

**Minutes of February 22, 2006 for the meeting of the UN Theme Group on HIV/AIDS, 131,
31 August 1989, Chişinău**

Location: UNAIDS Office, UN House, 2nd floor.

Participants:

UNDP: Bruno Pouezat, UN Resident Coordinator in Moldova

UNICEF: Ray Virgilio Torres, Representative

UNICEF: Larisa Lazarescu- Spetetchi, Programme Officer

UNICEF: Silviu Domete, Programme Assistant

WB: Edward Brown, Resident Representative

WB: Ala Pinzari, Operations Analyst

AIHA/MD: Viorel Soltan, Programme Coordinator

WHO: Silviu Ciobanu, Country Programme Coordinator

UNAIDS: Gabriela Ionaşcu, Country Coordinator

UNAIDS: Constantin Calancea, Programme & Financial Assistant

SIDA: Nina Orlova, Programme Officer

Peace Corps: Elvira Nistreanu, Life Skills/Health Education Program Manager

USAID: Diana Cazacu

Agenda:

1. Current progress in regards of Life Skills Based Education.
2. Universal Access to Treatment, Care and Prevention in HIV/AIDS, UN recommendations to the process.
3. Report on the WHO Euro Mission in regards to scaling-up of HIV/AIDS related services to Transdnestrian Region.

Acronyms:

LSBE - Life Skills Based Education

MEYS – Ministry of Education, Youth and Sports

IDU - Injected Drug Users

PLWHA – People living with HIV/AIDS

PMTCT – Prevention of Mother –to- Child Transmission

M & E – monitoring and evaluation

CCM – Country Coordination Mechanism

TWG – Technical working groups

ARV - Antiretroviral Therapy

HAART – High Activity Antiretroviral Therapy

TRA - Transnistrian Authority

GF – Global Fund to Fight HIV/AIDS, TB and Malaria

WB – World Bank

CCM – Country Coordinating Mechanism for the WB/GF grants

TA – Technical Assistance

TOR – Terms of Reference

TWG – Technical Working Group

NAP – National AIDS Programme

NAC – National AIDS Committee

M&E – Monitoring and Evaluation

MofH - Ministry of Health

Content:

AGENDA ITEM 1. CURRENT PROGRESS IN REGARDS OF LIFE SKILLS BASED EDUCATION.

1. The meeting was opened by Mr. Torres who briefed on the situation created around the discussions on LSBE textbook/ curricula. The participants agreed that there are strong opposition voices heard against the LSBE in the Moldova. Published articles come from different sectors of the society. A serious opposition comes from the leaders of the religious confessions.
2. Ms. Lazarescu noted that specialists from the Ministry of Education Youth and Sports (MEYS) are currently working on putting together four school subjects into one curricula (LSBE, Moral Education, Civil Education, We and the Law).
3. Mr. Brown stated that the ministry should probably approve with the stakeholders the future curricula / textbook.
4. Mr. Torres mentioned that the MEYS has to work out a draft of the curricula which must be further discussed with various sectors of the society.
5. Mr. Pouezat pointed out the need to acknowledge all the comments coming from various groups. It is not excluded that in future there will be a need for additional piloting for the LSBE curricula/ textbook for a longer period of time, taking into account the opinions of different layers of the society.
6. Mr. Brown said that it is important to get broad consensus and alliance on all the issues concerning LSBE, such as: what information should be included, at what age, etc.
7. Mr. Torres checked with the participants on the UN position regarding LSBE. It was agreed that UN should stand LSBE by underlying the importance and need to provide the youth with information about HIV/AIDS. The message must be clear- the sooner the information is given out to the children the better for them. At the same time UN must not take a defensive position as the opposition represents many different voices. UN will engage the opposition in the dialogue to find out a solution in favor of LSBE. UN doesn't want to hurt anyone's views, including the Orthodox Church views.
8. Ms. Nina Orlova suggested involving the representatives of the church in the meetings with the donors as well as in the CCM meeting.
9. Mr. Pouezat mentioned that the GF representatives, without consulting the UN on the subject, took the initiative and wrote letters to the local government regarding the implementation of the LSBE and in such a way put pressure on the government.
10. Everybody agreed that it is very important not to rush but take enough time for all the needed discussions and at the same time not put pressure on the Government.
11. Ms. Nistreanu noted that there is a need to work with the entire society including parents, church representatives etc, in order to raise the awareness of the society and reach a consensus on the LSBE teaching. She also informed that priests in the church tell parents not to allow the children to study the LSBE.

AGENDA ITEM II. UNIVERSAL ACCESS TO TREATMENT, CARE AND PREVENTION IN HIV/AIDS, UN RECOMMENDATIONS TO THE PROCESS.

1. Ms. Ionascu presented the Universal Access to Treatment, Care and Prevention in HIV/AIDS, UN recommendations to the process.
2. Ms. Ionascu underlined out the key features of HIV infection in Moldova, in 2005: prevalence -65.28; heterosexual way of transmission, high level of HIV registered in women; increase in prevention of mother-to-child transmission (PMTCT).

3. Ms. Ionascu pointed out the reduced capacities of the CCM and TWG in solving technical issues; strategic planning and M & E have been declared as priority obstacles in scaling up. The following were underlined as well: lack of financial resources for the development of the technical capacity of CCM and TWG; lack of information reported by the local public authorities; lack of governmental budgets in M&E; lack of regional communication policy. Ms. Ionascu noted the importance of developing monitoring and evaluation (M&E) capacities, especially at the regional levels.
4. Ms. Ionascu indicated that NGOs in the study indicated reduced capacities of the NGO working in the HIV/AIDS field and stressed the need for a framework for the NGOs to speak in one voice. NGOs also pointed out to the lack of strategic frameworks developed by NGOs ; lack of a strong network of PLHA ; lack of skills in NGOs to support efficiently governmental strategies; lack of financing of NGO projects and programmes from governmental sources. The following ways to overcome were suggested: capacity building of NGOs; legal framework to finance NGOs. It is very important to create a strong network of NGOs of PLWHA and develop their capacities in finding their own sources of financing. At present all the funding of the NGOs comes from donors, the government has no mechanism to support the NGOs.
5. Ms. Ionascu stated the issues that the PLWHA encounter:
 - a. lack of information in PLWHA about the therapy;
 - b. low coverage with ARV medicines;
 - c. low adherence to the ARV treatment (people get into the ARV treatment then quit)
 - d. absence of Quality Control Standards (what is considered to be quality treatment?, people simply don't know;
 - e. low adherence of PLHA;
 - f. lack of regional mechanisms for bulk procurement of ARV and equipment

The following ways to overcome were suggested: training and involvement of PLHA in the development of adherence projects; development of a legal framework for quality control.

6. Ms. Ionascu noted the existing obstacles in implementing priority strategies:
 - a. Impediments caused by civil society groups, like religious
 - b. Lack of skills of mass media in developing and presenting issues connected with HIV
 - c. Lack of financial resources for communication
 - d. Problems in placing social ads on TV and radio, especially national. The following ways to overcome were suggested:
Involve the representatives of World Church Council at the regional levels.
Training of mass media specialists; i.e. journalists must be trained on how to use non-discriminatory language in covering news reports related to PLWHA and HIV/AIDS issues.
8. Ms. Ionascu also touched upon the obstacles at the regional level:
 - a. Lack of policy and programmes for migrant populations
 - b. Lack of quality studies of the socio-economic impact of HIV/AIDS
 - c. Lack of regional communication campaigns
 - d. M&E mechanism at the regional level
9. Ms. Ionascu stressed the importance of the financial issues:
 - a. Development of standards of the cost-effectiveness of activities and programmes
 - e. Trainings in estimation of costs for NAP
 - f. A detailed plan for the NAP with costs estimation has been developed
 - g. M&E institution at the regional level.
10. With reference to the HIV/AIDS prevalence, Ms. Ionascu pointed out that during the last year there was a considerable increase in the number of people who got infected through the heterosexual way. This fact is more alerting as there is little control over the HIV transmission by heterosexual way. In the previous years HIV was mainly spread in Moldova among the injected drug users (IDU).

Mr. Torres underlined the need for UN agencies representatives to meet with the CCM and alert them about the real situation about the HIV/AIDS. CCM needs to assess that the situation is getting worse.

Mr. Bruno added that in case we add to the total number of HIV infected people, the number of people infected from Transnistria then the situation becomes really dramatic.

AGENDA ITEM 3. REPORT ON THE WHO EURO MISSION IN REGARDS TO SCALING-UP OF HIV/AIDS RELATED SERVICES TO TRANSDNIESTRIAN REGION.

Mr. Silviu Ciobanu presented the report on the WHO Euro Mission in regards to scaling-up of HIV/AIDS related services to Transdnestrian Region.

Referring to the case of Transnistria, Mr. Ciobanu noted the following

The strong points:

- a. Commitment of Transnistria Health Authority, WHO protocols for HAART etc.)
- b. Training (1 team / 3 people) at the WHO Knowledge Hub (module 01)
- c. HAART Site Location (Slobozia Hospital)
- d. Good Transportation Options from regions to Tiraspol / Slobozia
- e. Western Blot – in Chisinau (transportation of blood/serum) – Kiev case
- f. Chisinau will serve for quality monitoring and control

The weak points

- g. ARV Drugs (bought for MDA, not right/left river banks)
- h. Strengthening Capacity Building (clinical, laboratory, other)
- i. Lab Equipment (flow cytometer): clinical indications / simple count
- j. Communication with Chisinau (request by Transnistrian Health authority for ARV drugs)
- k. ARV Drugs (bought for MDA, not right/left river banks)
- l. Strengthening Capacity Building (clinical, laboratory, other)
- m. Lab Equipment (flow cytometer): clinical indications / simple count
- n. Communication with Chisinau request by Transnistrian Health authority for ARV drugs)

Mr. Ciobanu highlighted the imperative of purchasing enough rapid tests for HIV. As the blood test is taking a few days it is important to have rapid tests to use them for the vulnerable and risk groups, as well as for other persons who would like to take a rapid test. It was stressed out that the AIDS centre is not very eager to purchase rapid tests and that additional work has to be done to convince the people in charge about the urgent need of the rapid tests.

Mr. Ciobanu also touched upon the Balti case

1. No need for standalone inpatient dept. in Balti (to date);
2. Keep 5 beds w/in the ID Dept. at the MCH, Balti;
3. Initiate HAART in Chisinau (NDVC), with most of the outpatient services provided locally in Balti by teams of re-trained infectious disease specialists and PCPs (WHO KH UKR ???);
4. Develop a mechanism for the reimbursement of people traveling to Chisinau for HAART initiation / periodic monitoring (how???)
5. Strengthen and enforce the mechanism for the transportation of blood/serum samples to Chisinau (testing and confirmation);
6. Improve communication with clients and health workers;
7. Enforce a mechanism for making ARV drugs available in Balti

Mr. Ciobanu pointed out that the 5 beds for the inpatients in Balti are not used for HIV infected people. The patients do not know about the existence of the 5 beds.

Mr. Ciobanu brought up the following recommendations for Transnistria.

1. Slobozia could initiate HAART right away, provided they have ARV drugs
2. A request should be filed with the MOHSP for ARV drugs
3. MDA must submit an additional request for more ARV drugs, as the needs outstrip the supply;
4. Flowcytometer should be made available to TRA to facilitate more accurate immune system monitoring;
5. Transportation arrangements should be made with Chisinau for tests confirmation / recognition (Western Blot done in Kiev and Odessa);
6. Training for the lab staff

Mr. Ciobanu brought up the case of the 700 Western Blot tests coming from Transnistria, which were not confirmed in Chisinau but in Kiev and Odessa and which are not officially recognized by Chisinau authorities.

Mr. Ciobanu concluded by bringing the following “take home” messages:

- There is a need to scale up HAART in Moldova;
- People do have difficulties (economic, political, geographic, lack of knowledge, behavioral etc.) in getting adequate HAART and care;
- The HAART Site in Chisinau could deal with the inflow of patients needing HAART in Moldova, except for the case of Transnistria;
- Transnistria should have both an inpatient and outpatient services for HAART and care;
- Balti should strengthen its outpatient services - there is no need to set up a standalone inpatient department for HAART there;
- ARV drugs should be made available to TRA and Balti (TRA – right away)
- Chisinau will have the status of reference center for quality control, initiation of treatment for Balti, results confirmation in Immuno-blot and PCR testing.

DECISIONS:

As a result of live discussions of the items, the participants concluded the meeting with the following list of recommendations :

1. A draft letter shall be prepared by Mr. Domete on the situation of LSBE to be directed to the Global Fund
2. “No-rush” letters must be drafted and signed out by all the agencies to be sent to the donors especially GF to explain the need for extra time for the national wide discussions of the LSBE and its future contents.
3. Meet again in about 10 days to evaluate the situation and define the further actions in LSBE Ms. Lazarescu shall invite Mrs. Velisco to the next meeting if possible.
4. UN agencies representatives should meet with the CCM and alert them about the real situation about the HIV/AIDS. (CCM needs to assess that the situation is getting worse)
5. UN agencies representatives should meet with the Ministry of Health and AIDS Centre to explain on the need to provide rapid tests on HIV as well as ARV treatment to Balti and Transnistria; Chisinau AIDS Centre must provide result confirmation for Immuno-blot and PCR testing for the blood samples in stock in Transnistria.