



GOVERNMENT OF ROMANIA

NATIONAL STRATEGY
For surveillance, control and prevention of
HIV/AIDS cases
2004-2007

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I. Introduction

1. Process for Strategy development

The National HIV/AIDS Strategy 2004-2007 was elaborated and presented/proposed for the Government's approval by the National Multisectoral Commission for the surveillance, control and prevention of HIV/AIDS cases (CNMS). The Commission was established as an inter-ministerial body without legal personality, under the authority of the Prime Minister, attached to the General Secretariat of the Government. The Prime Minister's Counselor on health chairs the commission according to the Law 584/2002 (regarding the prevention of AIDS spreading in Romania and protection of the PLWHA). During the development of the strategy, the Commission benefited of technical and financial support from UN Agencies: United Nations Children' Fund – UNICEF, United Nations Population Fund – UNFPA, United Nations Development Programme –UNDP, World Health Organization – WHO and United Nations Joint Programme on HIV/AIDS – UNAIDS.

The process of developing the Strategy included a new situation and national response analysis realized in the period 2002-2003, an evaluation of the results achieved during the implementation of the HIV/AIDS National Strategy 2000-2003, as well as working meetings of the Commission (April and November 2002).

Government institutions, eight NGOs - members of CNMS, as well as other NGOs, international agencies, bilateral and multilateral donors and the private sector have been actively involved in developing the strategy.

The process to develop the present document was tightly related to the development and then to the implementation of the Romanian proposal approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

2. Short evaluation on the implementation of the National HIV/AIDS Strategy 2000-2003

Significant progresses were made in HIV/AIDS field between 2000-2003, especially in the priority areas defined by the Strategy adopted for the same period. Starting 2001 HIV/AIDS was declared a public health priority and in the same year the **National Plan for Universal Access to HIV/AIDS Treatment and Care** was launched.

The plan allowed access to free medical surveillance for 8.000 PLWHA, out of which 5.300 (end of 2003) were enrolled in antiretroviral (ARV) treatment. All the costs related to this program were covered from public sources, in the circumstances of a free access to treatment and care for every person disregarding his/her status (HIV or AIDS). The budgetary effort significantly increased from US\$ 3 million in 1999 to over US\$ 28 million in 2003. The program includes an important involvement of the private sector. Six of the most important pharmaceutical companies producing antiretroviral drugs accepted, under UN facilitation, to grant to Romania important price cuts and donations of drugs for program support.

In the period 2000-2003 was also registered an intensified partnership, coverage, frequency and consistency of the national campaigns for HIV/AIDS prevention. From year to year, the quality of the campaigns improved, as they focused on important issues related to HIV/STI prevention, promotion of the rights of PLWHA and reduction of stigma/discrimination. The campaigns had an important mass media component. The messages have been disseminated free of charge at TV/radio in prime time and they reached million of people, especially young ones.

At the end of 2002, the Ministry of Education and Research launched, in collaboration with the Ministry of Health and under the highly patronage of the Prime Minister, the program "Health Education in the Romanian School". This program established the foundations of the inclusion of health education into the teaching curricula of the entire primary and secondary school cycle. It approaches different issues including HIV/ITS prevention, family planning and the prevention of illegal substances use and abuse.

Especially with international support the nongovernmental sector started pilot projects in the area of HIV/AIDS prevention among vulnerable groups as commercial sex workers, drug users, MSM and Roma communities. The projects demonstrated innovative approaches in prevention interventions targeting vulnerable groups and allowed them to learn important lessons in the perspective of expanding these interventions at a national level.

The 2000-2003 period was also important for the establishment and growth of the associations of HIV/AIDS infected and affected people. They gathered in 2000 under the umbrella of the National Union of the Organizations of the People Affected by HIV/AIDS - UNOPA. UNOPA became shortly after an important partner both in the fight for the rights of PLWHA and for the elaboration of national policies. UNOPA holds now one of the two vice-chair seats in CNMS.

3. Strategy summary

The 2004-2007 Strategy is conceived as a flexible document, which will guide the activities of all national and international partners. The strategy proposes three major intervention areas:

1. **Prevention of HIV transmission** - the main goal is to **maintain the HIV incidence in 2007 at the 2002 level**. Within this area are foreseen eight priorities determining the focus of the whole strategy towards prevention activities, especially the prevention of HIV transmission among young people and groups with risk behaviors associated with commercial sex or injecting drug use.
2. **Access to treatment, care and psychosocial support services for people infected, affected or groups vulnerable to HIV/AIDS**. This second major area aims to: **ensure access to universal treatment, care and social support for PLWHA, as well as reinforcing the health care system for sexually transmitted infections and substances' abuse**. This intervention area has four priorities that are focused on the promotion and respect of the rights of PLWHA and vulnerable groups.
3. **Surveillance of HIV and associated risk factors**. The third priority area of the strategy has as major goal **to develop and maintain efficient surveillance systems for HIV/AIDS and associated risk factors, to provide timely information regarding the epidemic and the determinants of its evolution and to allow development of appropriate programmes and interventions, including social intervention for PLWHA and vulnerable groups**.

Besides the three main intervention areas, the strategy foresees the national coordination mechanism for strategy implementation, as well as the monitoring and evaluation framework and resources allocation.

II. Guiding principles of the National HIV/AIDS Strategy

- 1. HIV/AIDS is more than a public health priority. It is a complex problem, which affects all the components of the society.*
- 2. The strategy will be mainly focused on prevention and reducing the social impact of HIV/AIDS. The resources allocated have to address vulnerable groups (at risk) and affected communities.*
- 3. The multisectoral and interdisciplinary involvement is essential for an appropriate response to HIV epidemic.*
- 4. The people and the groups have to have the necessary knowledge in order to prevent the infection with HIV; ensuring all conditions for this to happen is essential.*
- 5. Equal access to care and elementary services is guaranteed to all people infected/affected by HIV/AIDS.*
- 6. All people infected with HIV or living with AIDS, as well as vulnerable groups have equal and continuous access to treatment, medical care and services according to the standards foreseen in the existing legislation.*
- 7. The rights of the PLWHA, as well as the ones of the people belonging to vulnerable groups are guaranteed according to the national legislation and the international treaties in which Romania is a signatory part, with a special focus on the right to confidentiality.*
- 8. The individual responsibilities of the people infected with HIV or living with AIDS are stated.*
- 9. All necessary conditions for universal precautions implementation must be ensured in order to prevent every possibility of HIV transmission within the sanitary and the social work systems.*
- 10. The HIV testing is voluntary and/or anonymous, providing full guarantee of confidentiality and pre and post counseling, both in the public and private sector.*

III. The National Strategy; Main areas of intervention

1. Prevention of HIV transmission

Situation analysis:

Romania is considered a low HIV/AIDS prevalence country (0.04%), having also a low incidence of HIV/AIDS. Epidemiological data show that the main transmission mode among adults is the sexual one, affecting especially young people aged 15 to 29. The number of new cases of infected adults increased constantly in the last 4 years, while the number of new cases of infected children dropped during the same period of time, once the bulk of infected people having a birth date between 1987 and 1991 was exhausted. In 2002 we may note even a flattening of the trend of new infected adults. New cases of vertical transmission of the HIV infection from mother to child and new infections among injecting drug users (IDUs) were reported.

The cumulative number of people with HIV/AIDS (dead or alive) for 2003 is of 14.387. From this total, 10.278 are PLWHA, out of which 4.679 live with AIDS. The total number of PLWHA under 19 years old is made of 3.870 HIV infected and 3.667 with AIDS. A total number of 5.547 persons are receiving antiretroviral treatment, 4.288 of them being under 19 years old.

Goal: Maintain the HIV incidence in 2007 at 2002 level.

Priorities in HIV transmission prevention

1.1. Prevent the transmission among young people

Situation analysis:

The situation analysis shows that over 80% of the young people have heard about HIV/AIDS. Even if the number of those correctly identifying the modes of transmission is rising, the young people's behaviors remain at risk. This statement is reinforced by the fact that the overall average age of first sexual intercourse dropped without being accompanied by a spectacular increase in condom use level nor at first contact, nor during current sexual activity. The number of condoms sold at national level was increasing continuously, but it reached only 15 million units in 2001. There still is a deficit of selling points in

rural areas. The syphilis infection rate increased from 44 to 62 cases at 100.000 inhabitants between 2000-2002, over 57% of the cases being registered among young people.

At the same time the number of drug users increased. There are estimations that indicate the existence of an important number of IDUs in Bucharest, especially young people 15 to 24. Even if few HIV cases were reported until now among IDUs (4 tests positive on a total of 392 tests in 2003), an epidemic among them is a major threat.

Goal: Reducing the number of new HIV infection cases among young people. The youngsters will know how to avoid HIV infection and will have the power, means, and desire to act on this knowledge.

Key elements for HIV transmission prevention among young people

a) Change of individual behavior and group norms

Objective

Inducing safe behaviors in at least 80% of young people aged 15 to 25.

Strategies

- Initiating and sustaining multi annual information, education and communication (IEC) campaigns which will address the determinants of risk behaviors;
- Using conventional channels as mass media, as well as unconventional communication channels in order to transmit information to as much young people possible;
- Transmission of a structured information to young military conscripts or directly to employees on their workplace;
- Involve young people in the development and implementation of programs targeting them;
- Creation and development of partnerships between governmental, nongovernmental and private partners;
- Creation of a resource clearing house and IEC materials distribution for young people;

- Using the family practitioners network for message transmission and healthy/safe behavior promotion.

b) Condom use promotion

Objective

At least 50% increase in use of condoms during first sexual intercourse among young people (15-25 years old) and up to 65% increase in use of condoms during sexual relationships with occasional partners

Strategies

- Increase the accessibility of condoms in terms of price and location, with a special focus on increasing the number of selling and distribution outlets in rural areas:
 - Transforming condom use in social norm;
 - Condom use promotion through different IEC channels;
 - Condom use promotion within the family practitioners network and family planning clinics network.

c) School education

Objective

Universal access of young people attending any level of school to necessary knowledge about HIV/AIDS prevention methods and associated risks, as well as knowledge about the social and medical assistance for affected persons, information aiming to reduce stigma and discrimination.

Strategies

- Introducing of health education package in the mandatory school curricula, differentiated for each education cycle, that includes among other chapters, sexual education and reproductive health, hygiene, prevention of use and abuse of substances;
- Introducing notions related to young people's health and development in the teachers' training curricula;
- Increasing the capacity of the school medical network in order to ensure health counseling.

d) HIV/AIDS prevention in the military units (of the Defense Ministry and of the Ministry of Administration and Internal Affairs)

Objective

Ensuring universal access to information and education, as well as to HIV/AIDS and STI prevention services within the military services

Strategies

- Development and implementation of a training curricula for HIV/AIDS and STI prevention in the military units;
- Development of IEC actions in the military units;
- Free distribution of condoms in military units;
- Development of IEC actions, as well as development of a protocol and of an HIV/AIDS prevention kit for the military participating in missions outside Romania.

1.2. Prevention of HIV transmission associated with the commercial sex

Situation analysis:

The prostitution continues to be illegal in Romania, but this didn't hinder a significant increase of the dimensions of the phenomenon. More, prostitution is often associated with traffic of human beings and drugs. There are no official estimations of the number of commercial sex workers (CSWs). Studies and projects developed on a small scale showed that at the level of street prostitution, the risk behaviors are frequent and the CSWs' access to information and services is very limited. The centralized data regarding HIV testing during 2003 indicate that from 92 tests performed among CSWs, 5 were positive.

The education, communication and condom distribution and medical service referral programs developed by NGOs exist in Bucharest, Constanta, Iasi, but have a limited coverage.

Goal: Reducing the CSWs' vulnerability to HIV/AIDS and STIs

Key elements for reduction of HIV/AIDS and STIs transmission associated with commercial sex

a) Creating an enabling environment for development of efficient programs

Objective

Eliminating legal, institutional and financial barriers that limit the development of programs

Strategies

- Revision of the legislation in order to increase accessibility of CSWs to health and social services;
- Ensuring CSWs non-discriminatory access to all social work programs.

b) Expansion of HIV/AIDS and STIs prevention programs targeting CSWs at national level

Objective

Development of prevention programs for HIV/AIDS, STI and other consequences associated with the commercial sex in all districts of Romania

Strategies

- Identify best practices in the field;
- Capacity building for the organizations and institutions already involved in order to expand the number of programs and their coverage;

c) Increase awareness of CSWs on HIV/AIDS, STIs and other occupational risks

Objective

The CSWs will know how to avoid getting infected with HIV and STIs and will have the means and motivation to apply these knowledge in a supportive environment

Strategies

- Development of IEC campaigns adapted to the local context, that will target both CSWs and the clients;
- Expansion of present outreach projects for CSWs;
- Establishment of partnerships with the local authorities, including the police departments in order to get support and involvement in prevention interventions;
- Development of a simple referral system to health services which will ensure the universal access of CSWs to testing and treatment services for HIV, STIs and other communicable diseases.

1.3. Prevention of HIV transmission among IDUs

Situation analysis:

During the last 3 years the traffic, but especially the drug consumption increased in a spectacular way in Romania. From a predominant transit country Romania became mainly consume country.

According to recent studies developed in Bucharest, Constanta, Iasi and Timisoara, heroine is the most available drug in large urban settlements; an important increase of the number of people injecting heroine was registered in Bucharest compared with 1998 when only about 1.000 people were estimated to use injecting heroine. The study reveals that in all researched cities exists a well-structured drug selling market. Over 80% of the users are young people aged 16 o 29. Users aged 10 and 16 years old were also registered. The large part of the users (70%) consists of unemployed. At the same time, for all the cities included in the research, the study indicates that the people injecting drugs have risk behaviors related to the possibility of becoming infected with different communicable diseases, including HIV. Prevalence of hepatitis B and

C resulted from testing activities is of tens of percentage points and at the same time the large majority of users reported unprotected sexual activity. During 2003, 392 HIV tests were performed among drug users, four of those being positive.

Goal:

Prevention of HIV outbreak among IDUs and reduce the infection rates of viral hepatitis and sexual transmitted infections.

Key elements for prevention of HIV, STI ad hepatitis among IDUs

a) Demand reduction

Objective

Reduction of the number of new drug users

Strategies

- Development of a campaign of IEC addressed to young people coming from the most exposed areas to drug trafficking and consumption;
- Integration of elements regarding the use and abuse of illegal substances in the health education curricula;
- Involvement in prevention campaigns of young people and celebrities, identified as models for young people.

b) Reduction of risks associated with drug use

Objective

Development of harm reduction programs and services in order to reach at least 60% of the IDUs

Strategies

- Development of the legal and institutional framework that will ensure an optimal implementation of the programs;
- Inclusion of the harm reduction programmes in the public health programmes developed by different public institutions;

- Creation of new structures and development of partnerships between non governmental organizations and the governmental institutions in order to reduce the risk associated with drug use;
- Increase the number and capacity of existing needle exchange programs in order to ensure the access to services for at least 60% of the IDUs;
- Expansion of drug substitution programs;
- Development/expansion of medical services (detoxification centers) for drug users;
- Development of psychosocial support services aiming to reintegrate the drug users in the community.

1.4. Prevention of HIV transmission in the prisons

Situation analysis:

The penitentiary system is exposed to a high risk of transmission of HIV/AIDS. A research made in 2002 indicates that less than 1% of the convicts declare a consistent use of condoms, while 67% declares that they never use it. About one third of the inmates report multiple sexual contacts and 37% occasional sexual contacts. The occupation rate of the penitentiaries goes from 150% to 700%. About 14% of the convicts have to share the bed with others and in average 30 people use the same shower, while 20 people have to share a toilet.

Beside unprotected sex, other risk factors encountered in the penitentiaries are: low level of hygiene, common use of razors, tattooing and self-mutilation. Marital visits are not allowed.

At the end of 2002, 12 cases of AIDS were registered in prisons, while in 2003 from 1043 tests performed among convicts, 2 were positive.

The Independent Medical Service of the General Directorate of the Penitentiaries has implemented a HIV/AIDS and STI prevention program since 1999. The program foresees the training of the medical and security personnel and initiated a peer training for inmates. Condom distribution in two pilot locations is in place, but only in certain occasions (when the convict is

liberated or when he/she goes out the penitentiary). The increase in drug consumption resulted in the increase of the number of convicts who declare to be drug addicted when they are admitted in prison. In 2002 over 2.300 convicts declared to be drug addicted and injecting practices were reported in the penitentiaries. The HIV and STI testing capacity increased once new testing lines were introduced in the penitentiaries, but convicts' access to counseling and testing is still limited.

Objective:

Increase the capacity of implementation of HIV prevention programs in the penitentiaries system so before the end of 2005 all the penitentiaries will develop appropriate prevention and risk reduction programs.

Key elements for HIV, STIs and hepatitis prevention in the penitentiary system

a) Development of the framework needed for the implementation of appropriate programs

Objective

Removal of the institutional barriers and building administration and decision makers' awareness on the need to introduce preventive measures for HIV, STIs and viral hepatitis transmission

Strategies

- Introducing a public health plan (including HIV/AIDS prevention) with a distinct budget according to the Law 584/2002 at the General Directorate of Penitentiaries (GDP) level;
- Periodical meetings with decision makers from GDP and the Ministry of Justice in order to evaluate the situation of public health programs;
- Public health programs implemented in the penitentiary system to follow the programs developed and recommended by the civil public health system.

b) IEC activities and increasing access to services

Objective

Extension of IEC programs for HIV/AIDS, STIs and viral hepatitis' prevention in order to ensure the training of at least 60% of the personnel and of at least 400 peer educators among the convicts before 2005 in parallel with condoms distribution and treatment services development for drug users.

Strategies

- Elaboration and implementation of training modules for different categories of personnel and peer educators among convicts;
- Introduction of HIV, STI and hepatitis' prevention training modules in the curricula of the institution ensuring the continuous training of the security personnel;
- Use of audio-video materials available in the penitentiaries for transmission of messages;
- Selection, preparation and co-interesting of convicts in order to become peer educators;
- Introducing drug addiction treatment services, including substitution and needle exchange services;
- Condom distribution in all penitentiaries accompanied by a basic counseling.

1.5. HIV/AIDS prevention in child protection system and among young people living on the streets

Situation analysis

Presently, there is no national level analysis related to the HIV/AIDS and STIs knowledge and attitudes among young people living in the street. At the same time, there isn't any record of the HIV/AIDS and STIs cases diagnosed among these communities.

The analysis made by ARAS in Bucharest in the period May 2001 – January 2004, on a total number of 1.103 children and young people living in the streets (368 girls and 735 boys) show that 5.7% of the girls and 5.6% of the boys were treated for syphilis.

Objective

Ensuring the access to information and education, as well as to HIV/AIDS and STIs prevention services for institutionalized children and young people living on the streets.

Strategies

- Elaboration and implementation of a training curriculum on HIV/AIDS and STIs prevention for the personnel working with the children and the young people living on the streets.
- Development of a street workers' network in order to develop information and education activities.
- Development of partnerships between governmental, nongovernmental and private institution/organizations in order to facilitate the access to medical treatment services, to HIV and hepatitis testing services, vaccination against viral A and B type hepatitis for children and young people living on the streets.

1.6. Prevention of HIV transmission among men having sex with men (MSM)

Situation analysis

The "Attitudes, beliefs, experiences and behaviors regarding HIV/AIDS in men having sex with other men in Bucharest" study, realized in August 2000 by UNAIDS and a similar study developed by ACCEPT in 2002 show that a lot of MSM use condoms only when they are having occasional sexual contacts and do not use protection in their stable sexual relationships. A peculiar characteristic of this group is the way in which it defines a stable relationship. Over one half of the people participating in the interview during this study defined a stable sexual relationship as one during about four months, declaring three stable partners during a year. In general about 53% of the MSM reported risk behaviors in 2000. Even if the large majority of the MSM have knowledge about HIV and consider that the use of condoms is one way to prevent HIV and STI transmission, they don't report a consistent use of condoms, motivating that this will reduce their level of satisfaction. From 19 HIV tests performed among MSM in 2003, two were positive.

During the last period of time it was observed an increase in the availability of sexual services for MSM population, but there are no data regarding the practices and level of risk behaviors involved.

Even if the discriminatory legislation towards MSM was eliminated, according to the ACCEPT reports, discrimination persists at the level of attitudes and mentalities. It affects the access to education and services of homosexuals.

Key elements for HIV and STI prevention among homosexuals

a) Creating an enabling environment for program development

Objective

Reduction of the discrimination level and promotion of an active involvement of people with homosexual orientation in the elaboration and implementation of strategies and programs

Strategies

- Continuation of the discrimination reduction campaign using also institutional instruments as the National Anti-Discrimination Council and the National HIV/AIDS Surveillance, Control and Prevention Commission.
- Establishment of partnerships among public programs and the organizations of the people with a homosexual orientation in order to developed joint programs.

b) Expanding programs at national level

Objective

Reinforcement of community based organizations and model replication in order to develop activities to a national scale that will reach at least 60% of the people with homosexual orientation

Strategies

- Initiation of partnerships between community organizations and local authorities in order to increase the efficiency and coverage of programs;
- Increase the number of organizations which develop HIV prevention activities among this group and creation of a collaboration framework;

- Expansion of pilot programs in other areas where such programs are needed, based on research/evaluation
- Expansion of peer educators programs among people with homosexual orientation;
- Promotion of MSMs' access to health and preventive programs;
- Large-scale introduction of condoms and appropriate lubricants.

1.7. Prevention of vertical transmission

Situation analysis

Epidemiological data shows that the number of persons infected through vertical transmission during the last 4 years grew slowly, but constantly. Even if there are legal provisions regarding the mandatory HIV counseling and free testing in order to diagnose this infection among the pregnant women, the number of pregnant women tested for HIV during 2002 was of 50.000, less than a quarter of the number of births for the same year. The infection rate among pregnant women was of 0.07% in 2002. In 2003 were performed 54.023 tests among pregnant women, 28 tests turning to be positive.

The free HIV test is one of the benefits granted to the pregnant women, but this initiative is less effective once more than 20% of the pregnant women never go to the doctor before they give birth and 40% of the pregnant women have a medical visit only after the first quarter of their pregnancy, The counseling capacity of the medical services is still reduced. This is the reason for the delayed identification of the mothers infected with HIV, this happening only at birth or even after, when the child starts to have different symptoms that will suggest the HIV testing.

The PMTCT (Prevention of Mother to Child Transmission) treatment is free of charge (covered by the Ministry of Health Programme). For now, the treatment capacity is restricted to the nine HIV/AIDS monitoring Regional Centers. There were registered cases in which the pregnant women were not allowed to give birth in normal clinics.

Objective

Reduction of vertical transmission to 1-5% in 2007

Key elements for preventing the vertical transmission

a) Increase the system's capacity to offer a integrated package of services for prevention of the vertical transmission

Objective

Increase the number of pregnant women receiving free HIV testing and counseling up to 60% and inclusion of all pregnant women diagnosed to be HIV infected in the counseling and treatment protocol.

Strategies

- Increase the local capacity by creating multidisciplinary and multisectorial teams that will develop vertical transmission prevention programs according to national guidelines;
- Increase the number of family doctors having HIV and STI counseling competence
- 100% increase of the counseling and voluntary testing capacity in the following two years;
- Ensuring free and universal access to HIV counseling and testing for the pregnant women;
- Ensuring universal access to the annual medical control and to registration of pregnant women enrolled on the family doctor's list;
- Development of an efficient monitoring system for the pregnant women diagnosed with HIV infection;
- Ensuring a psycho-social-medical package of services for the pregnant women diagnosed with HIV infection.

b) Inclusion of the vertical transmission prevention program in the others programs for pre and post natal assistance

Objective

Increase the percentage of pregnant women who report to the medical services during the first quarter of their pregnancy

Strategies

- Increase access of pregnant woman living in rural areas and poor communities to services using community based organizations and community mediators;
- Developing campaigns promoting the registration of all women in their reproductive age on the family doctors' lists;
- Increase the awareness of the general population on the benefits of the prenatal consultation for both mother and child.

1.8. Prevention of the HIV transmission among Roma communities

Situation analysis:

Risk behaviors among Roma communities are not different from the ones of the majority population, but the distinct economic, social and cultural context in which the Roma community lives in, makes it more vulnerable to HIV/AIDS. The main elements of this context are the high birth rate, the statute of the traditional family and the number of distressed families, the difficult economic situation, the limited access to health services, the lack of information and the persistency of misconceptions about HIV transmission.

The researches developed among Roma communities in Bucharest and surrounding areas show that the HIV/AIDS related issues' understanding is poor.

From about 57% of the people participating in the interview and who attended elementary school, only 28% had correct information related to HIV/AIDS. About 29% of the people participating in the study had no idea about what HIV/AIDS means, while other 42% had only a partial understanding of these information. Only 15% had precise information about how to prevent the HIV infection.

The lack of information regarding HIV/AIDS and the low level of sexual education can be also linked to the cultural rules of Rroma people regarding the sexuality, the low level of education, the woman's role in the community and the role played by virginity. Those traditions limit the woman's capacity to discuss and negotiate the family planning and HIV/STI prevention.

According to the Rroma tradition the man will take all decisions related to sexuality, but at the same time he is the one having multiple sexual relationships. 85% of the Rroma women had only one sexual partner, while 55% of the men had more than 3 sexual partners in their life. In most of their occasional relationships Rroma men do not use condoms.

During the last years, with the sustained support of international organizations and governmental institutions, social programs targeted to the disadvantaged communities were developed in Romania. Those programs included poverty reduction activities, encouraged school enrolment, aimed to improve the access to social and medical services, etc. Even if now there is a significant number of public or nongovernmental organizations involved in social activities targeting Rroma people, only a small part of those programs include HIV prevention activities.

There are no statistical data related to the HIV infection rate among Rroma population, as the ethnic belonging isn't reported in the HIV testing forms.

Objective:

Replication and extension of consistent HIV/STIs prevention interventions in at least 25 Rroma communities until 2005

Key elements for prevention of HIV/STI transmission among Roma communities

a) Correlating HIV/AIDS interventions with other actions aiming to improve the economic and social status of the Roma communities

Objective

Develop integrated and multidisciplinary interventions involving simultaneously economic, social and cultural determinants that will limit the access to information, education and services.

Strategies

- Integration of all strategies regarding Roma communities' development;
- Involvement of community leaders in the elaboration and implementation process of all interventions;
- Adoption of different approaches to different Roma communities, according to their characteristics;
- Outrunning all barriers devolving from the different roles of man and woman within the Roma community and changing of the Roma cultural pattern regarding the social status of the woman.

b) Developing IEC and research activities in order to facilitate the implementation of the interventions

Objective

To make sure that all members of disadvantaged communities' are aware of HIV transmission prevention methods and have the power, means and will to transform these knowledge in action, in an enabling environment

Strategies

- Direct involvement of disadvantaged communities' members and leaders in research, analysis and research results application;
- Development of materials promoting healthy lifestyles in the specific context of the language, education and socio-cultural environment;
- Targeting the messages differently towards women, respectively, men, on the basis of their different roles in the family;

- Improve access to and development of specialized services (medical, testing and counseling) in order to meet the unique needs of disadvantaged communities.
- Development of research capacities inside disadvantaged communities in order to identify the determinants of risk behaviors related to HIV/AIDS and STIs, and the most efficient entry point methods to educate communities.

c) Capacity building for organizations

Objective

Capacity building for Rroma organizations at national and community level

Strategies

- Developing a training program for community based associations in order to enhance their capacity to address HIV/AIDS prevention, care, treatment and support services;
- Improve information exchange between Rroma associations addressing HIV/AIDS related issues;
- Ensuring financial sustainability of community based organizations on a medium and long term.

1.9. Prevention of HIV/AIDS transmission within the medical system and in workplace

Situation analysis:

The HIV transmission within the medical system was frequent during 1986-1991 and is the cause of the massive epidemic registered among babies born during this period of time. All the cases newly discovered during the last years among children born after 1991 could be attributed to vertical transmission. We could practically say that nosocomial transmission was eliminated. However there are clear evidences that the universal precautions are not respected throughout the medical units at same standards. Serious accidents were reported lately and they were caused by infringement of universal precautions.

Even if the Health Ministry developed some guidelines regarding the universal precautions and issued an order referring to the nosocomial transmission,

those were not implemented consistently. There are evidences that part of the medical personnel are not fully aware of the way in which blood transmission of pathogen agents occurs. Dentists are in some cases confronted with lack of necessary equipment for prevention blood transmission of the pathogen agents.

Another perspective on the lack of knowledge and of application of the universal precautions is also given by the high rate of refuse registered in provision of medical assistance for people living with HIV, when these are declaring their status.

The national transfusion system is considered safe, but it is still confronted with the problem of remunerated donation that will attract financially many people with risk behaviors.

Objective

Eliminating HIV transmission in the medical system and in institutions providing social services; introduction at national level of HIV workplace policies.

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Key elements for prevention of nosocomial transmission

a) Norms regarding the universal precautions

Objective

Ensure the respect of norms regarding the implementation of universal precautions in all medical and social units

Strategies

- Support for developing and disseminating the universal precautions norms
- Ensuring resources for reinforcement of universal precautions, definition of necessary means and allocation of resources;
- Development of an evaluation mechanism for universal precautions enforcement as an element of the individual contract that every health services provider has with the health insurance system.

b) Training for universal precautions

Objective

The entire medical personnel as well as the one working in the social work institutions must be aware and responsible for the implementation of the universal precautions, motivated to apply them and must have all necessary resources to do it.

Strategies

- Support for the development and distribution of IEC materials related to the universal precautions;
- Development of periodical campaigns that promote the voluntary blood donation;
- Creation of a training mechanism focused on the universal precautions that will target the entire sanitary personnel, as well as the one working in social assistance institutions.

c) Control

Objective

Ensure the appropriate implementation of the universal precautions and creation of a periodic evaluation system for each public or private medical unit

Strategies

- Establishment of HIV/AIDS specific quality standards within the hospitals and social work services;
- Implementation of a disqualifying and/or penalty system for the personnel or managers of the hospitals who infringe universal precautions.

d) Initiating HIV/AIDS workplace prevention

Objective

Identify different types of politics for HIV prevention in workplaces and initiation of pilot programs in collaboration with trade unions and employers' associations.

Strategies

- Including employers' associations and trade unions in the HIV/AIDS national coordination mechanisms;
- Development and promotion of HIV prevention politics in workplaces with a high potential of occupational risk.

2. Access to treatment, care and psycho-social support services for infected, affected persons and risk groups

Situation analysis:

During 2000-2003 a significant increase of the number of persons needing HIV/AIDS treatment and care was registered. At the end of 2003 was registered a cumulative number of 14.387 HIV/AIDS cases, from which 10.278 people living with HIV/AIDS. Of them 5.547 are enrolled in antiretroviral (ARV) treatment and 4.288 are aged under 19. It is estimated that in Romania all people that need treatment (according to the treatment selection criteria) have access to it. Health Ministry and National Health Insurance House (CNAS) allocated in 2004 987 billion lei (~\$30 million) for the treatment program, funds matched by a 2.3 million USD received from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) for ARV therapy monitoring

Starting with November 2002 the access of infected and affected people to the entire series of support services have been guaranteed by the provisions of Law 584 where also the programs financing sources and implementation responsibilities are indicated. The treatment program registered progresses in term of number of patients treated and increased quality of treatment. The financial difficulties were the reason why the opportunistic diseases' medication was not included in the HIV/AIDS program and are covered only for a small amount by the national treatment system. At the same time, the lack of local capacity determined interruptions in rhythmical provision of the social support foreseen by the law in certain areas.

During the last 3 years was registered an increase need for treatment and care in the field of STIs. As the care and treatment system wasn't submitted to any significant reform, the quality of services and the access to them remained low.

In the field of treatment and care for IDUs the situation is even more alarming. The drug consumption phenomenon increased in a spectacular way; the treatment and care capacity is underdeveloped and the policies in the area are not able to control the phenomenon.

Priorities

2.1 Developing the treatment and care system

Situation analysis:

At this moment Romania has a well-organized system for HIV/AIDS treatment and care. This is based on a network of nine Regional Centers, which have specialized personnel and all necessary equipments for ARV treatment monitoring. At the same time the large majority of hospitals or infectious diseases wards in the district hospitals have the capacity to offer the ARV treatment for HIV/AIDS patients. ARV treatment is given following the criteria of the National Treatment Guideline developed by National Commission for Fighting Against HIV/AIDS established in Ministry of Health. The procurement of ARVs and other drugs needed for the treatment of the associated diseases is centralized and is done from the National Health Insurance House specific HIV program funds. Major problems were registered in financing and procurement of ARV drugs in 2001. As a consequence Romania asked to be included in the program of Accelerated Access to HIV/AIDS receiving price cuts and price facilities as it assumed the objective of universal access to treatment. No significant treatment interruptions were registered since August 2002.

The therapy and drug resistance monitoring tests were better provided during the last two years, and the resources allocated by the GFATM should cover the existing deficit. A large part of the patients are under treatment for a long period of time and receive a complex formula of treatment with combinations of highly expensive drugs.

The system's capacity to offer palliative and terminal care is very low.

Objective:

Ensuring universal, continuous and non-discriminatory access to treatment and socio-medical services for people infected with HIV or living with AIDS.

Key elements for the development of medical care system

a) Antiretroviral treatment

Objective

Enrolment in ARV treatment all patients according to the National Treatment Guide

Strategies

- Adequate monitoring of HIV/AIDS patients in the Regional Centers;
- Ensuring financial and human resources for treatment and monitoring continuity;
- Maintenance and development of the database regarding the clinical evolution and the history of the HIV/AIDS patients' treatment;
- Continuous training of the medical personnel involved in the ARV treatment provision;
- Expanding the number and capacity of the day care clinics;
- Continuation of the negotiation with the pharmaceutical companies for extension of price cuts and price facilities for ARV drugs;
- Periodical revision of the treatment guidelines;
- Enrolment of all patients and their families in counseling programs regarding the ARV treatment and national level expanding diagnose disclosure programs.

b) Treatment of opportunistic and associated diseases

Objective

Ensuring universal and non discriminatory access of all people living with HIV/AIDS to treatment and prevention of opportunistic diseases

Strategies

- Financial support of the treatment for opportunistic and associated diseases;
- Continuous training for the medical personnel both at hospital and primary medicine level for the improvement of quality of care;
- Mandatory counseling of patients and their families;

- Initiation of negotiations with the pharmaceutical companies in order to obtain price cuts and facilities for drugs used in opportunistic diseases and infections' treatment.

c) Nutrition

Objective

Ensuring universal access of people living with HIV/AIDS to nutritional support programs

Strategies

- National level extension of nutritional support programs;
- Elaboration and dissemination of guides regarding the nutrition of people living with HIV/AIDS.

d) Alternative and palliative care

Objective

Ensuring the most economic and accessible combination of services

Strategies

- Development of a home based package of specialized services for people living with HIV/AIDS;
- Initiation/development of palliative care services offered at home to the people living with HIV/AIDS;
- Support for the development of NGOs' capacity to ensure alternative assistance and support services for people living with HIV/AIDS;
- Development of the general practitioners' capacity to ensure basic medical services and counseling to people living with HIV/AIDS;
- Ensure non discriminatory access to every medical and social service that PLWHA may need, including mental health care;
- Development of specialized protection services for young people living with HIV coming from the child protection system;
- Encouragement and support of the public-private partnership in medical and social services targeting HIV infected or affected people.

2.2 Developing the social and psychosocial assistance system

Situation analysis:

At this moment the whole social work system at the national level is crossing a reform and modernization process, the focus being decentralization and key role of the local community. The transition process generated difficulties at local level both in ensuring the financial resources and in maintaining the quality of services.

The infected and affected people's organizations gathered in UNOPA federation reported problems related to the infringement of the existing legislation and started a campaign promoting the legal pursuing of such cases. The legal framework is still not enough developed and the local authorities' capacity of conceiving and implementing efficient social interventions is still limited.

The children and the adults infected with HIV may benefit, according to a medical evaluation, of the recognition of a certain level of handicap, which will grant them access to the facilities foreseen by the national legislation for disabled people. These facilities may include the payment of a personal assistant's salary, free traveling by public urban transportation and by train, facilities in obtaining some social rights and price cuts for the main public utilities.

The Labor, Social Solidarity and Family Ministry grant a daily nutrition allocation for all children living with HIV and nutrition compensation to all adults living with HIV/AIDS.

The link between the social and the medical field was reinforced once the number of day clinics sharing this double role raised and after they were fully handed to the public. Their taking over in the public system didn't always mean preserving the quality of the social services.

A great part of the families having children living with HIV and a large part of the adults live at the poverty line (about 83% of them in some studies results). The access to education for children with HIV, even if it improved during the last years, is still limited by the opposition of the local communities where education and social integration programs were not implemented. A large part

of the children living with HIV are now adolescent and about to begin their sexual life. In most of the cases they are not aware of their diagnostic.

The situation of children living in institutions improved as the child protection system's reform was implemented. The majority of the children living with HIV in the child protection public system are protected in family type foster homes. Alternative services were developed: day centers, counseling and support centers for children and parents, professional maternal assistance, maternal centers. Half of the abandoned or orphan children living with HIV are protected in nongovernmental services. Even so, a large part of the abandoned children living with HIV continue to be cared for in large size residential institutions and some of them are still abandoned in the hospitals.

Key elements for the development of the social work and psychosocial system

a) Multidisciplinary integrated assistance

Objective

Ensuring universal access of infected and affected people to social work integrated services

Strategies

- Increase of the number of clinics and day centers and enhancement of their capacity to offer integrated services;
- Ensuring the continuous training of the multidisciplinary teams in the day centers;
- Training of the personnel working in the public social work services in the most affected cities and communes in order to develop appropriate programs for the support of PLWHA or for affected groups;
- Increase the number of HIV children who are aware of their diagnostic and diseases' implications;
- Continuous monitoring of the social status of the infected and affected people;

- Capacity building for the organizations of PLWHA in order to provide self-support services.

b) Implementing existing legislation

Objective

Ensuring universal, continuous, easy and non-discriminatory access to all legal forms of social support applicable to infected and affected people.

Strategies

- Elaboration and integration of the secondary legislation needed for Law 584/2002 implementation;
- Elaboration of social work guidelines for the assistance of infected and affected people, as well as related to prevention and elimination of the discrimination;
- Field legislation implementation monitoring by the institutions and responsible people, including by strengthening the capacity of the organizations of the people living with HIV/AIDS and of the vulnerable groups;
- Discrimination monitoring;
- Mass media involvement in the promotion and defense of the rights of the PLWHA, as well as vulnerable groups' rights.

c) Social integration/reintegration programs

Objective

Ensuring the full social integration of the people living with HIV/AIDS and of the vulnerable groups

Strategies

- Ensuring non discriminatory access of the children and youngsters living with HIV/AIDS to public education;
- Coordination of the support programs for children with the ones targeting young people in order to ensure the continuity of the support when they will turn 18;
- Ensuring non discriminatory school attendance for children living with HIV/AIDS, according to their physical and mental health status;

- Development of independent life abilities in young people living with HIV who are abandoned or live in their families;
- Enforce anti-discriminatory practices in workplaces.

2.3 Development of the medical assistance system for sexually transmitted infections

Situation analysis

The care system for STIs is now concentrated at the hospital level and based on a network of clinics and dermatology - venereal wards that covers the entire national territory. The Health Insurance Houses and the Health Ministry for both insured and uninsured people support the cost of treatment. The treatment schemes and their duration vary significantly and the level in which the patients decide to address the hospital services is relatively low. The treatment services are not integrated in the others levels of medical assistance, the role of the family doctors and other specialist being unclear about their implication in the diagnosis and treatment.

The official circuit of the STI patient is often complicated and this determines self-medication and under reporting. The fact that hospital admission is mandatory for syphilis cases reduces the willingness of patients to address the services and increases the costs.

Romanian Government developed and adopted in 2003 the National Strategy for Sexually Transmitted Infection's Prevention and Control, an instrument that allows a focalized approach to this public health issue. The National HIV/AIDS Strategy and the STIs one are complementary, both aiming to increase the prevention measures and improve the quality and access to services.

Key elements for the development of the medical assistance system for STI

a) Training of the qualified medical personnel for care and counseling provision

Objective

Development and improvement of national health system performances in order to be able to plan and provide complex and complete health services for infected and affected people

Strategies

- Introduction of the medical practice guide for STIs in the teaching programs of the medicine faculties and of the relevant elements of the guide in the training and continuous education of the family doctors, family planning doctors, nurses and social workers;
- Preparation and dissemination of teaching materials in STIs field that will specifically target the family and family planning doctors;
- Periodic revision of treatment guidelines;
- Continuous evaluation at the primary medical assistance level of the syndrome treatment algorithms and their adaptation in function of certain parameters – type of possible investigations, STI epidemiological modifications, modifications of the resistance to antibiotics;
- Increase the number of investigations for STIs diagnosis that may be recommended by the primary assistance doctors.

b) Development of accessible and appropriate STI treatment and care services

Objective

At least 10% decrease of syphilis incidence in fertile age population in 2006 comparative to 2002

Before the end of 2006, 50% of the primary assistance services will offer early diagnosis and appropriate case management for STIs.

Strategies

- Planning and systematic implementation of IEC activities targeted to the general population;
- Integration of some STIs care services in the primary health care services and the package of services provided in the family planning clinics;
- Definition and implementation of quality standards for STI services;

- Increase of acceptability and patients willingness to address services as voluntary testing and regulation of the testing confidentiality; development of counseling beside testing services at the primary assistance level;
- Provision of out patient medical care for STIs previously treated exclusively in the hospital;
- Recognition of the epidemiological emergency situation for STI and allowing direct access of STI patients (or people suspected to have STIs) to a dermatology-venereal specialist located in the specialized ambulatory or in the hospital;
- Development and promotion of appropriated medical services for adolescents and young people;
- Development of a positive self-care approach, and encouragement of the medical visit solicitation for every problem that may suggest a possible STI;
- Increase of the focus for ambulatory care;
- Ensure the confidentiality;
- Increase the number of pregnant women who report to the doctor during the first quarter of pregnancy, with a special focus on the rural areas and increase of the local capacity to provide integrated services by development of multidisciplinary and multisectoral teams;
- Ensuring universal access to counseling and testing of the pregnant woman.

3. Developing integrated STIs' testing and diagnosis system

Objective

STIs diagnosis and confirmation only by authorized laboratories before end of 2006

Strategies

- Introduction in use of the STI case definition used in the European Union;
- Development of a protocol to authorize (for this activity of public health) the laboratories providing services in the STIs field.
- Elaboration of a methodological guide focusing on STI laboratory surveillance and its implementation at all system's levels;
- Preparation/recognition and continuous medical education for the personnel working in the laboratories providing STI services;
- Development of quality standards and introduction of external quality control for these laboratories;
- Periodic auditing of authorized laboratories (agreed) in order to ensure quality maintenance for the performed investigations;
- Creation of national/regional reference laboratories for STIs;
- Organization of a system (including financial resources for its functioning) that will allow biological materials sampling, conservation and transport to regional or reference laboratories;
- Integration of all health units performing STIs testing in the information circuit;
- Regulation and monitoring of the mandatory case reporting by the private system, in the respect of confidentiality.

2.4 Developing the medical assistance system and reintegration services for drug users

Situation analysis

The health care system for drug users and drug addicts is under reorganization in Romania.

In 2003, about 2070 people benefited of treatment services in this field.

Based on existing reports regarding the treatment for drug users, specialized services were developed in 18 districts. These services ensured the assistance of the medical emergencies, in Intensive Care Units, as well as the treatment of different psychiatric problems associated with the consume, for which the specific treatment was ensured.

Detoxification and methadone maintenance services were developed in the hospitals from the university centers: Bucharest, Cluj, Iasi, Sibiu and Timisoara.

The studies performed in Bucharest showed that for the 1% estimated incidence of the injecting drugs consume, the treatment and rehabilitation services offer is insufficient according to a rapid unofficial evaluation done by UNAIDS in 2003. There are no norms and clear standards regarding the patient management. The enrolment in the methadone maintenance programs is very difficult as both legal and program capacity barriers exist. The number of qualified medical specialists is very low. An additional factor that reduces the treatment enrolment rate is the incrimination of the illegal drug possession for self consume.

Objective

Development and increase of detoxification treatment services quality (substitutive and non-substitutive), maintenance, counseling and psychotherapy in order to ensure for the end of 2005 access to appropriate services for all people addressing authorized medical units.

The activities for this objective are founded in the Action Plan for the implementation of the 2003-2004 National Anti-Drug Strategy.

3. Surveillance of HIV/AIDS and associated risk factors

Situation analysis:

In Romania exists a national surveillance network for communicable diseases (including HIV/AIDS) coordinated by the Ministry of Health. In this framework the surveillance is realized by the District Public Health Directorates and by certain National Institutes under Ministry of Health supervision.

In the case of HIV/AIDS and associated risk factors we may talk largely about passive surveillance with few elements of active or risk behaviors surveillance (part of the so called second generation surveillance). Even if the information is collected centrally, in most of the cases the capacity to guide these programs and interventions according with the results of surveillance data is missing. In the case of communicable diseases, WHO and other international organizations recommended since many years the establishment of a unique, integrated surveillance and reporting system.

Objective

Development and maintenance of some efficient surveillance systems for HIV/AIDS and the associated risk factors and its integration in the national surveillance system for communicable diseases that will insure coherent information regarding the evolution of the epidemic and allow timely orientation of programs and interventions.

Priorities

3.1 HIV transmission surveillance

Situation analysis:

Passive surveillance of HIV and AIDS made significant progresses during the last 2 years, especially at a central level. Since 2000, HIV and AIDS surveillance have been integrated on the same form. This procedure resulted in a better registration and elimination of double records. Introducing clinical part as a part of surveillance makes that the treatment and patients' evolution will be better monitoring and will offer the possibility of doing budgetary estimations regarding the funding needs for treatment. Through clinical surveillance we may better track the evolution of different therapy types, as

well as the way in which those are respecting national guides and international recommendations.

There are delays in the reporting process and the quality of the reporting form filling is unsatisfactory.

The surveillance of risk behaviors in different vulnerable groups isn't even now part of the national surveillance program. Different studies were conducted regarding risk behaviors and often as a reaction to some evidences resulted from field activities and less as a constant attention to monitor the situation. The public system has a limited capacity of ensuring the access to HIV counseling. The non-governmental organizations began to compensate this lack of capacity especially regarding the pregnant woman and vulnerable groups' access to HIV counseling, but their interventions are limited in time and space.

Objective

Strengthening the classic surveillance system for HIV/AIDS and risk behaviors at the same time with the introduction, starting with 2004, of program elements for active surveillance among vulnerable populations

Key elements for improving HIV/AIDS surveillance

a) HIV/AIDS counseling and testing

Objective

Increase general population and vulnerable populations access to HIV/AIDS testing and counseling

Strategies

- Increase the counseling capacity through mandatory HIV/AIDS counseling for every voluntary test;
- Replication at national level of programs facilitating access to testing and counseling for vulnerable groups as: CSWs and their clients, IDU, MSM, street children;
- Capacity building for ensuring universal access to counseling and testing services for the pregnant woman;

- Development of periodical sentinel surveillance studies estimating HIV incidence among population groups at risk.

b) HIV/AIDS second generation surveillance

Objective

Introducing the periodical surveillance of the risk behaviors associated with HIV/AIDS transmission in 2004

Strategies

- Development of the governmental and non governmental capacity to implement qualitative and quantitative studies regarding the risk behaviors in different population groups;
- Inclusion of the elements regarding risk behaviors surveillance in the national surveillance program;
- Development of specific programs based on the second generation surveillance findings.

c) Integrated reporting system

Objective

Elaboration, starting with 2004, of periodical reports offering integrated information regarding HIV/AIDS incidence, the quality and access to treatment evolution, risk behaviors, access to information and education regarding HIV/AIDS prevention

Strategies

- Strengthening the HIV/AIDS national surveillance system;
- Coordination of the different public institution, non governmental and private organizations collecting data in HIV/AIDS field;
- Development of an unique monitoring and evaluation system of the National HIV/AIDS Strategy;
- Elaboration of quarterly and annually reports regarding the evolution of the epidemic and of the risk factors that will include also specific recommendations for action at both national and local level.

3.2 Sexually transmitted infections' surveillance

Situation analysis

As in the case of HIV/AIDS, the STI surveillance system is more passive than active. The classic contacts notification system does not work properly. The clear increasing trend of the syphilis incidence registered before 2002, corroborated with the decrease in the cases of gonorrhoea demonstrates, on one side, the importance of this public health problem, and, on the other side, a doubtful efficiency of the control measures in the STI field.

The case reporting system used from the primary assistance level to the Ministry of Health level isn't totally respected, offering the possibility of emerging informational lacks, situation that will determine problems in the data interpretation process at central level. It was concluded that, on one side, there is no unitary case reporting procedure at different levels of the medical assistance and, on the other side, the precariousness and lack of computer based data transmission between the different levels of authority involved in STI control.

Key elements for sexually transmitted infection surveillance

a) A unique and integrated reporting system

Objective

Development of the national epidemiological surveillance of STI according to European Union regulations

Strategies

- Integration of the STIs surveillance system in the national communicable diseases surveillance system until 2005;
- Creation of a coordination and monitoring unit for the national STIs' control program which will elaborate periodical reports regarding STIs' situation in Romania;
- Increase the role and technical capacity of the Public Health Institute in STIs' surveillance;

- Establishment of Public Health Directorates (DPS) as focal points for STIs' surveillance activities coordination;
- Use of STIs case definition commonly agreed in the European Union;
- Syndromic diagnosis and treatment of STIs in regions where the laboratory confirmation of the diagnostic is difficult;
- Ensure reporting for each STI case;
- Report of STIs' cases with congenital or vertical transmission;
- Ensuring case reporting also by the private medical system;
- Development of sentinel surveillance systems for certain STIs;
- Capacity building for development of periodic STIs' incidence studies among vulnerable populations.

b) STI testing

Objective

Ensuring access to STI testing in a quality services system, client oriented and in the strict respect of confidentiality

Strategies

- Ensuring the financial resources and the system's capacity in order to apply the existing legislation regarding STI testing;
- Integration of all units performing STI testing in the information circuit;
- Multiplication at national level of programs facilitating access to STI testing and treatment for different risk groups.

3.3 Surveillance of the illegal substances' use and abuse

Situation analysis:

At the moment there is no integrated national system for surveillance and reporting on illegal substances use and abuse. Recently founded National Anti Drug Agency has responsibility in this area. Until now the accent was on the reporting of the aspects related to the reduction of the drug supply and to the penal aspect of the problem. The Medical Statistics [Center](#) register the cases of treatments related to drug addiction, but the reporting is unstructured and offers no situation analysis. There aren't any official reports regarding the number of drug users, neither official information related to the risk behaviors

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of those. Different evaluations and behavioral studies were made only from the perspective of the HIV or other communicable diseases risk of transmission. The lack of information determined a major delay of the interventions, the most evident case being Bucharest were in a relatively short period is facing an emergency situation that exceeds the system's capacity for intervention.

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Objective:

Timely monitoring of the evolution of the phenomenon related to illegal substances use and abuse.

Key elements for the surveillance of the illegal substances use and abuse

a) Integrated reporting system for illegal substances use and abuse

Objective

Development of an integrated reporting system regarding the illegal substances use and abuse

Strategies

- Support for institutional development of the surveillance component inside the Ministry of Health and the National Anti Drug Agency;
- Involvement of all services and projects targeting the drug users in surveillance and reporting;
- Development of a surveillance component in all the services aiming to reduce the drug use associated risks.

b) Special studies regarding risk behaviors related to HIV transmission

Objective

Real time knowledge of the HIV related risk behaviors of the drug users

Strategies

- Capacity building for qualitative research implementation;

- Development of the surveillance component of drug use associated risk behaviors in the framework of the Romanian Harm Reduction Network (RHRN);
- Prevention of A and B hepatitis transmission among the drug users by facilitating the access to HIV and viral hepatitis testing and vaccination (hepatitis).

IV. Coordination of the National Strategy implementation

The National HIV/AIDS Strategy is the fundamental policy document regarding the national interventions in HIV/AIDS area. It establishes the guidelines and the action priorities to be addressed in order to prevent HIV spreading and reduce the HIV/AIDS impact. All the programs and interventions that will be financed from public sources or by international programs in which Romania is a part will have to follow the achievement of the objectives stated in the present strategy.

The effective implementation will be done at each governmental sector level according to the provisions of the Law 584/2002, which foresees the development of specific programs and their funding from specific budget chapters at the level of each ministry having attributions in the HIV/AIDS area. Before the end of 2004 it is expected that all ministries that are members of the National Commission for Surveillance, Control and Prevention of HIV/AIDS (CNMS) to develop their own annual programs with a distinct budget which will address the specific objectives in their field of interest, as specified in the present document. At the same time, the other non-governmental and private partners who are members of the Commission will concentrate their activity supporting the achievement of this strategy' objectives.

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The coordination of intersectoral activities regarding the achievement of the strategy's objectives will be done in the framework of the CNMS using mechanisms developed by it, as thematic working groups.

V. National Strategy implementation monitoring and evaluation

A Central Monitoring and Evaluation Unit will be organized attached to the CNMS for the global monitoring of the implementation of the strategy. This Unit will ensure the integration of all sectoral reports with the ones of the Romanian GFATM Programme.

The HIV/AIDS programs developed at each ministry member of the CNMS level will be annually monitored following a monitoring plan that will be included in the programs according to the legal procedures of state budget elaboration.

At the end of 2005 will be initiated and finalized the evaluation of the first implementation phase of the National Strategy. Based on the findings of this evaluation it will be assessed the opportunity of introducing new elements in the National Strategy in order to better respond to the challenges raised by the 2004-2005 implementation. The evaluation will also track the most suitable action directions for the second implementation stage (2006-2007).

VI. Resources

According to the Law 584/2002, the funds necessary for the implementation of the HIV/AIDS National Strategy will be ensured from public sources, respectively from the state budget and the National Unique Fund for Health and Social Insurances. In this context the ARV and associated infections treatment will be supported from the health insurance budget. The total allocated amount will be at least at the 2003 level. This funding has to cover the yearly treatment program's needs. At the time, the negotiations with pharmaceutical companies will go on, aiming to get additional price cuts and other facilities regarding drugs.

The funding ensured from public sources for prevention and surveillance activities will be matched for 2003-2007 by the GFATM and PHARE programs. Those two programs will concentrate especially on 2003-2005 period. It is expected that along with the expected economic growth, the public funding for prevention and surveillance activities will increase, so that the overall funding effort (both internal and external) to be maintained at the level of 2003.

**CENTRAL PUBLIC ADMINISTRATION AUTHORITIES WITH
ATTRIBUTIONS IN THE IMPLEMENTATION OF THE NATIONAL HIV/AIDS
STRATEGY FOR 2004-2007**

1. MINISTRY OF HEALTH
2. MINISTRY OF EDUCATION AND RESEARCH
3. MINISTRY OF DEFENCE
4. MINISTRY OF ADMINISTRATION AND INTERNAL AFFAIRS
5. MINISTRY OF LABOUR, SOCIAL SOLIDARITY AND FAMILY
6. MINISTRY OF TRANSPORTATION, CIVIL WORKS AND TOURISM
7. MINISTRY OF JUSTICE