WORLD AIDS CAMPAIGN (WAC)

FIRST CAMPAIGNERS EVENT
"BUILDING HIV CAMPAIGNING IN MOLDOVA"

21-23 OCTOBER 2009

CHISINAU, REPUBLIC OF MOLDOVA

INTRODUCTION

From 21st to 23rd October 2009, over 40 civil society representatives from the Republic of Moldova answered the invitation of World AIDS Campaign (WAC) and Global Network of People Living with HIV (GNP+) to participate in their campaigner's meeting, held in Chisinau, Republic of Moldova. This was the first such event hosted by WAC in the country following an initial mapping and consultation visit undertaken by Bianca Marks, Global Programme Officer WAC, to Chisinau in July 2009.

With support from UNAIDS and National Coordination Council on TB/HIV (NCC) as well as the National League of People living with HIV (NLPLHIV), representatives from Chisinau, Balti, Comrat and Transnistria region, representing the Centre, North, South and East of the Republic, participated in the meeting. The participants included stakeholders from diverse sectors in the national response including non-governmental organizations (NGOs), representatives of GNP+, the NLPLHIV as well as groups and networks of most-at-risk populations, including commercial sex workers (CSWs), injecting drug users (IDUs) and men who have sex with men (MSM). Others included the secretariat of the NCC , UNAIDS and representatives of faith based organizations, the human rights institute, medical unions and the International Organisation for Migration (IOM)***(ANNEX 1).***

Participants used the opportunity to engage in open and honest discussions, collegial exchange and knowledge-sharing.

BACKGROUND

GNP+ and WAC are spearheading a programme called "HIV Leadership through Accountability" in fifteen countries around the world to support national processes to achieve Universal Access to HIV prevention, treatment, care and support (UA) by:

- Supporting people living with HIV networks to strengthen evidence-based advocacy, policy and programming and strengthen their participation in national processes and mechanisms; and
- Creating an enabling environment and the platforms which can support strengthened coordination and active participation of civil society (CS) in the development of advocacy and effective responses.

OBJECTIVES:

The objectives of the campaigning, advocacy and lobbying meeting were to:

- Connect campaigners at the national level under the umbrella of "Building HIV Campaigning in Moldova";
- Raise awareness of policy commitments and issues on HIV and AIDS;
- Increase understanding of CS's role as an independent voice to ensure political promises are kept; *and*
- Establish a structure to plan common campaigning, advocacy, lobbying and mobilization activities.

ACTIVITIES

INTRODUCTIONS

The meeting was opened by Bianca Marks who welcomed the participants and expressed her gratitude to them for taking the time to attend the meeting.

She stressed that achieving UA by 2010 requires a coordinated response that involves multiple and diverse stakeholders. Civil society, including people living with HIV (PLHIV) networks, can play a critical role in the realization of national and international targets.

Marsel Kuzyakov, representing GNP+ went on to explain that GNP+ and WAC are jointly implementing the programme. Within this programme, GNP+ works directly with national PLHIV networks, and WAC works with broader national CS. In each country, over a two-year period, the national network of people living with HIV will implement research tools *by* and *for* PLHIV, elaborated by GNP+ and its partners, aiming at strengthening the evidence on four key areas: 1) stigma and discrimination (*The People Living with HIV Stigma Index*); 2) the level of involvement of people living with HIV (*The GIPA Report Card*); 3) documenting and analyzing current experiences in criminalization of HIV transmission (*The Global Criminalization Scan*); and 4) documenting and analyzing human rights violations against PLHIV (*Human Rights Count!*). Lastly, the *Advancing the Sexual and Reproductive Health and Rights of PLHIV: A Guidance Package* will support PLHIV networks to engage in national processes for the development and/or adaptation of sexual and reproductive health services. More specifically:

- ***The People Living with HIV Stigma*** *Index* (GNP+, ICW, IPPF, UNAIDS) – collects and examines HIV-related stigma experienced by PLHIV, exploring its direct and indirect impacts on individuals. The Index will be able to measure geographical, demographic as well as temporal trends;
- ***The GIPA Report Card*** (GNP+, ICW, UNAIDS) -identifies existing levels of the application of the GIPA principle in-country and provides insights on how the participation of PLHIV can be made more meaningful;
- ***Global Criminalization Scan*** (GNP+ and Regional Networks of PLHIV) – documents existing legislation on criminalization of HIV transmission and cases when the laws have been used to criminalize persons with HIV. Furthermore, the *Global Criminalization Scan* will support the development of appropriate advocacy and actions to respond to current legislature;
- ***Human Rights Count!*** (GNP+ and Regional Networks of PLHIV) – records human rights violations experienced by women, men and excluded individuals living with HIV; and
- ***Advancing the Sexual and Reproductive Health and Rights of PLHIV: A Guidance Package*** (EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positive) – raises awareness of sexual and reproductive health and rights and provides practical programmatic recommendations for responses aimed at the general population as well as key populations.

GNP+ will ensure that national networks of PLHIV are supported to develop national plans, which will include well-designed monitoring and evaluation techniques and tools. Networks will undertake evaluations of the processes and outcomes and share lessons learned as well as participate in the CS coordination platforms.

Bianca Marks, in presenting the objectives and role of the WAC, stated that within each country, over a two-year period, WAC will catalyze and facilitate sustainable national campaign platforms. This will be done by engaging in the following activities:

1. Mapping and stakeholder consultations: consulting with civil society organizations (CSOs), existing CS partnerships or campaigns to assess their needs, interest in,

capacity and commitment to national efforts around UA; outlining the levels of CS engagement, and the current state of accountability mechanisms in country;
2. Ongoing development of campaign plans: Ongoing commitment from the national stakeholders to develop objectives, targets and partnerships for comprehensive campaigning and mobilization at all levels; and
3. Development of country and context specific campaigning and mobilization materials.

Bianca stressed that as the focus of the work is on evidence-based advocacy and campaigning, it is essential that national data is captured, recorded and published in order to inform and strengthen national, regional and international efforts. The work must be implemented with a bottom-up approach, informed by community responses.

She stated that the objective of the project in Moldova is to enable the NLPLHIV to build a solid evidence-base related to the importance of achieving universal access and how this can happen in practice through active participation of PLHIV and other CS stakeholders. This evidence will then guide advocacy, lobbying and campaigning activities to ensure that the necessary changes are affected.

Bianca Marks pointed out that the programme highlights the unique role of civil society to influence the decision makers and various governmental stakeholders to keep the promises they have made.

WAC and GNP+ efforts in Moldova have been warmly welcomed by the President of the NLPLHIV, Mr. Igor Chilcevshii, who expressed the need for the evidence based surveys proposed by the GNP+, especially as advocacy tools, underlining the importance of obtaining the relevant results and not just scary facts to influence the government in keeping with the UA targets.

During the discussions on the implementation of the studies by the NLPLHIV, Ms. Larisa Lazarescu-Spetetchi, representative of the United Nations Childrens Fund (UNICEF), expressed her concerns over the quality of the studies, to which Mr. Kuzyakov, explained how the GNP+ part of the programme will be implemented: the process is divided in two years, during the first year, GNP+ will provide the research methodologies, tools and support to LPLHIV in gathering the evidence on the national situation in regard to five key areas of research. This includes skills and capacity building through specific trainings and participation in learning and sharing platforms with PLHIV networks of other implementing countries, as well as facilitation of partnership building at national level, and greater involvement of PLHIV in various national processes. In the second year the evidence gathered through the research undertaken by NLPLHIV will feed into the action plans of the national CS campaigning platforms.

In the context of the plenary discussions, the NLPLHIV expressed their agreement to fully participate in the proposals of the GNP+, claiming the necessity of the studies proposed and the readiness to train and implement the studies as well as utilize the obtained data for evidence based advocacy.

ROLE OF CIVIL SOCIETY

During his presentation on the role of CS in the national response to HIV and AIDS, Mr. Vitalie Slobozian, Harm Reduction Programme Coordinator at Soros Foundation Moldova, underlined the importance of the CSOs and their role as a watchdog. He presented the activity in the field of HIV/AIDS NGOs in the Republic of Moldova (specialising in the provision of harm reduction services, youth oriented organizations, faith based organizations, organizations that work with vulnerable groups, community organizations etc.), explaining the classification of the NGOs' activities into those on the local level (provision of services), national level (members of NCC,

NLPLHIV), regional level (parts of regional networks) and global level (Global Networks). Mr. Slobozian stressed that in order to accommodate an inclusive and participatory process, the NCC agreed at its last meeting to increase the NGO membership quota to approximately 40%, including faith based organizations and an overall increase in the number of NGOs participating in the NCC meetings. In addition, the President of the NLPLHIV was appointed as the Deputy President of the NCC.

The inclusive and participatory approach towards development of policies and strategies can be traced by looking at the composition of the NCC Technical Working Groups (TWG): TWG on Communication and Prevention, TWG on Vulnerable Groups, TWG on Treatment and Care for PLHIV, TWG on Voluntary Counselling and Testing, TWG on Monitoring and Evaluation and TWG on Epidemiological Surveillance. Two of the groups (harm reduction and prevention and the communication groups) comprise approximately 70% from members of CS. The groups meet regularly and any NGO that expresses the intention to participate is included, thus maintaining the open character of the NCC TWG. The agenda of the TWG is established by the secretary of the TWG based on the current issues and proposals from the members. Any TWG can propose a subject to be included on the agenda for the NCC plenary sessions, thus the participation of NGOs in the policy development and decision making becomes a reality. During the discussion following the presentation it became apparent that to date, CS has not taken a very active role in holding political leaders to account.

Mr. Slobozian stated that in the past years CS has played an important role in the development of major documents in the field of HIV and AIDS, such as: the National Programme for Prevention and Control of HIV/AIDS and STIs 2006-2010, the Law on Prevention and Control of HIV/AIDS and STIs 2007, the Global Fund Round VI Project Proposal with a great involvement of CS in all TWG of NCC as well as in all events and discussions pertaining to the development and submission of the proposal, Round VIII (to which the NLPLHIV is a sub-recipient and to which CS has contributed substantially – by drafting parts of the proposal, such as those related to human rights component, IDU component, social protection component etc.) and Global Fund Round IX Proposal.

Mr. Slobozian highlighted the role of the watchdog that CS should be exercising and certainly, due to the recent vote of the NCC, is in position to exercise (subject to Governmental approval, CS will comprise 40% of the NCC members). CS is in a position to contest any report or measure undertaken by the government which it considers inaccurate or inappropriate. However, as was underlined by the presenter, this particular role is still in the early stages of development mostly due to lack of advocacy capacity of the NGO representatives.

During the group sessions on the role of CS participants revealed the major concerns and gaps in the advocacy activities of NGOs as:

- lack of capacity within the NGOs to conduct organized, coherent and constructive dialogue with Government institutions;
- insufficient geographical coverage by the active NGOs (some regions remain poorly covered by NGO services);
- lack of regulated procedure for accreditation of the NGOs so that governmental institutions are able to procure quality services from them;
- sometimes negative perception of NGOs by governmental institutions and officials, as persons and organisations financially interested in the issues presented for attention;
- lack of initiative on behalf of the NGOs, mostly due to insufficient training of the members;
- non existence of one governmental organization/institution with overall responsibility for HIV and AIDS issues. Various institutions (National AIDS Centre (NAC), Dermatological Dispensary) are responsible for certain domains (testing, treatment);
- lack of funding opportunities from the state.; and

- Transnistria – complete lack of interest on behalf of the state in the civil society in the region.

DEVELOPMENT OF NATIONAL PARTNERSHIPS

In 2008-2009 UNAIDS, realizing the importance of mapping the actors in the national response to HIV and AIDS as well as the necessity of a coordinated response between all stakeholders, implemented the Country Harmonization and Alignment Tool (CHAT) study in Republic of Moldova to avoid duplication of activities or the creation of gaps. The results of the study clearly showed the existence of diverse partnerships between NGOS, government and NGOs, international organizations and government and international organizations and NGOs in the national response to HIV/AIDS. Ms. Svetlana Plamadeala, representative of the NCC secretariat, familiarized the participants with the conclusions and recommendations of the study, relevant to the objectives of the meeting. Ms. Plamadeala mentioned the following realities of the national response to HIV and AIDS:

- lack of high level involvement in the national response, no high level national official has spoken about the epidemic;
- the continuous demands on behalf of the donors for the state to increase its share in the financial expenditures on HIV/AIDS;
- lack of participation in the national response/partnerships of the local public authorities.

As recommendations of the study, the following were specified:

- continuous strengthening of multilateral partnerships between all stakeholders, including members of CS;
- greater involvement of CS in the NCC activities – membership for representatives of faith based organizations and other NGOS working in the field of HIV/AIDS;
- involvement of the eastern regions of the country;
- introduction of comprehensive, integrated services for PLHIV; and
- development of advocacy campaigns focusing on two specific issues:
    1. political commitment on behalf of the government in the national response to HIV/AIDS;
    2. government financing of the National AIDS Programme in general, and specifically the treatment component.

Some of the recommendations, such as those pertaining to the greater involvement of CS in the NCC activities and obtaining membership in the NCC, have been already implemented by the Council, others are in the process of review and implementation.

CAMPAIGNING FOR POLITICAL ACCOUNTABILITY

By making a presentation focused on joint advocacy campaigning for political accountability, Bianca Marks pointed out the established links between communities and their right to claim access to health services: change will not happen without a broad social movement, driven by PLHIV and affected communities.

WAC's past experience has shown that the key elements for catalysing national campaigning platforms include:
- **People:** To bring together diverse groups of organizations working together for stronger campaigning.
- **Content:** To collect relevant information and to assist in translating this into accessible campaign materials and activities.
- **Skills:** To ensure that civil society organizations are armed with the skills, strategies and capacities for successful campaigning in different settings
- **Environment:** To ensure that campaigners have the funds to campaign, an amenable policy

environment and opportunities for influence. The socio-cultural and political conditions also affect the ability of campaigners to hold governments accountable.

She used an example of WAC's work at the national level in developing a model for campaigning. In Africa a successful campaigning platform model included the formation of the steering group and identification of a lead organization willing and capable of driving the campaign. The steering group, chosen by the broader campaign platform partners at the national campaigner's meeting, are mandated to take up various tasks, including representing the campaign at various platforms (nationally, regionally and / or internationally), consulting with other platform members and providing feedback and periodic updates to the broader campaign partners.

Following her presentations participants suggested that the Country Coordinating Mechanism (CCM) may be an appropriate, already established, steering group.

EVIDENCE BASED ADVOCACY – DIALOGUE WITH HIGH LEVEL OFFICIALS

The discussions around advocacy and campaigning raised questions about what is advocacy, questions answered in the presentation by Ms. Olga Osadcii, National Coordinator AIDS Foundation East West (AFEW). She presented the theoretical approach towards the terminology, advocacy cycle and steps to be taken for the success of the advocacy campaign. The practical side of advocacy was presented in the form of lessons learned and best practices in high level advocacy by Ms. Antonita Fonari, NGO Young and Free, representative of NGO Network acting in the field of AIDS.

Ms. Fonari shared some of her experiences as one of the most successful lobbyists in the country and talked about the series of successes her organization has managed to achieve in forming a strong and efficient dialogue with the political leaders of the country. She also highlighted some of the challenges of such dialogue.

The best practices included:

1. Campaigners need to make a strong positive impression by being informed and precise about the issue they are promoting, this includes the capability to answer any related questions;
2. Campaigners need to be impartial and not take sides in political debates, so that the campaign will move forward regardless of the colour of the government and of the change of the leaders. Being able to address both the governing party and the opposition is an asset that is cultivated by being impartial and not taking sides publicly; and
3. Making a memorable effort – the campaign materials and the campaign itself need to make a impression, not necessarily by being flashy or obscene, but by their originality and importance.

As part of the practical approach to high level advocacy, Ms. Fonari invited two high level officials to participate in open discussions with CS members present at the workshop: Ms. Valentina Stratan, former parliamentarian and stout supporter of financial and social reform, and Mr. Victor Stepaniuc, member of the current Parliament, one of the members of the former parliamentary commission on education that voted for the exclusion of the Life Skills Based Education (LSBE) from the school curricula.

The discussions with Ms. Stratan covered a range of subjects from the ways and means of addressing a political leader to social problems of PLHIV, such as discrimination, hardship in finding jobs and the prohibition of PLHIV to adopt children. Ms. Stratan, no longer a member of the Parliament, promised to forward some of the questions and concerns raised during the

meeting to current members of parliament.

The meeting with Mr. Stepaniuc focused on the issue of the LSBE and the possibility of the reintroduction of such a course as a compulsory subject in the school curricula. Mr. Stepaniuc answered questions on his own position on the course, his reasons for voting against the inclusion of the course in the school curricula and the possible ways to address the issue.

IDENTIFYING NATIONAL PRIORITIES - SETTING CAMPAIGN TARGETS

During her first visit to Moldova, Bianca Marks identified the following issues as possible areas for advocacy ***(see full report in Annex II):***

- Migration as a key driver of the epidemic in Moldova;
- Inclusion of life skills based education as a compulsory part of school curriculum;
- Lack of government spending on the HIV response which will cause significant issues post 2012 once current Global Fund money runs out;
- Adoption of an anti discrimination bill that is currently being drafted;
- Discrepancies between government reporting and what actually takes place on the ground: there is a general feeling that when official observers (particularly from the EU) are in Moldova there is a big push to be seen to be *doing the right thing*, hence the introduction of laws such as the Law on HIV and AIDS in 2007 but these measures often do not translate into action on the ground;
- Confidentiality among medical personnel; and
- Poor media coverage due to a lack of media interest in social issues: there is a wish to call on government to compel all state broadcasters to allocate a percentage (perhaps 2%) of their airtime to FREE social advertising to highlight issues within the

During a group work session participants were invited to discuss one of the following topics: HIV and migration, stigma and discrimination, government spending or the introduction of LSBE in schools. The latter topic generated the most interest and the majority of participants joined that group. Smaller groups discussed government spending and the LSBE however no one joined the stigma and discrimination group.

The participants eagerly took part in the group discussions on the given subjects, sharing experiences and expressing ideas in a range of subjects, underlining the existing gaps in the system and focusing their attention on the major problems concerning PLHIV.

During the group discussion on the subject of migration the members of the group identified the following issues as critical for the country:

- The issue of the Moldovan citizenship for PLHIV;
- Right for free movement of PLHIV, article 24 of Law on HIV/AIDS and the compulsory test for non-citizens who stay in the country for longer than 3 months;
- Capacity building for border guards on HIV and AIDS.

The discussions also underlined the problems in the Transnistria Region, identifying existing difficulties and problems such as:

- Necessity for strong NGOs in the region;
- Need for a facilitation of the dialogue with the state;
- Greater involvement of PLHIV in the development of HIV programmes etc.

As a result of productive group sessions two major issues surfaced as possible campaign themes:

1. **Life Skills Based Education curricula**
2. **Funding of HIV/AIDS activities and programmes by the state, specifically ARV Treatment funded by the government.**

1. Young people are at increased risk of HIV infection yet knowledge about HIV and AIDS is often incomplete, superficial or incorrect among young people. Strategy II of the National Programme on Prevention and control of HIV/AIDS/STIs 2006-2010 provides a clear framework for the development of a Communication Strategy in HIV Prevention and implementation of specific activities aimed at informing school children, young populations and the general population about HIV and AIDS.

To date there is no specific prevention strategy amongst the general population and the **"Life Skills Based Education"** introduced in September 2005 was later withdrawn as a result of complaints from the church about the content of the proposed curriculum. Representatives of the church cited that the developers of the course had not consulted the church beforehand and they opposed the language in certain chapters related to drugs and HIV, as well as sexual education as presented in the manuals. A lack of support for the course in the Parliament resulted in the subject being recommended for schools as an optional subject and is applied only to school children reaching the age of 12. This represented a major setback in the implementation of the national prevention strategy among the general population, and particularly among the school-age youth.

During the first group work session participants showed great interest in the LSBE reintroduction, stressing that a Life Skills Based Education Course or a Health Education course should be reintroduced within school curricula taking into account that sexual transmission of HIV is significantly increasing, affecting many young people.

The proposed ways of tackling the issue of reintroduction of LSBE curricula as a mandatory subject in schools in the Republic of Moldova have been nominated by the working groups and including the following steps, reflected in most of the groups presentations:

- Executing a study of the public opinion, to gauge the public's interest and support towards the LSBE 3 years after the initial failure of the programme;
- Careful study of the lessons learned, best practices and experiences from other countries – in order to be able to prove the positive aspects that arise after the introduction of the LSBE in schools (improvement of KAP among young people, reduced prevalence etc);
- Organizing a separate meeting with the religious community to address the issue and try to establish points of agreement between the different sides as well as possibilities to move forward from the impasse;
- Organizing a meeting with all national stakeholders to discuss the issue and try to find a way forward;
- Obtaining financial support after the general political consensus on the issue (funds for revision of the books, re-printing etc); and
- Any campaigning and advocacy activities need to be based on the comprehensive training of the CS representatives on the subject of advocacy, campaigning, and specific training on the issue – focus of the campaign.

The participants have identified the capacity building activities (organization of trainings in advocacy for the NGO representatives) and those of research (gauge of public opinion, identification of relevant best practices) as areas where WAC expertise could benefit the national CSOs.

The groups summed up the proposals into the following roadmap for a campaign focused on the reintroduction of LSBE in schools as a mandatory subject:

1. Capacity building – advocacy, dialogue with leaders, best practices in the region, fundraising;
2. Research – necessity of the revision of the curricula; public opinion; availability of trained professionals to teach the course etc;
3. Organising a series of roundtables – church ministries, general all inclusive meeting for obtaining the political commitment from stakeholders;
4. Consensus building;
5. Implementing campaign plans; and
6. Evaluation (taking place throughout all the stages).

The participants reflected on the main barriers for a possible campaign, identifying the church, some of the political leaders, imperfection of the manuals and lack of funds, unwillingness of one organization to take leadership in the campaign around the issue as obvious difficulties to be tackled.

2. Moldova's National HIV/AIDS/STIs Programme covers the period 2006-2010 and identifies a spectrum of activities intended to address the HIV epidemic in Moldova. Financing of the current NAP has been supported from:

1) State Budget, including:
   - main expenditures and special funds (grants and donations)
   - resources from external grants and credits (the Global Fund, the World Bank and other UN agencies);

2) funds from the mandatory medical insurance. Currently, GFATM VI proposal supports ART Treatment, harm reduction including OST, and the scale-up of VCT.

For 2007, the assessments showed a clear increase in funds spent on HIV/AIDS by 21.6 mln MDL ($1,720,000) on all budget categories. The increase was mostly due to more funding coming from international resources, as the state budget allocation did not show a significant increase (27.5 mln MDL in 2007 compared to 27.1 MDL in 2006). For 2007 the total expenditures in the area of HIV/AIDS reached 102.5 mln MDL ($8,160,000), of which the public resources coming from the state budget scored for 26.8% and the international resources scored for 73.2%. Out of the total budget, 26% came from bilateral donors and 74% from multilateral agencies. Again, the World Bank contributed the most covering 28.6% of the total budget, the second biggest donor being the GFATM with 23.4%, followed by UN Agencies - 15%, and the remaining 7% being shared by other international agencies. The analysis of the cost categories for 2007 showed that 76.7% out of the total expenditures on AIDS were registered in the area of Prevention, 8.3% were spent in the Treatment and Prevention budget category, 14.1% were spent for Programme Management and Administration Strengthening, and, again, only 1% was spent for Incentives for Human Resources[1].

Since 2006, significant progress has been made in the provision of medical care and treatment for PLHIV and AIDS in Moldova. Currently, ART is available to all reported and eligible HIV patients in Moldova, based on clinical/ immunological indications. UNAIDS estimated that there were 8,814 adults (15-49 years old) and 51 children (<15 years) living with HIV/AIDS as of December 2007, including 2,582 women (29.3%) and 6,232 men (70.7%). As of January 2009, there were 4,131 PLHIV reported in the Republic of Moldova (National AIDS Center, 2007). Of the total number of HIV-infected persons registered with the NAC, there are about 2,000 PLHIV monitored by the National Center for Dermatovenereology (NCDV), where the HAART Unit is located. As many as 668 people have been taken in HAART since 2003, when ART became first available in Moldova.

1 UNGASS Report 2008

As of October 2008, there were 545 patients still on HAART, including 517 adults and 28 children. Of those who initiated HAART since fall 2003 in Moldova, 67 have died and 56 have dropped out of HAART for various reasons (NCDV 2008). The ARV treatment is being financed by the GFATM Round VI funds, which expire at the end of the Round VI, thus raising questions and concerns about the sustainability of the ART programme in Moldova and the lives of the people who depend on the ART for their well-being and survival.

The participants, especially the representatives of the NLPLHIV expressed their commitment to the issue of the procurement of the ART with funding provided by the state after the end of the GFATM funds for the programme, stating their absolute dedication to the cause.

The representatives of the NLPLHIV strongly advocated for choosing this theme to build the campaign around.

The necessities of the participants (and areas where the expertise of WAC would be welcomed) in the campaign focused on obtaining governmental funding for the ART after the finalizing if the GFATM funds for this programme have been identified as the following:

- Capacity building in high level advocacy;
- Capacity building in specific financial issues tackled by the campaign; and
- Technical assistance in the research of government financing and best practices in the region.

CONCLUSIONS

Towards the end of the meeting opinions among the participants were divided over the importance and possibility of advocating the aforementioned issues and a third issue of accreditation of the NGOs for provision of quality services to the population was raised: NGOs being subcontracted by the government and accredited based on the set of criteria developed by the relevant ministries and institutions.

Productive discussions and ideas to move forward were highlighted as participants recognized the importance of advocacy and of joint campaigning. The representatives were however, unable to reach a consensus on the issue the joint campaign should be focus on.

In addition, concerns were raised about the added work the project would imply for participating organisations as well as over which organisation would be willing to form part of a steering committee or take the lead. Participants debated the proposed structure and working mechanism of the campaign: the necessity of creating another structure to focus on the coordination of the campaign efforts versus using the existent and working TWGs of the NCC, which are participatory and transparent, with the decisions being brought to the attention of the NCC in the plenary sessions and discussed/voted upon proposal from the TWG. The majority of representatives agreed on the inclusiveness of the NCC TWG, expressing their unwillingness to join other groups or structures, thus complicating their agendas, stating that due to the hectic schedule it is difficult enough to participate in all the sessions of TWG of one structure, not to mention creation of an additional structure for the campaign. The issue however has been left open for further discussion.

Participants also expressed a lack of understanding regarding WAC's role in the country. Some of the initial confusion was resolved during the meeting however some confusion was still evident as the meeting drew to a close. The World AIDS Campaign plans to address these issues as they are brought to their attention. Although the idea of acting as a unified front was seen as very useful and productive most participants were trying to promote their own agenda, instead of uniting under the same cause.

The event ended on a high note with CSO members stating their interest towards the issues of a joint campaign, expressing their gratitude for the organization of the meeting which was found informative and useful by the majority of the participants.

As steps forward, due to the inability to agree on a campaign WAC agreed to implement an on-line survey to gather the opinion of the members of the civil society on the possible issue around which to build a strong advocacy campaign in the Republic of Moldova. The CCM has since set up a survey on their website and the following proposals can be chosen as a priority area for an advocacy campaign in Moldova:

1. HIV and Migration.
2. Reintroduction of the compulsory course LSBE in schools.
3. HIV and Human Rights.
4. Governmental financing for the response to the epidemic.

The survey can be accessed on the NCC webpage, under the following address: http://www.ccm.md/index.php?page=polls.

At the end of the workshop the participants evaluated the general activities as useful and informative, expressing their satisfaction with the productivity of the group work, and declared themselves very satisfied with the logistical organization of the event.

List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral medication
BCC	Behavioural Change Communication
CCM	Country Coordination Mechanism
CSW	Commercial Sex Worker
DPI	Department of Penitentiary Institutions (Ministry of Justice)
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
IEC	Information, Education, and Communication
ILO	International Labour Organization
IOM	International Organization for Migration
LPLHIV	League of People Living with HIV
LSBE	Life-skills based education
MARA	Most At-risk Adolescents
MARP	Most At-risk Population
MARY	Most At-risk Youth
MDG	Millennium Development Goals
MSEK	Medical Occupational Expert Commission
MEWG	Monitoring and Evaluation Working Group
MoE	Ministry of Education and Youth
MoH	Ministry of Health
MoSP	Ministry of Social Protection, Family and Child
MSM	Men who have sex with men
MST	Methadone Substitution Treatment
MTR	Mid-Term Review
NAP	National AIDS Programme
NASA	National AIDS Spending Assessments
NBTC	National Blood Transfusion Centre
NCC	National Coordination Council
NCDV	National Centre for Dermatovenereology
NCN	National Centre for Narcology
NCHM	National Centre for Health Management
NGO	Non-governmental Organization
OI	Opportunistic infection
OST	Opiate Substitution Treatment
PDI	Peer Driven Interventions
PEP	Post Exposure Prophylaxis
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission
PSM	Procurement and Supply Management
RBTC	Regional Blood Transfusion Center
SAT	Strategic Self-Assessment Tool
SFM	Soros Foundation Moldova
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Disease
ToR	Terms of Reference

TB	Tuberculosis
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
UNCT	United Nations Country Team
UNDAF	United Nations Development Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WAC	World AIDS Campaign
WB	World Bank
WHO	World Health Organization

ANNEX I

PARTICIPANTS LIST

21-23 October 2009 Vila Verde Hotel, Chisinau, Moldova

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ANNEX II

REPORT ON NEW PROGRAMME INVOLVEMENT IN MOLDOVA (following consultation and mapping visit by Bianca Marks)

Introduction

The World AIDS Campaign (WAC) is funded to work for a two year period, in partnership with GNP+, by DfID under its Governance and Transparency Fund programme, to support the development of an in-country HIV civil society campaigning base. On the basis of this, advocacy and lobby activity can proceed. After around one year of this work, the GNP+ activity in-country will have produced the outcomes of five human rights-related tools. In the second year, the two strands are intended to weave together with campaign, advocacy and lobby activity around aspects of the outcomes of those tools, in addition to activity which would have developed by then.

Each year 2009-11 new countries will be selected; a total of 9 countries from Sub-Saharan Africa and 3 from 3 other regions in the Global South.

Given the strong concentration of the epidemic in Eastern Europe amongst people who use drugs and the current spread of the epidemic to the general population in many countries in the region, it was decided that a country from Eastern Europe/Central Asia would be the first to be selected from outside Africa. As the poorest country in Eastern Europe, and with an epidemic that is increasingly becoming more generalised, Moldova is seen as an excellent choice for the GTF programme. In addition, after recent elections Moldovan civil society rose up against the 'elected' government and forced a re-election demonstrating a desire for change within the country and a vibrant civil society to drive the process.

An initial mapping and consultation visit was made by Bianca Marks, WAC Global Programme Officer, in July 2009; a list of meetings held during that visit is included at Appendix A

1. The place

The Republic of Moldova has a total population of 4.1 million. The state language is Moldovan/Romanian. Russian is the most widely spoken other language followed by English and French.

Christianity is the predominant religion and more than 90% of Moldovans belong to the Eastern Orthodox Church. The Constitution provides for freedom of religion; however, the 1992 Law on Religions, which codifies religious freedoms, contains restrictions that inhibit the activities of unregistered religious groups.

Post World War II, Moldovan culture followed the prevailing pattern of the Soviet Union. The state assumed responsibility for the content and direction of all cultural and intellectual life. The theatre, motion pictures, television, and printed matter were subject to censorship and close ideological scrutiny. Until the decline of Soviet influence, private initiative in cultural activities was rare.

Economically, Moldova is classified as the poorest country in Europe. Economic reforms have been slow because of corruption and the existence of strong political forces defending the maintenance of government controls. Nevertheless, the government's primary goal of membership of the European Union (EU) has resulted in some market-oriented progress. This EU aspiration has resulted in many new policies being drafted, adopted and in some cases implemented (to varying degrees) including the Law on the prevention and control of HIV and AIDS (law on HIV and AIDS) that was adopted in 2007.

25% of the Moldovan labour force is employed abroad and, while the current economic crisis has affected them, this has not resulted in a mass return from abroad as anticipated. Of those that have returned most intend to migrate again within 6 months[2]. Moldova has an unemployment rate of approximately 4 percent[3]. According to the United Nations Development Programme (UNDP) in Moldova, youth, particularly those between the ages of 15 and 24, are disproportionately affected by the lack of jobs. The most recent data puts the unemployment rate amongst youth at 17%. Although this is comparable to the average for countries in the EU and much lower compared to some neighbouring countries, young people in Moldova appear to be at a distinct disadvantage.

Politically, the country is undergoing significant changes. Elections were held in April 2009 with disputed results and a subsequent invasion of Parliament that culminated in a new election taking place on 29 July. The Communist Party won only 45 seats in this election, less than the 61 required to govern. As a result, the opposition parties intend to form a coalition and to take over governing the country. The coalition needs to agree a president after the next vote, if this does not happen parliament will be dissolved and there will be another election in 2010. Either way, political instability is expected but many analysts are confident that the recent events will lead to positive real change for Moldovans.

Transnistria conflict

The conflict over the separatist pro-Russian Transnistria region in the east of Moldova is an urgent domestic issue that impacts the HIV response, for instance, the inability to extend programmes and services to the region and inability to collect reliable HIV data. Located in the East of Moldova on the left bank of the Dniestr River, Transnistrian authorities are not recognized by any state and are subject to sanctions such as travel bans. To date there has been no solution to the conflict and Russian troops refuse to withdraw. It remains to be seen how the recent political changes will affect this situation.

[2] www.iom.md

[3] http://www.statistica.md/public/files/publicatii_electronice/piata_fortei_de_munca/Piata_Muncii_2009.pdf - page 77

2. The HIV context

The National Coordination Council is the highest decision making body in the HIV and AIDS response. The key implementers include government, local public administration authorities, the Ministry of Health and Social Protection and other ministries, NGOs, mass media, etc. International organisations such as UNAIDS and the Global Fund also play a very important role.

According to the 2006-2007 UNGASS Country Report submitted to UNAIDS, the estimated adult HIV prevalence in Moldova is 0.4%, approximately 8800 people. However, according to the National Centre for AIDS, had Moldova registered 4921 cases of HIV infection as of 1 January, 2009. Research conducted revealed estimates of between 15 000 and 69 000 PLHIV and this conflicting data highlights an inadequacy in data collection.

The results of an HIV **prevalence survey conducted in most at risk populations in 2007** revealed that HIV prevalence reached:

- 21% in people using drugs;
- 11% in female sex workers; and
- About 4.8% in men who have sex with men.

Further, **of the reported 795 newly infected in 2008** men constituted 56% and women 44%. Heterosexual transmission was responsible for 44%[4] of new infections, homosexual

[4] http://www.aids.md/files/library/2008/2356/nspcpm-report-hiv-aids-epidemic-situation-2008-en.pdf

transmission 0.22% and perinatal transmission is estimated at 3%. The most affected by HIV infection are aged between 20-34 years, and constitute roughly 62% of the total number of those infected with HIV. According to the AIDS Centre In 2008 83 pregnant women were registered as HIV positive, in comparison with 7 women registered in 2001[5]. The epidemic has also spread to all administrative areas and is characterized by the spread among the urban population.

A large percentage of those living with HIV are said to reside in Transnistria; however there is no formal data on this. According to a report based on a recent mid term review of the National Strategic Plan, HIV incidence in Transnistria is four times higher than the incidence on the right bank of the Dniestr River[6].

On 16 February 2007, the Parliament of the Republic of Moldova adopted a new Law on HIV and AIDS. This law includes provisions for prevention and treatment, as well as voluntary counselling and testing. The law also clearly stresses that people living with HIV may not be discriminated against. A major weakness of the law is an amendment which eliminates previously included provisions for acceptance of Most at Risk Populations (MARPs) (such as sex workers, men having sex with men, and people who use drugs) to ensure access to effective services and prevention methods. In addition the law allows for medical personnel to inform the partner or spouse of someone who tests HIV positive, in direct violation of the principal of confidentiality. The law allows conditions for disclosure: "only if they examine circumstances of each individual case, carefully considering medical ethics and patient-doctor confidentiality…" In general, confidentiality remains a problem in Moldova as most doctors feel obliged to inform spouses and partners, and the inclusion of forced/consented disclosure only serves to increase stigma and discrimination towards PLHIV and their families.

The law is said to replace any existing laws that are in contradiction to it. However, during the consultation many measures, for example the forced testing of couples before they are married, although in violation of the new law are still practiced which highlights the need to move beyond the enactment of laws to implementation on the ground. The 2007 Law on AIDS also specifically mentions that both transmission and exposure are subject to prosecution if done knowingly which is another violation of international human rights law. It is worth noting, however, that during consultations these measures, particularly forced testing by couples and pregnant women, were seen to be good prevention measures and those consulted did not seem to think they were areas of concern at this stage.

PREVENTION:

Prevention is a key component of the HIV response in Moldova and around 77% of all money spent on HIV and AIDS is used for prevention activities but according to the mid term review of the current National Strategic Plan, prevention was the area recording the highest level of under achievement. The report states that although much is known about the technical aspects of prevention among MARPs including an extensive harm reduction programme that was initiated by NGOs but is progressively being taken over by government, prevention efforts designed for the general population and particularly in schools are lacking.

In 2005-2006 "*Life Skills-Based Education*" including a section on sexual education was piloted as a mandatory part of the curriculum. Due to intense political debate and pressure from the

[5]

[6] The Republic of Moldova National HIV/AIDS Prevention Framework

Orthodox Church, it is now an optional rather than compulsory subject for children of 12 years and older. This issue is seen as one that requires urgent attention and advocacy.

In relation to prevention of Mother to Child Transmission (PMTCT), the latest *Missing the Target* report – *"Failing Women, Failing Children: HIV, Vertical Transmission and Women's Health"* - from the International Treatment Preparedness Coalition (TPC) included a review of the PMTCT programme in Moldova. According to the report:

- Knowledge about PMTCT and awareness of risks associated with mixed infant feeding are low;
- Barriers to deciding on feeding options include limited finances, family pressure, stigma and discrimination;
- Fear of stigma and discrimination by health care workers is high, a recent study revealed that half of HIV+ mothers interviewed, had faced HIV related stigma at least once;
- There is failure to address health needs of women; *and*
- There is lack of integration between vertical transmission and maternal and child health.

TESTING AND TREATMENT

According to the 2007 Law on AIDS, HIV testing is mandatory only when donating blood, liquids, tissues or organs, or upon a court order if a person is charged with the crime of wilful transmission of HIV or rape and does not consent to a test willingly. For pregnant women HIV testing is recommended twice during the pregnancy and for People that use Drugs (PUDs) registered with the Narcological Dispensary it is recommended once every two years. However, those consulted still mentioned that testing of couples prior to marriage and during pregnancy is mandatory which contradicts the law.

It is estimated that only a small percentage of Moldovans have tested for HIV. According to a study done during the development of the 2006-2007 UNAIDS country report only 8.5% of the 906 adults aged 15-49 had tested for HIV and knew their status. Stigma and discrimination is a key impediment to testing, as is a lack of Voluntary Counselling and Testing (VCT) sites. To increase access to VCT, 47 VCT sites were set up with financial support from the Global Fund (GF)[7]. A possible solution to low testing figures could be mobile testing units.

A World Health Organisation assessment conducted in 2007 on ARV treatment and HIV care at the request of the Moldovan government found serious constraints in treatment. Although treatment rates are relatively high, adherence and compliance are low. Knowledge about ARV therapy is low and stigma against PLHIV and PUDs are contributing factors in this. [8]

Of the 865 people said to need ART it is estimated that 54% are receiving it but the percentage may be lower as CD4 count testing is not high. According to the new Protocols worked out in conjunction with WHO, those with a CD4 count of 350 or lower qualify for free ART.

CARE AND SUPPORT

Palliative care for PLHIV is scarce. Global Fund Round 8 [9]grant makes provision for a number of palliative care centres to be established, which will go a long way towards ensuring more comprehensive care and support for those with AIDS. It should however be noted that families

[7] Informative Bulletin National Scientific and Partical Centre for Preventive Medicine No. 10a-7/175 (www.aids.md)
[8] UNGASS Country Report 2006-2007
[9] http://www.aids.md/files/global-fund/viii/final-proposal-gfatm-june-2008-en.doc

affected by HIV are not entitled to special grants based on HIV status. All grants are based on general vulnerability. In addition such grants and are of minimal financial value.

NON-DISCRIMINATION

Stigma and discrimination remain an important area of concern that impedes the HIV response in Moldova. These issues are rife in the health care sector, schools and in the work place.

According to the *Knowledge Attitude and Practices survey on HIV and AIDS among people involved in labour relations in the Republic of Moldova* conducted by the International Labour Organisation in 2008, the level of stigma and discrimination toward HIV positive people in the work place is very high. Only 9% of those who took part in the survey said they would not keep it a secret if a relative tested HIV positive, would take care of relatives with HIV, would buy products from an HIV seller or would accept and HIV teacher to continue teaching in a school.

The *Diminishing Stigma and Discrimination Based on HIV Positive Status and Ensure Confidentiality in Health Care Sector* project was launched on June 17, 2009 by the National Scientific-Practical Centre for Preventative Medicine funded by UNICEF Moldova. The project aims to reduce stigma and discrimination and increase confidentiality in the health care sector. The main foci will be to increase knowledge levels of medical personnel and strengthen the health system to react more effectively to patients' needs.

In 2007 AIDS Foundation East West (AFEW) launched the first campaign to promote solidarity with PLHIV under the campaign slogan "Because they are the same as you. Just be supportive!". Using mass media and other communication materials the campaign sought to dispel the ungrounded fears based on a lack of knowledge that were at the root of discrimination.

An anti discrimination bill was initiated and drafted by civil society and subsequently taken over by government. The bill is currently in draft form and it is hoped civil society will be given the opportunity to input in to the final draft before it goes to parliament for adoption.

3. The drivers of the epidemic

The number one driver of the epidemic mentioned during the consultation visit was **migration**. As mentioned above, around 25% of the Moldovan labour force works abroad, mainly in the Ukraine and Russia. Parents migrate to these countries in search of employment leaving behind children who have to fend for themselves[10]. Locals talk of whole villages with no parents where the children throw parties, use drugs and have unprotected sex thus severely increasing their risk of becoming HIV positive. In addition, it is believed that while Moldovans tend to follow safe sex practices at home these are often neglected when abroad, thus also driving the epidemic. Of course, migration may be a cypher issue for economic needs or poverty.

While being a migrant is not in itself a risk factor for HIV, migration often takes place under severe conditions and many migrants practice more risky behaviour as a result of the unique pressures, constraints and living environments specific to their status and situation.[11]

Awareness campaigns including the distribution of Information and Education Communication materials have been undertaken by government and civil society to reduce the risk of HIV

[10] The Republic of Moldova National HIV/AIDS Prevention Framework

[11] SPI Forschung gGmbH, Health Risks of Migration: The Link between Health and Migration with particular consideration of Knowledge and Attitudes towards HIV/STIs and the Sexual Practices of Moldovan Migrants (Final Report)

infection amongst migrants however more needs to be done. There is currently only one NGO working on HIV and migration.

According to unofficial sources, the number of Moldovan citizens and labour migrants entering the Russian Federation and testing positive for HIV between 1987 and 2007 was 407. Russian Federation authorities identified 79 people with HIV in 2007 and 88 in 2008. According to the Russian Federation legislation these people were sent back to Moldova. Beside Russia, Moldovans leave to work both legally and illegally in a number of European countries including Italy and Portugal.

"Migration splits families and couples used to having unprotected sex with only one partner. Quite frequently separation leads to new relations some of which can be risky and the virus is transmitted as an indirect consequence of separation through migration", stated Martin Andreas Wyss, IOM Moldova Chief of Mission. Cross-posted from IOM Moldova

Gender inequality is another driver of the epidemic. In a recent study conducted by a local NGO, around one third of all women interviewed during the study aged 30 years old have experienced gender based violence.

Infection amongst **MARPs**, whilst initially the number one driver of the epidemic is slowly decreasing and the epidemic is said to be spreading to the general population.

Another driver is the low levels of **awareness** about HIV risk in the general population.

4. The issues arising

Currently around 74% of all **spending** on HIV and AIDS comes from international donors and governments. Given the shortfall of the Global Fund, this will eventually prove problematic although it seems to be believed that this will only create issues from 2012.

Migration, a huge driver of the epidemic, is an area that needs far greater attention if the spread of HIV in Moldova is to be reduced. Whilst, as mentioned earlier, government has been involved in awareness raising campaigns aimed at migrants, much more needs to be done and civil society needs to ensure that government takes responsibility for this. In addition the human rights violations related to compulsory testing and expulsion of migrants from some countries are issues that could be further explored.

Introduction of **comprehensive life skills based education** is another issue that demands urgent attention. With the changing drivers of the epidemic it is vital that the youth are targeted with effective prevention programmes that increase their awareness and knowledge regarding modes of HIV transmission, modes of prevention etc. It will be important for WAC to review the proposed curriculum before embarking on any advocacy activities. The recent political situation could offer a unique opportunity to revive this prevention measure. Faith based organisation will also be an important target as they are the most reluctant to this measure.

5. A WAC Moldova HIV campaign focus and resources

Migration was a key issue raised during all consultation visits. The other prominent issue was the inclusion of life skills based training as a compulsory part of school curriculum. A further issue is the lack of government spending on the HIV response which will cause significant issues post 2012 given the current economic crisis. Other issues raised included:

- Adoption of an anti discrimination bill that is currently being drafted;
- Discrepancies between government reporting and what actually takes place on the ground: there is a general feeling that when official observers (particularly from the EU) are in Moldova there is a big push to be seen to be *doing the right thing*, hence the introduction of laws such as the Law on HIV and AIDS in 2007 but these measures often do not translate into action on the ground;
- Confidentiality among medical personnel;
- Poor implementation of the PMTCT programme;
- Poor media coverage due to a lack of media interest in social issues: there is a wish to call on government to compel all state broadcasters to allocate a percentage (perhaps 2%) of their airtime to FREE social advertising to highlight issues within the country;
- Human rights violations, particularly torture after the April elections, discrimination based on HIV status and matters relating to confidentiality.

Before determining the initial issue to be campaigned around we need to determine the following:

1) MIGRATION
    - What specific issues related to migration are driving the epidemic and what outcomes would a campaign focused on migration seek to achieve?
    - Who is the target audience?
    - How do we get there?

2) LIFE SKILLS BASED EDUCATION
    - How we can access the curriculum to determine if we can support it?
    - Are there members of government/parliament that we can lobby to have the curriculum included in all schools?

Resources available are as follows:

To April 2010:	13 260 Euros*
April 2010 to March 2011:	18 208 Euros*

* These figures exclude funds that will be allocated towards the development of campaigning materials and mobilisation events.

From April 2011: Various avenues for the sustainability of the campaigning platform will be explored from the outset however sustainability discussions will become crucial from month 18 of WAC engagement. WAC will work in partnership with the national campaigners to develop fundraising proposals and identify donors. One opportunity, that was mentioned by UNAIDS during the consultation visit, is the inclusion of the platform in the National Strategic Plan 2011 -2015.

Staffing:

Elena Jidobin has been employed, on a 3 month part-time contract initially, as the in-country Support Officer. Most recently she worked for ILO as the National Project Coordinator on their "*Implementing HIV and AIDS work place policies and programmes*" project and before that for AIDS Foundation East West and the Organisation for Security and Cooperation in Europe's Mission to Moldova. She is managed by Bianca Marks as Global Programme Officer.

Partners:

UNAIDS proved instrumental in the preparation and success of the initial consultation visit. They will be a key partner as the campaign develops. Further in-country partners will be identified at the upcoming campaigner's event to be held in October 2009.

Positive movement:
It is important that any campaign takes in to account the voices of PLHIV in Moldova. As such, we hope to include the League of People living with HIV, the national network of PLHIV, as a key strategic partner in the development of the campaign. This partnership will gain momentum as the research done in collaboration with GNP+ produces evidence around which to advocate.

Current priorities:

- Translate key WAC documents, such as the GTF programme description, into both Romanian and Russian;
- Do further research to determine specific campaign focus, target audience etc.;
- Assess skills building requirements; *and*
- Develop agenda and participants list for campaigners meeting.

Campaigners Event
Based on recent internal discussions two options are possible for the campaigners event

Option 1:
An event with a skills-building component as well as a strong focus on the development of an advocacy roadmap related to the key issue which emerges from a process run by the participants. This roadmap would include dates, roles and responsibilities and the in- country Support Officer would be responsible for following up on outstanding issues such as budgets and, together with in-country partners and the Global Programme Officer, the implementation of activities according to deadlines and assigned roles.

The main advantage of this option is that the campaign platform will begin operating before year end giving WAC and GNP+ more time to achieve advocacy goals. The disadvantage would be that we may be pushing an advocacy agenda that isn't well thought out which could slow progress at a later stage.

Option 2:
The event would focus more on consultation with prospective partners seeking to:

- Reach agreement on participation and responsibilities within the campaign platform;
- Agree on advocacy agenda;
- Unpack key issue to be campaigned around: target audiences, changes sought etc.;
- Identify skills requirements based on the above;
- Agree on and develop agenda for campaigners event early 2010.

The advantage of this option is that it allows more time to build a solid foundation for the campaign platform. In addition, it will allow more time for GNP+ and WAC to collaborate on the event. The disadvantage would be slower implementation of the GTF Programme at the outset.

CALENDAR

2009

July/August	Mapping and consultation
September	Confirm partners Confirm in country staff person

	Agree advocacy issue and targets Confirm dates for campaigners event Translate relevant documents

October	Confirm participants Confirm agenda Agree on advocacy issues Confirm skills training and facilitator Hold campaigners event EECAAC in Moscow
November	Follow up on campaigners meeting and mobilization opportunities

2010

	TBD by outcomes of campaigners event

Meetings held during the June 2009 visit:

Gender Doc M (LGBT Organisation)
League of People living with HIV
UNAIDS
Childhood for Everyone
Credinta
Medical reforms (work with sex workers and prisoners)
Union of Harm Reduction Organisations
New Life (focus on IDUs)
National Youth Resource Centre (peer education amongst youth)
Moldova AIDS Network
National Coordinating Committee TB/AIDS Secretariat
Centre for Independent Journalism
Institute for Human Rights
Centre PAS
Soros Foundation
Tineretul Pozitif (Transnistria based NGO)
Future Health Information Centre (Transnistria based NGO)
ILO
Moldovan Christian Aid

BACKGROUND ON MOLDOVA
SOCIO-ECONOMIC PROFILE OF MOLDOVA

The Republic of Moldova is a small country with a territory of 34 000 km^2, situated in South-Eastern Europe, neighboring Romania to the West and Ukraine to the East. On 27 August 1991, Moldova made its choice to be an independent and sovereign state aiming to establish a democratic society with a market economy. It then engaged in the process of transition from a planned economy to a market economy. The main challenge that Moldova faced was finding its way in reconstructing a destroyed economy, stabilizing the political arena and maintaining the standards of living of the population. Although the reforms made and progress achieved might be considered significant, Moldova's living standards and human development indicators still rank amongst the lowest in Europe. Moldova is part to the "Early Transition Countries" initiative launched in April 2004 by the European Bank for Reconstruction and Development to increase investments in the Bank's seven poorest countries.

Table 1. World Bank data for Moldova from 2006 or most recent year

	2006*
Population, total (millions)	3.83
Population growth (annual %)	-1.14
Life expectancy at birth, female (years)	72.27
Life expectancy at birth, male (years)	64.96
GDP (current US$) (billions)	3.41
GDP growth (annual %)	4.78
GNI, Atlas method (current US$) (billions)	3.68
Inflation, consumer prices (annual %)	12.78
Foreign direct investment, net inflows (% of GDP)	7.10
Unemployment, total (% of total labor force)	..
Time required to start a business (days)	30.00
Internet users (per 100 people)	18.99

CONTEXT OF THE RESPONSE TO HIV/AIDS IN MOLDOVA[12]

Although Moldova has had an unstable political environment since the declaration of independence, under the Party of Communists of the Republic of Moldova (PCRM) which occupied a majority of seats in the Parliament in 2001 and has dominated Moldovan politics since then, the political environment has stabilized. President Vladimir Voronin is the leading political figure. The Ministry of Health takes the lead on the HIV response, with Minister of Health, Vladimir Hotineanu, heading the National Coordinating Council for HIV/TB. The response of the government in Chisinau is considerably complicated by the frozen conflict which

[12] Information presented in this section is taken from the 2008 Oxford Analytica report, unless otherwise specified.

has resulted in a self-proclaimed, internationally unrecognized authority claiming political control of Transnistria – the territory on the left bank of the River Dniester. The HIV prevalence in the Transnistrian region is five times higher than in the other regions of Moldova.

The Department of Penitentiary Institutions of the Ministry of Justice plays a significant role in the response to HIV, in particular through the implementation of programmes aimed at IDUs in the prison system. Over 40 NGOs are involved in HIV activities, including the League of PLHIV, Soros Foundation Moldova, New Life, and Gender Doc-M. Although their participation is growing, there is a need for greater capacity building. Faith-based organizations did not play a major role in the HIV policy making process but are politically influential and have successfully opposed the introduction of life skills-based education programmes. However the year 2008 marked the beginning of the GTZ funded project on Mobilization of Churches in HIV Preventions, which saw the platform of four churches take part in trainings and workshops on HIV prevention, treatment, care and support as well stigma and discrimination of PLHIV. The representatives of the four churches: orthodox, Lutheran and Evangelical Baptists elected a member to represent the faith based organizations in the National Coordinating Council. Private sector involvement in the response is very limited (one exception being the company "Orange"). Moldova relies heavily on funding from external partners, primarily from the Global Fund. Key organizations providing technical assistance include UNAIDS, WHO, UNICEF, UNDP, SIDA, and USAID. The financing of the national response is aligned with the national plan and is coordinated through the NCC.

Importantly, a law on HIV prevention and control was passed in 2007 and it includes anti-discrimination provisions. Implementation however remains problematic, as stigma against PLHIV remains and discrimination is common. Public response to HIV prevention programmes has been generally positive, although opposition from the religious sector to condom use and health education programmes is emerging as an obstacle. In the context of the large-scale emigration to neighboring countries such as Ukraine and Russia and the seasonal and cyclical character of migration, migrant workers have become vulnerable to infection with HIV. Trafficking of women also represents a serious problem. There are no National Health Accounts in Moldova, although they are being developed. Management of data collection and analysis is conducted by the National M&E Unit.

EPIDEMIOLOGY OF HIV/AIDS IN MOLDOVA

According to the National Scientific and Practical Centre for Preventive Medicine (NSPCPM) data, at the end of 2007 the cumulative number of reported HIV cases on both banks of the Dniester River reached 4,131, of which circa 33% were reported during 2006-2007 alone (UNGASS Report 2008). There has been a stable increase in the number of newly reported HIV cases over the last eight years.

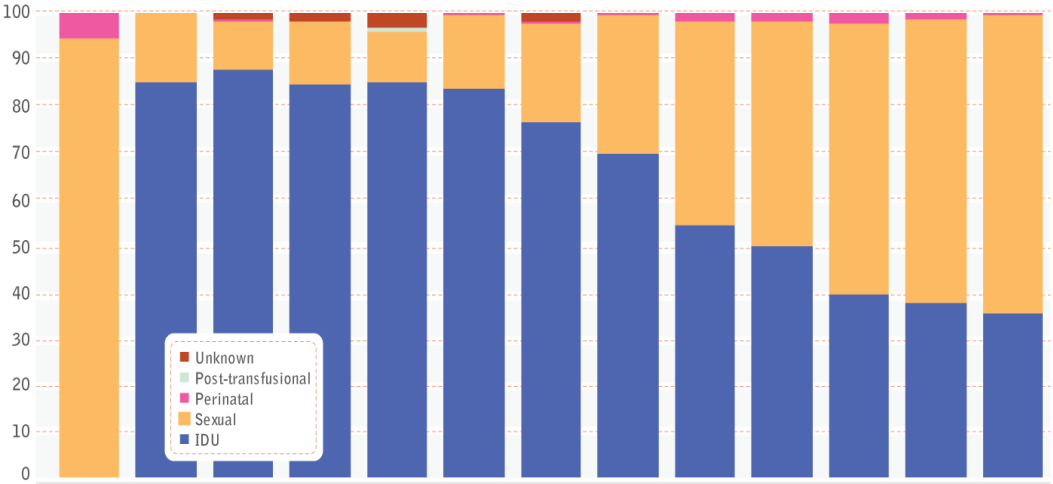
During the first semester of 2009, the National AIDS Centre laboratory as well the laboratories in the regions have performed tests on 89564 persons, registering 165 new cases of infection, including 51 in the eastern regions (for comparison – for the first semester of the year 2007 – 190 new cases, including 74 in the eastern regions)[13].

Out of the 731 new HIV cases reported in 2007, about 63.2% were sexually transmitted. Since 2005, the sexual route of transmission has been prevailing and there are steady trends of up-surging rates of transmission via the sexual route among the newly reported cases (Figure 2). Considering the high economic migration rates, this phenomenon could become a determinant in the future evolution of HIV in the Republic of Moldova[14]. Importantly, the shift in the structure of newly reported HIV cases by route of transmission makes women more vulnerable. As a testimony, women account for the majority of newly reported HIV cases with sexual route of transmission (57.2% in 2006; 62.2% in 2007). Youth is primarily affected, 50% of new cases in 2007 being among young people under 30 years of age. Adolescents aged 11

[13] Information Bulletin of the National Centre for Preventive Medicine: http://sanepid.md/down/SIDA.pdf
[14] Oxford Analytica 2008

to 19 years constituted 5% of the cases, the HIV incidence in this age group increasing gradually.

Figure 2. Distribution of newly registered HIV cases in terms of the probable route of transmission, Republic of Moldova, 1995 – 2007



	<1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Unknown	0.0	0.0	1.2	1.7	3.2	0.0	1.7	0.0	0.0	0.0	0.0	0.0	0.0
Post-transfusional	0.0	0.0	0.2	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Perinatal	5.6	0.0	0.2	0.2	0.0	0.6	0.4	0.5	1.6	1.7	2.1	1.3	0.6
Sexual	94.4	14.6	10.4	13.2	10.9	15.7	21.0	29.3	43.7	48.0	57.6	60.5	63.2
IDU	0.0	85.4	87.9	84.8	85.3	83.7	76.8	70.2	54.7	50.3	40.4	38.2	36.2

Source: National Scientific and Practical Centre for Preventive Medicine, Ministry of Health

The coverage of pregnant women with HIV testing during 2003-2007 was within the 96-99.4% range, according to the National Centre of Health Management data (UNGASS Report 2008). During the reporting period there was an increase in the number of newly reported HIV cases among pregnant women, with HIV prevalence among pregnant women going up (0.1% in 2005; 0.21% in 2006; 0.23% in 2007). Alongside the increase in the number of newly reported HIV cases among pregnant women, there was an increase in the number of HIV positive women who decided to give birth (13 HIV-positive women in 2006 and 31 HIV-positive women in 2007). There also was a slight increase in the newly reported HIV cases among blood donations during this period, to reach 59.4 newly reported HIV cases per 100,000 blood donations versus the 48.9 determined previously.

The epidemiological situation on the left bank of the Dniester River is alarming. Historically, the number of registered Injecting Drug Users per 100,000 inhabitants has been higher on the left bank of the Dniester River compared to those reported on the right bank of the river. Given the frozen political conflict with Transnistria, the implementation of HIV prevention and control interventions both in Most at Risk Populations (MARP) and in the general population started later than on the right bank. The HIV prevalence among pregnant women on the left bank of the Dniester River was three times higher (0.42%) than on the right bank of Dniester River (0.13%) in 2007 (UNGASS report 2008). According to the NSPCPM data, the number of newly reported HIV cases per 100,000 blood donations on the left bank of the Dniester River in 2007 was almost double (100.3 newly reported HIV cases per 100,000 blood donations) that on the right bank (55.9 new HIV reported cases per 100,000 blood donations) (UNGASS Report 2008).

Recent epidemiological trends in the country indicate high death rates from AIDS. Since the onset of the epidemic, the country has provided for HIV case registration. The National

Centre of Health Management (unpublished report 2008) cross-compared the national database of vital statistics (deaths) with the HIV-case registration database and identified as many as 500 deaths among HIV-positive people. In addition, the ART treatment data indicates PLHIV entering ART in the late stages of AIDS (late presenters) even if the HIV diagnostic was known to them for quite some time.

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