



**GOVERNMENT OF ROMANIA**

**NATIONAL STRATEGY  
for surveillance, control and prevention  
of HIV/AIDS cases**

**2004-2007**

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### **1. Process for Strategy development**

The National HIV/AIDS Strategy 2004-2007 was elaborated and presented 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 carried out between 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 the 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, while allowing free access to treatment and care for every person regardless of 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 Romania important price cuts and donations of drugs to support the program.

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 millions 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 high patronage of the Prime Minister, the "Health Education in the Romanian School" program. This program established the foundations for 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 such as

commercial sex workers, drug users, MSM and Roma communities. The projects demonstrated innovative approaches in prevention interventions targeting vulnerable groups. Important lessons were learnt 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. Shortly after, UNOPA became an important partner both in the fight for the rights of PLWHA and for the elaboration of national policies. UNOPA now holds 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 there 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 psycho-social 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 substance abuse**. This intervention area has four priorities focused on the promotion and respect of the rights of PLWHA and vulnerable groups.
3. **Surveillance of HIV and associated risk factors**. The goal of the third priority area of the strategy is **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.

## Guiding principles of the National HIV/AIDS Strategy

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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. *Multisectoral and interdisciplinary involvement is essential for an appropriate response to the HIV epidemic.*
4. *The people and the groups have to have the necessary knowledge in order to prevent the infection with HIV. It is essential to ensure all conditions for this to happen.*
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 by the national legislation and the international treaties to 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-testing counseling, both in the public and private sector.*
11. *Creating socio-economic development policies and programs that take into considerations the HIV/AIDS phenomenon.*

## The National Strategy

### Main areas of intervention

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#### **1. Prevention of HIV transmission**

##### Situation analysis:

Romania is considered a low HIV/AIDS prevalence country (0.04%), with a low incidence of HIV/AIDS. Epidemiological data show that the main transmission way among adults is sexual, affecting especially young people aged 15 to 29. The number of new cases of infected adults has increased constantly in the last 4 years, while the number of new cases of infected children has dropped during the same period of time, once the bulk of infected people born between 1987 and 1991 was exhausted. In 2002 we may even note 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 of age consists 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 of age.

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

##### *Priorities in HIV transmission prevention*

#### **1.1. Prevention of the transmission among young people**

##### Situation analysis:

The situation analysis shows that over 80% of the young people have heard about HIV/AIDS. Even though the number of those correctly identifying the transmission ways is rising, the young people's behaviors remain at risk. This statement is reinforced by the fact that although the overall average age of first sexual intercourse dropped, no spectacular increase in condom use level was registered, neither 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 estimation that indicate the existence of an important number of IDUs in Bucharest, especially from the 15-24 group age. Even if few HIV cases were reported until now among IDUs (4 tests positive from 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 the 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 many young people as possible;
- Transmission of a structured information to young military conscripts or directly to employees at their workplace;
- Involving young people in the development and implementation of the programs targeting them;
- Creating and developing partnerships between governmental, nongovernmental and private partners;
- Creating 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

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

### Strategies:

- Increasing 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 school level to the 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 a 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 substances use and abuse;
- Introducing notions related to young people's health and development in the teachers' training curricula;
- Increasing the capacity of the school medical network to ensure health counseling.

**d) HIV/AIDS prevention in the military units (of the Ministry of National Defense 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 military units;
- Development of IEC actions in 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 commercial sex**

Situation analysis:

The prostitution continues to be illegal in Romania, but this didn't hinder a significant increase in the dimensions of the phenomenon. Moreover, prostitution is often associated with trafficking human beings and drugs. There are no official estimations of the number of commercial sex workers (CSWs). Small scale studies and projects showed that at street prostitution level, 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 reducing HIV/AIDS and STIs transmission associated with commercial sex*

**a) Creating an enabling environment for the development of efficient programs**

Objective

Eliminating legal, institutional and financial barriers that limit the development of such 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) Expanding HIV/AIDS and STIs prevention programs targeting CSWs at national level**

Objective

Developing 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) Increasing 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 this knowledge in a supportive environment

Strategies

- Development of IEC campaigns adapted to the local context, that will target both CSWs and their clients;
- Expansion of present outreach projects for CSWs;

- Establishment of partnerships with the local authorities, including 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 transmittable diseases.

### **1.3. Prevention of HIV transmission among IDUs**

#### Situation analysis:

During the last 3 years the traffic, but especially the drug consumption has soared in Romania. From a mainly transit country, Romania has become a consumer country. According to recent studies developed in Bucharest, Constanta, Iasi and Timisoara, heroin is the most available drug in large urban settlements; an important increase in the number of people injecting heroin was registered in Bucharest compared with 1998 when only about 1.000 people were estimated to be injecting it. 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 to 29. Users aged 10 to 16 years were also registered. The large part of the users (70%) are 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. The 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 an HIV outbreak among IDUs and reduction of the infection rates of viral hepatitis and sexual transmitted infections.

#### *Key elements for prevention of HIV, STI and hepatitis among IDUs*

##### **a) Demand reduction**

#### Objective

Reduction of the number of new drug users

### Strategies

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

### **b) Reduction of the 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 various public institutions;
- Creation of new structures and development of partnerships between non governmental organizations and 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 psycho-social support services aiming to reintegrate the drug users in the community.

### **1.4. Prevention of HIV transmission in prisons**

#### Situation analysis:

The penitentiary system is exposed to a high risk of transmission of HIV/AIDS. A 2002 research indicates that less than 1% of the convicts declare a consistent use of

condoms, while 67% declare 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 a 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 1.043 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 has initiated a peer training for inmates. Condom distribution in two pilot locations is in place, but only on certain occasions (when the convict is liberated or when he/she leaves 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:

Increasing the capacity of implementation of HIV prevention programs in the penitentiary system so that, 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

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

### Strategies

- Introduction at the General Directorate of Penitentiaries (GDP) level of a public health plan (including HIV/AIDS prevention) with a distinct budget according to the Law 584/2002;
- 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, thus 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-interested 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 the 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 on the street. At the same time, there aren't any records 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, showed that, of a total number of 1.103 children and young people living in the streets (368 girls and 735 boys), 5,7% of the girls and 5,6% of the boys were treated for syphilis.

### Objective

Ensuring 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 implement 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, and to 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 study "Attitudes, beliefs, experiences and behaviors regarding HIV/AIDS in men having sex with other men in Bucharest", carried out in August 2000 by UNAIDS and a similar study developed by ACCEPT in 2002 show that a lot of MSM use

condoms only during 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.

Recently it an increase in the availability of sexual services for MSM population was observed, 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 attitudes and mentalities level. 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 the people of homosexual orientation in the elaboration and implementation of strategies and programs

##### Strategies

- Continuation of the discrimination reduction campaign using also institutional instruments, such 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 of homosexual orientation in order to develop joint programs.

## **b) Extension of programs at national level**

### Objective

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

### Strategies

- Initiation of partnerships between community organizations and local authorities in order to increase the efficiency and coverage of the 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 of 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 show that the number of people infected through vertical transmission during the last 4 years grew slowly, but constantly. Even though 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, 54.023 tests were performed among pregnant women, 28 tests turning out positive.

The free HIV test is one of the benefits granted to the pregnant women, but this initiative is made less effective by the fact that 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 also still reduced. This is the reason for the delayed identification of the HIV infected mothers, usually 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 the prevention of the vertical transmission**

#### Objective

Increasing the number of pregnant women receiving free HIV testing and counseling up to 60%, and including all pregnant women diagnosed HIV positive 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;
- Ensure free and universal access to HIV counseling and testing for the pregnant women;
- Ensure 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;

- Ensure a psycho-social-medical package of services for the pregnant women diagnosed HIV positive.

**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;
- Develop campaigns promoting the registration of all women of 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 similar to those of the general population, but the distinct economic, social and cultural context in which the Roma communities lives, make them 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.

57% of the people participating in the interview had attended elementary school, and only 28% of these 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 this 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 the Roma people regarding 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 Roma 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 Roma 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 Roma men did 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. These programs included poverty reduction activities, encouraged school enrolment, aimed to improve the access to social and medical services, etc. Even though now a significant number of public or nongovernmental organizations are involved in social activities targeting the Roma people, only a small part of their programs include HIV prevention activities.

There are no statistical data related to the HIV infection rate among Roma 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 Roma communities until 2005

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

**a) Harmonizing HIV/AIDS interventions with other actions aimed at improving the economical and social status of the Roma communities**

Objective

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

### Strategies

- Integration of all strategies regarding the 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 derived from the different roles of men and women within the Roma community and changing the Roma cultural pattern regarding the social status of women.

### **b) Development of IEC and research activities that will 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 the research, analysis and application of the research results;
- 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 within the family;
- Improving 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 within disadvantaged communities in order to identify the determinants of risk behaviors related to HIV/AIDS and STIs, and the most efficient entry points methods to educate the communities.

### **c) Capacity building for organizations**

#### Objective

Capacity building for the Roma 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;
- Improving information exchange between Roma 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 at the 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 is clear evidence that the universal precautions are not respected throughout the medical units at the same standards. Serious accidents were reported lately and they were caused by the infringement of the universal precautions.

Even though the Ministry of Health has developed some guidelines regarding the universal precautions and issued an order referring to the nosocomial transmission, those have not been implemented consistently. There is evidence that part of the medical personnel are not fully aware of the way in which the blood transmission of pathogen agents occurs. Dentists are in some cases confronted with the lack of the necessary equipment for preventing the blood transmission of the pathogen agents. Another perspective on the lack of knowledge and of the 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 they declare 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 the institutions providing social services; introduction HIV workplace policies at national level

#### *Key elements for the prevention of nosocomial transmission*

##### **a) Norms regarding the universal precautions**

#### Objective

To ensure the following of the norms regarding the implementation of the universal precautions in all medical and social units

#### Strategies

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

##### **b) Training regarding 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 so.

#### Strategies

- Supporting the development and distribution of IEC materials related to the universal precautions;
- Development of periodical campaigns that promote 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

To ensure the appropriate implementation of the universal precautions and the 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 the universal precautions.

### **d) Initiating HIV/AIDS workplace prevention**

#### Objective

To identify different types of politics for HIV prevention at the workplace and to initiate pilot programs in collaboration with trade unions and employers' associations.

#### Strategies

- Inclusion of 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 a cumulative number of 14,387 HIV/AIDS cases was registered, 10,278 of which were 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. The Ministry of Health and National Health Insurance House (CNAS) allocated in 2004 987 billion lei (~\$30 million) for the treatment program, and the funds were matched by a USD 2.3 million aid received from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) for ARV therapy monitoring

Starting November 2002 the access of the infected and affected people to the entire series of support services have been guaranteed by the provisions of Law 584/2002, which also mentions the programs financing sources and implementation responsibilities. The treatment program registered progresses in terms 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 only a small amount is covered 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 there has been registered an increased need for treatment and care in the field of STIs. As the care and treatment system hasn't been significantly reformed, the quality of services and the access to them have remained low.

In the field of treatment and care for IDUs the situation is even more alarming. The drug consumption phenomenon has 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 Development of 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 the necessary equipment 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. The ARV treatment is given following the criteria of the National Treatment Guideline

developed by National Commission for Fighting Against HIV/AIDS established within the 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 the financing and the procurement of ARV drugs in 2001. Consequently, Romania asked to be included in the “Accelerated Access to HIV/AIDS” program, thus receiving price cuts and price facilities as it assumed the objective of universal access to treatment. No significant treatment interruptions have been 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 the medical care system*

**a) Antiretroviral treatment**

Objective

Enrolling 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 expanding at national level the 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 the 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;
- Supporting 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/AIDS 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. Development of the social and psychosocial assistance system**

### Situation analysis:

At this moment the whole social work system at national level is crossing a reform and modernization process focused on decentralization and the 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 the UNOPA federation have reported problems related to the infringement of the existing legislation and have 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, after a medical evaluation, from 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, price cuts for the main public utilities.

The Labor, Social Solidarity and Family Ministry grants a daily nutrition allocation for all children living with HIV and a 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 according to some studies). 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 by 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

- Increasing the number of clinics and day centers and enhancing 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;
- Increasing the number of HIV children who are aware of their diagnostic and the disease's 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) Implementation of the 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 the implementation of Law 584/2002;
- Elaboration of social work guidelines for the assistance of infected and affected people, as well as related to the prevention and elimination of the discrimination;
- Monitoring the legislation enforcement at field level by the institutions and the people in charge, 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 reach 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 with 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 Ministry of Health support the cost of the treatment for both insured and uninsured people. The treatment schemes and their duration vary significantly and the addressability of the hospital services is relatively low. The treatment services are not integrated in the others levels of medical assistance, the family doctors and other specialist being unclear about their role and 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.

The Romanian Government developed and adopted in 2003 the National Strategy for Sexually Transmitted Infections' 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 to infected and affected people

Strategies

- Introduction of the medical practice guide for STIs in the teaching programs of the medical 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 the 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

A decrease of at least 10% in syphilis incidence at the fertile age population in 2006, compared 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 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 in addition to 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;
- Increasing the focus for ambulatory care;
- Ensuring the confidentiality;
- Increasing 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 an increase in the local capacity to provide integrated services by developing multidisciplinary and multisectoral teams;
- Ensuring universal access to counseling and testing for pregnant women.

### **c) Development of a 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's 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, while respecting confidentiality.

### **2.4 Development of 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 2.070 people benefited from 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, within the Intensive Care Units, as well as the treatment of different psychiatric problems associated with drug use, for which specific treatment was ensured.

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

The studies performed in Bucharest showed that for the 1% estimated incidence of injecting drugs use, 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 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 the quality of the detoxification treatment services (substitutive and non-substitutive), maintenance, counseling and psycho-therapy aimed at ensuring access to appropriate services for all people addressing authorized medical units by the end of 2005.

The activities for this objective are stipulated 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 there is a national surveillance network for communicable diseases (including HIV/AIDS) coordinated by the Ministry of Health. Within this framework the surveillance is carried out 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 to the results of surveillance data is missing. In the case of communicable diseases, WHO and other international organizations have been recommending for many years the establishment of an unique, integrated surveillance and reporting system.

### Objective

Development and maintenance of efficient surveillance systems for HIV/AIDS and the associated risk factors and their integration in the national surveillance system for transmittable diseases, which will ensure 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 has made significant progresses during the last 2 years, especially at central level. Since 2000, HIV and AIDS surveillance have been integrated on the same form. This procedure resulted in a better registration and the elimination of double records. Introducing clinical aspects as part of the surveillance ensures that the treatment and the patients' evolution will be better monitored and will offer the possibility of doing budgetary estimations regarding the funds needed for treatment. Through clinical surveillance we may better track the evolution of different therapy types, as well as the way in which they respect 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 within different vulnerable groups isn't even now part of the national surveillance program. Different studies were conducted regarding risk behaviors frequently as a reaction to some evidence resulted from field activities and less due to constant attention to monitoring the situation. The public system has a limited

capacity of ensuring access to HIV counseling. Nongovernmental organizations have begun to compensate this lack of capacity especially regarding pregnant women and vulnerable groups' access to HIV counseling, but their interventions are limited.

#### Objective

Strengthening the classic surveillance system for HIV/AIDS and risk behaviors at the same time with the introduction in 2004 of program elements for an 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 pregnant women;
- Development of periodical sentinel surveillance studies estimating HIV incidence among the population groups at risk.

##### **b) HIV/AIDS Second generation surveillance**

#### Objective

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

#### 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;
- Elaborating quarterly and annual reports regarding the evolution of the epidemic and of the risk factors that will also include 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 gonorrhea 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 primary assistance level to the Ministry of Health level isn't closely followed, offering the possibility of emerging informational lacks, a 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 hinders communication.

### *Key elements for sexually transmitted infections' surveillance*

#### **a) A unique and integrated reporting system**

##### Objective

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

##### Strategies

- Integration of the STIs surveillance system in the national transmittable diseases surveillance system until 2005;
- Creation of a coordination and monitoring unit for the national STIs' control program which will elaborate periodical reports regarding the STIs' situation in Romania;
- Increasing 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;
- Reporting STI 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, client oriented services system, and in the strict respect of confidentiality

## Strategies

- Ensuring the financial resources and the system's capacity 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 the surveillance and reporting of illegal substances use and abuse. The recently founded National Anti Drug Agency has a responsibility in this area. Until now the emphasis was put on reporting the aspects related to the reduction of the drug supply and to the penal aspect of the problem. The Medical Statistics Center registers the cases of treatments related to drug addiction, but the reporting is unstructured and offers no situation analysis. There are no any official reports regarding the number of drug users, nor official information related to the risk behaviors of those. Different evaluations and behavioral studies were carried out only from the perspective of the HIV or other transmittable diseases risk of transmission. The lack of information determined a major delay of the interventions, the most obvious case being Bucharest, where in a relatively short period an emergency situation that exceeds the system's capacity for intervention was faced.

#### Objective

Timely monitoring of the evolution of the phenomena 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

- Supporting the 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.

## Coordination of the National Strategy implementation

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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 to which Romania is a part will have to follow the achievement of the objectives stated in the present strategy.

The effective implementation will be carried out 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 with 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) shall 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's objectives.

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

## National Strategy implementation monitoring and evaluation

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A Central Monitoring and Evaluation Unit will be organized within 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 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, the evaluation of the first implementation phase of the National Strategy will be initiated and finalized. 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).

## Resources

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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 continue, 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. These two programs will concentrate especially on the 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 kept at the 2003 level.

**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 NATIONAL DEFENCE
4. MINISTRY OF ADMINISTRATION AND INTERIOR
5. MINISTRY OF LABOUR, SOCIAL SOLIDARITY AND FAMILY
6. MINISTRY OF TRANSPORT, CONSTRUCTIONS AND TOURISM
7. MINISTRY OF JUSTICE