INTRODUCTION

Communication for HIV/AIDS (SFC HIV/AIDS AND STI) represents an important strategy of the National Programme on Prevention and Control of HIV/AIDS and STIs. It consists of developing specific messages and conveying them using a variety of communication channels in order to develop safe and inoffensive behaviours; promote and sustain individual, community and societal behaviour change. The focus, especially with regards to prevention, is placed on the youth.

Communication is a component of the overall effort of the Ministry of Health and healthcare institutions to offer the population both services (preventive, medical, social, and psychological) and commodities (e.g., drugs, tests, condoms, needles and syringes) to fight HIV/AIDS and STIs: so that persons can reduce their level of risk or change their behavior (understand basic facts about HIV and AIDS, adopt key attitudes, learn a set of skills and be given access to appropriate products and services). The communication effort must favor the creation of an environment which supports behavior change, the maintenance of safe behaviors, as well as encourage the seeking of appropriate treatment for prevention, care and support.

Statistical data for the past several years shows a change in the ways the infection is transmitted, from a predominant transmission among injecting drug users to an increase in the rate of sexual transmission. Sexual transmission of HIV (total number of diagnosed persons) has increased from 20% in 2001 to 55.36% in 2004. Accessibility to counseling and testing of pregnant women in 2004 has considerably increased the number of pregnant women diagnosed with HIV/AIDS – 35. This data is alarming. The HIV infection is on the verge of spreading from small groups into the general population. At this moment it is crucial to work together with all social groups. The Ministry of Health considers that the development of an environment favorable to preventive and curative work requires national and community-wide discussion of relationships, sex and sexuality, risk, risk settings, risk behaviors and cultural practices that may increase the likelihood of HIV transmission. A supportive environment is also one that deals, at the national and community levels, with stigma, fear and discrimination, as well as supports policies and progressive laws.

The Ministry of Health’s pragmatic SFC HIV/AIDS AND STI approach is based on sound national and international practice and experience. The Ministry of Health recognizes that there are successful experiences implemented in other countries using communication to reduce the number of infections, raise societal awareness of this issue and adapt safe behaviors. Adaptation of best practices to the specific situation in the Republic of Moldova is welcomed.
ROLE OF COMMUNICATION

SFC HIV/AIDS AND STI is an integral component of Moldova’s National Programme of Prevention and Control of HIV/AIDS. It has the following roles:

Increase knowledge. SFC HIV/AIDS AND STI must ensure that people are given the basic facts about HIV and AIDS in an easily comprehensible language or visual medium.

Promote essential attitude change. SFC HIV/AIDS AND STI must lead to appropriate attitudinal changes about, for example, perceived personal risk of HIV infection, belief in the right and responsibility for safe practices and health supporting services, greater open-mindedness concerning gender roles and recognizing the basic rights of those vulnerable to and affected by HIV and AIDS.

Reduce stigma and discrimination. Stigma can manifest itself in a variety of ways, from ignoring the needs of a person or group to psychologically or physically harming those who are stigmatised. In Moldova, stigma is often felt by PLHA, men who have sex with men (MSM), sex workers (SWs), IDUs, Roma and others. The importance of addressing stigma in the context of SFC HIV/AIDS AND STI campaigns has programmatic implications that are much broader than the questions of compassion and humane treatment. Failure to address stigma jeopardizes the HIV/AIDS project in critical ways: a) Prevention. People could ignore the messages of HIV prevention. Stigma can cause people to perceive individuals with or at risk for HIV as the other ("them"), reinforcing their false feeling that HIV “couldn’t happen to me.” Failure to address stigma can also repel individuals from seeking out VCT and proper medical care, including MTCT prevention services. Experiences show that in Moldova, a certain amount of stigma can be attached to using condoms. b) Policies. Failure to address stigma will help perpetuate discriminatory laws and practices and, in some cases, result in failure to enforce laws against them. SFC HIV/AIDS AND STI campaigns that address stigma will work with and involve people from traditionally stigmatized groups (such as PLHA, CSWs and MSM, etc.)

Promote services for prevention, care and support. SFC HIV/AIDS AND STI must promote services for patients with STIs, PLHA, intravenous drug users (IDUs), commercial sex-workers; clinical care for opportunistic infections; voluntary counseling and testing (VCT) for those who requested and for mother-to-child transmission (MTCT); promote TB testing for PLHA and offer information and psychological counseling services (including by phone) for representatives of all vulnerable communities.

Stimulate community dialogue. SFC HIV/AIDS AND STI must encourage community and national discussions on the basic facts of HIV/AIDS and the underlying factors that contribute to the epidemic, such as risk behaviors and risk settings, environments and cultural practices related to sex and sexuality, and marginalized practices (such as drug use and sex work) that create these conditions. SFC HIV/AIDS AND STI must also stimulate discussion of healthcare-seeking behaviors for prevention, care and support.
Improve skills and sense of self-efficacy. SFC HIV/AIDS AND STI programs must focus on teaching or reinforcing new skills and behaviors, such as condom use, negotiating safer sex and safe injecting practices. Communication must contribute to development of a sense of confidence in making and acting on decisions.

Promote the principles of solidarity among community members (village, work community, etc.) with PLHA in offering psycho-social support and palliative care. The Strategic Framework of Communication for HIV/AIDS and STIs has its roots in behavior change theories that have evolved over the past several decades. These theories are valuable foundations for developing comprehensive communication strategies and programs. The Strategic Framework of communication for HIV/AIDS promotes, in the process of developing communication programs and activities, methods and theories recognized as efficient. SFC HIV/AIDS AND STI will use a combination of theories and practical steps that are based on field realities, rather than relying on any single theory or model. The following figure is based on the prevailing models and theories, and it is promoted for communication activities.
COMMUNICATION OBJECTIVES IN THE FIELD OF HIV/AIDS

The goals of communication activities are developed in the context of the overall goals of the National Programme and specific behavior change goals. The overall goal is to contribute to improving Moldova’s health status and assist the country to achieve its health-related Millennium Development Goals (MDG) through reducing mortality, morbidity and transmission of HIV/AIDS, and other sexually transmitted infections (STIs) and minimizing their effect.

SFC HIV/AIDS AND STI will assist the country in:

i) scaling up HIV/AIDS/STIs prevention programs targeted at the general population (including young people) and vulnerable groups (young people, IDUs, CSWs, MSM, etc);

ii) strengthening treatment, care and support for persons living with HIV/AIDS (PLHA);

iii) strengthening Moldova’s institutional capacity to better respond to HIV/AIDS, STIs in a multi-sectoral approach.

iv) improving access to information, education and prevention services, etc.

v) efficient use of funds disbursed for the Republic of Moldova to maintain under control the situation in HIV/AIDS – consolidating the efforts of the Ministry of Health and NGOs in a common/complimentary plan of actions. Avoiding overlapping use of funds for activities/targeting similar groups.

The key indicators and behavior change goals are:

1. Reduction of HIV incidence among young adults (15-30 age group), sexually active population;

To accomplish this, SFC HIV/AIDS AND STI will have to achieve the following:

- Promote acceptance and understanding of sexuality and physiological and psychological changes occurring in adolescence among communities of youth and the value of reproductive health services for youth

- Increase the individual perception of vulnerability

- Increase the knowledge about ways of preventing the sexual transmission of HIV and number of those who reject the major misconceptions about HIV transmission

- Change attitudes toward use of condoms. Increase condom use

- Delay sexual debut in the context of a lack of responsibility and incorrect information

- Encourage reducing of the number of sexual partners

- Increase the responsibility of the family, school and community for sexual education and prevention of HIV/AIDS and STIs
• Interest policymakers in investing in existing youth-friendly VCT services

2. Increase life expectancy and improve the quality of life of PLHA

• Strengthen the importance of practicing safe sex
• Availability of condom use in sexual relations with high risk
• Abstention from risky sexual relations
• Promotion of health strengthening behaviors by PLHA and early diagnosing of clinical signs indicating a degradation of health
• Reduce discrimination and promote a tolerant attitude in society vis-à-vis PLHA

3. Contribute to improving access of PLHA to antiretroviral therapy

• Inform and contribute to the development of a favorable climate to ensure an increase in the demand of specific ARV treatment among patients with specific indications
• Inform and contribute to the development of a favorable climate to ensure adherence to ARV treatment regimens
• Contribute to the promotion of confidential HIV testing

4. Achieve a reduction in the growth rate of HIV prevalence among identified intravenous drug users (IDU); Behavior change and SFC HIV/AIDS AND STI goals:

• Create demand for clean injection equipment
• Decrease needle and equipment sharing
• Decrease intravenous drug use by joining substitution or abstinence programs
• Achieve a better societal acceptance of Needle Exchange and Methadone programs.

5. Achieve a reduction in the incidence rate of STIs; Communication goals are:

• Promote STI services
• Increase the knowledge of squeals of STI’s
• Increase appropriate STI care-seeking behavior
• Contribute to reducing the impact of STIs on natural growth
• Increase condom use
• Encourage a reduction in the number of sexual partners

6. Change the rate of persons who voluntarily sought HIV testing. Communication will have the goal of improving post-counseling seeking and voluntary testing, including anonymous:

• Increase the interest of the population in protecting their health and the security of others
• Informing persons about the accessibility of different ways of HIV testing (in medical institutions, youth health centers, specialized labs, anonymous testing, etc.)
• Train service providers (medical workers, volunteers, etc.) in providing efficient pre and post-testing counseling

7. Reduce the vertical transmission of HIV/AIDS. Communication will have the objective to achieve

• A higher degree of awareness of accessibility of prevention services and vertical transmission
• Higher demands for counseling and voluntary testing services
• Information for adherence to ARV prevention regimens and artificial nutrition
• Information regarding the availability of pregnant women infected with HIV to give birth in specialized centers

GUIDING PRINCIPLES

SFC HIV/AIDS AND STI is integrated in the objectives of the National Programme and is an essential element of HIV prevention, care and support programs, providing critical linkages to other program components.

Formative SFC HIV/AIDS AND STI assessments will be conducted regularly to adjust understanding of the needs of target populations, as well as of the barriers to and supports for behavior change that their members face. All informative materials must
focus on behavior change from a risky to a safe, inoffensive behavior. The materials must be developed strictly for identified target groups and have a specific message. The testing of materials must be undertaken with the participation of representatives of target groups.

Having a variety of linked communication channels will be regarded as more effective than relying on one specific one.

Thorough Pre-testing is essential for developing effective communication materials. The SFC HIV/AIDS AND STI strategies will be positive (without use of fear procedures).
Planning for monitoring and evaluation will be part of the design of the SFC HIV/AIDS AND STI activities.

INVolVEMENT OF STAKEHOLDERS

The Ministry of Health will collaborate in communication activities with partners like the Ministry of Education, Ministry of Defense, Ministry of Justice, Ministry of Interior, Ministry of Culture, Ministry of Labor and Social Protection, Department for Youth and Sport, mass media, representatives of NGOs, Patronage, International Organizations and interested bilateral agencies; opinion leaders, community leaders (eg. representatives of local authorities), religious leaders (eg. the Orthodox Church) as well as members of target populations (IDUs, CSW, LGBT, PLHA).

The Ministry of Health will not establish partnerships with organizations that are involved in the production, distribution or promotion of tobacco products and alcoholic drinks, with institutions which have products, services or promotional messages that conflict with the policies or programs of the Ministry of Health.

TARGET POPULATIONS

PRIMARY Groups

Vulnerable individuals - sex workers, their clients, MSM, pregnant women, youth, Roma, IDUs, uniformed services personnel (National Army, police, customs, carabineers), out of school adolescents and street children.

Persons detained in temporary detention centers and penitentiary institutions.

Mobile populations (Roma, migrants, long-haul drivers).

Service providers, such as health workers, doctors, pharmacists, counselors, social service workers, teaching personnel and those who work with youth.

Sexually active population – general population which is sexually active
SECONDARY Groups

Policymakers
Leaders and authorities, formal and informal, including law-enforcement, social and religious leaders
Local communities and families (parents)

Following formative assessments, the target populations will be segmented according to psycho-social and demographic characteristics.

COMMUNICATION PLANS

The SFC HIV/AIDS AND STI implementation plans will be designed for each of the communication objectives in a participatory fashion, including members of target populations, partners. The SFC HIV/AIDS AND STI implementation plan will include:
A schedule for achieving the SFC HIV/AIDS AND STI objectives and a monitoring and evaluation plan. Observable changes in behavior, as specified in the behavior change objectives, are a final program outcome.

Intermediate changes include:
• Knowledge change: an increase in knowledge of modes of transmission among target group.
• Attitude change: an increase in perception of personal risk or a change in authorities' attitudes toward promoting condoms to youth.
• Environmental change: an increase in acceptance of messages about condom use on television

Recommended stages of planning:
1. Development of tactical objectives
2. Coordination of objectives with partners (institutions active in the field) leded by the Ministry of Health and Ministry of Education
3. Selection of target groups
4. Formative assessment
5. Segmentation of target populations
6. Defining behavioral change objectives
7. Developing a plan of achieving objectives and a monitoring and evaluation plan
8. Establishing the general theme and develop key messages
9. Identifying dissemination channels
10. Developing communication products
11. Pre-testing of materials
12. Implementation and monitoring
13. Evaluation
14. Conclusions and changes in the communication plan
The Ministry of Health will monitor communication activities based on the following criteria:

- **Reach**: Audience reached.

- **Coordination**: Degree of coordination with provided services and with other communication activities.

- **Framework**: Is communication integrated in the established spectrum of audiences and subjects?

- **Quality**: Quality of messages, media and channels.

- **Adapted character**: Are the changing needs of target populations being captured?

**OVERALL CONCEPT AND KEY MESSAGES**

The themes should stem from the SFC HIV/AIDS AND STI formative assessment and will provide overall guidance for the development of messages, all of which will therefore be consistent with the theme. The themes should be positive. The Ministry of Health recognizes that fear campaigns are ineffective. The theme should call attention to the campaign and link its various elements together, functioning as a sort of umbrella. People who see different messages for different audiences should be able to link any of these diverse elements with the theme of the campaign.

Effective prevention and care messages should avoid conflict with traditions, culture, norms and values of the Republic of Moldova.

Messages and developed materials must be coordinated with a group of local experts (representing the following institutions: Ministry of Health, Ministry of Education, Center for Preventive Medicine, etc.), in order to exclude sinister messages which seriously violate the rights of PLHA, their relatives and the attitude of society vis-à-vis this issue (e.g. “AIDS kills”, HIV texts placed on black backgrounds, published materials in which the message contains names in English, many publications containing messages imported from materials developed in neighboring countries – without adapting the translations to the specific situation in the country and without authors’ approval).

**COMMUNICATION CHANNELS**

Identifying the range of available channels should be part of every formative SFC HIV/AIDS AND STI assessment. Messages can be delivered through mass media—for example, television or radio spots; articles in periodicals; or material in brochures,
posters, comics or in-person – National Curriculum Life Skills Based Education, peer educators, outreach workers, counselors, or other service providers require training regarding the results of evaluation and regarding key messages, so that their work will support the messages and vice versa.

The Ministry of Health and its partners will support communication activities in the field by promoting free time offering on TV and radio stations for social messages which refer to HIV/AIDS, will facilitate the distribution of informational materials.

**IMPACT EVALUATION**

The Ministry of Health will determine the success of communication through the evaluation (through quantitative and qualitative methods) of the degree of achievement of predetermined objectives of behavior change.

**IDENTIFYING CHANGES AND MODIFYING THE IMPLEMENTATION PLAN**

As programs evolve, target populations acquire new knowledge and behaviors, and communication needs may change. The needs of target populations will be periodically reassessed to understand the orientation of communication should take.

In order to achieve success in communication activities a number of risks connected to communication must be comprehended which have local specifics meaning:

- Modest experience in communication activities with behavioral impact
- Linguistic lack of uniformity
- Sustainability of communication activities
- Communication activities must be ample and reach the target groups as broadly as possible (geographically)
- Adequate budgeting of communication activities
- Coordination of communication activities to avoid overlapping

**CAPACITY-BUILDING AND COMMUNICATION CONTINUITY**

Planning for ongoing communication capacity-building is essential in implementing the strategic framework.

Capacity building must be accomplished for:

- those who undertake the formative assessment, develop the plans and communication projects
- those who develop the messages
- those who convey the messages to target groups (peer educators, field workers, counselors and community workers, etc.)
- mass media
- authorities and support groups, governmental organizations, etc.

CONCLUSIONS

The Strategic Framework of Communication for HIV/AIDS will become an integral part of the National Programme on Prevention and Control of HIV/AIDS and STIs and will be included in the Communication Strategy for the health sector.

Based on the Strategic Communication Framework the following documents will be developed:

- Communication model and structure of communication
- A matrix of stakeholder institutions which implement communication activities in the field
- Action plan which will include information about available funds in HIV/AIDS communication
- Development of monitoring and evaluation tools for the action plan