MDG ACCELERATION FRAMEWORK

ADDRESSING HIV AND TB IN THE REPUBLIC OF MOLDOVA

MDG 6

Combat HIV/AIDS, Malaria and other diseases

BRIEF INTRODUCTION: WHAT 'S THE MAF ABOUT IN THE REPUBLIC OF MOLDOVA?

The MDG Acceleration Framework (MAF) is the methodology endorsed by the United Nations Development Group to support countries in identifying high impact, feasible solutions that will accelerate progress on off-track MDGs. Field-tested in 2010, the MAF is now underway in over 40 countries on a range of MDGs. The government of the Republic of Moldova requested that the MAF be applied to HIV and tuberculosis (TB), as they are the most challenging MDGs in Moldova. The analysis and resulting action plan have recently been completed. This brochure describes the rationale for the MAF application to HIV and TB in Moldova, the process and partners involved and highlights from the analysis and action plan.

1. RATIONALE FOR APPLYING THE MAF IN THE REPUBLIC OF MOLDOVA -- THE HIV AND TB SITUATION

The Republic of Moldova has made steady progress on a number of MDGs. Ambitious national targets were set for HIV and TB, but despite high levels of capacity and close collaboration with various partners, many intermediate targets have not been met. The reasons for this are discussed briefly below. Without a reprioritization of efforts to achieve maximal impact, it is unlikely that the 2015 targets will be achieved.

HIV

Overall, HIV incidence in Moldova has increased significantly since 2000 (see figure 1). To date, the epidemic has mostly affected injecting drug users, sex workers, men who have sex with men and their partners. The most affected regions include the city of Balti and the Transnistria region. Over the past three years, the number of new infections has dropped slightly.

However, the national targets, to reduce the incidence of HIV/AIDS from 10 cases per 100,000 in 2006 to 8 per 100,000 people, and to reduce new HIV/AIDS cases in the 15–24 age group from 13.3 per 100,000 in 2006 to 11 per 100,000 by 2015, are unlikely to be met without a redoubling of efforts.

Tuberculosis

Tuberculosis, like HIV, is a significant public health challenge in Moldova. Overall, TB incidence has increased over the past decade, from 97.3 (per 100,000 people) in 2002 to 113.3 in 2011 (see Figure 1). About 26% of new cases are multi-drug resistant TB (MDR TB), a worrisome trend that points to ineffective or incomplete treatment. Even though the mortality rates fell for the first time in 2008 down to 17.4 cases per 100,000, it still remains high at 16.1 per 100,000 in 2011. On average, about two patients a day die from TB in Moldova.

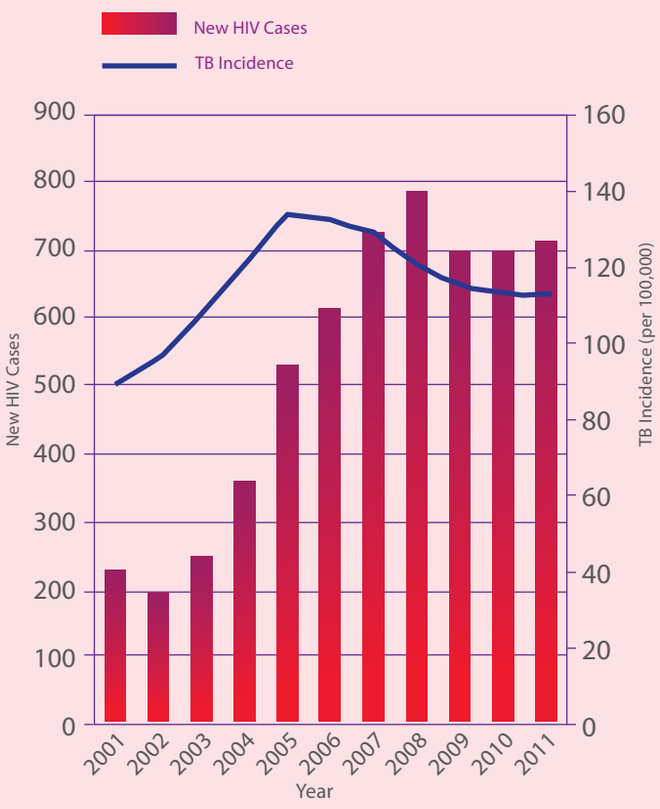
The national target to reduce the rate of mortality associated with tuberculosis from 15.9 per 100,000 people in 2002 down to 10 by 2015 is unlikely to be met without concerted efforts.

The most affected are vulnerable groups, such as transient or homeless individuals, adults, people living with HIV, children from poor households, prisoners, orphans and injecting drug users. Many of these groups are also most affected by HIV.

Systemic issues:

Several shared, systemic issues impede progress on both HIV and TB. Diminishing financial and other support from key global partners, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), raises significant concerns over sustainability. Recent financial and economic crises have adversely impacted the availability of national resources. Finally, issues around governance, such as decentralization and coordination among different levels of government, have negatively affected access to essential services by most affected and vulnerable groups.

Figure 1. HIV and TB Incidence in Moldova, 2001-2011



Source: Ministry of Health (2011).

2. MAF PROCESS AND PARTNERS:

The **Government of the Republic of Moldova, through the Ministry of Health,** has initiated and led the application of MAF. The UN system has provided technical support through the joint efforts of **UNDP** and **WHO** at country, regional and headquarters levels. Other key UN partners includes **UNAIDS, UNODC** and **OHCHR**.

The process was designed to be participatory and brought together new partners as well as renewed engagement from government agencies (e.g., **Ministry of Justice, Ministry of Economic Development, Ministry of Social Protection, local governments), the UN, development partners (e.g., Soros Foundation), civil society and academia.** These stakeholders were involved in several ways. Periodic workshops were held among stakeholders to validate the initial results from each step of the MAF. Smaller focus groups (among health care providers, civil society organizations representing affected/vulnerable groups, etc.) were held in different parts of the country to gather grass-roots perspectives on bottlenecks to implementation, thus expanding the reach of the exercise. One-to-one consultations amongst partners also occurred on an ongoing basis.

3. HIGHLIGHTS FROM THE ANALYSIS, INCLUDING VALUE ADDED FROM THE MAF PROCESS:

Value-Added from the MAF application:

Ensuring wide stakeholder participation, including organization of focus groups with affected groups and local governments, in addition to health sector specialists, helped identify bottlenecks and solutions that lay outside the health sector. Moreover, applying the MAF simultaneously to both HIV and TB resulted in the added value of uncovering systemic issues across both areas that went beyond financing. These include service delivery, policy and legal frameworks, and governance and coordination mechanisms within and among sectors. Lastly, intersectoral coordination was renewed and partnerships reaffirmed among key government agencies.

Highlights from the MAF Action Plan:

High priority interventions were identified in both HIV and TB from the existing national strategies and programmes, based on impact and feasibility. These were mainly concerned with scaling up access to prevention and treatment for key populations and affected groups and improving flexible and patient-centered care for these groups. Bottlenecks common to HIV and TB covered areas both within and outside the health sector and fell into one of three categories: 1) accessibility and acceptability of services for affected groups; 2) pervasive stigma and discrimination of key populations, especially in access health and social services; and 3) inflexibilities in service provision and among providers.

Some priority solutions are similar for both HIV and TB. One is improving the flexibility and quality of service delivery so that the needs of groups most affected by HIV and/or TB are more comprehensively addressed. This, in turn, is expected to lead to greater uptake of services directly aimed at prevention, early diagnosis and sustained, effective treatment. Another common priority solution identified is the use of novel financing mechanisms, such as leveraging the national health insurance scheme to promote sustainable sources of financing for HIV and TB. Another solution proposed is to 'follow the epidemic' i.e., services should focus on where the greatest burden lies.

Solutions- HIV

In HIV, solutions proposed to overcoming bottlenecks include improving access to integrated services for key populations, not just for prevention and treatment, but to address other health and social concerns of these groups.

The following solutions are highlighted for their effectiveness and innovation:

a) Enhancing decentralization of service delivery and expanding the number of services offered to key populations such that a comprehensive and effect suite of services was provided (e.g., ensuring inclusion of prevention and treatment of sexually transmitted infections, viral hepatitis and TB);
b) Tailoring services for the sexual partners of injecting drug users, as they are one of the fastest growing segments of HIV infection;
c) Enhancing medical database system for antiretroviral therapy, so that follow-up, coordination and health care services and commodity forecasting can be improved.

Solutions- TB

In TB, solutions proposed not only highlight the importance of making the financing available for critical services at local health facilities, they also underscore the necessity of tailoring services for specific groups, such as homeless people, orphans, or prison populations. The following solutions are highlighted for their innovation, low cost and high impact:
a) Creating multi-disciplinary teams in regions and localities that are hot-spots for TB;
b) Providing integrated services that include social services, nutrition packages and counseling;
c) Appointing a person specifically in charge of TB at primary health care facilities, especially in areas with high TB prevalence;
d) Identifying domestic sources of funding for front-line service delivery agents, for example, through the National Health Insurance Company, for prevention and treatment.

The Implementation Plan:

The implementation of the MAF Action Plan is currently under discussion with a variety of partners, including government working groups on HIV and TB, representatives from the health and social protection sectors, the National Health Insurance Company, local governments, front-line service delivery agencies, bilateral donors such as Soros Foundation, and multilateral partners such as the Global Fund to Fight HIV, Tuberculosis and Malaria. The government agencies are especially keen on reviewing and implementing flexible and patient-centered care for affected populations. The United Nations Country Team has committed to supporting solutions concerning effective prevention methods, the reduction of stigma and discrimination, the provision of a holistic package of social and health services to affected and vulnerable groups, and tackling new complexities, such as the spread of multi-drug resistant tuberculosis and cross-infections.

For more information: http://www.undp.org/maf
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