were fulfilled. Therefore, progress is estimated to be **low** (14.2% in 2021 and 24.3% in 2022). Compared to 2020, the share of funding for prevention services for SW from the national budget has decreased by 75%.

Over the period 2021–2022, an **average** progress of 53.7% was achieved in the commitment to increase the coverage of sex workers with HIV testing (23.55% in 2021 and 83.6% in 2022). The number of sex workers tested for HIV was 5,872 in 2021 and 8,139 in 2022. In 2022, the percentage of sex workers tested for HIV increased significantly to 51.5% but did not reach the annual target of 55% due to insufficient coverage by prevention services.

The main barrier to sex worker access to HIV prevention services remains criminalisation, which significantly hinders access to health and social services for sex workers and perpetuates high levels of stigma and discrimination, isolation, inaccessibility and anonymity for this group. With the support of UNAIDS, a roadmap for the destigmatisation and decriminalisation of sex work was developed. Nationwide communication campaigns and community empowerment initiatives were implemented, helping to address the issue of high levels of stigma and discrimination against sex workers[65].

65. UNAIDS (2022), Ibid..

Commitments (16–18): HIV prevention in prisons

HIV prevention programmes for **people in prisons** are implemented through the Medical Department of the National Penitentiary Administration. Programmes are available in 15 of 17 prisons (excluding the penitentiary hospital and the juvenile detention centre for boys). The estimated number of people who inject drugs in prisons was 1,940 (2016)[66]. The last Sentinel Surveillance (SS) among prisoners was conducted in 2016. Data from the SS planned for 2024 will provide further information to assess progress in implementing HIV responses in this key population.

During the assessment, the indicator on the number of people in prisons was adjusted. It was calculated by adding the number of people in the penitentiary system at the beginning of the year to the number of people newly imprisoned during the reporting period (prisoners and detainees). This was necessary because the number of people passing through the penitentiary system during 2021–2022 differs significantly (9,240 and 13,247 people, respectively).

In 2022, 2,998 people who inject drugs were covered by HIV prevention services, representing 22.7% of the number of people in prisons, and in 2021, 2,998 beneficiaries, or 24.8%, received HIV prevention services. The RG assessed progress in meeting commitments to increase the coverage of prevention programmes in prisons at 67.7% (130% in 2021 and 5.4% in 2022), which corresponds to **average progress.** The achievement of the indicator in 2022 was significantly affected by an increase in the number of people in prisons (by more than 25% according to administrative statistics) with a relatively stable number of beneficiaries of the prevention programme [67].

In addition, the indicator for the funding of prevention programmes in prisons was exceeded. At 393.4% (485.1% in 2021 and 341.9% in 2022), progress in meeting the commitment to fund HIV prevention for people in prisons was rated as **significant**. Compared to the target indicator (for 2025), there has been substantial progress of 83.1%. Funding for prevention programmes in prisons increased during the COVID-19 pandemic due to procurement related to HIV and tuberculosis services. At the same time, the allocation of funds by both donors and the state increased. In addition, significant resources were invested in improving the conditions of healthcare provision in order to obtain state accreditation as a healthcare provider[68].

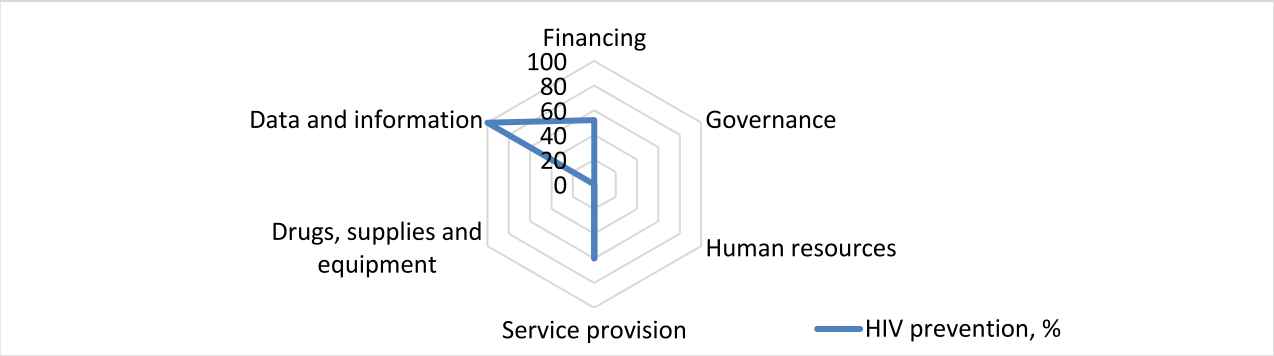
During the period 2021–2022, **significant progress** was made in meeting the commitment to increase the number of HIV tests among people in prisons (244% in 2021 and 140.3% in 2022). In 2021, 3,967 tests were carried out (42.93% of the 9,240 people in prison during the year), and in 2022 it was 5,373 tests (40.56% of the 13,247 people). Integrated testing services for HIV, viral hepatitis and syphilis are available in pre-trial detention centres for newly detained persons. Testing services are also offered in prisons by medical staff and through non-governmental organisations.

66. Estimated number of prisoners who inject drugs, 2016. [Estimarea mărimii grupului deținuți consumatori de droguri injectabile, 2016]. In Romanian, http://www.ccm.md/sites/default/files/2018-02/Raport_estimare_CDI_penitenciare_2016.pdf.

67. Official statistics of the NPA, 2021-2022. In Romanian, https://www.anp.gov.md/raport-statistic-date-statistice.

68. NAP Report 2022. [RAPORT privind activitatea sistemului administrației penitenciare pentru anul 2022]. In Romanian, https://drive.google.com/file/d/1lwPQj2QaMNceE2_xb4LNq1H8qf9CbKH8/view.

Figure 4. Assessment of progress in implementing prioritised commitments on HIV prevention in key populations by health system domains



3.2.2. ASSESSMENT OF PROGRESS IN IMPLEMENTING COMMITMENTS IN THE PROGRAMMATIC AREA "HIV DIAGNOSTICS, TREATMENT, CARE AND SUPPORT, INCLUDING PALLIATIVE CARE FOR PLHIV AND PLHIV WITH TB"

Within this programmatic area, 11 commitments were assessed. The **average** progress in meeting these commitments was 55.8% and implementation progress was rated as average. The analysis of the results of the progress assessment by programmatic area is presented in Table 11 and Figure 6.

Table 11. Assessment of the implementation of commitments in the programmatic area "HIV diagnostics, treatment, care and support, including palliative care for PLHIV and PLHIV with TB"

	Indicator	Indicator/Baseline	Plan/Progress, %		Average score by commitment	Average score by programmatic area
			2021	2022		
1	*Develop an integrated information platform and ensure its effective functioning (SIME HIV).*	*The SIME HIV-information platform will be developed and operational by 2022. Baseline: 0 in 2020.*	-	No **0%**	**0%**	**55,8%**
2	*Reduce the proportion of people living with HIV not receiving ART at the end of the reporting period among PLHIV who were either receiving antiretroviral treatment at the end of the last reporting period or who started ART during the reporting period.*	*Percentage of people living with HIV not receiving ART at the end of the reporting period among PLHIV who were either receiving antiretroviral treatment at the end of the last reporting period or who started ART during the reporting period. Baseline: 7.10% in 2020*	7% 7,3% Regress **0%**	6,5% 4,8% **283,4%**	**109,5% =100%**	
3	*Increase the percentage of people receiving ART among all people living with HIV by the end of the reporting period.*	*Percentage of people receiving ART among all people living with HIV by the end of the reporting period. Baseline: 46.8% in 2020*	57% 82,3% **247,9%**	63% 85,75% **140,4%**	**194,2% =100%**	
4	*Reduce the percentage of PLHIV starting ART with a CD4 lymphocyte count <200 cells/mm3.*	*Percentage of PLHIV starting ART with a CD4 lymphocyte count <200 cells/mm3. Baseline: 32.2% in 2020*	27% 31% **23,4%**	26% 34% Regress **0%**	11,7%	
5	*Increase the percentage of people living with HIV and receiving ART who have tested their viral load at least once in the last 12 months.*	*Percentage of people living with HIV and receiving ART who have tested their viral load at least once in the last 12 months. Baseline: 85.8% in 2020.*	95% 91,7% **64,07%**	95% 89,3% **38,1%**	51%	
6	*Improve treatment adherence in adults and children living with HIV who are on treatment more than 12 months after starting ART.*	*Percentage of adults and children with HIV who are adherent to treatment more than 12 months after starting ART. Baseline: 78.8% in 2020*	85% 81% **35,46%**	85% 82% **51,58%**	51,6%	
7	*Establish and strengthen regional laboratories for confirming HIV diagnosis.*	*Regional laboratories are set up to confirm HIV diagnosis. Baseline: three in 2020.*	-	**6** **8** **133%**	133% =100%	
8	*Provide financial resources for monitoring the effectiveness of antiretroviral treatment.*	*Funding secured Baseline: MDL3,973,579.7 in 2020.*	4156565,87 3802821,00 **91,5%**	4845562,38 6696649,40 **138,2%**	116,6% =100%	
9	*Ensure the development of human resources for HIV testing services.*	*Trainings completed. Baseline: data for 2020 is not available.*	-	1 1 **100%**	100%	
10	*Strengthen health systems to integrate HIV/TB/viral hepatitis/ STI/opioid substitution therapy and diagnostic and treatment services at all levels.*	*The regulation on integrated services has been developed and implemented. Baseline: 0 in 2020.*	-	1 0 **0%**	0%	
11	*Development of a model for the provision of differentiated services taking into account gender equality aspects and including the calculation of costs for a relevant package of services.*	*The model and the calculation of the cost of services were developed. Baseline: 0 in 2020.*	-	1 0 **0%**	0%	

Commitment (1): Develop an integrated information platform and ensure its effective functioning (SIME HIV)

The Integrated Information Platform (SIME HIV) is a system for monitoring HIV infection and services for PLHIV to be developed as part of the National Programme for the Prevention and Control of HIV/AIDS and STI. The commitment to ensure its functionality by the end of 2022 was not met. Hence, progress is classified as **low (0%).** The delay in fulfilling the obligation is due to the need to integrate this information platform with other existing health information systems (such as SIAMP in primary healthcare and SIAMS in hospital care), in line with the Ministry of Health's concept of creating a centralised (unified) health information system in the Republic of Moldova. The technical task was prepared, and a tender for selecting an IT company to develop **SIME HIV** was announced only at the end of 2022. Therefore, the fulfillment of the obligation was postponed to 2023–2024. In addition, the mechanism for integrating existing online registries of harm reduction programmes implemented by NGOs into SIME HIV needs to be defined.

Commitment (2): Reduce the proportion of people living with HIV not receiving ART at the end of the reporting period among PLHIV who were either receiving antiretroviral treatment at the end of the last reporting period or who started ART during the reporting period

Based on the results of this assessment, the implementation of this commitment has already achieved the 2025 targets in 2022 (4.8% instead of the planned 5%) and the progress can be described as **significant**. The success in meeting this commitment correlates with the high coverage of PLHIV with ARV therapy (85.7%) and a gradual decline in mortality from AIDS-related diseases, including TB.

Commitment (3): Increase the percentage of people receiving ART among all people living with HIV by the end of the reporting period

Between 2021 and 2022, **significant** progress was made in meeting this commitment (247.9% in 2021 and 140.4% in 2022). Progress towards the 2025 target reached 113.9%. Significant success is due to the "test and treat" strategy implemented in Moldova: rapid testing and ART initiation (usually on the same day or within seven days of diagnosis). During 2021–2022, universal access to ART was ensured in 15 territorial entities and in the penitentiary system. During the reporting period, there were no interruptions or changes to the treatment regime due to disruptions in the supply of medications. There are no queues or prioritisation of ART depending on the patient's condition. All people living with HIV have access to treatment and all other HIV-related services immediately after diagnosis, according to the "test and treat" strategy and regardless of health insurance coverage. According to the National Clinical Protocols, HIV infectiorecommendations, all patients with HIV are treated regardless of the stage of the disease and CD4 count. The number of HIV-positive people receiving ARV therapy is constantly increasing (Table 12). in adults and adolescents, and, HIV infection in children aged 0–10 years, revised and updated in 2022, and following the latest WHO recommendations, all patients with HIV are treated regardless of the stage of

the disease and CD4 count. The number of HIV-positive people receiving ARV therapy is constantly increasing (Table 12)[69].

Table 12. Coverage of HIV-positive people with ART in the Republic of Moldova, 2016–2023

	2016	2017	2018	2019	2020	2021	2022	2023
People receiving ART at the end of the year (number)	4491	5162	5865	6690	6810	7267	7857	8509
Increase compared to previous year (percentage)	16,6	14,9	13,6	14,1	1,8	6,7	8,1	8,3

The state has committed to purchasing all ART and OAT drugs as well as first-line antituberculosis drugs from 2021[70].

Despite significant progress in meeting this commitment, only NGOs implement the psychosocial support programme for treatment adherence with financial support from the Global Fund. Due to inadequate funding, the number of PLHIV covered by psychosocial support is declining (in 2021 it was 5,124 people and in 2022 it was 4,751 people), which is about 60% of PLHIV on ART[71]. To improve the inclusion of PLHIV in the ART programme and treatment adherence, the RG considers it necessary to promote and develop mechanisms to support adherence to treatment from the national budget, such as from NHIC funds (similar to the existing model for supporting adherence to treatment for tuberculosis).

Commitment (4): Reduce the percentage of PLHIV starting ART with a CD4 lymphocyte count <200 cells/mm3

Progress in meeting this commitment was estimated to be **low** at 11.7% (progress in 2021 was at 23.4%). There was a decrease in 2022 compared to the 2020 baseline, indicating late HIV detection or delayed ART initiation. In 2021, 86.3% of people diagnosed with HIV were tested for CD4 T-cell count, and in 2022 it was 90%. According to the study on the motives of the delays in seeking ART in the case of HIV infection, the most common reasons related to stigma/self-stigma: people are ashamed of having HIV (26.0%). About a quarter of respondents admitted that they were afraid of disclosing their status, and one-in-ten respondents has a fear of negative attitudes towards PLHIV from medical staff.

Commitment (5): Increase the percentage of people living with HIV and receiving ART who have tested their viral load at least once in the last 12 months

Progress in meeting this commitment was rated as **moderate** and amounted to 51% (64.07% in 2021 and 38.1% in 2022). In 2022, progress against the final target was moderate (38.1%). In 2022, 89% of PLHIV receiving ART were tested for viral suppression, and by the end of 2022,

69. SPECTRUM Reports for 2020, 2021, 2022 and 2023 (unpublished).

70. National TB Control Programme Report for 2022. [Raport privind realizarea Programului Național de răspuns la tuberculoză pentru anii 2022 – 2025. Anul 2022]. In Romanian, https://simetb.ifp.md/Download/tbreps.excel/raport_2022.pdf.

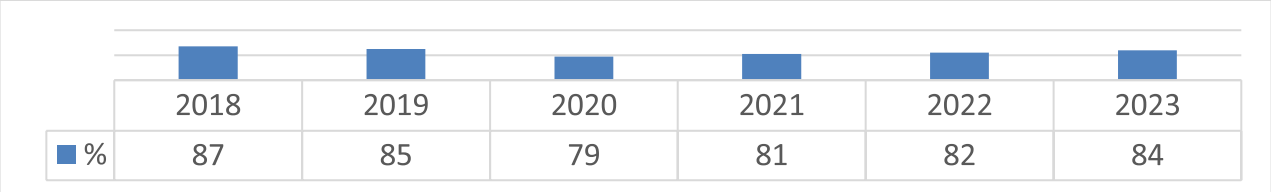
71. GAM 2022 Country Report (unpublished).

88% of patients receiving ART and tested for viral load had undetectable HIV RNA (91.7% and 89.1% in 2021, respectively)[72]. The fulfillment of this commitment may have been affected by the reduction of psychosocial support services provided by NGOs (accompaniment to medical facilities, coverage of transportation costs) as well as the limited financial resources of patients to cover transportation costs, temporary malfunction of VL detection equipment, and migration.

Commitment (6): Improve treatment adherence in adults and children living with HIV who are on treatment more than 12 months after starting ART

At the end of 2022, there was **average** progress (51.6%) in meeting this commitment (35.5% in 2021 and 51.6% in 2022). The level of adherence to ART 12 months after treatment initiation was approximately 82% in 2022, compared to 81% in 2021 (Figure 5[73]). The highest adherence rate to ART 12 months after treatment initiation during 2011–2022 was in 2018 at 87%[74]. The factors influencing adherence to ART continue to be HIV stigma, geographic accessibility, financial vulnerability of KPs, and personal motivation.

Figure 5. Dynamics of ART adherence 12 months after starting treatment, 2018–2023



Commitment (7): Establish and strengthen regional laboratories for confirming HIV diagnosis

This commitment was fulfilled on time, and progress in implementation was assessed as **significant**. In 2022, medical surveillance and antiretroviral treatment of HIV infection was decentralised to the regional level[75], including improving the functionality of eight laboratories for confirming HIV diagnosis (instead of the planned six). In addition, a fully functional non-nominal electronic reporting module was introduced in 2022 to improve the system of data collection and reporting on rapid tests for HIV infection and syphilis in the Republic of Moldova[76].

72. SPECTRUM Reports for 2020, 2021, 2022 and 2023 (unpublished).

73. SPECTRUM Reports for 2020, 2021, 2022 and 2023 (unpublished).

74 . HIV surveillance report for the Republic of Moldova, 2021. In Romanian, https://sdmc.md/wp-content/uploads/2021/02/MD_Raport_anual_HIV_RO_2021_FINAL_DB-modificat.pdf (accessed April 15, 2024).

75 . Decree of the Ministry of Health No. 486 of May 20, 2022, On the Decentralization of Medical Surveillance of HIV and ART at the Regional Level. [Cu privire la descentralizaren supravegherii medicale qi tratamentului antiretroviral a infec{iei HIV/SIDA la nivel de teritoriu.] In Romanian, https://msmps.gov.md/wp-content/uploads/2022/05/Ordinul-nr.-486-din-20.05.2022-Cu-privire-la-descentralizarea-supravegherii-medicale-%C8%99i-tratamentului-antiretroviral-a-infec%C8%9Biei-HIV_SIDA-la-nivel-de-teritoriu.pdf.

73. Decree of the Ministry of Health No. 145-d of February 21, 2022, On Strengthening the Capacity of the System for Collecting and Reporting Rapid Tests for HIV Infection and Syphilis in the Republic of Moldova.

Commitment (8): Provide financial resources for monitoring the effectiveness of antiretroviral treatment

This commitment has been met with **significant** progress, primarily through the allocation of funding to improve programme coordination, ART and OAT drug procurement, HIV testing services for KPs, and ART monitoring. In addition, significant funding has been provided for activities in prisons. The Ministry of Health procures drugs and consumables from the budget for the implementation of national programmes, including for the penitentiary system.

Commitment (9): Ensure the development of human resources for HIV testing services

This commitment was fulfilled with **significant** progress. During 2021–2022, an online course on HIV/syphilis/HBV/HCV testing and pre- and post-test counseling was conducted for new NGO staff and primary healthcare representatives. In addition, medical staff from the National Penitentiary Administration and NGO representatives were trained in the use of dual rapid HIV/syphilis diagnostic tests (with support from the Global Fund). At the same time, the representatives of the RG acknowledged that there is a lack of medical staff, particularly in rural areas, and that the testing services offered by the NGOs are geographically limited.

Commitment (10): Strengthen health systems to integrate HIV/TB/viral hepatitis/STI/opioid substitution therapy and diagnostic and treatment services at all levels

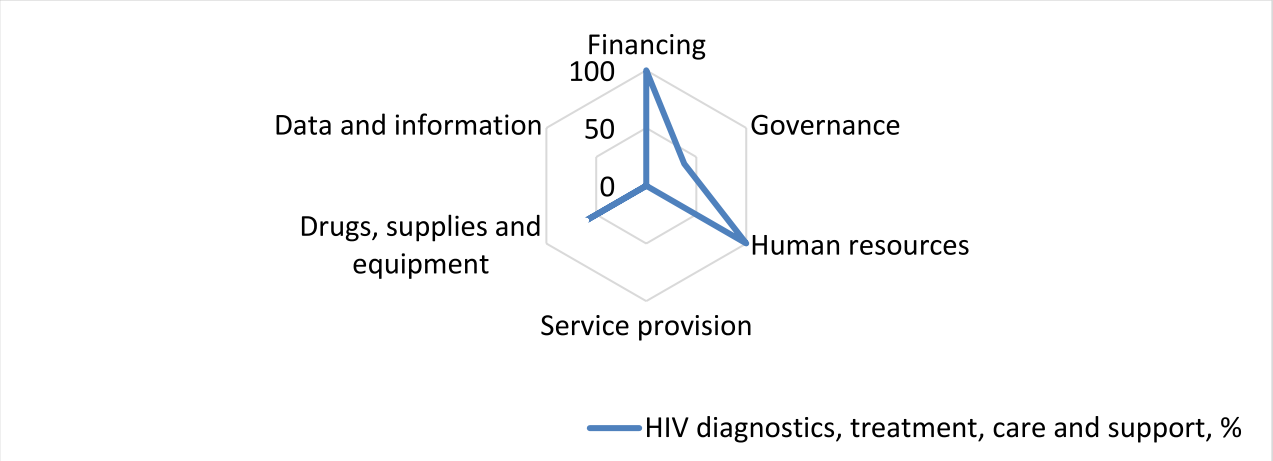
This commitment was not fulfilled and, therefore, progress was classified as **low**. At the level of the Ministry of Health of the Republic of Moldova, the issue of alignment of the three national programmes (HIV/STI, viral hepatitis and tuberculosis) with the Regional Action Plans to End AIDS and the Epidemics of Viral Hepatitis and STI for 2022–2030 and the Tuberculosis Action Plan for the European Region for 2023–2030 were discussed. The development of the guidelines for the provision of comprehensive health services has been postponed to 2023–2024 by decision of the Ministry of Health, as it is necessary to include effective mechanisms that will be valid after the harmonisation of national programmes for HIV/TB and viral hepatitis[77].

Commitment (11): Development of a model for the provision of differentiated services taking into account gender equality aspects and including the calculation of costs for a relevant package of services

77. Ministry of Health of the Republic of Moldova (2022). Report on the Implementation of the National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025. [Raportul cu privire la realizarea Planului de acțiuni pentru anul 2022-2025 privind implementarea Programului național de prevenire și control al infecției HIV/SIDA și al infecțiilor cu transmitere sexuală pentru anii 2022-2025]. In Romanian, https://ms.gov.md/wp-content/uploads/2023/11/Raport-HIV.pdf.

This commitment was not fulfilled. There were several assessments of the gender sensitivity of services. Models for the provision of services for SW and women who inject drugs were piloted by NGOs. A draft regulation on the provision of differentiated services was developed. However, the cost of the service package was not calculated. Therefore, the experts assessed the overall progress in meeting this commitment as **low.**

Figure 6. Assessment of progress in meeting prioritised commitments by programmatic area "HIV diagnostics, treatment, care and support, including palliative care for PLHIV and PLHIV with TB" by health system domains



3.2.3. ASSESSMENT OF PROGRESS IN IMPLEMENTING COMMITMENTS IN THE PROGRAMMATIC AREA "OPIOID AGONIST THERAPY (OAT)"

The state's progress in fulfilling its commitments in the programmatic area of OAT was rated as **average** (**55.2%**). Three commitments were analysed for this programmatic area. The results of the assessment of progress in meeting OAT-related obligations are shown in Table 13 and Figure 7.

Table 13. Results of the assessment of progress in the implementation of commitments in the programmatic area of OAT

	Indicator	Indicator/Baseline	Plan/Progress, %		Average score by commitment	Average score by programmatic area
			2021	2022		
1	*Increase the percentage of people receiving OAT.*	*Percentage of people receiving OAT of the estimated number. Baseline: 4.04% in 2020*	6% 5,5% **74,5%**	7,5% 6% **56,6%**	**65,6%**	**55,2%**
2	*Provide funding for the expansion of OAT in the civil and penitentiary system.*	*Funding secured. Baseline: MDL1,068,552.82 in 2020.*	1 711 912,00 5 825 941,00 **340%**	2 052290,00 2 106 980,00 **102,7%**	**210,7% =100%**	
3	*Provide funding for the involvement of social centrrs in the provision of comprehensive medical and social services for PLHIV and key populations.*	*Funding secured. Baseline: 0 in 2020*	4 070 300,00 0	4 314 518,00 0	**0%**	

Commitment (1): Increase the percentage of people receiving OAT

Between 2021 and 2022, progress in meeting the commitment to increase the percentage of people participating in the OAT programme was 65.57% and was rated as **average**. At the end of 2022, there were 611 people receiving OAT (569 in 2021), including 123 prisoners (94 in 2021). In 2020, the estimated number of injecting opioid users (10,140 people) was revised downwards, which impacted the increase in the percentage of participants in the OAT programme from 2.9% in 2020 to 6.0% in 2022. During the assessment period, OAT coverage remained at a critically low level and did not exceed 5.5% of the estimated number of opioid users. In addition to the low OAT coverage, the experts also noted insufficient treatment adherence. For example, the percentage of people adhering to OAT for at least six months after starting treatment was only 60.2% in 2022 (with a target of ≥75%). Also noteworthy are the low target indicators (7.5%), the achievement of which has virtually no impact on the HIV epidemic among people who inject drugs as they are still far below the levels recommended by WHO (the minimum OAT coverage is 20%, the maximum is 40% or greater)[78]. In 2023, the percentage of people who inject drugs participating in the OAT programme was 6.1% (with a commitment of 7.7% during the year)[79].

At the end of 2022, OAT services were available at ten sites in nine municipalities and 13 prisons. The geographic coverage of OAT services is insufficient (the number of sites did not increase during 2021–2022), and the availability of psychosocial support from NGOs is low, which affects the demand for OAT and OAT adherence. During the COVID-19 pandemic, the option of receiving the drug for self-administration (take-home doses) became a common practice. During 2021–2022, with donor support, an attempt was made to digitalise OAT services, but, unfortunately, the package of documents for piloting was only approved by the Ministry of Health in 2024. Other reasons for low OAT coverage may include prejudice of medical staff and people who inject drugs towards OAT treatment; the criminalisation of drug use; registration of people who inject drugs in drug treatment facilities; a biased attitude of law enforcement agencies towards people who use drugs; and insufficient awareness among people who inject drugs about OAT programmes. Integrated OAT services based on a one-stop-shop approach are unavailable, although the service provision under this model is essential for KPs[80]. There is also a need to introduce services that are better tailored to the needs of beneficiaries.

RG representatives pointed out that the problem of the absence of a standardised electronic system for recording OAT services at the national level leads to difficulties with case management; referral; calculating the need for medications and recording medication stocks; as well as recording the services provided by medical facilities and NGOs.

78. WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. In Russian, https://iris.who.int/bitstream/handle/10665/112539/9789244504376_rus.pdf.

79. Materials of the CCM meeting dated 24.04.2024: Implementation of the National Programme for the Prevention and Control of HIV/AIDS and STI in 2023. [Realizarea Programului Național de prevenire și control al HIV/SIDA și ITS (2023)]. In Romanian, https://docs.google.com/presentation/d/1-LE-MiNj2ybr-15q15GdSZc1KmEWZb3F/edit#slide=id.p8.

80. Republic of Tajikistan. Reassessing the sustainability of the opioid agonist therapy programme within the context of transition from donor support to domestic funding, Vilnius; Eurasian Harm Reduction Association, 2023. https://eecaplatform.org/wp-content/uploads/2023/05/oat-sustainability-reassessment-tajikistan-eng-2023.pdf

OAT is available for refugees from Ukraine. In 2022, 87 people continued treatment. Integrated OAT services are available in the penitentiary system (TB, HIV, viral hepatitis). People released from prison can continue OAT if it is available in their place of residence after release. However, there is the problem of low geographic availability of OAT services (fewer sites in the civil sector). Therefore, a certain number of prisoners are forced to interrupt OAT before their release from prison as they cannot continue this treatment[81]. At the end of 2022, 123 prisoners, or 7.7% of the estimated number of people who inject drugs in prisons, were receiving OAT.

Commitment (2): Provide funding for the expansion of OAT in the civil and penitentiary system

The commitment to fund OAT services was exceeded and progress is considered **significant**. Funding from government resources was allocated at 340% of commitments made in 2021 and 102.7% in 2022. The OAT services are part of the state-guaranteed health services package that can be accessed without health insurance. In 2021–2022, the Ministry of Health funded the procurement of OAT drugs from its budget (including OAT drugs for the penitentiary system), and the NHIC funded OAT-related services in the civil sector (excluding psychosocial support). The prison system should co-finance the purchase of the drugs from 2025. Currently, the country has no plan to ensure the transition to national funding for the psychosocial support-related components of the OAT programme[82]. Psychosocial support is provided by non-governmental organisations and continues to be funded exclusively by the Global Fund. There is, therefore, a risk that this service will be discontinued following the withdrawal of the Global Fund. The National Programme for the Prevention and Control of HIV/AIDS and STI for 2022–2025 has a long-term financial plan for the transition of the OAT programme to national funding, which includes the determination of unit costs, the level of co-financing and the sources of national funding for OAT. A dialog is currently taking place at the level of parliamentary commission to strengthen the drug treatment system and to improve the quality and accessibility of OAT services.

Commitment (3): Provide funding for the involvement of social centres in the provision of comprehensive medical and social services for PLHIV and key populations

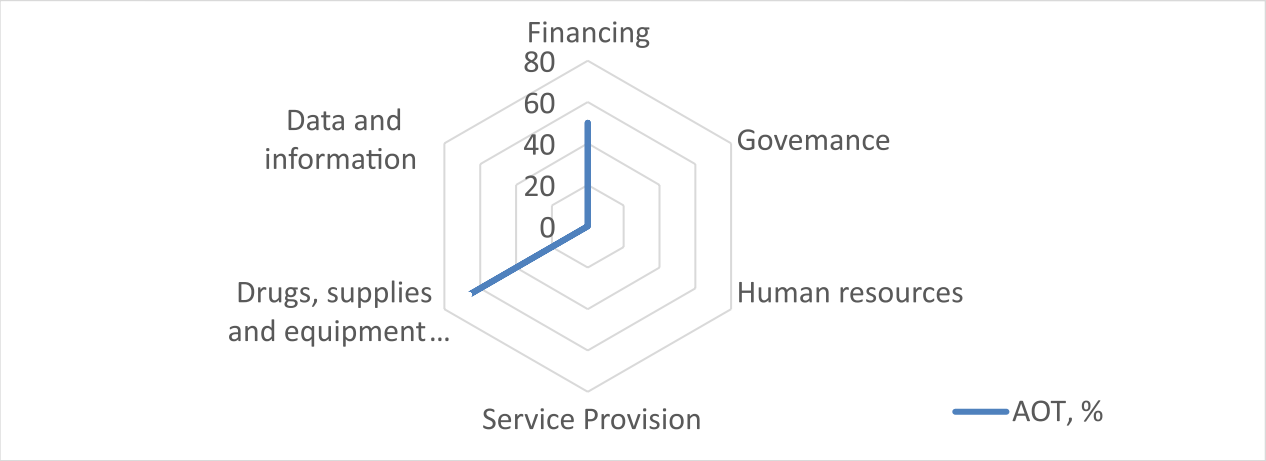
This commitment was not fulfilled and the experts rated progress in this area as **low**. It is important to remember that this commitment affects all programmatic areas and is relevant to them to enable the provision of services to KPs through a one-stop-shop approach. Given the importance of improving the availability of OAT and the decentralisation of OAT with the possibility of accessing this type of care in other facilities (such as primary health care, commercial organisations, NGOs, mental health centres, or pharmacies), the integration of

81. Doltu S, Ciobanu A, Iatco A. Mapping of Services for People who Use Drugs in Terms of Availability and Accessibility of Treatment. UNAIDS Moldova, 2023. [Doltu S, Ciobanu A, Iatco A (2023). Cartografierea serviciilor pentru persoanele care consumă droguri din perspectiva disponibilității și accesibilității tratamentului. UNAIDS Moldova]. In Romanian, https://uniunea.md/wp-content/uploads/2023/09/Raport_cartografiere-servicii-PCD-2023.pdf.

82. Iatco A. (2024). Republic of Moldova: Analysis of the Sustainability of Opioid Agonist Therapy Programmes in the Context of Transition from Donor Support to Domestic Funding. Vilnius, Lithuania: Eurasian Harm Reduction Association. In Russian, http://uorn.md/respublika-moldova-povtornyj-analiz-ustojchivosti-programm-podderzhivayushhej-terapii-agonistami-opioidov-v-kontekste-perehoda-ot-donorskoj-podderzhki-k-natsionalnomu-finansirovaniyu-2023/.

services at the social centre level was particularly timely and necessary. In the Republic of Moldova, there are four social centres for PLHIV distributed on a regional basis. Financial support was needed to involve the social centres in the provision of comprehensive medical and social services for PLHIV and KPs (including OAT) and to promote integrated services at all levels. Unfortunately, no funds were allocated for this activity. Since the social centres are funded by the Ministry of Labour and Social Protection, or by local authorities, the Ministry of Health decided not to support their medical and social services.

Figure 7. Assessment of progress on prioritised commitments in the OAT programmatic area by health system domains



3.2.4. ASSESSMENT OF PROGRESS IN IMPLEMENTING COMMITMENTS IN THE PROGRAMMATIC AREA "COMMUNITY SYSTEMS STRENGTHENING (CSS) AND ADVOCACY"

The government's progress in meeting commitments in the areas of CSS and advocacy was **substantial** (**83.3%**). Three commitments were analysed for this programmatic area. The results of the progress assessment are presented in Table 14 and Figure 8.

Table 14. Results of the assessment of progress in the implementation of commitments in the programmatic area of CSS and advocacy

	Indicator	Indicator/Baseline	Plan/Progress, %		Average score by commitment	Average score by programmatic area
			2021	2022		
1	*Improve Programme coordination by strengthening Programme management capacities.*	*Funding secured. Baseline: MDL2,234,456.00 in 2020.*	1 781 910,00 / 2 409 700,00 **135%**	1 781 910,00 / 2 809 775,00 **157,7%**	**146,5% =100%**	**83,3%**
2	*Ensure operational personnel management and continuous professional development.*	*By 2023, a curriculum for the professional development of specialists through digital platforms has been developed and implemented. Baseline: 0 in 2020.*	-	**1** / **1** **100%**	**100%**	
3	*Strengthen the institutional and organisational capacity of non-profit organisations working with key populations.*	*Strategic plans and communication strategies for NGOs have been developed. Baseline: 0 in 2020.*	Completed	Not completed	**50%**	

Commitment (1): Improve Programme coordination by strengthening Programme management capacities

The Department of National HIV Programme Coordination plays a central role in the national HIV response. Its responsibilities include strengthening human resources for effective management at all levels, including inter-sectoral. The primary source of government funding in the healthcare sector is the National Health Insurance Company. The NHIC finances health facilities based on the services provided, or on a per capita basis. In the context of Moldova, the National Programme coordination is not a medical service. Therefore, it was necessary to secure targeted government funding to support the Coordination Department. Progress in meeting this commitment during 2021–2022 was assessed as **significant**. The National HIV Programme Coordination Department is funded from the state budget and co-financed by the Global Fund as a result of advocacy activities. Since May 2024, after the merger of the Clinical Hospital for Infectious Diseases Toma Ciorbă with the Hospital for Dermatology and Infectious Diseases, the Department for Coordination of the National HIV Programme has been integrated into the Hospital for Infectious Diseases.

Commitment (2): Ensure operational personnel management and continuous professional development

Between 2021 and 2022, this commitment was fulfilled and progress was rated as significant. In 2022, a new thematic distance learning module, Strengthening Links between HIV Prevention and Other SRH Services, was developed, implemented, and integrated into the online platform[83]. In addition, curriculum development for the professional training of specialists via digital platforms (distance learning module) was started based on the advanced training programme for physicians of the Department of Infectious Diseases of the State Medical University.

In 2022, six workshops were held under the auspices of the Ministry of Health and in collaboration with partners from UNODC, the National Programme, and the RND. One hundred and ten people participated in the workshops, representing medical and non-medical staff from the civil and penitentiary system, including NGOs in this field. The workshops were dedicated to the implementation of the National Clinical Protocol Disorders Associated with the Use of New Substances with Psychoactive and Stimulant Effects in Adults and Adolescents[84]. In 2022, more than 125 employees of the Ministry of Internal Affairs took part in workshops where they learned to provide HIV prevention services to people who use drugs (injecting and non-injecting) to promote friendly services and to reduce stigma. The training process also involved staff from non-governmental organisations, including those from key populations, which helped to develop referral schemes for services and to improve interaction between representatives of different sectors.

83. Link to the online learning platform FORMARE.MD: https://formare.md/.

84. Programul TB/SIDA, Op.cit.

Commitment (3): Strengthen the institutional and organisational capacity of non-profit organisations working with key populations

Progress in meeting this commitment during 2021–2022 was assessed as **moderate**. The Global Fund grant included activities to build the institutional and organisational capacity of NGOs. In 2021, a training workshop was held within the KAP Committee to increase the competence of civil society representatives. During the workshop, participants learned about the structure of the CCM on HIV/TB/STI and the involvement of NGOs and community representatives in CCM activities. IT equipment for the KAP Committee members and consumables for the Committee's activities were purchased[85]. In 2022, commitments to develop 12 strategic plans and communication strategies for NGOs as part of their capacity building were not met.

After the first allocation of funds by the NHIC for the implementation of prevention services in 2017, no further funding mechanisms for NGOs were introduced and approved. Of great importance for community strengthening is the introduction of a social contract mechanism to support public organisations working in the field of the HIV response in key populations, as well as the institutionalisation of staff training and the training of representatives of government medical and social services to interact with key populations and NGOs. For various reasons, including financial difficulties, there is no mechanism for continuous training of NGO staff. The state is not willing to provide training for civil society representatives. This situation will directly impact the quality of NGO-provided HIV prevention services in the future.

Figure 8. Assessment of progress in meeting prioritised commitments in the programmatic area 'CSS and advocacy' by health system domains

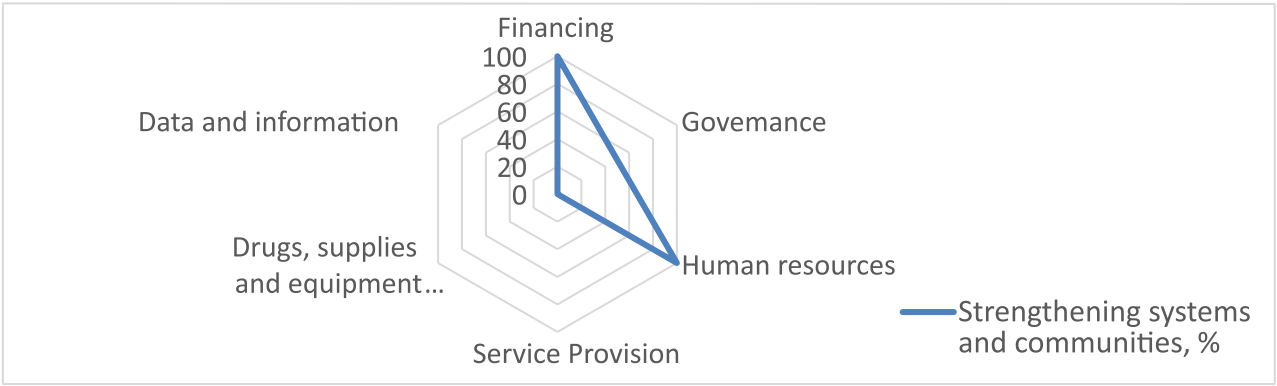


Table 15. Overall assessment of progress in implementing the commitments prioritised for assessment by programmatic area

Programmatic area	Average score for compliance with commitments and assessment of progress in 2021–2022	Average score for compliance with commitments and assessment of progress in 2017–2020
HIV prevention	**61,6%** Average progress	**48%** Moderate progress
HIV diagnostics, treatment, care and support	**55,8%** Average progress	**58%** Average progress
OAT	**55,2%** Average progress	**46,5%** Moderate progress
CSS and advocacy	**83,3%** Substantial progress	100% Significant progress

85. Programul TB/SIDA, Raport trimestrial de progres octombrie-decembrie 2021 . Ministerul Sănătății al Republicii Moldova IMSP UCIMP. [TB/AIDS Control Programme, Quarterly Progress Report, October-December 2021. Ministry of Health of the Republic of Moldova IMSP UCIMP]. In Romanian, https://www.ucimp.md/images/pdf/raport%20de%20progres%20q%20iv%202021.pdf.

Comparing the results of the previous assessment (data for 2017–2020) and the current one (data for 2021–2022), it is impossible to unconditionally accept all the changes that have occurred in the degree of fulfillment of commitments, since the two assessments have taken into account obligations that are included in different national HIV programmes and have mainly different directions of work and objectives. At the same time, it can be noted that there is a positive trend in the fulfillment of commitments on HIV prevention and OAT, including in the penitentiary system, as well as in the inclusion of new commitments (such as the implementation of PrEP and services for TG) and high coverage with quality ARV therapy against the background of a gradual decline in mortality from AIDS-related diseases.

3.3. ASSESSMENT OF PROGRESS IN IMPLEMENTING THE COMMITMENTS BY HEALTH SYSTEM DOMAINS

Table 16. Number of commitments assessed by health system domains

	Health system domains	Number and percentage of the commitments
1	Financing	**10 (28,6%)**
2	Service provision	**10 (28,6%)**
3	Drugs, supplies and equipment	**6 (17,1 %)**
4	Governance	**45(14,3%)**
5	Human resources	**2 (5,7%)**
6	Data and information	**2 (5,7 %)**
	Total	**35 (100%)**

All commitments prioritised for the assessment were also divided and assigned to one of the six health system domains, with the largest share of commitments (28.6% each) assigned to the components 'Financing' and 'Service provision'.

Looking at the commitments selected for the assessment by programmatic area, the largest proportion of commitments relate to 'HIV prevention' (51.4%) and 'HIV diagnostics, treatment, care and support' (31.4%).

The table below provides an assessment of progress in meeting prioritised commitments in each of the health system domains in the context of their linkage to the programmatic areas.

Table 17. Assessment of progress in meeting prioritised commitments by health system domains and their link to programmatic areas

	Health system domains / Programmatic areas	Prevention	Diagnostics and treatment	OAT	CSS and advocacy	Average score
	Financing					**51.3%**
1	Provide funding for scaling up prevention and mobile testing services for high-risk groups	55.5%				
2	Provide funding for universal access to HIV testing and testing for sexually transmitted infections for vulnerable populations	617% =100%				
3	Provide funding to scale up HIV prevention services for people who inject drugs	14.4%				
4	Provide funding for the provision of HIV prevention service package for men who have sex with men and transgender people	23%				

5	Provide funding for the provision of prevention service package for SW	20%				
6	Provide funding to scale up prevention services in the penitentiary system	393.4% =100%				
7	Provide financial resources for monitoring the effectiveness of antiretroviral treatment		116.6% =100%			
8	Provide funding for the expansion of OAT in the civil and penitentiary system			210 7% =10 0%		
9	Provide funding for the involvement of social centres in the provision of comprehensive medical and social services for PLHIV and key populations			0%		
10	Improve Programme coordination by strengthening Programme management capacities				146.5% =100%	
	Service provision					**59.7%**
11	Increase the number of people from KPs who received oral pre-exposure prophylaxis at least once during the reporting period	98.4%				
12	Increase the percentage of PWID covered by HIV prevention programmes – basic package of services	12.8%				
13	Increase the percentage of PWID who have undergone an HIV test	29.2%				
14	Increase the percentage of MSM covered by HIV prevention programmes – basic package of services	43.7%				
15	Increase the number of MSM who have undergone an HIV test in the reporting period and know their result	69.8%				
16	Increase the number of transgender people receiving a specialised package of HIV prevention services	117% =100%				
17	Increase the number of SW covered by HIV prevention programmes – basic package of services	21.7%				
18	Increase the number of SW who have undergone an HIV test in the reporting period	53.7%				
19	Increase the percentage of people in prisons and other closed facilities reached by HIV prevention programmes – a basic package of services	67.7%				
20	Increase the number of prisoners tested for HIV during the reporting period	192.1% =100%				
	Drugs, supplies and equipment					**61.1%**

21	Reduce the proportion of people living with HIV not receiving ART at the end of the reporting period among PLHIV who were either receiving antiretroviral treatment at the end of the last reporting period or who started ART during the reporting period		109.5% =100%			
22	Increase the percentage of people receiving ART among all people living with HIV by the end of the reporting period		194.2% =100%			
23	Reduce the percentage of PLHIV starting ART with a CD4 lymphocyte count <200 cells/mm^3		11.7%			
22	Increase the percentage of people living with HIV and receiving ART who have tested their viral load at least once in the last 12 months		38.1%			
25	Improve treatment adherence in adults and children living with HIV who are on treatment more than 12 months after starting ART		51.6%			
26	Increase the percentage of people receiving OAT			65.6 %		
	Governance					**35.5%**
27	Develop an integrated information platform and ensure its effective functioning (*SIME HIV*)		50%			
28	Establish and strengthen regional laboratories for confirming HIV diagnosis		100%			
29	Strengthen health systems to integrate HIV/TB/viral hepatitis/STI/opioid substitution therapy and diagnostic and treatment services at all levels		0%			
30	Development of a model for the provision of differentiated services taking into account gender equality aspects and including the calculation of costs for a relevant package of services		0%			
31	Strengthen the institutional and organisational capacity of non-profit organisations working with key populations				27.6%	
	Human resources					**100%**
32	Ensure the development of human resources for HIV testing services		100%			
33	Ensure operational personnel management and continuous professional development				100%	

	Data and information					**100%**
34	Conduct epidemiological studies taking into account the gender-specific needs of beneficiaries and service providers	100%				
35	Conduct a study and estimate the size of a group of non-injecting drug users	100%				
	A total of 35 commitments	**18 (51.4%)**	**11 (31.4%)**	**3**	**3**	

An analysis of the assessment results on the fulfillment of the commitments in the individual domains of the health system revealed significant improvements in the domains of 'Data and information' and 'Human resources' as well as average progress in three domains – 'Drugs, supplies and equipment', 'Service provision' and 'Financing'. Most commitments were made in the domains of 'Financing' and 'Service provision'. Progress in these domains is average (58.2% and 59.7%, respectively).

Figure 9. Assessment of progress on prioritised commitments by health system domains and their link to programmatic areas

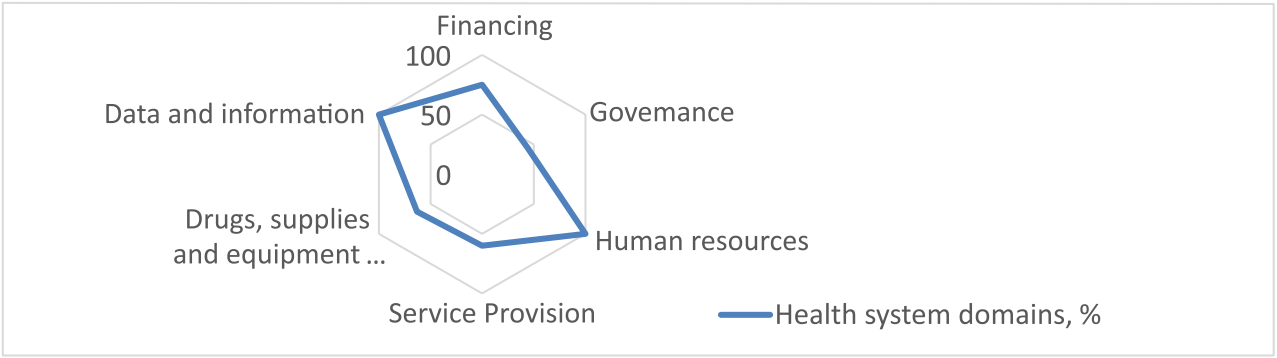


Table 18. Overall assessment of progress in implementing prioritised commitments by health system domains, comparison of results for 2017–2020 and 2021–2022

	Health system domains	Average score of commitment compliance in the 2017–2020 assessment	Final assessment of progress	Average score of commitment compliance in the 2021–2022 assessment	Final assessment of progress
1.	Financing	**27,2%**	Fairly low progress	**51,3%**	Average progress
2.	Service provision	**51,3%**	Average progress	**59,7%**	Average progress
3.	Drugs, supplies and equipment	**94%**	Significant progress	**61,1%**	Average progress
4.	Governance	**61%**	Average progress	**35,5%**	Fairly low progress
5.	Human resources	**100%**	Significant progress	**100%**	Significant progress
6.	Data and information	**66,7%**	Average progress	**100%**	Significant progress

This report does not include a comparative analysis of the results of the previous assessment (data for 2017–2020) and the current assessment (data for 2021–2022). The reason for this is that within each programmatic area/health system domain, the number of commitments assessed in 2021 and 2024 was different, they were includedin different national HIV

programmes and differed in terms of content, focus, and objectives. In addition, many commitments in each of the assessments were exclusive. At the same time, compared to the results of the previous assessment of data for 2017–2020, progress was made in the implementation of commitments under the 'Financing' component, the rate of which increased from insignificant to average, which is associated with a gradual increase in the allocation of funds from the state budget for HIV prevention, the purchase of OAT drugs and ART (including for the penitentiary system).

In the domain of 'Service provision', progress in meeting commitments remained at an average level, as in the previous assessment. At the same time, significant progress was made in increasing the coverage of TG and people in prisons through prevention programmes and PrEP.

In the domain of 'Drugs, supplies and equipment', progress in meeting commitments fell from a significant to a moderate rate. Although the government made notable progress in several priority areas (ensuring uninterrupted supply of ARV drugs and ART coverage), there are still challenges, such as delayed initiation of ART for PLHIV with CD4 counts below 200, problems with VL monitoring, and ART adherence. In addition, OAT coverage remains low, which affects the effectiveness of targeted programmes for people who inject drugs in the country.

In the 'Governance' domain, progress in meeting commitments was rated as 'fairly low'. Some strategic regulations have been adopted and implemented in the country, including national clinical protocols that influence the sustainability of the HIV response. Unfortunately, some of the commitments were not met, such as the development of a model for the provision of differentiated services that take into account gender-specific aspects, including the calculation of the cost of the service package and the provision of integrated services. In addition, the commitment to develop an integrated information platform and ensure its effective functioning (SIME HIV) was not fulfilled.

In the 'Human resources' domain, progress in meeting commitments remained significant. Training was provided to medical and non-medical staff (NGO staff, prison police). In addition, an online platform for modular training on various HIV-related topics (service provision, referral, testing, human rights, etc.) was developed.

Significant progress continues to be made in meeting 'Data and information' commitments. Several studies were conducted, such as the estimation of the size of the non-injecting drug user population and six studies on various gender aspects of the HIV response.

CONCLUSIONS

1. The Republic of Moldova has been a recipient of Global Fund support for HIV programmes since 2003 and, as of the end of 2022, remains eligible for new Global Fund grants for these purposes.

2. The budget of the National Programme for the period 2022–2025 includes commitments for a gradual transition to state funding. In 2022, state funding for HIV programmes increased by approximately 25% (compared to the baseline in 2020). Despite the positive trend of increasing government funding by about 10% per year, the dependence of implemented HIV activities on donor funding remains. In 2022, financial support from donors accounted for around 50% of the total annual budget for HIV programmes.

3. At the level of the National Coordinating Council of National Programmes for the Prevention and Control of HIV/AIDS, Sexually Transmitted Infections, and Combating Tuberculosis, there are regular discussions on the implementation of the national HIV and TB programmes, including the results of the implementation of the Global Fund grant. At the same time, there have been no thematic meetings or reports on the sustainability of the transition and possible risks.

4. The 2021–2022 commitments analysed in this assessment related to improving the sustainability of the national response to HIV among key populations that are at different stages of implementation. The proportion of government spending in areas such as providing prevention services in the penitentiary system, ensuring universal access to HIV and STI testing for at-risk groups, and monitoring the effectiveness of ARV treatment, has increased. During the assessment period, government spending on these commitments exceeded planned spending, which speaks to the sustainability of the respective components of the HIV response, and all needs were met.

5. The provision of HIV prevention services to key populations is mostly implemented by non-governmental organisations (NGOs) with external funding, especially with Global Fund support, which poses significant risks to the sustainability of prevention programmes for key populations and, at the same time, to the sustainability of NGO funding. In Moldova, there is a mechanism for state funding of prevention services provided by NGOs from the NHIC Prevention Fund. However, the level of financial support remains insignificant (around 10%) and insufficient given the estimated number of people comprising key populations. The availability of funding for HIV prevention interventions remains quite unpredictable. The existing mechanism for allocating resources from the NHIC Prevention Fund remains complex and is not systematic. In addition, there are gaps in the diversification of funding sources for prevention services for key populations.

6. The prevention programme coverage indicators for the respective years did not reach the targets for any of the key population groups. The average gap to achieve the 2025 targets (90%) remains significant – around 30% - raising concerns that the targets will not be met. Even though MSM and TG are among the most important key population groups in terms of HIV incidence and transmission, the resources allocated to work with them in 2022 amounted to only 40% of the total estimated funding. In addition, there is an insufficient number of civil society organisations providing HIV prevention services to MSM and TG, which could affect access to HIV prevention and testing services for these groups in the future if work is not scaled up accordingly.

7. Despite a variety of testing approaches (self-testing, promotion of HIV testing through social networks, community-based testing, testing in health facilities, etc.), the proportion of late diagnoses remains high. In key populations, a large percentage of people living with HIV do not know their HIV status, with the largest gaps observed among SW and MSM. Therefore, reaching the target for testing in key populations by 2025 remains problematic.

8. During the research period, several studies were conducted on the gender-specific aspects of the HIV response. NGO-based service delivery models for women from KPs were piloted with external financial support. Unfortunately, there is no sustainable and continuous funding for the implementation of gender-sensitive and transformative HIV-related initiatives and services in Moldova. In addition, there are no specific programmes targeting the needs of men from KPs and men living with HIV, as well as the needs of minors (girls and boys).

9. Several strategic regulations have been adopted and implemented in the country, including national clinical protocols that influence the development of the sustainability of the HIV response. Unfortunately, some of the commitments made to develop a model for the delivery of differentiated services, taking into account aspects of gender equality, including the calculation of the service package cost, and a model for the delivery of integrated services, was not fulfilled. The commitment to develop an integrated information platform and ensure the effectiveness of its work (SIME HIV) was also unfulfilled.

10. Significant progress was made in meeting commitments such as the procurement of all ARV drugs from the state budget since 2021 and their uninterrupted supply; the high coverage rate of patients on ARV therapy (85.7%); the high percentage of PLHIV who are tested annually for their viral load (89%); and the gradual decline in mortality from AIDS-related diseases, including tuberculosis. At the same time, there is late initiation of ART in PLHIV with a CD4 count below 200 and insufficient adherence to treatment.

11. Progress was made in the transition of financial support for the OAT programme to the state budget. This includes the purchase of OAT drugs (including drugs for OAT provision in the penitentiary system) and support for the work of the OAT offices. However, these funds were calculated for low OAT coverage (the number of clients and territorial coverage). At the same time, a target of 7.5% of the estimated number of opiate users was set for 2022, and a maximum of 12% for 2025. These targets are far below the WHO recommendations, which state that OAT coverage should be at least 20% to impact the HIV epidemic among people who inject drugs. OAT services are only provided as part of the drug treatment system (narcological care) and integrated one-stop-shop services are not available in the civil sector.

12. Coverage of people who inject drugs with OAT programmes has been low for many years, despite the availability of an expanded network of OAT sites, and did not exceed 6% during 2021–2022. The main barriers faced by people who use drugs when trying to start the OAT programme are mandatory medical supervision as a drug user; low availability of psychosocial support for OAT clients; employment restrictions; discrimination by employers; as well as restrictions on travel abroad and limited access to OAT in medical facilities in the case of hospitalisation as a patient.

13. The territorial coverage of OAT services remains low, making it difficult to involve new people who inject drugs in the programme. The situation is exacerbated by the fact that there are no options for obtaining OAT outside of drug treatment services, such as through primary healthcare facilities, mental health centres, commercial organisations, NGOs, or pharmacies. The psychosocial support component of OAT is fully supported by the Global Fund and implemented by NGOs as there is no mechanism to integrate these services into the state health system.

14. The lack of integrated services for key populations and unified coverage of services for the prevention of HIV, tuberculosis, hepatitis, as well as for OAT services, treatment adherence services, psychosocial services, and the prevention and treatment of non-communicable diseases, including mental health and reproductive health, is a persistent barrier for KPs to access a comprehensive package of services that meet their needs concerning issues such as drug dependence, tuberculosis, hepatitis, HIV, mental health, and the treatment of non-communicable diseases, etc.

15. Significant progress was made in the 'Community systems strengthening and advocacy' component of the programmatic areas. Civil society organisations are continuously involved in the work of HIV/AIDS coordinating bodies, and the overall capacity of public organisations working on HIV has been strengthened. Despite the introduction of a state funding model for NGOs, the state is unable to guarantee the sustainability of services when the Global Fund withdraws its financial support. This is particularly true for NGO activities related to advocacy, the training of NGO personnel, the provision of psychosocial services, and support for community initiatives.

16. The assessment showed significant progress in meeting the commitments related to the 'Human resources' component, as training for medical and non-medical staff (NGO staff, police, and prisons) was provided. An online platform for modular training on various HIV-related topics (service delivery, referral, testing, and human rights, etc.) was developed. At the same time, the insufficient number of medical personnel in Moldova, especially in rural areas, significantly affects access to HIV services, including services for KPs.

17. Stigma and discrimination remain the greatest barriers to accessing HIV services in Moldova. Due to initial fears, and people's reluctance to seek medical help, more than 50% of people infected with HIV are diagnosed at a late stage of the disease. These fears are also fueled by the fact that HIV is associated with discrimination, marginalisation, social isolation, and a high risk of criminal prosecution (such as for endangering others). The fundamental reasons underlying such inequalities include particular gendered patterns and social norms; strong stigma and discrimination against KPs by the general population and a large social distance from them; high stigma and discrimination in healthcare; and some policy/legal and regulatory aspects that criminalise certain behaviours.

It is possible to comply with some commitments in the future through the strengthening of internal mechanisms aimed at programme sustainability, in particular by institutionalising HIV training for professionals; introducing social contracts for civil society organisations working with key populations; implementing measures to overcome legal barriers to accessing services for people living with HIV and key populations; and by improving the legal environment for HIV (including decriminalisation).

RECOMMENDATIONS

Based on the findings of this assessment, the following recommendations are proposed to ensure the sustainability of HIV response programmes for key populations in the context of transition from donor support:

I. To the National Coordinating Council of National Programmes for the Prevention and Control of HIV/AIDS, Sexually Transmitted Infections, and Combating Tuberculosis in the Republic of Moldova:

1. When developing national HIV programmes and other official documents that include government commitments to transition to national funding, include commitments with specific language on the actions to be taken and more relevant indicators for each commitment, taking into account the availability of data and the ability to track it; and,

2. Ensure inter-sectorality and partnership to improve HIV prevention, harm reduction and support services for key populations, including promoting diversification (variety) of government funding sources.

II. To the Ministry of Health of the Republic of Moldova:

1. Adhere to commitments made to sustainably fund programmes to prevent the transmission of HIV and sexually transmitted diseases among key population groups and increase funding for HIV prevention programmes in line with commitments made, as reflected in the National Programme for 2022–2025;

2. Ensure diversified funding for HIV prevention programmes from other government sources. In addition to the National Health Insurance Company (NHIC) Prevention Fund, such sources may include the NHIC Core Services Fund, the budgets of the Ministry of Health, and local governments;

3. Improve the current mechanism for NHIC funding of HIV services (develop plans for continuity of services with necessary funding; adjust the timing of NHIC tenders for prevention services and synchronise with funding cycles from other sources; and organise purchasing of prevention and psychosocial support services). Consider the possibility of introducing social contracting;

4. When conducting epidemiologic studies, including second-generation HIV surveillance, determine not only the number of all KPs but also the size of KPs at-risk of HIV and in need of HIV, viral hepatitis, and STI prevention programmes;

5. Expand the range of services tailored to the needs of KPs and funded from the state budget by including psychosocial support services. Engage in dialog with the Ministry of Labour and Social Protection to establish mechanisms to fund psychosocial services for key populations and PLHIV, as well as the provision of integrated medical and social services based on social centres;

6. Conduct regular studies (every 3 to 5 years) on the economic efficiency of different HIV service delivery models to identify the most promising models that can achieve better results in less time and at a lower cost;

7. Develop and approve a mechanism for the integration of HIV, TB, hepatitis and OAT services, treatment adherence, psychosocial services, prevention and treatment of non-communicable diseases, including mental and reproductive health (the 'one-stop-shop' principle) to improve access to comprehensive treatment, prevention and care services for KPs;

8. Expand geographic access to OAT and develop a plan for state funding of the OAT programme that includes expansion of coverage and support for the OAT programme management component (the Republican Narcological Dispensary (RND)). Develop mechanisms to ensure broader OAT coverage, focusing on the WHO-recommended coverage of at least 20% to significantly impact the HIV epidemic among people who inject drugs while improving geographic access to OAT services in all regions. Develop mechanisms to fund psychosocial support in OAT programmes and introduce alternative service delivery models at the primary healthcare level, community mental health centres, and private medical facilities;

9. Implement an electronic registry system for the OAT programme and the provision of medications at the national level to effectively monitor and assess the need for medicines; to ensure continuity of services when people who inject drugs are released from prison or change residence; to track the expiration date of medications and to ensure their uninterrupted supply. This will also enable the integration of medical services and psychosocial support provided by NGOs;

10. Examine the reasons for the low participation of people who inject drugs in OAT programmes and take action to increase the coverage of people who use opioids with OAT programmes based on the application of international best practices and taking into account gender and age-specific needs;

11. Ensure the institutionalisation of a training module on service delivery to KPs for NGO staff and its continuous provision (such as in the advanced training department of a medical university/college or via an online learning platform);

12. Ensure that the commitment to develop a mechanism for the integration of HIV, tuberculosis, and hepatitis prevention services, as well as OAT services, treatment adherence, psychosocial services, prevention and treatment of non-communicable diseases (including mental and reproductive health) based on the one-stop-shop principle is fulfilled to improve the availability of comprehensive drug dependence treatment and the provision of assistance, prevention, treatment, and care;

13. Ensure that an information system for data collection and analysis (SIME HIV) is developed and accessible in all facilities providing services to HIV patients. It is also important to ensure interoperability with other government information systems, respecting information security and confidentiality requirements;

14. Ensure that the commitment to implement a gender and age-sensitive approach to the provision of prevention and harm reduction services is implemented to reduce inequalities in access to services; provide HIV services to MSM and TG people; and increase participation of women in prevention services and men in ART programmes and ensure their adherence; and,

15. Identify priorities for NHIC funding for HIV and TB in the medium and long term (3 or 5 years) to ensure continuity of services for KPs and better involvement of NGOs in the national HIV response.

III. To the Ministry of Justice of the Republic of Moldova (National Penitentiary Administration):

1. Continue funding HIV prevention and psychosocial support programmes for key populations in prisons, including the development and implementation of sustainable mechanisms for the provision of psychosocial support services to people in prison through NGOs;

2. Provide funding for prevention and risk reduction services according to the National Programme for 2022–2025 and the needs identified and requested by the HIV/AIDS/STI Coordination Department, including strengthening the work of OAT sites and expanding the territorial coverage of OAT services; and,

3. Ensure that prison staff (psychologists, social workers) are involved in psychosocial support for KPs, including cognitive-behavioural change programmes and support for adherence to OAT and ART, and to institutionalise these activities and ensure their sustainability.

IV. To international organisations and development partners:

1. Call on the Government to fulfill its commitments to sustainably fund programmes to prevent the transmission of HIV/STIs among KPs and increase funding for HIV prevention programmes in line with commitments made under the National Programme for 2022–2025;

2. Support the strengthening of OAT and the capacity building of the Coordination Unit at the level of the Republican Narcological Dispensary (RND) to ensure the expansion of the geographic coverage, quality, and accessibility of OAT services and other types of drug dependence treatment; and,

3. Continue to support capacity building of NGOs and community representatives in advocacy, community-led monitoring, service delivery, and implementation of the National HIV/AIDS and STI Programme.

V. To representatives of civil society organisations and key populations:

1. Continue to advocate for increased government funding for HIV prevention programmes for KPs and for a supportive legal environment to improve the effectiveness of the national HIV response by actively participating in HIV response coordination bodies;

2. Continue to advocate for increased government funding for HIV prevention and psychosocial support programmes for KPs and the introduction of integrated services, including community-based services;

3. Continue the development and application of innovative methods through the digitalisation of interventions to implement person-centred approaches and to improve the availability of services for key populations (development of web outreach and telemedicine approaches) that need to be supported and scaled up, including at the level of public services; and,

4. Ensure that a large number of civil society organisations regularly participate in applying for NHIC funds to implement programmes for key populations and people living with HIV by disseminating information on deadlines and requirements for submitting applications and lobbying for funding for HIV programmes.

ANNEX 1. INFORMATION ON THE NATIONAL ASSESSMENT SPECIALISTS AND THE MEMBERS OF THE NATIONAL REFERENCE GROUP

A. National assessment specialists

Name and surname	Position and place of employment	Contact information	Social sector
Svetlana Doltu	Director of the Public Organisation, *AFI*	svetlana.doltu@gmail.com	Representative of the *KAP* Committee, CCM member.
Ludmila Marandici	Director of *MedHUB*, Public Organisation, *Inițiativa Pozitivă*	l.marandici@initiativapozitiva.md	Representative of KPs, member of the CCM Technical Working Group (TWG).

B. National Reference Group (RG)

	Name and surname	Position and place of employment	Social sector
1	Yuri Klimashevsky	Coordinator of the *National Programme for the Prevention and Control of HIV/AIDS and STIs.*	Representative of the state agency, CCM member.
2	Mariana Gincu	Head of the Public Health Policy Department, Ministry of Health.	Representative of the state agency, CCM member.
3	Ruslan Poverga	Director of the Public Organisation, *Inițiativa Pozitivă.*	Representative of KPs, CCM member.
4	Ala Iatco	President of the Public Organisation, *Union for Justice and Health*.	Representative of KPs, CCM member.
5	Sergiu Cugut	Project Coordinator of the Public Organisation, *AFI.*	Representative of KPs, member of the CCM TWG.
6	Veaceslav Mulear	LGBT+ Health Programme Coordinator of the Public Organisation, *GenderdokM.*	Representative of KPs, CCM member.
7	Svetlana Plamadeala	Country Manager, *UNAIDS*	Representative of an international agency, CCM member.
8	Irina Barbirosh	Head of the Medical Department of the National Penitentiary Administration.	Representative of the state agency, CCM member.

ANNEX 2. DETAILED DESCRIPTION OF THE LISTS OF COMMITMENTS BEFORE AND AFTER THE PRIORITISATION PROCESS

There were more than 180 commitments/activities for the national HIV response implementation during 2021–2022 in the documents reviewed as sources of commitments. At this stage, the national consultant produced an initial list of **63 commitments, including nine related to the impact on the epidemic**. The list was presented to the Reference Group for discussion and further prioritisation.

After prioritisation, the number of commitments selected for the assessment was reduced to 48 (see Table 1 below).

Table 1. Percentage of commitments by health system domains and programmatic areas before and after prioritisation

Health system domains/ Programmatic areas	Number of commitments before prioritisation	Percentage	Number of commitments after prioritisation	Percentage	Number of commitments included in the analysis after prioritisation	Percentage
Total number of commitments	**63**		**56**		**40**	
Including indicators of impact on the epidemic						
Total:	**9**	**100%**	**8**		**5**	**100%**
Impact indicators	**9**		**8**		**5**	
By health system domains						
Total:	54	100%	48	100%	35	100%
Financing	12	22.2%	11	20.8%	10	28.6%
Drugs, supplies and equipment	9	16.6%	6	12.5%	6	17.1%
Service provision	15	27.8%	14	29.2%	10	28.6%
Governance	8	14.8%	8	16.7%	5	14.3%
Data and information	8	14.8%	8	16.7%	2	5.7%
Human resources	2	3.7%	2	4.1%	2	5.7%
By programmatic areas						
Total:	54	100%	48	100%	35	100%
HIV prevention	23	42.7%	22	45.8%	18	51.4%
HIV diagnostics, treatment, care and support	22	40.7%	18	37.6%	11	31.4%
CSS and advocacy	6	11.1%	5	10.4%	3	8.6%
OAT	3	5.5%	3	6.2%	3	8.6%

From the general list of all commitments/activities listed in the National Programme for the Prevention and Control of HIV/AIDS and STIs and other sources of information on commitments and their implementation, the RG excluded seven that were not directly related to ensuring the sustainability of the HIV response among key populations.

Table 2. Excluded commitments that are not relevant for ensuring the sustainability of the HIV response among KPs

Impact/Health system domains	Commitment
Impact on the epidemic	✓ *Improve governance of the Programme by strengthening the health system, including the provision of timely and high-quality strategic information, by 2025.*
Финансирование	✓ *Provide post-exposure prophylaxis in all cases of HIV risk to those who request it.*
Drugs, supplies and equipment	✓ *Increase the percentage of HIV-positive pregnant women receiving ART during pregnancy and/or delivery;* ✓ *Increase the percentage of HIV-exposed newborns who receive an HIV virological test within two months of birth; and,* ✓ *Maintain the percentage of HIV-infected newborns who have started antiretroviral prophylaxis.*
Service provision	✓ *Increase the percentage of pregnant women who know their HIV status.*
Governance	✓ *Reduce the percentage of people living with HIV who refuse medical care due to stigma and discrimination.*
Data and information	0
Human resources	0
Total	7

Following discussions with the Reference Group, some commitments were excluded as their implementation could not be tracked due to a lack of indicators and data on targets and planned outcomes. Of the 48 commitments prioritised by the Reference Group, 12 commitments had no indicator for the 2021–2022 period; this mainly concerned the results of the bio-behavioural surveys planned for 2024.

Table 3. List of priority commitments excluded from the analysis due to the lack of an indicator for 2021–2022

Health system domain	Commitment
Impact on the epidemic	✓ *Maintain HIV prevalence in high-risk groups: no more than 12% among men who have sex with men by 2025;* ✓ *Maintain HIV prevalence in high-risk groups: no more than 10% among people who inject drugs by 2025; and,* ✓ *Maintain HIV prevalence in high-risk groups: no more than 2.5% among sex workers by 2025.*
Financing	✓ *Ensuring universal access to antiretroviral treatment.*
Drugs, supplies and equipment	*0*
Service provision	✓ *Increase the number of MSM who have undergone an HIV test in the reporting period and know their result;* ✓ *Increase the number of people who inject drugs who have undergone an HIV test in the reporting period and know their result;* ✓ *Increase the number of SW who have undergone an HIV test in the reporting period and know their result; and,* ✓ *Increase the number of prisoners who have undergone an HIV test in the reporting period and know their result.*
Governance	✓ *Establishing and strengthening the national reference laboratory for HIV and sexually transmitted infections;* ✓ *Reduce the percentage of representatives of key populations who avoid healthcare due to stigma and discrimination; and,* ✓ *Mobilise communities to reduce HIV stigma.*
Data and information	✓ *By 2024, > 70% of men report the use of a condom the last time they had anal sex with a male partner;* ✓ *By 2024, > 95% of people who inject drugs report the use of sterile injecting equipment for their last injection;* ✓ *By 2024, > 60% people who inject drugs report the use of a condom the last time they had sexual intercourse; and,* ✓ *By 2024, > 95% of sex workers report the use of a condom with their last client.*
Human resources	*0*
Total	*16*

After all stages of prioritisation, 40 commitments were analysed, including five impact indicators.

ANNEX 3. COMMITMENT MATRIX

#	Impact commitments	Programmatic area	Source	Indicator	Baseline indicator (year)	End target (year)	Target value/ Actual value		Final Score of Commitment Compliance
							2021	2022	
1	Expand access to HIV testing cascade from 64% to 90% by 2025.	Prevention	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 1 to Government Decree No. 134 of 2 March 2022.	Percentage of people living with HIV who know their status at the end of the year.	64.0% (2020)	90% (2025)	73% / 64%	77.20% / 67%	11.5%
2	Expand access to HIV treatment cascade from 72% to 90% by 2025.	HIV diagnostics, treatment, care and support	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 1 to Government Decree No. 134 of 2 March 2022.	Percentage of adults and children with HIV on ART.	72.0% (2020)	90.00% (2025)	90.00% / 76.80%	90.00% / 76.80%	26.4%
3	Expand access to HIV viral suppression cascade from 84% to 90% by 2025.	HIV diagnostics, treatment, care and support	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 1 to Government Decree No. 134 of 2 March 2022.	Percentage of PLHIV who have a suppressed viral load.	84% (2020)	90.00% (2025)	86.00% / 89.00%	87.00% / 88.00%	166% =100%
4	Reduce the number of AIDS-related deaths per 100,000 population.	HIV diagnostics, treatment, care and support	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 1 to Government Decree No. 134 of 2 March 2022.	Number of AIDS deaths per 100,000 population.	12.7% (2020)	9.41% (2025)	9.69% / 10.87%	9.62% / 8.59%	124% =100%
5	Reduce mortality from TB/HIV co-infection.	HIV diagnostics, treatment, care and support	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 1 to Government Decree No. 134 of 2 March 2022.	Number of deaths due to TB/HIV co-infection.	44.5% (2020)	<40% (2025)	<44% / 28.30%	<43% / 25.10%	160% =100%
HIV prevention – 61.6% Average progress									
6	Conduct epidemiological studies taking into account the gender-specific needs of beneficiaries and service providers.	Data and information	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	The study was conducted	0	15 2025	4 / 4	2 / 2	100%
7	Conduct a study and estimate the size of a group of non-injecting drug users.	Data and information	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	The study was conducted	0	2022	-	Yes	100%

8	Increase the number of people from KPs who received oral pre-exposure prophylaxis at least once during the reporting period.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	Number of people from KPs who have received pre-exposure prophylaxis at least once a year.	192 (2020)	1,500 (2025)	300 / n/a	500 / 492	98.4%
9	Provide funding for scaling up prevention and mobile testing services for high-risk groups.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	n/a =0	2,961,000 (2025)	592 200.00 / 276 900.00	592 200.00 / 380 392.00	55.50%
10	Provide funding for universal access to HIV testing and testing for sexually transmitted infections for vulnerable populations.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	3,594,295.68 (2020)	5,616,298.89 (2025)	839 448.49 / 4,277 510.00	932 688.42 / 6,657 319.00	617% =100%
11	Increase the percentage of people who inject drugs covered by HIV prevention programmes – basic package of services.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of PWID covered by HIV prevention programmes	59.30% (2020)	91% (2025)	72.00% / 59.20%	78.00% / 61.70%	12.7%
12	Increase the percentage of people who inject drugs who have undergone an HIV test.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% PWID who have undergone an HIV test	33.68% (2020)	92% (2025)	61.00% / 34.50%	67.00% / 43.40%	29.20%
13	Provide funding to scale up HIV prevention services for people who inject drugs.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	2,448,540.50 (2020)	25,142,152.48 (2025)	2,965 184.40 / 268 433.34	3,904 931.09 / 774 318.65	14.40%
14	Increase the percentage of MSM covered by HIV prevention programmes – basic package of services.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of MSM covered by HIV prevention programmes	26.00% (2020)	82% (2025)	35.00% / 29.20%	41.00% / 33.80%	43.70%
15	Increase the percentage of MSM who have undergone an HIV test in the reporting period.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of MSM who have undergone an HIV test in the reporting period	19.90% (2020)	75% (2025)	32.00% / 30.80%	37.36% / 28.40%	69.80%
16	Provide funding to scale up HIV prevention services for MSM and transgender people.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	306 250 (2020)	15 865 165.46 (2025)	980 121.63 / 268 433.00	1,399 563.42 / 279 254.00	23.60%
17	Increase the number of transgender people receiving a specialised package of HIV prevention services.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	Number of transgender people receiving a specialised package of HIV prevention services	n/a =0%	100 (2025)	50 / 60	60 / 69	117.5% =100%

18	Increase the number of SW covered by HIV prevention programmes – basic package of services.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	Number of SW covered by HIV prevention programmes	45.60% (2020)	94.00% (2025)	54.00% / 48.38%	61.00% / 49.13%	21.7%
19	Increase the number of SW who have undergone an HIV test in the reporting period.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	Number of SW who have undergone an HIV test in the reporting period	33.56% (2020)	85.00% (2025)	49.00% / 37.19%	55.00% / 51.50%	53.7%
20	Provide funding for the provision of prevention service package for SW.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	3,516,589.99 (2020)	18,241,974 (2025)	1,890 360.00 / 268 433.33	2,551 986.00 / 619 367.05	20%
21	Increase the percentage of people in prisons and other closed facilities reached by HIV prevention programmes – a basic package of services.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of people in prisons and other closed facilities reached by HIV prevention programmes	22% (2020)	50.00% (2025)	30.00% / 32.40%	35.00% / 22.70%	67.7%
22	Increase the number of prisoners who have undergone an HIV test in the reporting period.	Service provision	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	Number of prisoners who have undergone an HIV test in the reporting period and know the result	21.10% (2020)	50% (2025)	30% / 42.90%	35% / 40.60%	192.0% =100%
23	Provide funding to scale up prevention services in the penitentiary system.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	n/a =0%	4,896 813.27 (2025)	371 498.40 / 1,802 203.40	662 893.38 / 2,266 688.00	393.4%% =100%
HIV diagnostics, treatment, care and support – 55.8% Average progress									
24	Develop an integrated information platform and ensure its effective functioning (*SIME HIV*).	Data and information	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	The information platform has been developed	2020	2022		Not conducted	0.0%
25	Reduce the percentage of people living with HIV not receiving ART at the end of the reporting period among PLHIV who were either receiving antiretroviral treatment at the end of the last reporting period or who started ART during the reporting period.	Drugs, supplies and equipment	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of people living with HIV not receiving ART at the end of the reporting period among PLHIV who were either receiving antiretroviral treatment at the end of the last reporting period or who started ART during the reporting period	7.1% (2020)	65.0% (2025)	7.00% / 7.3%	6.50% / 4.80%	109.5% =100%

26	Increase the percentage of people receiving ART among all people living with HIV by the end of the reporting period.	Drugs, supplies and equipment	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of people receiving ART among all people living with HIV by the end of the year	46.80% (2020)	81% (2025)	57% / 82.30%	63% / 85.75%	194.2% =100%
27	Reduce the percentage of PLHIV starting ART with a CD4 lymphocyte count <200 cells/mm^3	Drugs, supplies and equipment	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of PLHIV starting ART with a CD4 lymphocyte count <200 cells/mm^3	32.20% (2020)	23.00% (2025)	27.00% / 31.00%	26.00% / 34%	11.7%
28	Increase the percentage of people living with HIV and receiving ART who have tested their viral load at least once in the last 12 months.	Drugs, supplies and equipment	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of people living with HIV and receiving ART who have tested their viral load at least once in the last 12 months	85.80% (2020)	>95% (2025)	>95% / 91.7%	>95% / 89.3%	51%
29	Improve treatment adherence in adults and children living with HIV who are on treatment more than 12 months after starting ART.	Drugs, supplies and equipment	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of adults and children with HIV who are adherent to treatment more than 12 months after starting ART	78.8% (2020)	>85% (2025)	85% / 81%	85% / 82%	51.6%
30	Establish and strengthen regional laboratories for confirming HIV diagnosis.	Governance	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Regional laboratories are set up to confirm HIV diagnosis	0	6 by 2022	0	6 / 8	133% =100.0%
31	Provide financial resources for monitoring the effectiveness of antiretroviral treatment.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	Funding secured	3 973 579.7 (2020)	26 322 079.81 (2025)	4,156 565.94 / 3,802 821.00	4,845 562.38 / 6,696 649.40	116.6% =100%
32	Ensure the development of human resources for HIV testing services.	Human resources	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Trainings completed		2021–2022		Completed	100.0%
33	Strengthen health systems to integrate HIV/TB/viral hepatitis/STI/opioid substitution therapy and diagnostic and treatment services at all levels.	Governance	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	The regulation on integrated services has been developed and implemented		2022		Not completed	0.0%
34	Development of a model for the provision of differentiated services taking into account gender equality aspects and including the calculation of costs for a relevant package of services.	Governance	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	A model for the provision of differentiated services has been developed that takes into account gender equality aspects and includes the calculation of costs for a corresponding service package		2022		Not completed	0.0%

Opioid agonist therapy (OAT) – 55.2% Average progress									
35	Increase the percentage of people receiving OAT.	Drugs, supplies and equipment	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 3 to Government Decree No. 134 of 2 March 2022.	% of people receiving opioid agonist therapy	4.04% (2020)	14.9% (2025)	6.00% / 4.3%	7.50% / 5.4%	65.6%
36	Provide funding for the expansion of OAT in the civil and penitentiary system.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	1,068,552.82 (2020)	15,826 750.89 (2025)	1,711 912.00 / 5,825 941.00	2,052 290.00 / 2,106 980.00	210.70% =100%
37	Provide funding for the involvement of social centers in the provision of comprehensive medical and social services for PLHIV and key populations.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	4,070,300.00 (2020)	4,314 518.00 (2022)	4,070 300.00 / 0	4,314 518.00 / 0	0.0%
CSS and advocacy – 83.3% Substantial progress									
38	Improve Programme coordination by strengthening Programme management capacities.	Financing	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Funding secured	2,234,456.00 (2020)	8,909 550.00 (2025)	1,781 910.00 / 2,409 700.00	1,781 910.00 / 2,809 775.00	146.5% =100%
39	Ensure operational personnel management and continuous professional development.	Human resources	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	The operational management of human resources and continuous professional development are guaranteed		2022		Completed	100%
40	Strengthen the institutional and organisational capacity of non-profit organisations working with key populations.	Governance	National HIV/AIDS/STI Programme for 2022–2025, Annex No. 2 to Government Decree No. 134 of 2 March 2022.	Strategic plans for NGOs have been developed			Completed	Not completed	50%

Historical exchange rate	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
USD (in MDL)	14.04	18.82	19.92	18.5	16.8	17.57	17.32	20.92	19.9	18.16
EUR (in MDL)	18.63	20.9	22.06	20.83	19.85	19.67	19.74	17.68	18.89	19.64

ANNEX 4. SUMMARY ASSESSMENT BY PROGRAMMATIC AREAS AND HEALTH SYSTEM DOMAINS

Programmatic areas/ Health system domains	Financing	Governance	Service provision	Drugs, supplies and equipment	Human resources	Data and information	Total by programmatic area
HIV prevention in key populations	52%	n/a	60%	n/a	n/a	100%	71%
HIV diagnostics, treatment, care and support for PLHIV	100%	38%	n/a	60%	100%	n/a	75%
OAT	50%	n/a	n/a	66%	n/a	n/a	58%
CSS and advocacy	100%	50%	n/a	n/a	100%	n/a	83%
Total by health system	75%	44%	60%	63%	100%	100%