HIV Leadership through Accountability
MOLDOVA

GIPA Report Card
Moldova

# Country Assessment 2010

October 2011

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

UKaid from the Department for International Development

# Moldova

Published by:
**PLHIV League of Moldova**
Chisinau, Ismail Street, 23B
Republic of Moldova

Website: www.ligaaids.md
Email: liga@ligaaids.md



Suggested citation: PLHIV League of Moldova, GNP+ (2011). The GIPA Report Card Moldovan Country Assessment 2010. Chisnau, PLHIV League of Moldova.

# GIPA Report Card

## Acronyms

| | |
|---|---|
| **ARV** | Antiretroviral |
| **CCM** | Country Coordinating Mechanism (for delivery of Global Fund interventions) |
| **DfID** | UK government Department of International Development |
| **GF** | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| **GIPA** | Greater Involvement of People Living with HIV |
| **GNP+** | Global Network of People Living with HIV |
| **GTL** | Technical Working Group |
| **IDU** | Injection drug users |
| **LGBT** | Lesbian, gay, bisexual and transgender |
| **MSM** | Men who have sex with men |
| **NCC** | National Coordinating Committee |
| **NGO** | Non-Governmental Organisation |
| **MDG** | Millennium Development Goals |
| **PLHIV** | People Living with HIV |
| **SND** | National Development Strategy |
| **TB** | Tuberculosis |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS |
| **UNGASS** | United Nations General Assembly Special Session on HIV/AIDS |
| **VCT** | Voluntary counselling and testing |
| **WHO** | World Health Organisation |

# Acknowledgements

The PLHIV League of Moldova would like to thank the United Kingdom's Department for International Development (DfID) Governance and Transparency Fund (GTF) and the Global Network of People Living with HIV (GNP+), for the financial and technical support that made this study possible.

We are especially grateful to Vasile Cantarji, the consultant who led the research process and developed the final report.

We would like to thank Igor Chilcevschii and Liudmila Untura at the League, and Georgina Caswell, Programme Officer at GNP+, for the technical guidance provided throughout the study.

We would like to acknowledge the invaluable role of PLHIV and their partners who participated in this study for their time and sharing their stories. We trust that these findings will contribute to improving the health and quality of their lives and that of PLHIV in general.

Lastly, the PLHIV League of Moldova acknowledges the support from the Global Network of People living with HIV (GNP+) and the World AIDS Campaign (WAC) for their work on the HIV Leadership through Accountability programme. The GIPA Report Card is one of five evidence-gathering tools being implemented through the HIV Leadership through Accountability programme. The programme combines specific HIV evidence-gathering tools, national AIDS campaigns and targeted advocacy to achieve Universal Access to prevention, treatment, care and support. For more information about the HIV Leadership through Accountability programme please visit www.hivleadership.org.

# GIPA Report Card

## Contents

# Introduction

The Greater Involvement of People living with HIV (GIPA) is a principle that "aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives enhance the quality and effectiveness of the AIDS response" (UNAIDS 2007). In addition to this, the meaningful involvement of people living with HIV can greatly enhance the quality of policies and interventions by incorporating their contributions, which are informed by their experiences.

The idea that the personal experience of PLHIV should be used in developing strategies to respond to the HIV pandemic was first expressed by PLHIV in 1983 in Denver, Colorado.

The GIPA principle was formalised at the 1994 Paris AIDS Summit when 42 countries agreed to "support a greater involvement of people living with HIV at all…levels…and to…stimulate the creation of supportive political, legal and social environments" (UNAIDS 1999). Through the Paris Declaration of 1994, participating nations committed:

- to mobilize all of society—the public and private sectors, community based organisations and people living with HIV—in a spirit of true partnership;
- to make available necessary resources to better combat the pandemic, including adequate support for people living with HIV, non-governmental organisations (NGOs) and community-based organisations working with key populations;
- to support a greater involvement of people living with HIV through an initiative to strengthen the capacity and coordination of networks of people living with HIV and community-based organisations. By ensuring their full involvement in our common response to the pandemic at all levels—national, regional and global—this initiative will stimulate the creation of supportive political, legal and social environments.

In 2006, 192 United Nations member countries endorsed the GIPA principle.

The GIPA Report Card is a tool for obtaining data on the practical experience of applying the GIPA principle in specific countries, taking into account the views and experiences of PLHIV. This kind of research can monitor and evaluate the application of the GIPA principle by governments and organisations in different countries to improve the efficiency of organisational, political and financial initiatives taken to ensure greater PLHIV involvement in the HIV response.

# Moldova

The GIPA Report Card accomplishes this by:

- providing information about the extent to which the GIPA principle is implemented and helping to establish an initial baseline for evaluating the level of implementation of this principle in the future;
- informing governments, non-governmental organisations, United Nations agencies, donors, PLHIV organisations and other interested parties about the level of PLHIV community involvement in decision-making processes;
- increasing the meaningful involvement of PLHIV in various sectors within a broader national HIV response;
- assisting in the development of indicators for monitoring and evaluating the quality of PLHIV participation;
- providing guidance to interested parties (governments, NGOs, United Nations agencies, donors, PLHIV organisations) on opportunities for implementing the GIPA principle in their policies, programmes, and funding.

PLHIV led on the implementation of the GIPA Report Card. This report provides the results of the GIPA Report Card study conducted in the Republic of Moldova.

## Policy and Literature Review

### HIV and AIDS in Moldova

In Moldova, the first HIV cases were registered in 1987.

In the first half of the 1990s a relatively small number of cases were noted, but in 1995 a number of infections among injecting drug users (IDUs) were recorded.

Since 2000, there have been some changes amongst key populations, with a general increase in the proportion of HIV cases due to sexual transmission. By 2005, the number of HIV cases contracted sexually exceeded the number of those contracted through injection drug use. Nevertheless, by the end of 2008, HIV transmission through injection drug use had risen again, accounting for 50% of all cases. Sexual transmission accounted for 47.3% of new cases, vertical transmission accounted for 1.3% of new cases, and 1.3% of new cases had no identified means of transmission. The epidemic remains concentrated in certain key population groups such as injecting drug users, female sex workers, men who have sex with men (MSM), and prisoners.

As of June 1, 2010, there were 5,999 cumulatively recorded cases of HIV infection, including 1,891 cases in the territory of Transnistria. In 2009, there was a slight decrease in the

number of new diagnoses: 704 cases (17.12 per 100,000 people) compared to 795 cases (19.27 per 100,000 people) in 2008.

Almost immediately after the first registered cases of HIV, the country started elaborating its national response to HIV. There were several phases in the development of the national response. Initially, the emphasis was placed on testing more people for HIV and on increasing the capacity to diagnose new cases and to conduct epidemiologic surveillance of HIV infections. After registering incidences of infection among injecting drug users, a mandatory HIV testing programme was introduced for drug users. Harm reduction projects were started in the most affected areas in the hope of containing the epidemic to those local areas.

The country's third national AIDS programme is currently being implemented. It outlines strategies and priorities for preventing the further spread of the epidemic, improving epidemiologic surveillance and providing treatment.

## The GIPA principle in Moldova

While the GIPA principle is not explicitly included within the national HIV and AIDS framework, one of the six guidelines of the National Programme on the Prevention and Control of HIV/AIDS and STIs for 2011-2015 stipulates that PLHIV and HIV communities must participate in the development, implementation and evaluation of the Programme (principle 5).

PLHIV participate in the national structures that coordinate efforts to address HIV. The Chairman of the PLHIV League is deputy chairman of the National Coordination Committee (NCC), which could be considered the highest authority in the response to HIV. This body also includes PLHIV representatives from NGOs working in the field of HIV.

> *"As a PLHIV, I am involved in the activities of the Moldovan National Coordinating Committee (NCC) for HIV/AID Sand TB. I am also a member of the PLHIV League of Moldova. Due to this, I can participate in the processes of programme development, decision-making, monitoring, and also represent the interests of PLHIV and ordinary citizens, because I simultaneously work at the "field" level."* (NGO director)

Within the framework of this project and this study, the GIPA principle was promoted by the PLHIV League of Moldova.

# Moldova

## Methods

### Sampling

This study was conducted using the GIPA Report Card User Guide, developed and published in May 2009 by the Global Network of People Living with HIV (GNP+).

PLHIV League representatives participated in the identification of a sample of organisations to be included as respondents. The sample was developed through a multi-staged process, and included representatives from the following stakeholders: civil society and PLHIV NGOs, government agencies, international organisations and donors. A group of PLHIV representatives was selected from member organisations of the PLHIV League of Moldova.

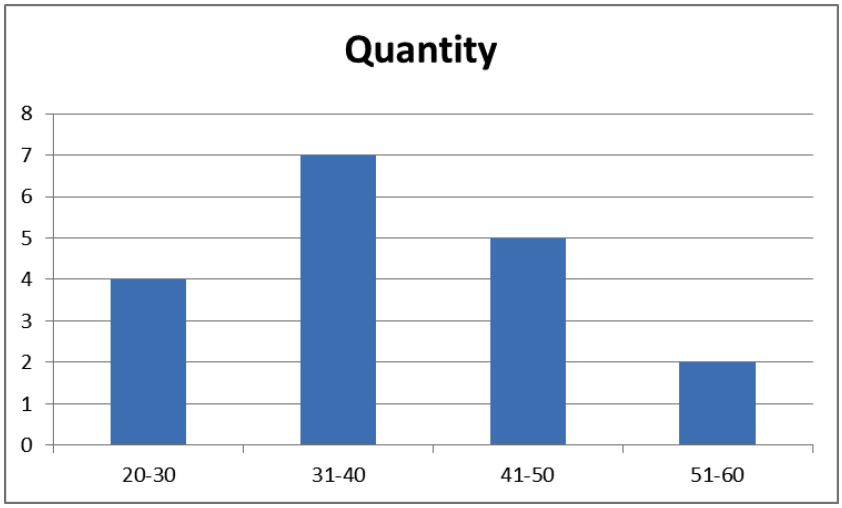
In total, 18 respondents from 17 organisations were interviewed. The survey was conducted using a standard questionnaire developed by GNP+.

For data collection, five PLHIV were recruited and trained on the research objectives and tools.

### Profile of Respondents and Organisations

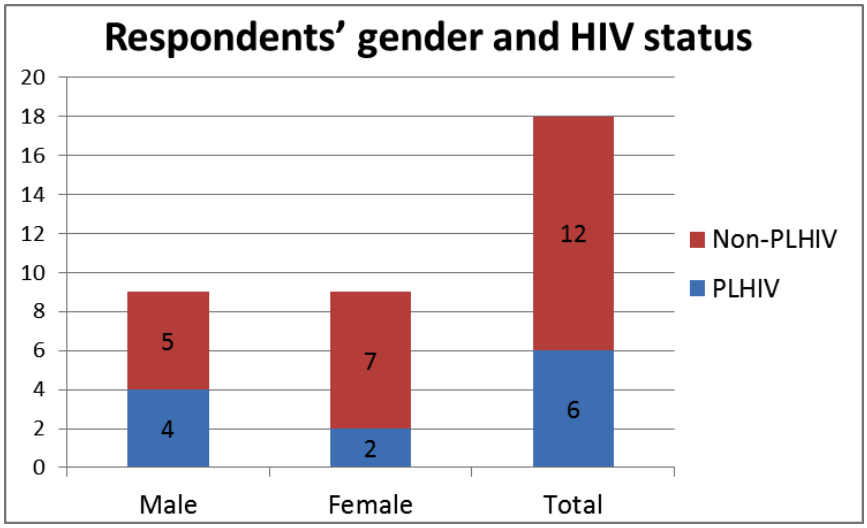
For this study we interviewed 18 people representing 17 different organisations: government agencies, NGOs and international organisations working in HIV-related fields.

The respondents' ages ranged from 24 to 60 years, with an average age of 39. The chart below gives a summary of the age distribution.

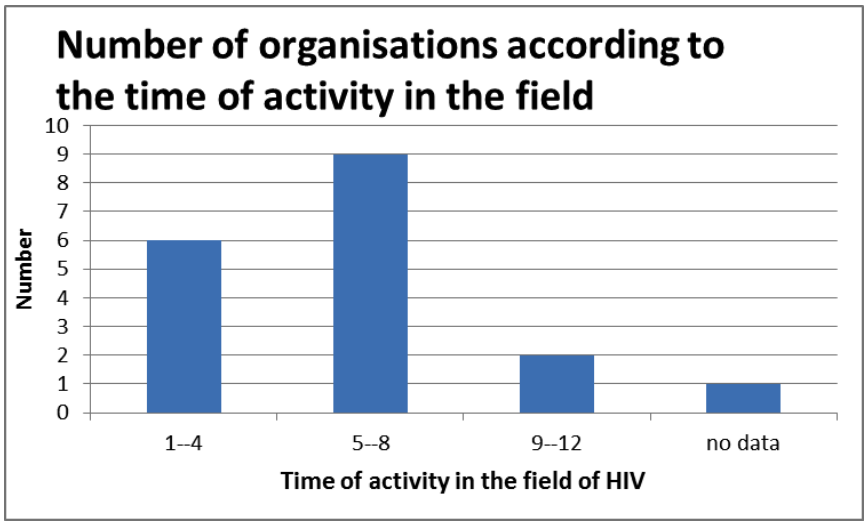


# GIPA Report Card

There was an equal number of men and women: nine men and nine women (none of the participants identified as being “transgender”). One third of study respondents were PLHIV: four male and two female.




Respondents’ organisations have been active in the field of HIV for a period of 1- 12 years. Only two have been active for 12 years. One organisation did not indicate how long it has been active, since it is a local authority in one of the cities.




Half of the organisations have been working in the field of HIV for 5-8 years. Others are relatively new, with only 1-4 years of experience. Taking into account the relatively short time since the presence of HIV in the country was reported (the first case was recorded in 1987), this distribution of organisational experience is not surprising.

# Moldova

Study respondents included five representatives of state agencies, 11 NGO representatives (members of the PLHIV League being among them) and two representatives of international organisations—the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO).

Given this broad spectrum of organisations, we see a very wide range both in terms of organisational budgets and missions. Some of these missions include:

- *Combining the efforts of all responsible and interested parties in resolving issues related to HIV/AIDS: NGOs, governmental, socio-political, political, religious, industrial and commercial, international and foreign organisations, as well as the general public throughout the Republic of Moldova.*
- *Protecting the rights and interests of PLHIV and their families, as well as their support and reintegration into society*
- *PLHIV support at different levels: financial, consulting, legal, psychological.* (This mission is carried out by NGOs that are members of the PLHIV League.)
- *Activism development and PLHIV involvement in decision-making processes* (i.e. direct implementation of the GIPA principle.)

There are also organisations responsible for implementing public health policy in general and in the field of HIV in particular, such as the National Centre for Health Management. Another respondent, the PAS organisation, is the leading recipient of the Global Fund (GF) grant for the Republic of Moldova.

The PLHIV League requires its member organisations to include PLHIV among their organisation's workers. A slight majority of the sampled organisations (10 out of 18) indicated that among their staff are people who do not disclose their HIV-positive status. Eight of these organisations include PLHIV as direct beneficiaries in their mission.

Government and international organisations did not report having any HIV-positive staff, nor did they indicate having positions designated for PLHIV. At the same time, representatives from these institutions stated that there were no barriers for PLHIV to occupy any position:

- *The organisation does not consider HIV status to be either an obstacle or an advantage when hiring employees;*
- *There are no positions specially designated for PLHIV, but HIV status is irrelevant in employment, and everybody has equal rights.*

Discussions about the GIPA principle had been held in seven of the sampled organisations. In three other organisations, there had been informal discussions on this topic. As a rule, these

organisations are PLHIV League member NGOs or missions of international organisations. Governmental organisations included in the sample had not held discussions on the GIPA principle.

| Overview of organisations participating in the study | | | | | |
|---|---|---|---|---|---|
| **Organisation** | **Type of organisation** | **Annual budget (Euro)** | **Organisational mission and target groups** | **No. of known PLHIV working in the organisation** | **GIPA discussions carried out** |
| PLHIV League of Moldova NGO | PLHIV Network | 100000 | Combining the efforts of all responsible and interested parties in resolving issues related to HIV/AIDS: NGOs, governmental, socio-political, political, religious, industrial and commercial, international and foreign organisations, as well as the general public throughout the Republic of Moldova. | 1 | Yes, but very long ago, in 2006 |
| "Biaz Gul" NGO | PLHIV Support Group | – | Protecting the rights and interests of PLHIV and their families, as well as consolidating the efforts of governmental structures, the private sector, and international NGOs, in order to resolve issues related to HIV/AIDS. | 5 | Yes |
| "CredintaTiraspol" NGO, PLHIV League | Country Organisation of PLHIV Network | – | Support and reintegration of PLHIV into society. Providing psychological, social, legal, consulting assistance. | 1 | No |
| "Credinta" NGO | Country Organisation of PLHIV Network | 90734 | Protecting the rights and reintegration into society of people with HIV infection, development of activism and PLHIV involvement in decision-making processes. | 7 | Yes |
| "Credinta T" NGO | PLHIV Support Group | 27000 | | 2 | No |
| Balti Mayor's Office | Public Institution | 14375000 | Protecting interests and resolving problems of local community. Organizes, coordinates and is responsible for social protection activities. | | No |
| Department of Social Welfareand Family Protection | Public Institution | – | Facilitating the increase of quality of life of vulnerable population groups through providing social assistance on the local level. | | No |
| "Second Breath" NGO | AIDS Service | 50000 | Improving the quality of life of vulnerable population groups through public care service (for elderly and disabled people, | 6 | Informal |

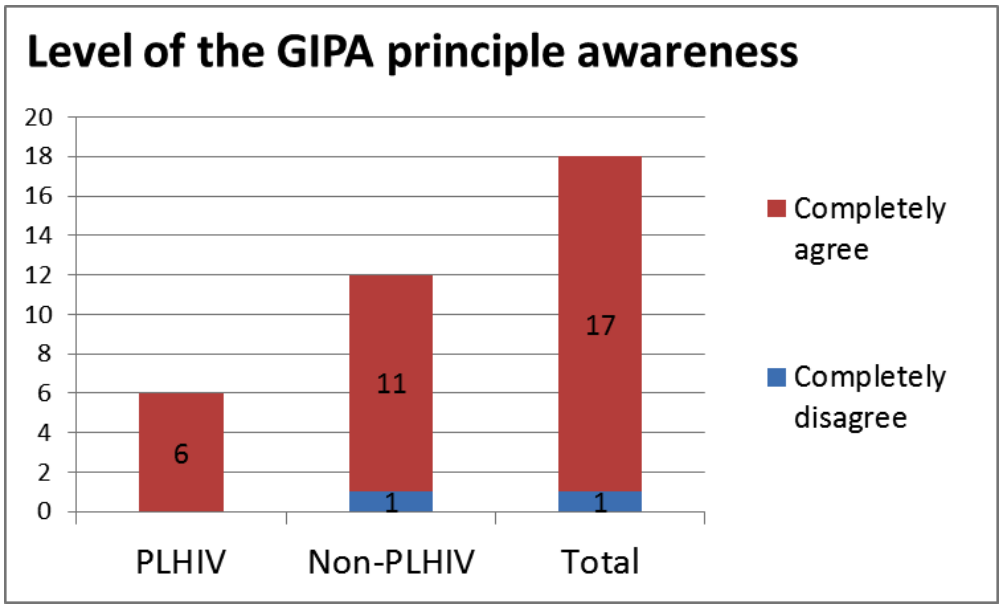
# Moldova

| | | | | | |
|---|---|---|---|---|---|
| | | | including those with terminal illnesses). Informal and educational programmes. | | |
| "Credinta Nord" NGO | AIDS Service | 24000 | Support for PLHIV on different levels: financial, consulting, legal, psychological. Improving quality of life. | 2 | Informal |
| "Chance plus" NGO | AIDS Service | – | We are an organisation created by PLHIV and people affected by HIV, promoting public awareness about living with HIV, acting for PLHIV protection and assistance that meets their needs and requirements. | 2 | No |
| Healthcare Department, Balti Mayor's Office | Public Institution | – | Implementation of health policy on the municipal level. | 0 | No |
| Department of Social Welf are and Family Protection | Public Institution | – | Facilitating the increase of quality of life of vulnerable population groups through providing social assistance on the local level. | 0 | No |
| UNAIDS Moldova | Country Coordinating Mechanism | 307692 | UNAIDS is a decision-maker and overall coordinator of public and community organisations working to protect all groups vulnerable to HIV infection. | 0 | Yes |
| WHO | UN Agency | 88462 | Providing technical and financial support to the Ministry of Health. Evaluation and training, regional and local seminars, technical support and consulting. | 0 | Informal |
| "GENDERDOC-M" Information Centre | Civil Society Organisation | 320000 | | 1 | Yes |
| Regional Centre for Public Policies | Civil Society Organisation | 30000 | Development and implementation of programmes aimed at reducing the spread of HIV infection and tuberculosis in society. Consolidating efforts and involvement of religious organisations and leaders to effectively participate in solving urgent social problems, such as HIV infection, tuberculosis, hepatitis, drugs, human trafficking, etc. Services and activities of the organisation: medical consulting, peer counselling, psychological and social support, mutual support groups, seminars and trainings. Also referring and accompanying to services: legal consulting, | 7 | Yes |

| | | | | | |
|---|---|---|---|---|---|
| | | | psychological counselling, vocational training and guidance, in-kind assistance (food packages), summer camps for children, services for people affected by various types of dependence (drugs, alcohol), spiritual and moral education. | | |
| National Centre for Health Protection Management | Public Institution | 30000 | | 0 | Yes |
| PAS Centre | Civil Society Organisation | 4500000 | | 0 | – |

## Q1. Awareness of the GIPA Principle

An overwhelming majority of survey participants are aware of the essence of the GIPA principle. A total of 17 out of 18 respondents completely agreed with the statement "I know that the GIPA principle means meaningfully involving PLHIV in the programmatic, policy and funding decisions and actions that impact on our lives by ensuring that we participate in important decisions". The only participant who disagreed with the statement is not a PLHIV.




At the same time, not all of those surveyed clearly understand the essence of the principle. Often the implementation of the GIPA principle is perceived as participation in certain events, such as public events to highlight HIV issues, or as developing specific programmes:

# Moldova

*"The establishment of municipal social programmes on HIV/AIDS prevention. Adoption of programmes in the spheres of healthcare, communal services, municipal cooperative activities."*

One of the respondents provided the example that a member of their organisation participated in prescribing antiretroviral drugs (ARVs) for tuberculosis (TB). Another respondent mentioned the practical aspects of working with PLHIV organisations:

*"Peer consulting; developing adherence to ARV therapy using one's own example; PLHIV participation in the mayor's office council sessions to monitor decision-making; PLHIV participation in multi-functional teams to improve the quality of life of other PLHIV."*

Respondents assessed the situation in the country in differing ways, running the range from stating that *"PLHIV do not participate"* to saying that there is active involvement, including collaboration with local authorities. One of the respondents provided this assessment:

*"PLHIV have opportunities to get involved in the response, but it often depends on their own level of motivation and interest to get involved in this work. Also the access to those mechanisms for involvement is limited in rural areas and regional centres that are away from large cities, due to low economic and infrastructure development. Another determining factor in PLHIV motivation is poverty: they choose to earn their living rather than be involved in community activities. Society is consumerist, perhaps as a consequence of the Soviet Union policy. But technically, all those who are interested have access to means of participation through a variety of community organisations providing services to PLHIV, through the PLHIV League of the Republic of Moldova, via the Country Coordinating Mechanism (CCM) of Moldova. But lack of awareness of opportunities to participate in such a way and lack of motivation are critical factors that create barriers to the quantitative and meaningful participation of PLHIV in the political process".*

The following response is also revealing:

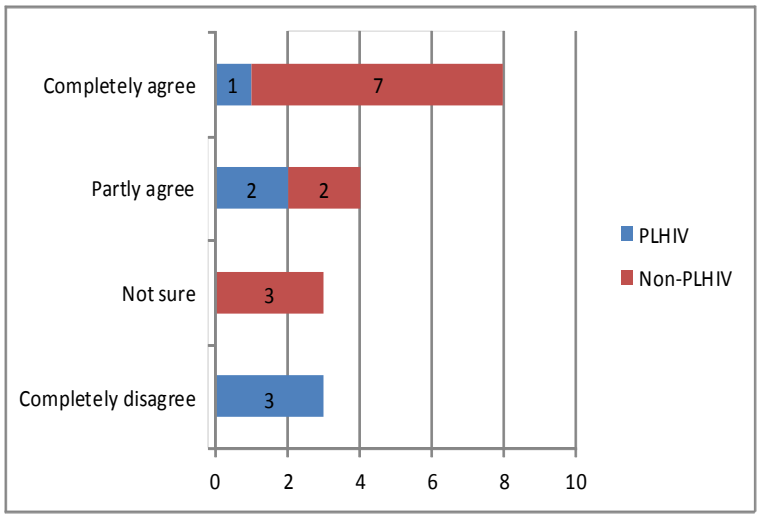
*"The situation in the country is not conducive to PLHIV participation in the response to HIV. The work is performed thanks to the investments of foreign donors".*

The majority of the people either give vague answers (for example, *"there are opportunities for PLHIV involvement in various processes"),* or drew attention to information campaigns.

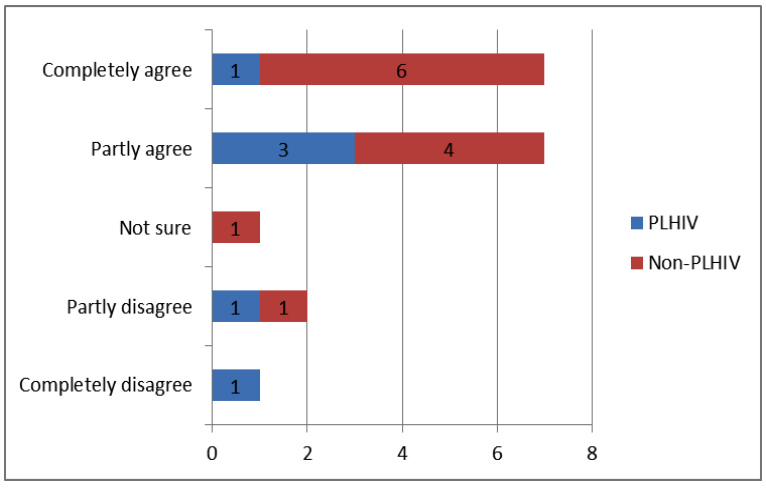
# GIPA Report Card

## Q2. National HIV and AIDS Plan

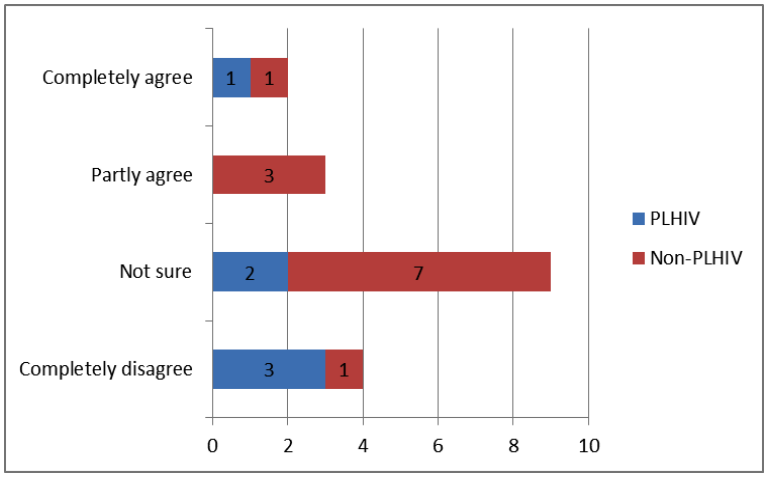
Respondents were asked about the involvement of PLHIV in the national HIV and AIDS Plan.




**The GIPA principle is fully included in the National HIV and AIDS Plan**

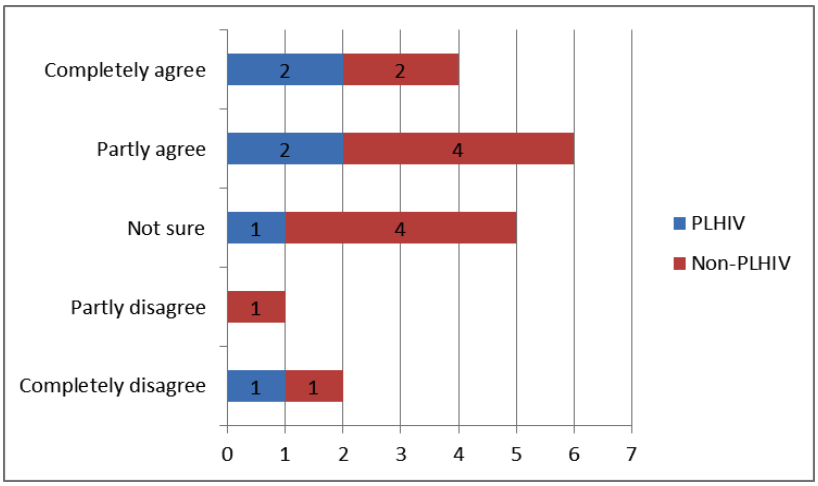



**PLHIV have been actively involved in developing the National HIV and AIDS Plan.**

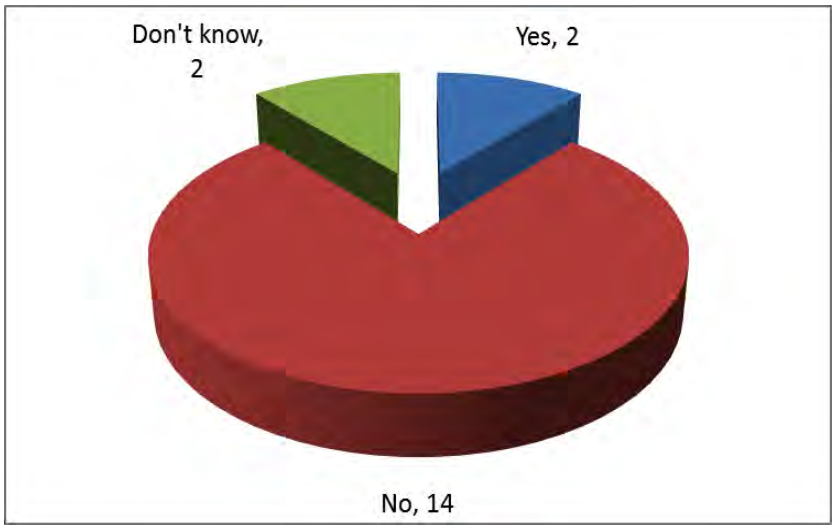



**Research on the GIPA principle was conducted in my country**

# Moldova




**The GIPA principle was duly incorporated in the monitoring and evaluation framework of the National HIV and AIDS Plan**




As we can see, the majority of respondents agree that the GIPA principle is included in the National Plan to Combat AIDS, that PLHIV participated significantly in the development of this Plan, and that the GIPA principle is included in the monitoring and evaluation framework of the Plan.

However, they disagreed that research on the GIPA principle has been conducted.

Only 2 of the 18 respondents believe that there is a national plan for implementing the GIPA principle in Moldova.

While there is general agreement about the necessity to include the GIPA principle in national HIV plans, there is lack of knowledge about the essence of the National Plan to

Combat AIDS. When answering the question *"Are the National AIDS Plan and/or National GIPA Plan adequate? Do they have allocated budgets? How have they been put into action? How could they be improved?"* eight (8) out of 18 respondents chose "I don't know", "not sure" or gave no answer. Others answered as follows:

> *"There is a National programme to control, prevent and treat HIV in Moldova for 2011 – 2015 (before that there was a Programme for 2006 – 2010). A national plan to implement the GIPA principle does not exist. The National Programme has a well-structured budget, targeted funding, and outlines the cost of activities (all as required by the Global Fund). The previous National programmes were implemented on paper, and the indicators showed them as successful and completed, but there were always the following factors present: 1. The focus was not on quality, but on quantity, which adversely affected the situation in general, priorities for further funding and the quality of life of PLHIV in particular. 2. The policy of artificially reducing the epidemic through the use of official data that presented the epidemic spread as lower than it was led to an ambiguous picture of the epidemic as a whole and affected the quality of actions taken. 3. The strong influence of donor organisations, their opinions, policies and views on priorities, goals, methods and standards for the response, which often do not correspond to implementation at a local level. We must take into account the context and experience in a particular country; focus should not be on short-term quantitative result, but on best practices and long-term results, though they may need longer-term investments".*

> *"Yes, the plan was developed and it has targeted funds".*

> *"It is necessary to involve PLHIV more actively, since we are talking about the GIPA principle. As a seropositive person, I do not know much about the existence of any national plan to implement the GIPA principle".*

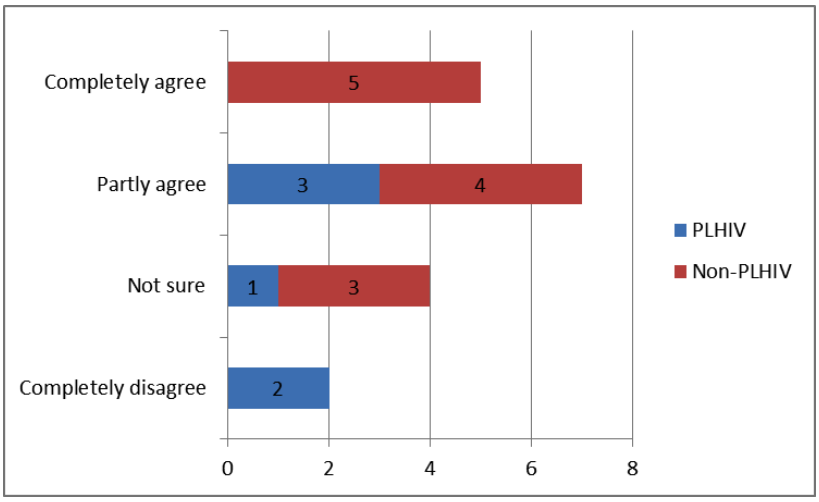
> "Pursuant to articles 6, 7, 9 and 72 of Law No. 10-XVI of February 3, 2009 on State Supervision of Public Health (Official Monitor of the Republic of Moldova, 2009, No. 67, art. 183) and article 4 of Law No. 23-XVI of 16 February 2007 on the Prevention of HIV/AIDS Infection (Official Monitor of the Republic of Moldova, 2007, No. 54-56, art. 250), the Government decided to adopt the National Programme on Prevention and Control of HIV/AIDS infection and sexually transmitted infections for 2011-2015. A specific national plan of proper GIPA principle implementation is non-existent. Formally, the GIPA principle is taken into account. PLHIV are represented in almost all the working groups of the CCM. There is no direct funding to implement the GIPA principle; however, for example, through funding from Round 8 of the Global Fund in Moldova one of the project objectives is to directly develop the capacity of the PLHIV

# Moldova

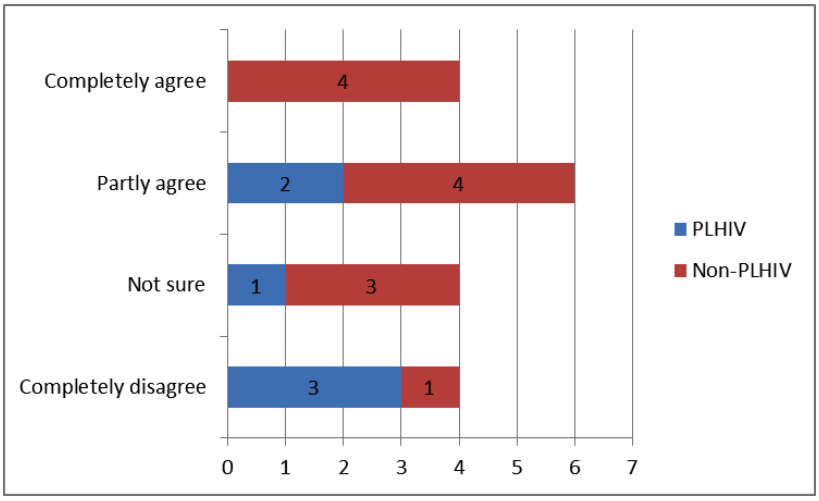
League that involves further expansion of considerable participation of PLHIV in decision-making. At the same time it should be mentioned that there is no transparency in implementing GF country projects. Information is not completely available to PLHIV, even to PLHIV who are actively involved in the social movement".

## Q3. The GIPA Principle at National and Regional Levels

When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:




**The GIPA principle has been duly taken into account when planning HIV-related activities at the national/regional level.**




**PLHIV were meaningfully involved in the development of HIV-related policies at the national/regional level.**

In assessing the inclusion of the GIPA principle in efforts to address HIV, although opinions are generally positive, there is a wide range of opinions. Four of the respondents doubt that

this principle is properly taken into account while developing activities and two respondents completely disagree that this is happening.

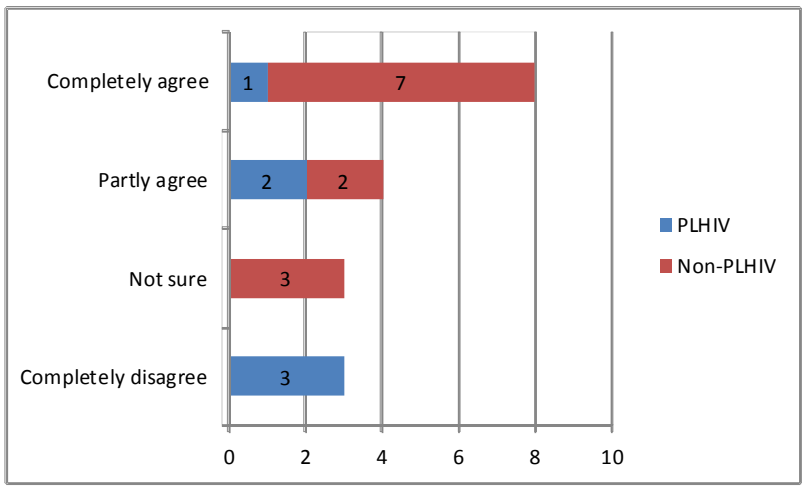
A similar range of opinions is seen regarding the statement *"PLHIV were meaningfully involved in the development of HIV-related policies at the national/regional level".* Eleven out of 18 people answered "I don't know" or gave no answer, and a considerable portion of respondents either doubt or completely disagree on the statement. This was reflected in the comments we received:

> *"Both on paper and de facto PLHIV representatives have been and are involved in decision-making, but often some of the issues are beyond the PLHIV competence and level of influence: the problems are resolved in advance, without their participation, and announced later—PLHIV facing the fact and having to decide very quickly, without a possibility of considering and consulting with the PLHIV community. PLHIV representatives are not yet at a decent level of influence in matters of principle. For three reasons: 1. No desire on the part of authorities to involve the community representatives in the processes, especially those related to financial matters. 2. PLHIV do not have enough qualitative and constructive coordination to change the political situation 3. Lack of PLHIV motivation to get united in order to achieve an effect".*
>
> *"The inclusion of PLHIV in the NCC".*
>
> *"Involving PLHIV is not a guarantee of considerable participation. We look forward to improving the quality of participation through ongoing strengthening of PLHIV capacities and their civic responsibility. In this context, the experience of PLHIV organisations in the region and numerous training courses organized at the national and regional level are important measures to improve the quality of participation".*
> *"Reorganisation of the GIPA principle is seen as a way to collect data on stigmatisation and discrimination, providing evidence that can be used as tools to protect the interests of people and implementing effective change".*
>
> *"In fact, involving PLHIV is formal and made only to be recorded in the proceedings to follow international recommendations! After signing the documents (to apply or participate in the preparation of the Plan) PLHIV are not informed about the progress of programmes. PLHIV representatives are not key players and are limited in influence on policy issues, in particular those regarding participation in making decisions on financing. PLHIV potential is not developed enough, PLHIV organisations lack coordination in their actions on changing policy towards significant participation. Poverty, stigma and discrimination are three major barriers reducing the level of PLHIV motivation to actively participate, which is quite satisfying for state structures".*

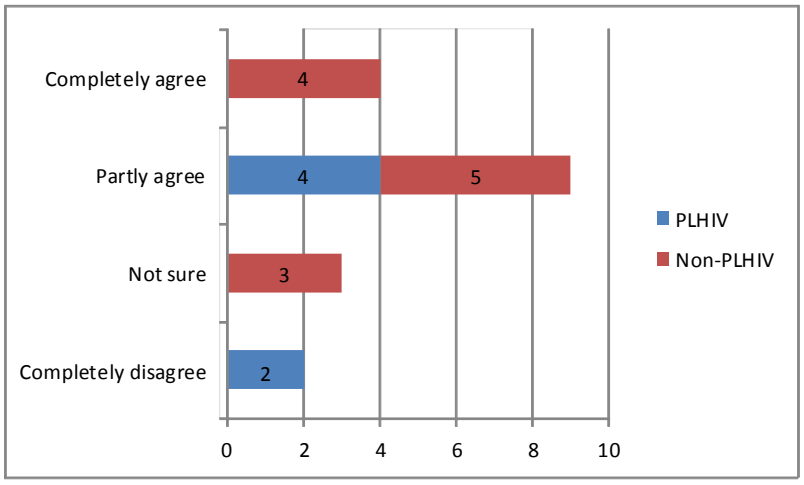
# Moldova

## Q4. United Nations General Assembly Special Session on HIV/AIDS (UNGASS)

When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:




**I am familiar with UNGASS and my country's international commitments to the HIV response**




**PLHIV organisations or networks are meaningfully involved in developing the report to UNAIDS on progress towards reaching UNGASS targets.**

Most respondents feel they are familiar with UNGASS and international commitments to the HIV response from the Republic of Moldova. A large proportion of respondents (13 out of 18) noted that the organisations they represent are actively involved in the preparation of the UNGASS report.

As in the third section, there were nearly no comments, indicating an acute shortage of information on this topic. The few comments we receives are as follows:

*"PLHIV organisations are involved in compiling this report, but only partly, in terms of*

*some benchmarks and indicators. Also, the quality of the data provided for the report by the country is poor, due to the fact that many data and data collection results are coordinated and conducted by professionals who are not part of the PLHIV community or employees of PLHIV organisations. That is, PLHIV may be responsible only for those data in whose collection they were directly involved, other data being very questionable, as we can judge by our experience".*

*"There is lack of awareness of the abovementioned mechanisms, and an insufficient level of cooperation between PLHIV organisations and networks to ensure a more effective implementation of these processes".*

*"Through the NCC, technical working groups, workshops provided by UNAIDS and the Ministry of Health".*

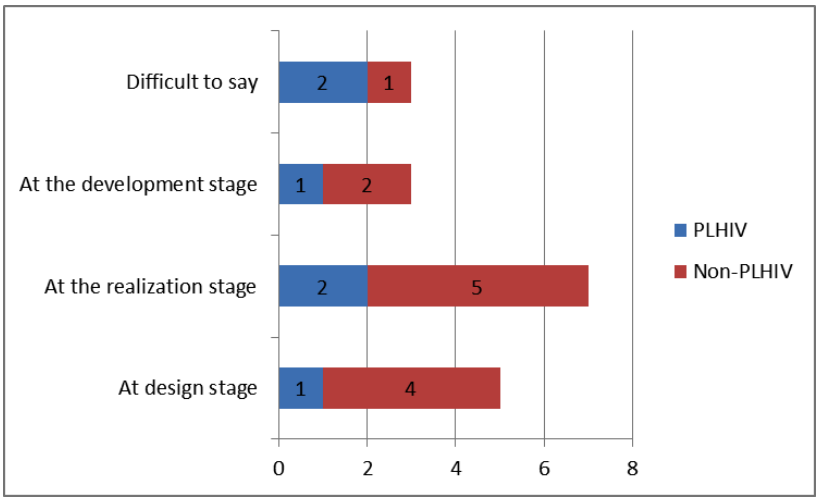
*"The PLHIV League participates in national meetings to discuss data and methodologies, in discussions on indicators and draft reports. Their contribution is still not always significant".*

*"PLHIV organisations take an active part in compiling this report, but this applies only to project activities and indicators associated with these activities. Meaningful involvement is limited by the lack of capacity and access to information from concerned ministries, departments and international agencies that have country offices in Moldova. Therefore, PLHIV have the possibility to become familiar with data on the UNGASS indicators, but in no way can evaluate their credibility. Carrying out an alternative public monitoring is limited by the lack of information. Therefore, PLHIV involvement in reporting to UNGASS is only a declaratory statement on the part of the state structures".*

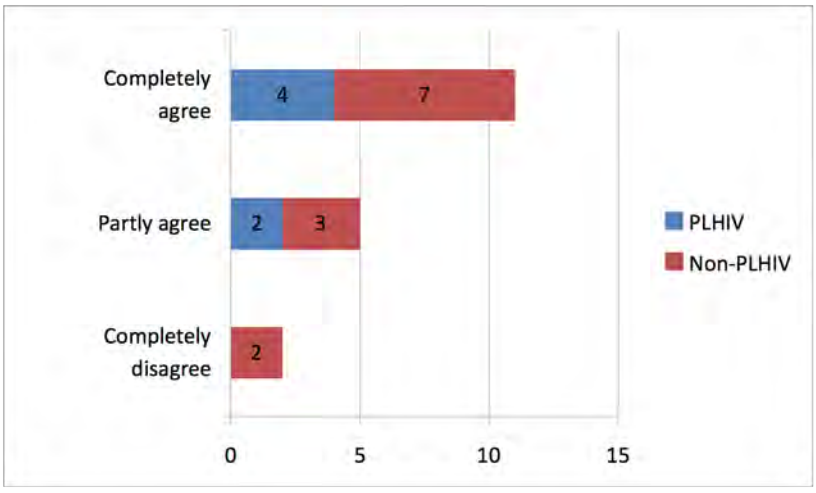
# Moldova

## Q5. Policy Development

The questions about PLHIV involvement in policy development were answered as follows:




**At what stage do PLHIV mostly begin to participate in policy development at the national level?**




**In general, I believe that the involvement of PLHIV in policy development at the national level is meaningful.**

Regarding the stage at which PLHIV involvement happens in the development of programmes that are in most cases PLHIV-targeted, the majority of respondents selected the conception stage (five respondents) or the development stage (seven respondents). The vast majority of respondents believe that the level of PLHIV involvement in policy development is meaningful.

We received the following comments to these questions:

> *"I absolutely agree that PLHIV involvement in policy development on the national level is definitely meaningful, because PLHIV are the addressees of the support to*

*strengthen advocacy, policy and programmes grounded on the evidence base and on extending their participation in national processes".*

*"PLHIV should be involved, but in our country it is unacceptable".*

*"PLHIV League representatives take part in regular CCM meetings and seminars to discuss and develop policies and national strategies".*

*"Partly agree, as I am familiar with the examples from when it was possible to influence the introduction in the National Plan, as well as the application to the Global Fund—the component on psychosocial support for IDUs, for example. But, in general, it is too early to speak about full and all-embracing PLHIV participation and influence on state HIV policy at the national level. However, there are positive changes".*

*"Under the Law on Transparency in Decision-Making, when developing programmes and policies in this area, interested parties should be consulted, but so far there is no information about collaboration".*

*"The development of services for this category of persons through the establishment of the centre, information, PLHIV involvement".*

*"Development of the National Programme".*

*"PLHIV participated in the preparation of country applications for Round 8 of the Global Fund. Based on suggestions from PLHIV, the components of psychosocial support for IDUs and issues of changing case management for HIV patients were included in the proposal, but unfortunately at present we do not observe significant PLHIV influence on HIV policy."*

Fewer answers were received to the question about HIV-positive women participating in policy formulation at the national level, as well as the efficiency of such participation:

*"In our country there is no network and organisation of HIV-positive women".*

*"I did not hear about participation".*

*"Yes, they did".*

*"I do not know about the national level, but at the municipal level—yes".*

*"The PLHIV League and certain NGOs are represented in technical working groups".*

# Moldova

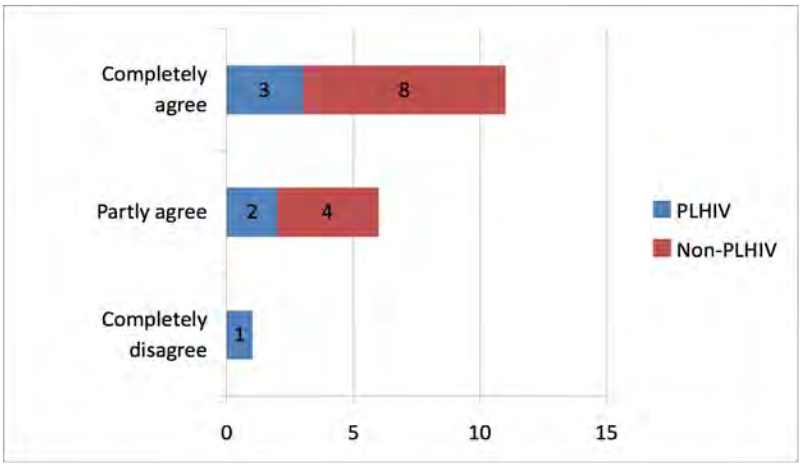
*"They took part as PLHIV League of Moldova representatives. It is hard to estimate the effectiveness because of lack of awareness. But, thanks to their participation, a large component of psychosocial support for women and children with HIV was included in the financing framework of the Round 8 project of the GF".*

*"I think so, because at the moment a big emphasis is put on gender equality, and seropositive pregnant women are one of the priorities, as well as women living with HIV in general".*

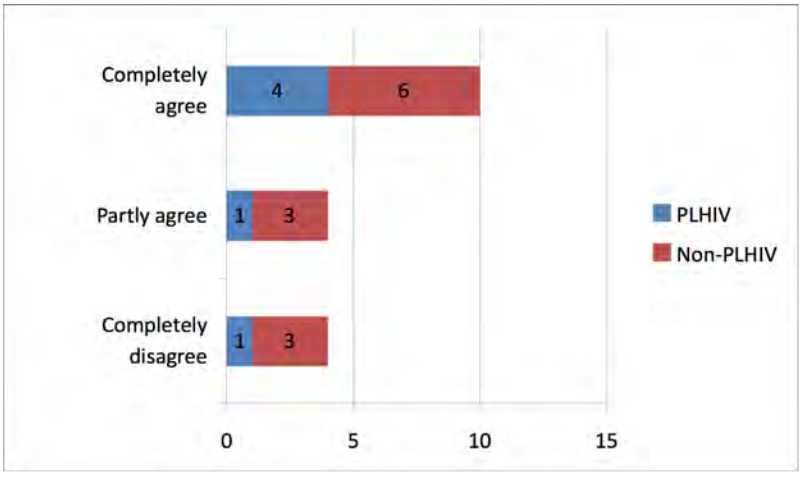
*"Yes, they were and are taking part at the moment. Female PLHIV representatives are active members of CCM working groups on treatment and social protection. They were the initiators of the inclusion of psychosocial support for women and children with HIV in the financing framework of the Round 8 project of the GF".*

## Q6. Universal Access

When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:

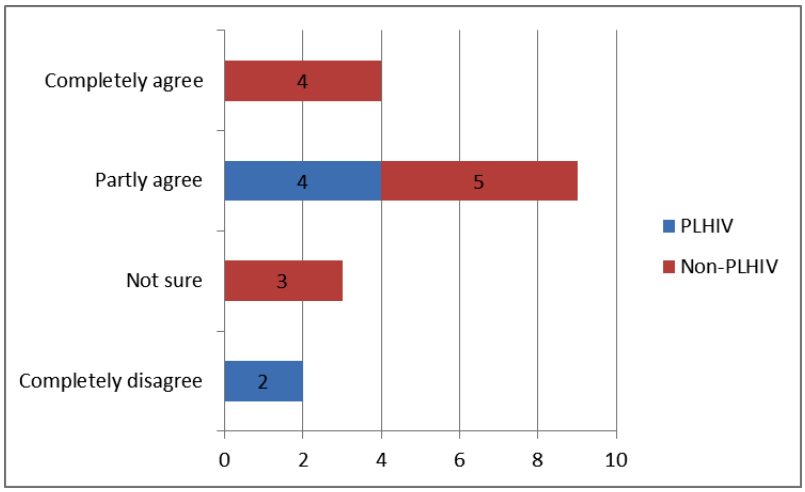



**I am familiar with the commitments and objectives of universal access.**




**My government has set universal access targets, including the number of PLHIV who will receive antiretroviral therapy by 2010.**

# GIPA Report Card




**PLHIV were meaningfully involved in the development of the objectives of universal access.**

The respondents provided the following answers and comments to the questions: *"What are the barriers to achieving universal access? What could help in achieving these objectives? What measures are effective? Provide information about the quality of medicines and the regularity of their supply".*

> *"Barriers are the same as the ones mentioned before: 1. Lack of PLHIV motivation and awareness of the need and availability of preventive and curative measures. 2. Underdeveloped infrastructure and range of services for PLHIV in the regional centres and rural areas. 3. Insufficient focus of all the structures providing services on building constructive relations with the customer and on improving the quality of his life (or simply low quality of services). 4. Lack of quality referral and coordination of various state agencies and the national social security system. I find the quality of ARV drugs for HIV treatment in the country rather good. The situation can be changed through more community development, and increased PLHIV influence and participation in the decision-making process".*
>
> *"Certain services must be decentralized (ARV, methadone) alongside the extension (within the financial possibilities) of risk reduction programmes, of social work in community centres, establishing voluntary consulting and testing rooms, etc.".*
>
> *"The barrier is lack of funding and reluctance of PLHIV to take medication, because their status becomes open".*
>
> *"Because of fear of discrimination they do not want to be proactive. In achieving the goal, the connection between state agencies and ministries with NGOs working in HIV/AIDS can be helpful".*

# Moldova

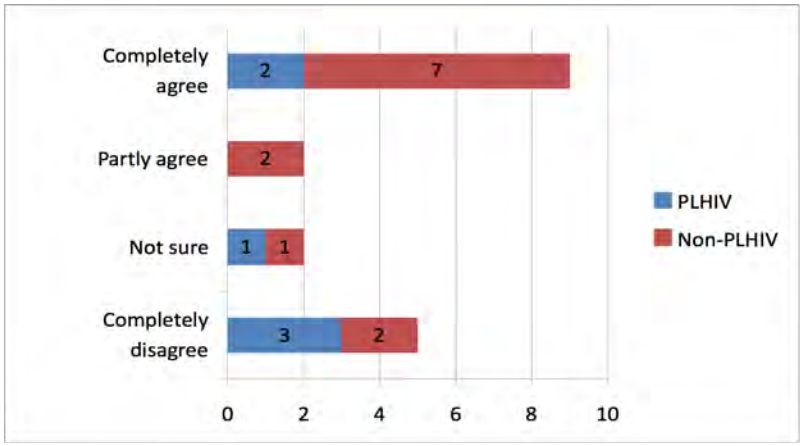
*"At the moment there are no problems of quality of ARVs and regularity of their supply".*

*"Financial difficulties".*

*"In many ways the government (with the decisive, key financial support from the GF) has done a good job of developing and introducing services and providing coverage for most PLHIV. ARV therapy is available to all in need of it and meets the requirements of the WHO Protocol for the region. However, the existing support systems do not motivate patients to seek medical care and assistance for which they are entitled. Patients from rural areas are experiencing tremendous difficulties in receiving timely and convenient vital medical care. The chronic shortage of human resources and lack of state budget financing for health in general, also adversely affect the provision of services. It is necessary to initiate enhanced cooperation between all interested parties involved in HIV prevention and treatment, including the Health Ministry and the related departments, local authorities, civil society, as well as multilateral and bilateral agencies and donors. Preventive measures should be based on facts that truly reflect the situation. Therefore, a comprehensive database of the HIV situation in the country must be created. Government structures should work more closely with experienced reputable NGOs, such as PLHIV organisations, for successful development and extension of mechanisms for psychological support that is so helpful to people who are HIV-positive".*

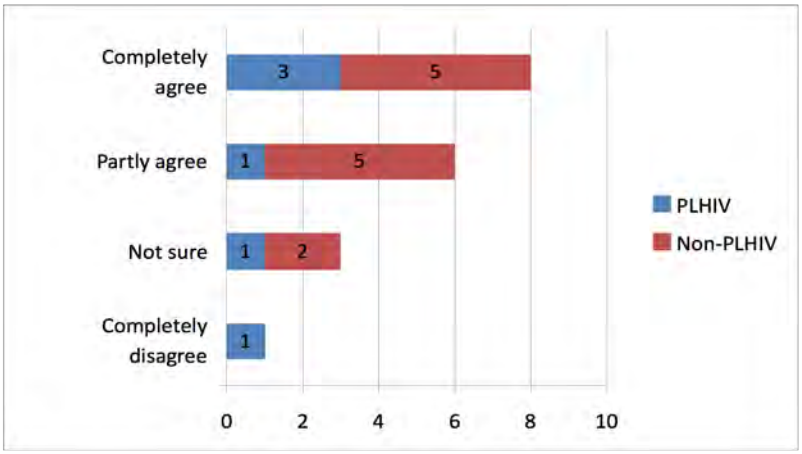
## Q7. Representation and Networks of People Living with HIV

The respondents provided the following answers to questions concerning PLHIV representation in decision-making structures:

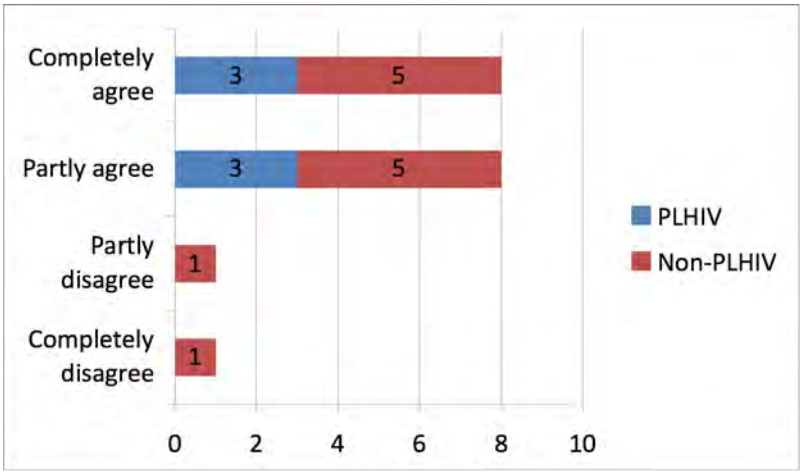



**In the governing structures of my country there are PLHIV official representatives to ensure accountability to PLHIV.**

# GIPA Report Card




**The mechanism for PLHIV representation in official decision-making structures is effective in terms of representing PLHIV needs (e.g., participation in boards, committees, representation in the CCM)**




**The communication between PLHIV networks at the national and regional level and their representatives is effective.**

In general, those participants who provided comments on this issue positively evaluated the communication, while also stressing some of the problems:

> *"Two representatives of the PLHIV League of Moldova are members of the CCM. The President of the PLHIV League is also one of the Vice Presidents of the CCM. Effective communication between members of the community is often hampered by lack of motivation of members to participate in these processes, by being occupied with earning a living and by poor awareness and knowledge of ordinary PLHIV about the processes taking place on higher levels".*

> *"The PLHIV League activities are fragmented and are not subject to monitoring to a proper extent. There is no consistency in policies and actions among its constituent parts".*

> *"Community organisations have contacts with one another in our region".*

# Moldova

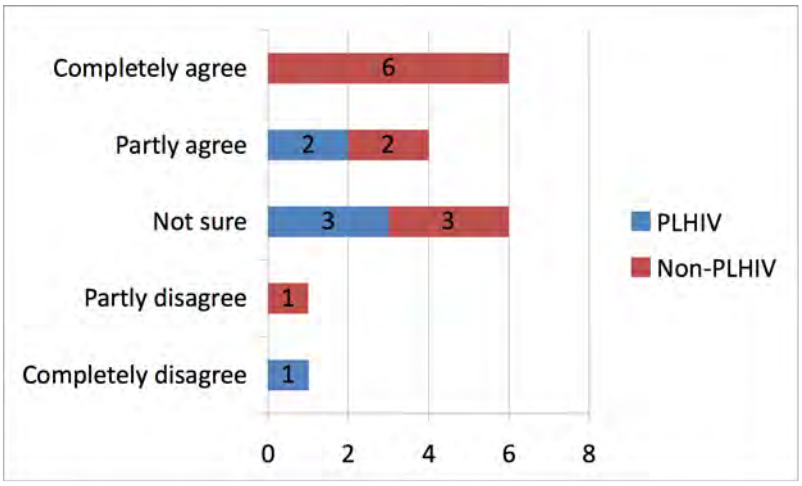
*"In our country there is an association consisting of four organisations working in HIV/AIDS. The President of the PLHIV Association can represent PLHIV at all levels".*

*"Among PLHIV networks at the national and regional levels, there is established, effective communication".*

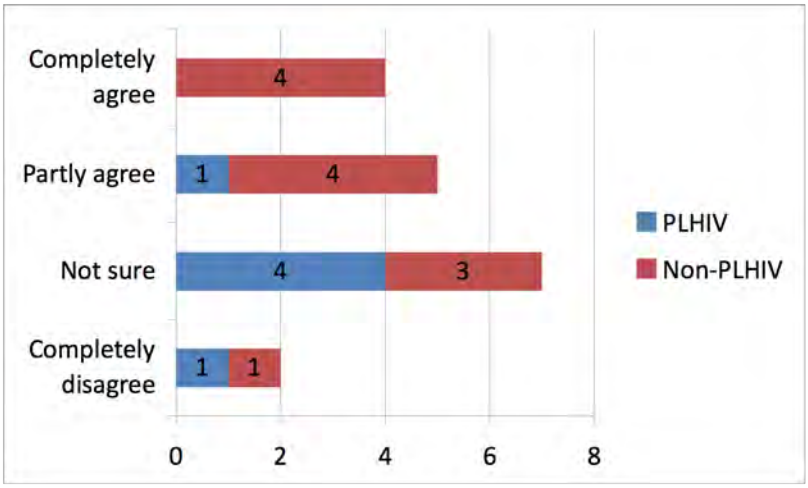
*"Given that the CCM includes PLHIV representatives, we can say that I agree. ECU (East Europe & Central Asia Union of PLHIV) connects the networks in regions! We are evolving!"*

## Q8. Research and Sexual and Reproductive Health

When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:




**In my country there is a national plan for sexual and reproductive health.**




**In my country political actions to address the sexual and reproductive health needs of women and men living with HIV were introduced or incorporated into the existing plans.**

These responses are accompanied by a number of comments:

> *"A series of regulatory legislation acts to address the aforementioned problems were adopted".*
>
> *"New national guidelines on PLHIV behaviour contain a chapter devoted to reproductive health (2010)".*
>
> *"Laws exist on paper; in practice, many of them still do not function!"*
> *"Measures aimed at strengthening PLHIV reproductive and sexual health are provided in the National Programme on HIV/AIDS. The National Strategy on Reproductive Health 2005-2015 was developed in 2004 with limited participation of PLHIV. Although the problem of HIV is reflected in the Strategy, the latter recognizes the central role of the National Programme on HIV/AIDS and refers to it".*
>
> *"Issues relating to women and men living with HIV are quite topical, because these people also want to have family and children. Thus, steps should be taken and opportunities given to support the families in question. Measures should be taken to provide PLHIV equal opportunities with ordinary citizens".*

When asked "Are people living with HIV involved in conducting research in your country e.g. in clinical trials and in the research and development new prevention technologies?", respondents stated:

> *"Yes, with the support of GNP+, PLHIV take part in research held in our country related to stigma, discrimination and violation of their rights".*
>
> *"PLHIV were consulted and involved in developing questionnaires and conducting research and analysis of the socio-economic situation of PLHIV and their families. The PLHIV League participated in assessing the Regional Programme on mother-to-child transmission. The League representatives are involved in meetings of the NCC working group that discusses all the research at the national level. At the moment, the League is coordinating a number of studies".*
>
> *"I possess no information".*
>
> *"A series of regulatory legislation acts to address the aforementioned problems were adopted".*
>
> *"New national guidelines on PLHIV behaviour contain a chapter devoted to*

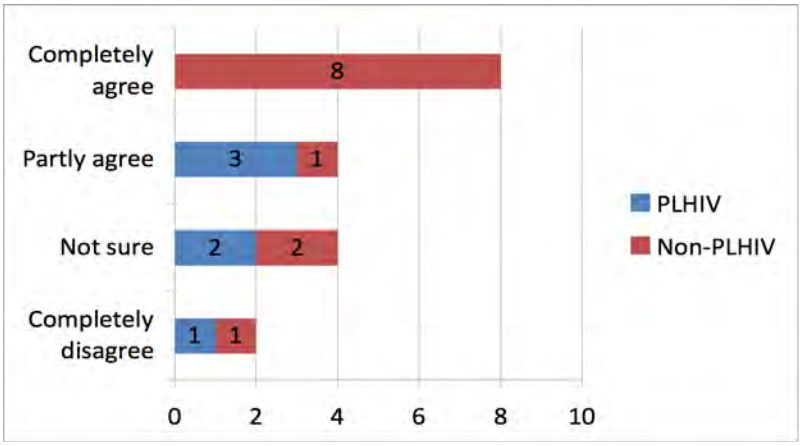
*reproductive health (2010)".*

*"Issues relating to women and men living with HIV are quite topical, because these people also want to have family and children. Measures should be taken and opportunities provided for these families to have their own children. A centre to take measures for sperm protection should be created".*

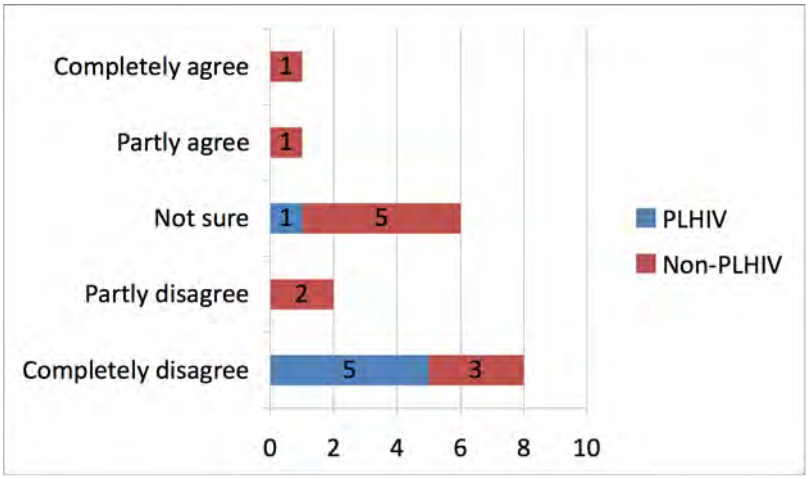
*"No participation in clinical trials".*

## Q9. Poverty Reduction Strategies

When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:

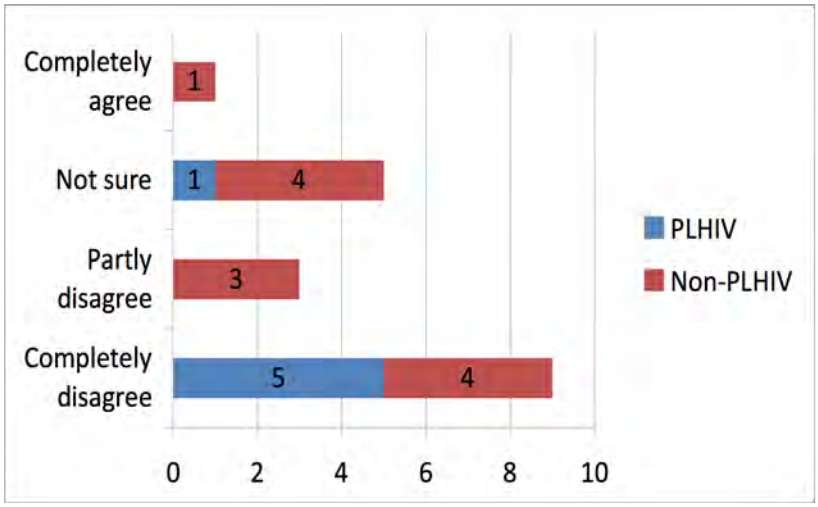



**In my country there is a plan and / or strategy to overcome poverty.**




**The poverty reduction plan and / or strategy were developed with PLHIV participation.**

# GIPA Report Card




**The poverty reduction plan and/or strategy have been properly reviewed with PLHIV participation, to take into account the differing impact of HIV on women and men.**

Findings show that PLHIV are not sufficiently involved in the development of policies to combat poverty; a majority of respondents disagreed that PLHIV participated in policy work:

> *"In our country, PLHIV are not protected socially (no pensions and other public assistance). PLHIV receive care and treatment free of charge only out of funds from outside the country (Global Fund)".*

> *"Development of the National Strategy—a document aligned with the National Millennium Challenges—was carried out through national consultative processes, with the involvement of a large number of parties, including UNAIDS and Credinta NGO. Because of the complexity of the process and a large number of participants, this consultation was still rather nominal. Although both task number 6 of the Millennium Challenges and national goals on HIV prevention among those aged 15-24 are included in the National Development Strategy, a detailed analysis of the impact of HIV has not been completed. Moldova is a country with a low HIV rate, while the National Development Strategy had other priorities".*

> *"PLHIV involvement in developing strategies to reduce poverty was minimal. Efforts were fragmentary, limited to the evaluation of the socio-economic impact of HIV infection on certain sections of the population".*

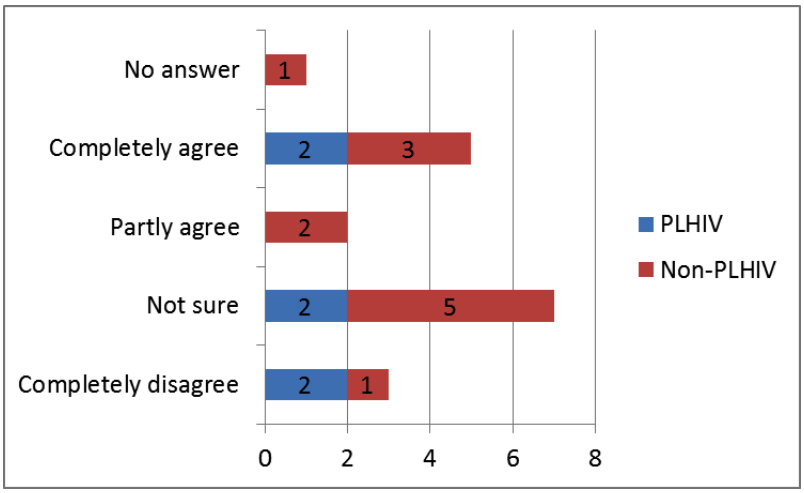
> *"I can't comment due to lack of awareness of strategies to overcome poverty in Moldova (I don't know if it exists), but I'm sure that it was not discussed with the PLHIV community".*

> *"In Moldova, there is a poverty reduction strategy, but it was developed without PLHIV participation".*

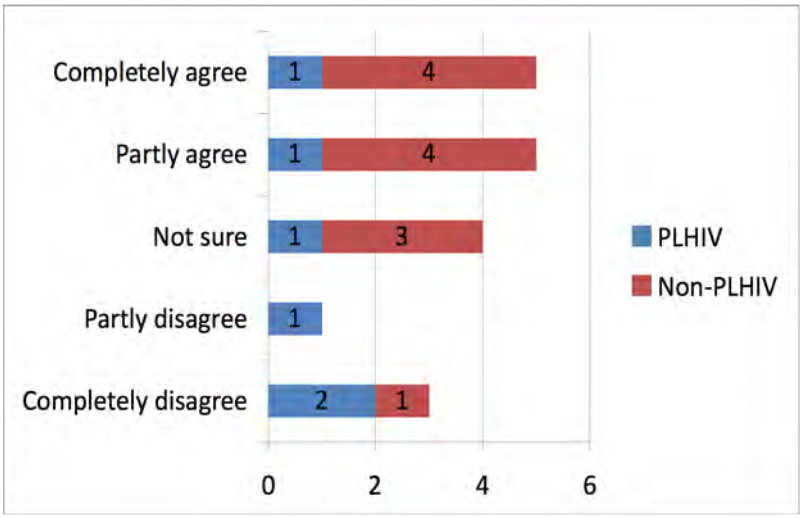
# Moldova

## Q10. Employment

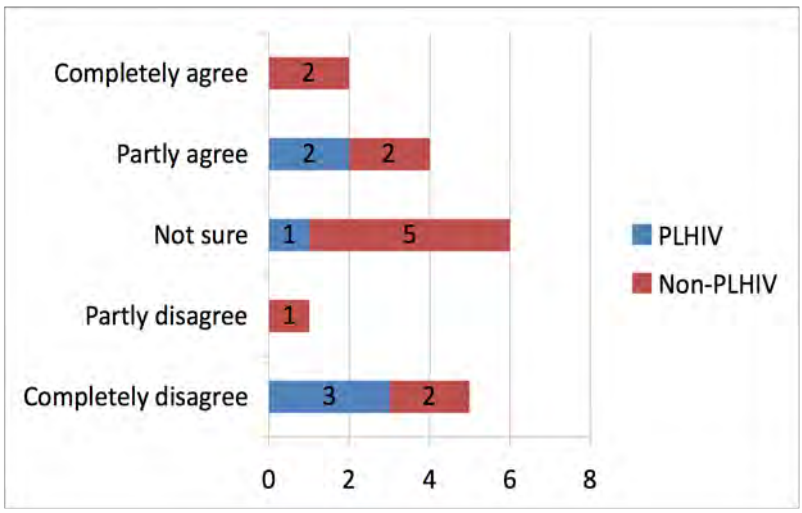
When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:




**My government enacted legislation in conformity with the ILO Code of Practice on HIV and the World of Work.**




**My country has adopted progressive legislation in the field of PLHIV human rights in the workplace.**




**PLHIV were meaningfully involved in the development of this legislation.**

Although some respondents indicated that PLHIV were meaningfully involved in the development of labour legislation, there were only two examples given:

> *"The regulatory environment is provided by the Law on HIV/AIDS of 2007. The draft has been discussed with PLHIV NGOs and organisations in the field of HIV/AIDS. With the support of IOM a programme was developed to prevent HIV in the workplace, inspectors and representatives of trade unions and large and medium-sized enterprises were trained. In developing the programme, The Millennium Development Goals has consulted PLHIV".*

> *"The current legislation is being revised to eliminate certain discriminatory articles (Law of 2007)".*

We also asked: *"Does your organisation or ministry have a special policy regarding PLHIV hiring? If "yes", are there any budget allocations for implementing such a policy?"* Responses are below.

> *"No policy".*

> *"There is no special policy. It is done on common grounds".*

> *"No, although PLHIV are invited to apply, and HIV status is not a barrier to employment. And yet, information about HIV status is regarded as absolutely confidential within our organisation".*

> *"There is a UN Cares programme providing some means for this purpose".*

> *"The policy of the organisation is to give preference in hiring to PLHIV community representatives. The organisation works within the framework of the project activities with GF financial support. Payment to HIV+ employees is made according to the project payroll".*

The question *"Are you a PLHIV working in a public organisation, government structure or UN agency? If yes, then what obstacles do you face, and if so, what helped you overcome them?"* revealed the following problems related to the status of HIV-positive persons, as expressed by the respondents:

> *"Yes, I am a PLHIV working in a public organisation. There were no barriers in employment; the requirements were the same for everyone. There are certain*

# Moldova

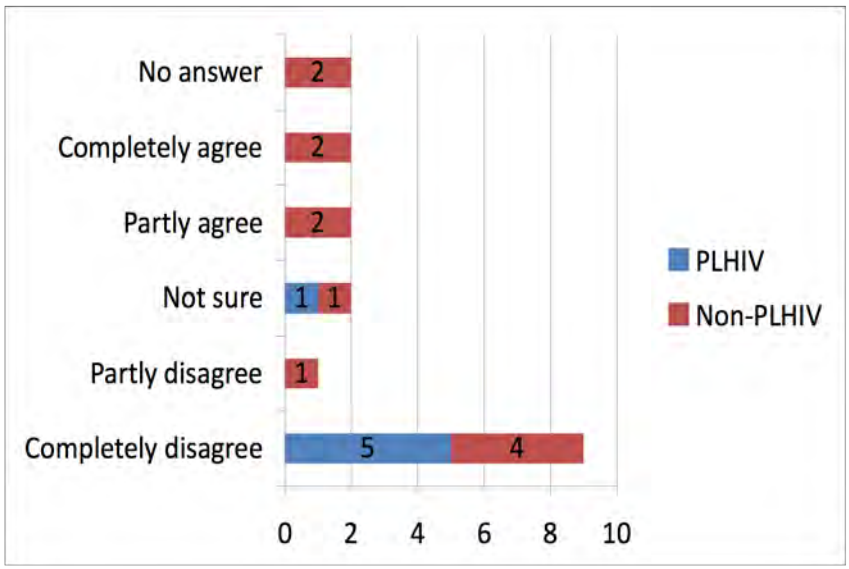
*obstacles coming from some members of the lesbian, gay, bisexual and transgender (LGBT) community regarding my status, so I prefer not to disclose my status to the community, as there is a different culture, a narrow circle of people who would do their best to isolate me from the community if they found it out. What helps me overcome this is the satisfaction I get from my job, the work team that understands and supports me in my desire to do something positive for society and to grow professionally".*

*"I work in a public organisation, but used to work in private structures. I can say that as long as confidentiality is preserved, there is no problem; if someone finds out about the diagnosis, everything depends on the administration's competence. In public organisations there are no problems with discrimination, but in the private sector the person becomes unemployed almost in every case, unless it is a low-paid job and the boss does not care who performs it and what status he or she has".*

*"Yes. I am a PLHIV. Within the organisation I have no impediments for my activity. However, throughout my life with HIV since 1996, given the fact that I live and work on the level of governmental structures and mass-media with an "open face", I have repeatedly experienced explicit and implicit hostility because of my HIV status. My family and my child have experienced discrimination and abuse on the part of neighbours and school teachers".*

## Q11. GIPA-related Materials

When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:




**My organisation has developed materials related to GIPA and the meaningful involvement of PLHIV.**

Those who agreed with this statement commented as follows:

> *"PLHIV have shared their experience of working in multifunctional teams in the northern part of Moldova".*
>
> *"On the global level, UNAIDS has created a lot of materials, including those in Russian, and UNAIDS Moldova distributed them".*
>
> *"Inclusion of PLHIV in the National Coordinating Council and Working Groups".*

In answer to another question — *"If the answer to the above question is negative, why didn't your organisation take part in developing materials related to GIPA and the meaningful involvement of PLHIV?"* — respondents replied:

> *"The organisation has been working in the field of HIV/AIDS for a very short time".*
>
> *"There were no suggestions". / "There were no requests".*
>
> *"None of the organisations are properly developed".*
>
> *"Because working with PLHIV is something new for the organisation to which I belong. There is only one group of mutual support that has existed for a year or two, due to stigma and serious discrimination in the LGBT community and society as a whole".*
>
> *"Did not set such a goal".*
>
> *"We are aware of the fact that this work is very important, but so organisation has the potential to develop for the country the materials related to GIPA and the meaningful involvement of PLHIV. We implement the principles in our practices and activities".*

We asked: *"If your organisation has developed or used materials related to GIPA and the meaningful involvement of PLHIV, please explain which were the materials (if possible, please provide copies)".* The vast majority—15 out of 17—did not answer or answered negatively to this question:

> *"1) the questionnaire, 2) general data about PLHIV stigma indicators, 3) leadership and counteraction to HIV through responsibility".*

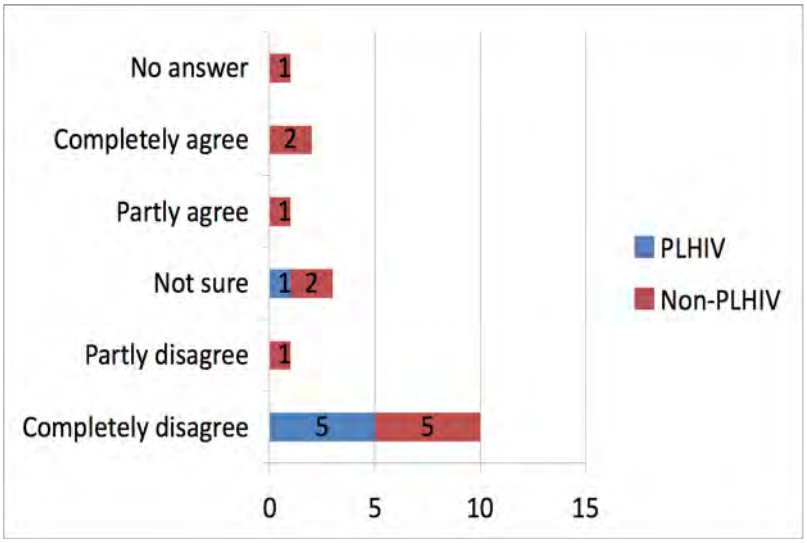
# Moldova

*"Policies and acts in the policy sphere were developed jointly by the regional offices of UN agencies (WHO, UNAIDS, UNICEF, ILO, etc.)".*

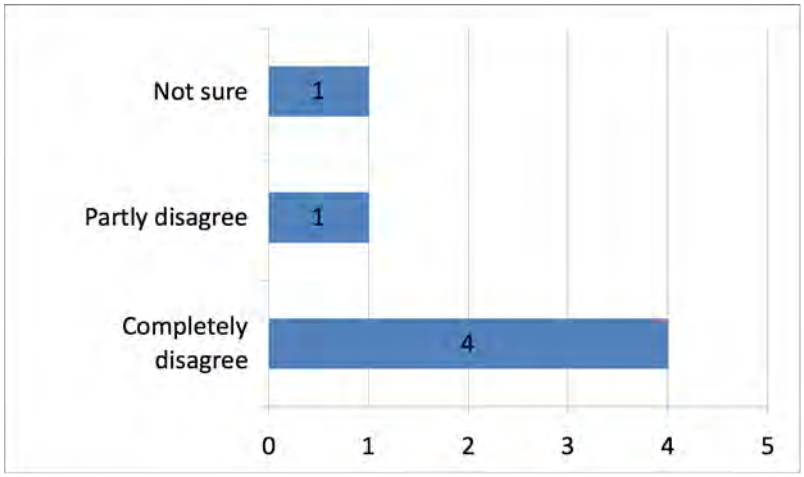
*"There are many materials developed by UNAIDS, WHO and other international agencies, which are mostly just on paper. We wish they were implemented in life".*

## Q12. Financial Support

When asked to what extent they agreed or disagreed with the statements below, respondents indicated the following:




**PLHIV working in public structures are fully reimbursed for transportation, housing, child care and food expenses.**




**As a PLHIV, I am adequately paid for participating in the HIV response.**

The respondents commented on their answers in the following way:

*"PLHIV working in public structures are not reimbursed for transportation, housing, etc. expenses, because HIV+ people do not differ from others who are not reimbursed".*

*"I was paid for 3-months of work on a project and volunteered for 3 years. I don't know any PLHIV working in public structures".*

*"I do not take part in the HIV response".*

*"The situation in Moldova gives no reason to offset these costs. We do not see the need for compensation and even consider it dangerous, so in this case we can't speak about fair and quality participation. However, a significant part of the resources of Round 8 of the Global Fund was directed at PLHIV capacity building, support of organisational growth and social work with those infected and affected".*

*"Reimbursement of certain expenses is based on inclusion in treatment and/or on economic vulnerability".*

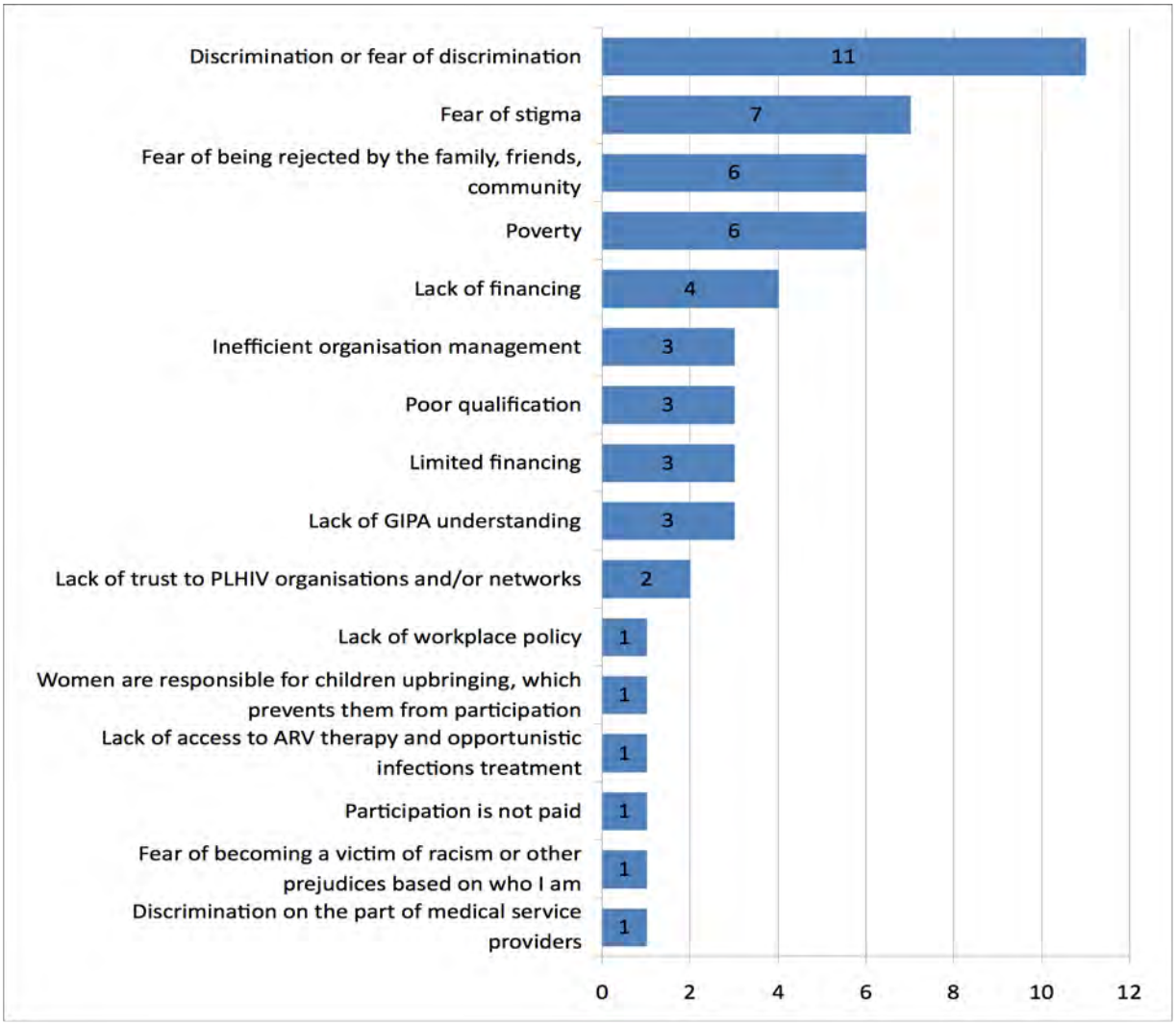
*"My HIV status in not my profession, I have a job for which I'm paid. Nobody receives money for participation in CCM and PLHIV League work, and that is normal. As an HIV-positive citizen, I don't get any additional benefits and payments from the state or any other structures".*

*"The national budget lacks funding to implement the GIPA principle. I believe that it is necessary to pay HIV+ people working in this area on a permanent basis participating in committees, commissions, working groups, etc. This will allow this category of persons to be extra motivated to improve their professional skills to perform well in their duties. Work on a regular basis is time consuming; it usually excludes the possibility of alternative employment that could ensure earning a living for them and their families".*

# Moldova

## Q13. Barriers to Involvement

When asked to select the three greatest barriers to the greater involvement of people living with HIV, respondents indicated the following:




Half of the 54 replies are in one way or another connected to the fear of discrimination, stigma, explicit discrimination and rejection.

The following barriers were not selected by anyone: discrimination in the workplace, violence or fear of violence, women are not sufficiently independent of men to make their own decision, lack of access to services due to gender, lack of PLHIV organisation or network, lack of support services, homophobia and other prejudices related to sexual orientation. It is most likely not a sign that these barriers do not exist, but rather evidence that these barriers are not as important as the rest.

The respondents commented on their answers in the following ways:

*"We need to help national PLHIV networks build the evidence base to confirm the importance of Universal Access".*

*"Financial insecurity does not permit PLHIV to be volunteers. Poor qualification prevents PLHIV from participating in decision-making. We can add such impediments as: 1) fear of stigma, 2) participation is not paid and 3) limited financing".*

*"More professional administrating structures in the PLHIV League, with clear mechanisms of PLHIV communication, involvement and motivation on the local level".*

*"Inadequate / insufficient social support (but not complete lack of it)".*

*"I believe that these factors are causes of low PLHIV participation in all processes. Other factors are only consequences. Poverty should be understood not only as financial insecurity, but also as a moral, cultural and spiritual one".*

*"All the above-mentioned factors are barriers at different stages and are interrelated. Poverty drives people to seek work to live and lack of time does not allow them to develop their potential to participate in the formulation of policies and programmes in a quality manner. Having a paid job and being afraid to lose it, PLHIV are not motivated to disclose their status and participate in the social movement. Women, especially those in the rural areas, are not sufficiently independent of men to make their own decisions. Their main concern is raising children; fear of stigma and especially fear of being associated with sex workers or IDUs considerably limits their participation".*

## Q14. Opportunities for Involvement

In response to the question *"What are the three most important factors for involving more PLHIV in your country?"* the majority of respondents drew attention to these three issues: coordination of the movement and its relationship with state agencies; financial aspects of work; and, resolution of misunderstanding, discrimination and stigma. This last issue was more frequently mentioned than others. Written responses were as follows:

*"Overcoming the fear of rejection by family, friends and community".*

*"Overcoming the fear of stigma".*

# Moldova

*"Elimination of social discrimination".*

*"Development of communication between community representatives by providing quality services like psychosocial support, with an emphasis on trust building".*

*"Better coordination in HIV service organisations and the community".*

*"An efficient connection between NGOs and governmental structures on all levels, up to the president, should be set up. Officials should be open to PLHIV opinions and suggestions".*

*"Adequate financing".*

*"Paying services provided by our PLHIV".*

*"Creating a network of services for PLHIV .Inclusion of programmes for developing PLHIV access to treatment".*

*"Access to HIV prevention, care, treatment and support should become the focus of the agenda for political structures and public authorities".*

*"Civil society organisations working in HIV/AIDS should give PLHIV paid jobs".*

*"Developing work place policies".*

*"Improving financial prosperity".*

*"Supporting a powerful social movement against AIDS and for the fulfilment of promises that bring together a wide social PLHIV network".*

*"Trainings and seminars to educate those interested and to identify leaders among them".*

*"Draw the government's attention to this issue".*

*"1. Appointing an HIV+ person to the position of the President's Councillor on HIV issues! 2. Donor-independent direct funding of the PLHIV League from the national budget; 3. PLHIV community capacity building through educating the community and informing it of the country policy on HIV and decision-making processes".*

# Conclusion and Recommendations

In the Republic of Moldova there have been significant and consistent efforts to address HIV. At the same time, a more complete inclusion of the target group in policy and programme development in this area can significantly increase their effectiveness.

This study indicates that although the GIPA principle has not become part of the official lexicon, its spirit and intention is present in regulations for HIV prevention and control that stipulate that PLHIV must participate in the process of developing, implementing and evaluating such measures. This is specifically included in principle 5 of the National Programme on Prevention and Control of HIV/AIDS and STIs for 2011-2015. This study demonstrates that the principle of better integration of PLHIV in decision-making (GIPA) is perceived as the formal inclusion of PLHIV in the national structures to combat HIV.

The GIPA principle is fully included in the National HIV and AIDS Plan to address HIV, and PLHIV have been actively involved in developing this Plan. Similarly, the principle was duly incorporated into the monitoring and evaluation framework of the National Plan. Such claims are supported by most of the respondents. However, in Moldova, there is no national plan for the implementation of the GIPA principle.

The prevailing opinion is that the GIPA principle was properly considered when planning activities at the national and regional levels. Still, respondents were ambivalent about the level of actual PLHIV participation in decision-making. In particular, they emphasize the nature of this involvement as being just on paper, the limited impact that PLHIV have on decision-making, and the low level of community readiness for meaningful involvement.

As barriers to fuller participation, various factors were mentioned, such as: poor PLHIV motivation, the fact that work is only conducted due to investments by foreign donors, and the need for improved training for the PLHIV community.

PLHIV influence on the process of policymaking at the national level, though assessed as being significant and starting at the conception and development stages by respondents, is best characterized by the following comment: *"In general, it is too early to speak about full and all-embracing PLHIV participation and influence on state HIV policy at the national level. However, there a positive changes".* HIV-positive women's participation in the process is hard to assess. Some respondents completely deny it happens, citing the absence of networks and organisations of HIV-positive women in the country, while others state that HIV-positive women have participated as PLHIV League representatives.

# Moldova

On the topic of universal access, the majority of respondents are familiar with commitments and objectives. They mostly agree that the government has set the goal of achieving universal access and that PLHIV have been meaningfully involved in the development of universal access objectives. Barriers to achieving these objectives are:

- the lack of PLHIV motivation and awareness of the need for and availability of preventive and treatment measures;
- underdeveloped infrastructure (at the regional and local level), and the need for decentralizing services; and,
- the fact that existing support systems do not encourage patients to seek medical care and assistance.

Respondents were ambivalent in their assessment of PLHIV representation on government bodies in order to ensure accountability to PLHIV. On the one hand, one third of respondents questioned or disagreed with the statement that there are PLHIV representatives on government bodies; on the other hand, most of them claim that the mechanisms for representation are efficient in terms of presenting the needs of PLHIV. The majority of respondents believe that there is effective communication between national PLHIV networks and their representatives. However, only two representatives of the PLHIV League in the NCC are mentioned as examples of representation.

In matters of sexual and reproductive health a number of regulations were adopted, including some stipulations contained in the guidelines on PLHIV behaviour and in the National Plan to Combat HIV.

PLHIV are not sufficiently involved in the development of poverty reduction policies. A vast majority of respondents indicated that there has been no PLHIV involvement in such work.

Moldovan legislation on the PLHIV right to work (providing and preserving jobs) was generally assessed as being progressive; nevertheless, according to the majority of respondents, it does not conform to the "ILO Code of Practice on HIV/AIDS and the World of Work". Only one of the organisations represented in the sample prefers to hire PLHIV; the rest of the organisations and structures do not have such a staffing policy.

Virtually none of the respondents (as organisations) developed materials related to GIPA. Even the few respondents who claimed the contrary meant that they include PLHIV in the national response to HIV or distribute GIPA materials created outside the country. The respondents explained the fact that such materials were not developed by citing a lack of necessity, capacity or experience.

There is no financial support for transport, housing, and food costs for PLHIV involved in public structures. Neither is their participation in the HIV response properly remunerated. However, many of the respondents do not welcome such compensation.

The major obstacles to the expansion of any PLHIV involvement are fear of stigma and discrimination, as well as and poverty.

The following recommendations stem from the contributions of study respondents, including many who are themselves living with HIV:

- Increase awareness of the main tenets of the GIPA principle among relevant stakeholders, especially among PLHIV.
- Assess the need for a national plan to implement the GIPA principle.
- Build on the existing policies and practice that support the GIPA principle, move beyond having such policies on paper, and implement them in practice, in order to expand the meaningful involvement of PLHIV in the HIV response. Areas that require particular attention include: PLHIV involvement in decisions that have funding implications, and the involvement of women living with HIV.
- Ensure PLHIV involvement across the whole range of policy and programming: from conception to development, from implementation to monitoring and evaluation.
- Improve the quality of PLHIV participation through ongoing strengthening of PLHIV capacities.
- Address some of the barriers to full PLHIV participation, including poverty, the fear of stigma and discrimination, the need for training, and the need for stronger communication and accountability mechanisms between PLHIV networks and their constituents.
- Increase awareness of the UNGASS country reports, and improve PLHIV involvement in their preparation. PLHIV networks should have access to data presented by government departments and ministries, and be given the opportunity to provide a critical assessment of their accuracy.
- Ensure that universal access goals are met, and that PLHIV are involved in addressing the barriers to universal access, including lack of awareness, infrastructures, resources and support systems that help to link and retain PLHIV in treatment and care.
- Ensure that the sexual and reproductive health needs of PLHIV are addressed in the National Plan to Combat HIV and the National Strategy on Reproductive Health, including the right of PLHIV to have children and to build families.
- Ensure PLHIV involvement in the development, implementation, monitoring and evaluation of poverty reduction strategies, with a particular focus on the relationship between HIV and poverty, and on their differing impact on women and men.

# Moldova

- Ensure that Moldovan lab our legislation conforms to the ILO Code of Practice on HIV/AIDS and the World of Work, and that workplace policies and programmes allow PLHIV to work in environments free of stigma and discrimination. HIV-related programmes and projects in particular should implement affirmative action policies and practices that encourage the hiring of PLHIV.
- Assess the need for GIPA-related materials, and develop and disseminate them as needed.
- Ensure that PLHIV are adequately compensated for their involvement in the HIV response, but in a manner that is appropriate for the Moldovan context.
- Build on the work of existing organizations, agencies, committees and networks to strengthen collaboration and communication across all sectors in the response to HIV. Leverage the existence and experience of these stakeholders to maximize access to prevention, care, treatment and support, and to enhance the meaningful involvement of PLHIV.

# GIPA Report Card

## Notes

# GIPA Report Card

# GIPA Report Card
# Moldova

Published by:
**PLHIV League of Moldova**
Chisinau, Ismail Street, 23B
Republic of Moldova