



Moldova

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KEY POINTS

1. A majority of HIV-infected women interviewed for the report said that the quality of pre- and post-testing counselling is very poor.
2. Knowledge about prevention of vertical transmission in general was relatively limited among focus group participants, including the importance of adherence to ART regimens and awareness of the risks of mixed feeding.
3. The barriers to deciding on the best infant feeding option for many mothers include stigma and discrimination; family pressure; and limited financial resources to purchase replacement feeding beyond the first year during which formula is provided free.
4. A recent survey of families with PLWHA found that half had faced HIV-related discrimination at least once, mostly in health care facilities.

RESEARCH PROCESS AND METHODOLOGY

Research for this country report was conducted from November 2008 through mid-January 2009. It consisted of 14 interviews with government representatives, multilateral agencies, service providers, activists and women living with HIV. Respondents included staff from the MoH, including the agency's Healthcare Monitoring and Management Department and Scientific Research Institute on Mother and Child Health Protection; the Ministry of Social Welfare, Family and Child; the Human Rights Institute in Moldova; NGOs engaged in prevention of vertical transmission service delivery; and global agencies (including the Global Fund, UNAIDS, UNICEF and WHO). Also interviewed were the coordinator of the national prevention of vertical transmission program, the head of a local health facility unit providing care for HIV-positive women, and two gynaecologists from local health care facilities.

Researchers also conducted four focus groups with a total of 57 participants. Three of the focus groups comprised only HIV-positive women (a total of 42), some of whom were pregnant at the time. The participants came from both urban and rural settings across Moldova, including Belti, Glodeani, Falesti, Briceani and Ribnita in the north; Comrat and Chadir-Lunga in the south; Telenesti, Nisporeni and Traganesti in the west; and Benderi and Kausani in the east. The fourth focus group consisted of 15 women from the general population – i.e., women who were HIV-negative or otherwise did not know their HIV status.

1. BACKGROUND INFORMATION

Responding to the HIV/AIDS epidemic has been a priority of the Moldovan government in recent years. An interim evaluation of the national HIV/AIDS program 2006-2010 and national reports show that the situation has improved over the past few years. For example, ART is available free of charge to all who need it; all health services are available for free for pregnant HIV-infected women; and all maternity hospitals offer rapid HIV testing services and ARV prophylaxis for both pregnant women and newborns.

However, the development and sustainability of effective responses to HIV are threatened by lack of funding and resource-limited health care and welfare systems. One notable trend has been a growing feminization of the epidemic, a situation that has exposed significant limitations in prevention of vertical transmission service delivery.

EPIDEMIOLOGICAL AND HIV TREATMENT SITUATION

According to the National AIDS Centre, a total of 4,926 HIV cases had been officially registered in Moldova by the end of 2008. The annual number of new cases has increased in recent years, from 618 in 2006 to 795 in 2008.

The epidemic has long been concentrated among IDUs, but their share of infections has decreased over the past several years while the percentage of infections attributed to heterosexual sex has increased. The majority – 62 percent – of new cases occur among individuals aged 20 to 34. In 2008, women comprised about 44 percent of all new registered HIV cases.

ART is available free of charge for all who have need for it in Moldova, and both first- and second-line regimens are available. As of the beginning of 2009, a total of 585 people were on ART, including 29 children. A total of 102 HIV-positive pregnant women received ARV prophylaxis in 2008. Four cases of vertical transmission were recorded that year.

2. STATUS OF SERVICE DELIVERY AMONG AND FOR WOMEN

Policies and guidelines for prevention of vertical transmission services are defined in the government's national HIV program. They include the following:

- *Primary prevention of HIV infection among women and girls.* Numerous HIV awareness campaigns have been conducted in Moldova. Most have been targeted at young people, IDUs, MSM and other key at-risk populations, but the government in collaboration with other partners has also created a special “Guidelines on PMTCT Issues”. These guidelines, which discuss key messages and priorities in regards to prevention of vertical transmission, have been distributed to health care facilities across the country.
 - *Prevention of unintended pregnancies among HIV-positive women.* When women access VCT services, they receive pre- and post-test counselling on a range of different HIV-related issues, including prevention of vertical transmission and various risks associated with becoming pregnant if HIV-infected. Counselling guidelines emphasize the importance of using condoms to avoid unintended pregnancies as well as reduce HIV transmission risk; also, they provide guidance on how HIV-positive women might manage intended pregnancies.
 - *Prevention of HIV transmission from mother-to-child.* Almost all women receive HIV testing (including counselling) during pregnancy. Free ARV prophylaxis is available to all HIV-positive women in antepartum and postpartum periods as well as during delivery. Newborn infants are placed immediately under medical observation, which includes HIV testing (assuming parental consent) as soon as accurate results are likely to be available. National protocols state that HIV-positive
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women should breast-feed their infants exclusively during the first six months only if formula is not available or if the woman does not want to use formula for a personal reason. The protocols also strongly recommend that mothers switch from breast-feeding to formula six months after birth if formula is available. Women are informed about the risks of breast-feeding and mixed-feeding, and infant formula is offered and made available free of charge for one year for all children born to HIV-positive mothers.

According to the most recent UNGASS report (2008), nearly 85 percent of pregnant HIV-positive women received ARV prophylaxis in 2007. Two different three-drug combinations are currently offered and available¹². ARV prophylaxis for prevention of vertical transmission can be provided to women in only two cities in the country, Chisinau and Tiraspol. Newborns, however, can get ARVs at maternity hospitals across the country.

PROVISION OF CARE AND SUPPORT FOR HIV-POSITIVE MOTHERS, THEIR INFANTS, PARTNERS AND FAMILIES

This component of prevention of vertical transmission is provided partly by NGOs under the patronage of “The League of PLWH in Moldova Republic” (also known as “League of PLWH”). Services provided include peer-to-peer support, group counselling and telephone counselling. Public health facilities, meanwhile, provide only clinical observation of HIV-positive women and their children. Medical care for all pregnant women is provided free of charge in the public sector.

The government also provides financial support (“hardship allowance”) on general grounds to those in need. It does not, however, automatically provide psychological and social support to HIV-positive women and their children, a service that would be especially useful in helping them adhere to treatment regimens.

BARRIERS TO COMPREHENSIVE SERVICE DELIVERY AND LESSONS LEARNED

For the most part, the government – with crucial financial support from the Global Fund – has done a decent job in developing and implementing prevention of vertical transmission services that reach the majority of women in need. However, uptake of these services has lagged for a number of reasons. Existing support systems fail to motivate patients to ask for the medical services and assistance they have a right to access. Residents of rural areas encounter tremendous difficulties in obtaining essential medical care in a timely and convenient manner. Chronic shortfalls in human resources and governmental budget financing for health care in general also negatively affect service delivery.

¹² The three-drug combinations available include i) nevirapine+AZT+3TC and ii) Kaletra (lopinavir/ritonavir)+AZT+3TC.

“The director of the local kindergarten asked me to remove my children – who happen to be HIV-negative, by the way – and never bring them back. She is not a bad person, but parents of other children demanded that my kids be removed. Our town is very small. Everybody knows everything about each other. Rumours about my diagnosis have spread all over the town... I don’t understand why the nurse from our health care district told my neighbours about my status.”

Svetlana, 28, an HIV-positive woman who participated in a focus group discussion in Beltsy in December 2008

Developments have also been relatively limited from a social perspective. Gender-oriented approaches have yet to be integrated into all parts of the national HIV program. Patriarchal traditions and stereotypes continue to influence expectations regarding women’s role in society, such as the assumption that they have primary responsibility for child-rearing and family relations.

FEEDBACK FROM FOCUS GROUPS

The following challenges in regard to prevention of vertical transmission service delivery in Moldova stem from information and observations obtained during focus group discussions:

- The overwhelming majority of focus group participants had incomplete or distorted knowledge about HIV transmission modes and risks. The lack of awareness was most significant among participants from the “general” population (i.e., not HIV-positive). Many of them thought HIV could be transmitted through casual contact and bloodsucking insects.
- Even HIV-positive focus group participants, however, knew relatively little about prevention of vertical transmission in general. The importance of adherence to ART regimens was poorly understood, and even pregnant HIV-positive women had limited knowledge of the risks of mixed feeding.
- A majority of HIV-positive women from rural areas said they received adequate information about ARV prophylaxis only after visiting the facility in Chisinau where specialized care is provided for pregnant women living with HIV. Most were unaware that support and services in regards to prevention of unintended pregnancies were available.
- A majority of HIV-positive women said that the quality of pre- and post-testing counselling is very poor. In some cases this appears to have had disastrous consequences. One woman said she did not receive any counselling at all, was not aware that she had been tested for HIV by health care providers (most likely her gynaecologist), and was not told she was HIV-positive until after she gave birth. Her child was later diagnosed with HIV and is now on ART.
 - A majority of focus group participants wished that the quality and scope of available medical services could be improved. Most said, for example, that they thought follow-up examinations should be available free of charge; they also wanted free dental health service.
 - All focus group participants would like to receive extra nutritional support for their children and themselves as well as extra hardship allowance from the government on the grounds of their HIV status.

LESSONS LEARNED

The following are among the lessons learned in regards to prevention of vertical transmission service delivery during interviews and focus group discussions:

- Greater collaboration should be initiated among all stakeholders involved in HIV prevention and treatment efforts in Moldova, including the national MoH and its relevant departments, local authorities, civil society, and multilateral and bilateral agencies and donors.
- Prevention activities must be based on facts that accurately reflect the situation. It is therefore necessary to create and develop a comprehensive database in which HIV data and information are up-to-date and widely available.
- Governmental structures should work more closely with experienced and trusted NGOs, such as organizations of HIV-positive individuals, to develop and roll out improved psychosocial support mechanisms that are beneficial to HIV-positive women and their children.
- Some women (HIV-positive or not) do not have reliable access to adequate and consistent health care even if they are pregnant. The main obstacle has been that Moldova is a relatively poor country and many insurance schemes are unable to provide comprehensive coverage. The government has, however, sought to fill the gap by guaranteeing free health care to pregnant women starting at the 14th week of pregnancy.

3. HIV TESTING: ACCESS AND OTHER ISSUES

A total of 32 VCT sites are currently operating in the country, and the government plans to open at least 20 more by the end of 2010. Respondents indicated that the sites meet international standards and personnel are well-trained. In addition to HIV testing (ELISA and Western Blot, depending on location), the sites offer tests for hepatitis B and C. (Rapid testing is currently not available at VCT sites, but the government plans to provide them at such facilities by the end of 2010. Currently, rapid tests are only available at maternity hospitals.) PCR tests are available for children born to HIV-positive mothers, as per new WHO guidelines adapted for Moldova. All tests are available free of charge.

As per a national law, HIV tests are mandatory for pregnant women who utilize health care facilities in Moldova—although women who refuse to be tested are not prosecuted. Women who register at facilities when pregnant are normally tested twice, once when they first register and again during the third trimester. According to officials at the National AIDS Centre, about 97 percent of pregnant women do in fact get registered and, thus, are tested for HIV during pregnancy (about 30,000 women per year in total). Taking rapid testing into account (which is

“I feel sorry for HIV-infected girls, but I’m an [infectious-disease specialist] and I don’t have time to talk to them about pregnancy. I’m not a psychologist who can help dry their tears and tell them how to live now... but someone needs to do that!”

Infectious-disease specialist at a Chisinau clinic, interviewed in December 2008

currently available only in maternity hospitals), this number is very close to 100 percent, which makes prevention of vertical transmission planning and implementation easier in Moldova.

All aspects of HIV testing, including results, are confidential as per a 2007 law. Even so, HIV-positive people do not always have control over information about their status. For example, the 2007 law also mandates that information about patients’ HIV status be sent to his or her specific health care service provider, who has ultimate responsibility for treatment. The law also permits health care providers to i) inform parents of minors without the young person’s consent, and ii) divulge HIV status information to the spouse or partner of an HIV-positive person if a “risk” of HIV transmission is perceived by the provider.

The law does, however, forbid medical personnel from discussing individuals’ HIV status outside such specific instances. Several HIV-positive respondents said that this provision is commonly violated at different points in the system. One focus group participant said the following: “When I was at the hospital for TB treatment, all the staff members and even other patients knew about my HIV diagnosis.”

4. INFANT FEEDING GUIDELINES AND TRENDS

National protocols state that HIV-positive women should breast-feed their infants exclusively during the first six months only if formula is not available or if the woman does not want to use formula for a personal reason. The protocols also strongly recommend that mothers switch from breast-feeding to formula six months after birth if formula is available. Women are informed about the risks of breast-feeding and mixed feeding, and infant formula is offered and made available free of charge for one year for all children born to HIV-positive mothers.

Global Fund support helps ensure that formula is available free of charge for all HIV-positive mothers who want or need to use it during the first year of a child’s life. Counselling on complementary feeding is available during antepartum and postpartum periods in health care facilities, family planning centres and reproductive health centres. The counselling covers such topics as the preparation of infant formula, dosage and guided practice. Counselling and support are also provided by family doctors and paediatricians, who often visit mothers and their infants at home.

Special medical support is also available for children born to HIV-positive mothers. Under existing policies, they are guaranteed medical check-ups by the specialist at the facility in Chisinau at least once every three months. The policies also strongly recommend that the children be examined regularly by other specialists if necessary, including a neurologist and orthopaedist. Caseworkers visit children born to HIV-positive mothers at least once every 10 days during the first three months

after birth, and then once a month after the third month. All children regardless of type of feeding are tested for HIV at 2, 4 and 18 months.

An MoH executive order (from June 2007) states that all children born to HIV-positive mothers should be provided with formula for the first year of their life. Medical personnel are trained to provide counselling on infant feeding. In reality, though, formula feeding is not always AFASS for HIV-positive mothers in Moldova, a situation that prompts some to choose not to follow the national policies. According to some focus group participants and beneficiaries of NGO services, many mothers continue breast-feeding after six months for various reasons, including financial hardship. (For example, some women – especially those who live in rural areas far from facilities – are unable to afford the cost of transportation on a regular basis to obtain formula, even though it is provided free of charge.)

Additional barriers to AFASS replacement feeding for many mothers include i) stigma and discrimination based on that feeding method, ii) violence against women, iii) family pressure against replacement feeding; iv) inadequate social support on the part of the government; and v) lack of financial ability to acquire extra formula and nutritious food, especially after the first year of life (when the formula is not provided for free any more). Such obstacles often reduce the quality of children's lives.

“My husband and I decided that this baby should be born. But every time I go to my gynaecologist I feel like I mount the scaffold. She talks to me like I am a criminal.”

Snezhana, 32 years old, an HIV-positive participant in a focus group held in Chisinau in November 2008

The government recognizes such factors and obstacles and has taken steps to address them. In addition to targeted efforts to reduce poverty across Moldova, it has initiated an effort to increase women's social status and reduce discrimination against them. For example, governmental commissions have been created at the national level to help identify and coordinate activities of the Department of Equal Possibilities and Family Policy in the Ministry of Social Protection, Family and Child. Funds are to be made available through the Global Fund Round 8 project, which was approved in November 2008, to seek improvement in the quality of lives of PLWHA. Specific plans in the successful Global Fund application call for reducing HIV-related stigma and discrimination and providing support (including nutrition and clothes) to children infected with and affected by HIV.

5. IMPACT OF VIOLENCE AND STIGMA

HIV-related stigma and discrimination remain extensive in Moldova despite the government's commitment to respond appropriately to the epidemic. In practice there are few repercussions for discriminatory actions and no compensation is provided even for those who can prove they experienced stigma and discrimination.

The general feedback from respondents is that informational campaigns aimed at reducing HIV-related stigma have not been effective. Such observations reinforce the findings of a survey about and among people

affected by HIV that was conducted by the National Centre of Public Health Management in 2008. The survey consisted of interviews with 576 families of PLWHA between the ages of 18 and 50. More than three quarters (76.5 percent) of survey respondents said they found it difficult to talk about their HIV status, and the majority of those said stigma was the main reason. Perhaps the most shocking result was the high level of inappropriate and illegal behaviour on the part of health care providers. Half of those surveyed said they had faced HIV-related discrimination at least once, mostly in health care facilities. Forty-four percent of study participants said that confidentiality had been breached when an HIV diagnosis was inappropriately revealed; in nearly half of those cases, doctors were identified as the source of disclosure.

Violence against women in Moldova is relatively common, a situation that further undermines the ability and inclination of HIV-positive women to disclose their status and seek out appropriate treatment and care. For example, according to an article published in 2007 in *Entre Nous, the European Magazine for Sexual and Reproductive Health*, about one third of all Moldovan women under 30 years of age had been the victim of violence after turning 15. About the same percentage of women who had ever been married said that they had experienced psychological or sexual violence from their present or ex-husband.

6. ASSESSING THE WORK OF GLOBAL AGENCIES

Global agencies have long been involved in Moldova's HIV/AIDS response. Their involvement became especially significant in 1996, with the establishment of a special UN coordinating body to assist the government in addressing the epidemic. In addition to key government agencies, the body includes representatives from the Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, WHO and the World Bank. The body helps develop and implement effective strategies to fight the epidemic and, among other things, advocates for multisectoral approaches in regards to the implementation of activities related to HIV prevention and treatment, including HIV-positive women and children born to HIV-positive mothers.

Most government officials and civil society advocates agree that the overall impact of global agencies on HIV-related treatment, care and support, including in regards to prevention of vertical transmission, has been positive. Several agencies deserve special recognition for the type and scope of support they have provided. The Global Fund has played a vital role by approving more than \$25 million in grants to date for Moldova's HIV/AIDS programs, including those related to prevention of vertical transmission. UNICEF, meanwhile, has helped manage prevention of vertical transmission services; its financial support helped renovate a special facility for HIV-positive women and their children and underwrote a survey on the impact of HIV on children.

It is worth noting, however, that the majority of individuals interviewed for this study had no knowledge of the global agencies' involvement. Several government officials were unable to describe or explain the agencies' activities, and nearly all focus group participants had never heard anything about the organizations or their engagement in the HIV/AIDS response in Moldova.

7. RECOMMENDATIONS

Stakeholders should take the following actions to improve prevention of vertical transmission services for women and children in Moldova:

NATIONAL GOVERNMENT:

- Increase financing of prevention of vertical transmission programs at all levels through the national budget.
- Strengthen interaction between civil society and the government. One step would be to increase the number of PLWHA in the Global Fund CCM to three and ensure gender balance.

LOCAL AND NATIONAL AUTHORITIES:

- Develop and roll out an informational campaign designed to increase awareness of HIV and STIs, including effective prevention strategies. This campaign should be undertaken in collaboration with NGOs and should reach all administrative territories and rural areas and should emphasize the importance and availability of VCT services.

MINISTRY OF HEALTH:

- Create a dedicated unit within the MoH to focus on HIV/AIDS. This unit would be responsible for coordinating all HIV-related care, treatment support services at all levels across the country. The current system is fragmented, with different entities within the general public health system having responsibility for different elements of HIV service delivery. For example, prevention of vertical transmission services should be integrated more fully into an overall spectrum of HIV-related care.
 - Develop and implement a program to monitor and follow patients throughout all stages of HIV care, from the moment of diagnosis to ART provision to managing OIs and side effects.
 - Develop and implement a program improving access to medical services not related to ARVs and reproductive health for women and children. This would mean, for example, that HIV-positive women could receive free medical care for any and all conditions, regardless of whether they have insurance.
 - Hire an HIV paediatrician to work at the special hospital unit for HIV-positive children. Currently children are treated by doctors specializing in care for adults.
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- Ensure that VCT services for HIV are available in all health care centres and family planning clinics in the country.
- Develop and publish guidelines that expand awareness of VCT services.
- Create a national centre for HIV/AIDS specialists' education at which prevention of vertical transmission specialists are trained. Eligibility should extend to both governmental and NGO employees.
- Develop the program that helps motivate women to seek out and request prevention of vertical transmission services and medical care.

MINISTRY OF EDUCATION:

- Develop and implement a dedicated program to provide key health and sexuality information in educational institutions. This program should include comprehensive information about all aspects of HIV and prevention of vertical transmission. Similar programs could be established to reach young people outside of school environments, including outreach and training on peer-to-peer education. NGOs working with and for PLWHA should be included in all of these efforts because they have significant experience.
- Develop and distribute HIV and prevention of vertical transmission education materials for pupils and students, teachers and parents.

MINISTRY OF SOCIAL PROTECTION, FAMILY AND CHILD:

- Develop and implement a program that would ensure social protection of HIV-positive women and children. More specifically, this would include financial support for those utilizing prevention of vertical transmission services. Funds could be used to reimburse women for transportation costs to and from clinics and to purchase nutritious food for themselves and their children, for example. Another priority would be to provide special welfare payments for HIV-positive children so their caregivers can better support them.

MINISTRY OF JUSTICE:

- Revise laws and by-laws on HIV/AIDS in order to bring them to conformity with international standards on protection of rights of HIV-positive individuals. A key priority would be to revise the 2007 law on confidentiality so that individuals' HIV status cannot be divulged without their informed consent.

MEDIA:

- Create a series of advertisements for TV, radio and newspapers that focus on reducing HIV-related stigma and discrimination against women.
 - Initiate a wide-ranging campaign to raise the level of awareness about prevention of vertical transmission programs and services.
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