

## Report on the CCM meeting from 3.10.2013

Report written by Dragoş Roşca and Valentin Simionov, RHRN, 14.10.2013

### Participants

1.	Adrian	Abagiu	National Institute for Infectious Diseases “Prof. Dr. Matei Balş”
2.	Leonard	Andreescu	Save the Children Romania
3.	Carmen	Andresoi	Foundation for People Development
4.	Silvia	Asandi	Romanian Angel Appeal Foundation (RAA)
5.	Mihaela	Bebu	National Antidrug Agency (ANA)
6.	Cassandra	Butu	World Health Organization
7.	Domnica	Chiotan	Pneumology Institute “Prof. Dr. Marius Nasta”
8.	Nicolas	Farcy	The Global Fund to Fight AIDS, Tuberculosis and Malaria
9.	Dana	Fărcăşanu	Center for Health Policies and Services (CPSS)
10.	Andreea	Furtună	Romanian Red Cross
11.	Maria	Georgescu	ARAS (Romanian Association Against AIDS)
12.	Bogdan	Glodeanu	ALIAT Association
13.	Fidelie	Kalambay	Romanian Angel Appeal Foundation (RAA)
14.	Tudor	Kovacs	Population Services International Romania (PSI)
15.	Ada	Luca	ARAS (Romanian Association Against AIDS)
16.	Victoria	Mihăescu	Romanian Red Cross
17.	Lucia	Mihăilescu	National Administration of Penitentiaries
18.	Alexandra	Miroslav	Youth for Youth Foundation (TNT)
19.	Mircea	Mocanu	Ministry of Health (MoH)
20.	Cătălina	Niculae	National Antidrug Agency (ANA)
21.	Irina	Niţă	ACCEPT Association
22.	Simona	Pella	Ministry of Labor, Family and Social Protection - General Directorate for the Child Protection
23.	Iulian	Petre	National Federation of Organizations of PLWHA (UNOPA)
24.	Emil	Pîslaru	Integration Association
25.	Gilda	Popescu	Pneumology Institute “Prof. Dr. Marius Nasta”
26.	Ştefan	Radut	The Association for Supporting the Patients with MDR-TB (ASPTMR)
27.	Ernestina	Rotariu	Health Aid Romania (HAR)
28.	Valentin	Simionov	Romanian Harm Reduction Network (RHRN)
29.	Anca	Stamin	Save the Children Romania
30.	Carmen	Suraianu	The Society for Contraceptive and Sexual Education (SECS)
31.	Radu	Şeptelici	Romanian Tuberculosis Association (ARB-TB)
32.	Mihaela	Ştefan	Romanian Angel Appeal Foundation (RAA)
33.	Laurentia	Ştefan	National Administration of Penitentiaries – Medical department
34.	Cristina	Vladu	Ministry of Health
35.	Cătălina	Zaharia	National Federation of Organizations of PLWHA (UNOPA)

## Agenda

1. Dr. Mariana Mărdărescu (HIV/AIDS Monitoring Compartment, National Institute of Infectious Diseases “Matei Balș”) *Current Epidemiology of HIV/AIDS*
2. Fidelie Kalambayi (Monitoring and Evaluation Manager RAA Foundation) *Main conclusions of various behavioral and serological surveys in MARPs*
3. Vali Simionov (RHRN), Maria Georgescu (ARAS), Ada Luca (ARAS), Tudor Kovacs (PSI), Irina Niță (ACCEPT) *Difficulties and barriers in addressing prevention, treatment and care to HIV vulnerable populations IDUs, SWs, MSM*
4. Dr. Domnica Chiotan (Monitoring and Evaluation NTP – Institute of Pneumology “Marius Nasta”) *Current epidemiology of TB*
5. Dr. Cassandra Butu (WHO) *Summary of difficulties and barriers regarding the full implementation of needed actions and services concerning TB control (prevention, treatment and care) as per the extended MDR-TB plan*
6. Dr. Cristina Vladu (Ministry of Health) *Current accomplishments, obstacles and perspectives in ensuring appropriate financing of HIV/AIDS and TB National Programmes; Ministry of Health commitment regarding the preparations for New Funding Model, particularly in actively participation to the review of national plans and gap analysis processes*
7. Nicolas Farcy (Portfolio Manager GFATM) *New Funding Model – clarifications and information. NFM process, support from GF Secretariat*

Iulian Petre, CCM vice-president, presides over the meeting.

Iulian Petre declares the meeting open. The participants introduce themselves.

Iulian Petre: the present meeting marks the beginning of the country dialogue for the *New Funding Mechanism*.

The CCM meeting begins.

1. Dr. Mariana Mărdărescu (HIV/AIDS Monitoring Compartment, National Institute of Infectious Diseases “Matei Balș”), *Trends in the epidemiology of HIV/AIDS* (for details see the presentation *An overview of HIV Epidemic in Romania*)

The situation of the epidemic at 30 June 2013: 11.960 individuals HIV positive that are manifesting AIDS (right now, Romania has an important number of survivors in the 19-24 age group that belongs to the 1987-1990 cohort: over 4,800). The only radical trend of growth in HIV infections in the last three years is manifest in IDUs. The most frequent diseases associated with the HIV infections in the first half of 2013 are TB and the wasting syndrome. The Romanian Strategy on HIV/AIDS for 2012-2016 includes a chapter with measures for supporting the sexual and reproductive health of PLHIV/AIDS and another with measure to reduce the transmission of HIV through the use of injecting drugs: the universal access of all IDUs on testing services for HIV, STDs, HBV and HCV.

Main trends: in the last years, the dominant way of HIV transmission in adults is the unprotected sexual intercourse (50% of the new cases); the increase of new cases' number in IDUs (3% in 2010 vs 33% in 2013) and MSM (8% in 2009 vs 14% in 2013) because of a change in using behavior among young people and the emergence of new psychoactive substances (NPS) or “legal highs”; the new cases in the 20-24 age group and over 35 years old are late testers and late presenters; the latter situation is current in all Europe, especially in IDUs; the increase in the total number of HIV positive cases. Other important problems: the proportion of IDUs and MSM in the new cases is continually increasing from 2011 on; cases of acute retroviral infection (lately) – an unusual situation; the high level of TB cases; the neonatal abstinence syndrome from NPS (15-30 days necessary for adaptation).

Interventions:

- Ada Luca: the impact of harm reduction programs must be taken into account; ARAS halved its syringes distribution and, because of the NPS, the demand for syringes is even higher than usual;
- Adrian Abagiu: 1. the main factors behind the HIV epidemic in IDUs (the concurrence of factors): from 2009 on there is a shift from heroin (3-4 injections/day with a rate of 87% of needle sharing; the HIV contaminated syringe may be safely used after a few hours) to NPS (6-10 injections/day); from 2010 there were no more GFATM funds and the number of injections increased fourth-fold (a study infers the existence of 250,000 NPS users for this year<sup>1</sup>), the number of distributed syringes decreasing to 1,000,000; the National Commission on HIV/AIDS was dissolved and the programs were left for 4 months without coordination; for the last years, there is an estimate of 2,000,000 syringes distributed every year, when the necessary figure would be of approximately 4,000,000 syringes distributed per year; 2. the wasting syndrome: HIV + ATS use (which leads to losing up to 10 kg every week); 3. this is the first year when we received funds from the government – but only for syringes, not for services (maybe the funds from GFATM would fill in);

2. Fidelie Kalambayi (Monitoring and Evaluation Manager RAA Foundation), *Main conclusions of various behavioral and serological surveys in MARPs* (for details see the presentation *Reducing HIV transmission among IDUs: challenges in 2013*)

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<sup>1</sup> CIADO (The International Anti-drug and Human Rights Center) estimates 500,000 NPS users in 2009. The organization had not mentioned clearly the methodology used for this estimation:  
<http://www.cotidianul.ro/ciado-ingrijorata-de-cresterea-numarului-gravidelor-dependente-de-droguri-148204/>

Main points: the changes in the injecting drugs market and the importance of NPS – the last estimate of the number of problematic IDUs: over 19,000 in Bucharest; the proportion of drug users in the total cases of newly detected HIV positive individuals increased tenfold in 2012 compared to 2010; the national HIV/AIDS strategy is not approved yet and even if it will be approved, it won't have a budget attached; the increase of HIV cases among IDUs means pressure on the health care system; the comorbidities, the need for OST and TB treatment make the creation of a treatment programs very difficult – there is a need for a new approach of treatment management; the coverage of harm reduction services decreased (2-3 organizations and 10 penitentiaries with syringe exchange programs and OST, plus 3 therapeutic communities); a serious problem is the lack of syringes (Cătălina Niculae: ANA had offered for distribution 142,500 syringes/2012 and 800,000/2013<sup>2</sup>); the new anti-drug strategy that will be approved does not include the schematics for a budget; HIV prevalence in IDUs from Bucharest increased from 1% in 2010 (BSS on 385 respondents) to 53% in 2012 (BSS on 417 respondents) – positive on rapid HIV tests; the same study shows that NPS are used more than heroin, the number of injections increased (one individual reported 30 injections/day) and the proportion of individuals who were in penitentiaries increased also (HIV number of cases increased in penitentiaries).



#### Interventions:

- Mariana Mărdărescu: actually the figure is 30% when HIV prevalence is concerned<sup>3</sup>, the majority of those tested were already infected and probably they were aware of it – what is the methodology used: a highly screened population that was previously tested; Fidelie Kalambay: the method used was respondent driven sampling (RDS), 14 or 17% had declared that they previously tested positive, but they must not be excluded from study; is there a possibility that the rapid tests would generate to many false positives?; M.M.: yes, theoretically, but not at this level; how many of them were long-time HIV positive and can be found in the HIV database (a recommendation for future studies)?; from data available at national level, over 20% of those registered as newly identified HIV individuals have tested positive previously at least once in the last 3-5 years and did not comprehend the status of a HIV positive individual (they believe that positive is good and negative is bad).
- Nicolas Farcy: what are the official statistics? MM: the last data shows 31%<sup>4</sup> of new HIV cases in IDUs this year; N.F.: 53% out of 20,000 IDUs is a „bomb”; M.M.: 53% is the incidence in a selected population, not the prevalence, which is the total number of cases; F.K.: the prevalence may be measured in the general IDU population or it may be

<sup>2</sup> Bought in 2011 and distributed by NGOs in 2012: 142,500 disposable insulin syringes (1 ml U – 100 with fixed needle, 29 G - 0,33\*12.7 mm).

Bought in 2012 and distributed by NGOs in 2013: 800,000 disposable insulin syringes (1 ml U – 100 with fixed needle, 29 G - 0,33\*12.7 mm); 700 packs of alcoholic cotton swabs (containing 200 pieces); 240 iodine vials (60 ml); 340 vials of Rivanol 0,1% (200 ml); 40,000 packs sterile compresses 10/8 (50 layers); 300 packs Help bandages 10/10; 300 packs bandaid 5 cm x 5 cm; 200 boxes with surgical masks; 400 PET containers (5 l) for biohazard materials; 140 boxes of surgical gloves TG (medium size); 14 packs of patches 19x72 (100 pieces).

<sup>3</sup> The report „HIV/AIDS among injecting drug users in Romania” (authors: Andrei Botescu, Adrian Abagiu, Mariana Mărdărescu, Marian Ursan) (<http://www.emcdda.europa.eu/publications/ad-hoc/2012/romania-hiv-update>) mentions a 52,5% prevalence based on a BSS.

<sup>4</sup> [http://www.cnlas.ro/images/doc/rom\\_30\\_iunie2013eng.pdf](http://www.cnlas.ro/images/doc/rom_30_iunie2013eng.pdf)

measured on a sample (our study), in Romania there is no methodology for measuring the prevalence in the total IDU population, and the sample prevalence is used as a proxy; we have only cross-sectional studies on independent samples every couple of years.

3. Valentin Simionov (RHRN), Maria Georgescu (ARAS), Ada Luca (ARAS), Tudor Kovacs (PSI), Irina Niță (ACCEPT), *Difficulties and barriers in addressing prevention, treatment and care to HIV vulnerable populations IDUs, SWs, MSM*



a) Valentin Simionov (RHRN) (for details see the presentation *Barriers in addressing prevention, treatment and care for People who Inject Drugs*)

State support is limited in 2013 to 800,000 syringes being bought by the National Antidrug Agency and, following the protest from the 1<sup>st</sup> of June 2013 in front of the Ministry of Health, to a supplement of 169,000 syringes (INBI Balș), the distribution services being covered by NGOs from their own resources; the main problems are the decrease in syringe exchange and OST programs' coverage generated by

the lack in funds, the low level of access to counseling and HIV testing; there is no plan or strategy for HIV/AIDS; the banning of 44 plants and substances in 2010 led to the emergence of a new wave of NPSs on the market, potentially more dangerous than the previous ones; as a consequence of substance banning, teenagers' access to NPS has decreased substantially, but the NPS trade went online, on foreign servers, or on the black market, and the contact with the users was thus lost; there are delays in adopting the national programs that would allow the partial financing of syringe exchange programs; the people who use injecting drugs are not involved in the elaboration of policies and programs addressed to them – the direct result is a big part of the syringe exchange clients' are rejecting the syringes from the National Antidrug Agency because these are of low quality (the clients cannot use them).

Interventions:

- Cătălina Niculae: what is the base of your assertion that the NPS on the market after the banning of those 44 NPS are more dangerous?
- For 2013, ANA had continued the OST in the 3 centers (CAIA) in Bucharest and bought 800,000 syringes plus many other types of sterile equipment (cotton swabs, iodine, rivanol, sterile compresses, bandages, bandaids, surgical masks, 5 l containers for biohazard materials, surgical gloves, patches);
- Valentin Simionov: my assertion was that the 44 plants and substances ban led to the emergence of **potentially** more dangerous NPS than the previous ones;
- Maria Georgescu: 1. these syringes were not distributed because they cannot be used by the clients; 2. there are just a few low-threshold centers, the governmental ones being high-threshold (the clients who switched from the NGO centers to the governmental centers had their methadone dose halved); 3. methadone (pills) black market is on the rise and they are injected;
- Nicholas Farcy: how many people are on OST?; Ada Luca: there are about 1,000 people benefitting from OST.

b) Maria Georgescu (ARAS) (for details see the presentation *Vulnerable groups: women*)

At the present time we have no knowledge about the existence of programs or public funds for programs addressed to HIV positive women, those who use drugs or the SW; there are only a few HIV prevention services for SWs and programs for preventing mother-to-child transmission of HIV. In 2012, ARAS offered harm reduction, socio-vocational and psychological, informative materials, basic medical care, HIV, HBV and HCV testing. The data in ARAS's studies are not officially recognized. Rapid HIV testing includes pre- and post-test counseling.

c) Ada Luca: 1. the amount of syringes is far from what is needed (pharmacies are not selling syringes to IDUs); 2. poly-drug use is present among PUID; 3. lately there is a need for larger syringes for injecting methadone pills (these are not yet available in exchange programs); 4. police abuse: used syringes are left on the streets as the people who take syringes to the exchange points are being persecuted by police; street policemen are sometimes confiscating the syringes given to users by ARAS; IDU or SW have no rights from police's point of view, policemen think they are entitled to check the results of rapid HIV tests (policemen from the section 1 and section 8 Bucharest police took the girls from their area and forced them to get HIV tests in order to detect the positive SWs – this is an abuse from policemen and doctors alike); 5. in testing those who use NPS, false positives in ELISA are detected due to NPS interactions with the test, so a portion of the percentage (53%) from the RAA report may be explained this way; 6. the lack of HIV tests; 7. recently: methadone pills are being crushed and injected; bigger syringes are needed and this represents a new transmission risk.

d) Tudor Kovacs (PSI) (for details see the presentation *HIV among MSM in Romania*)

First, he points out that this is not the first time when governmental representatives are leaving the meetings before listening problems and opinions from civil society organizations representing stigmatized groups, although they want to be seen as great friends of NGOs (reference to the Ministry of Health)<sup>5</sup>.

In 2009, HIV positive MSM: 4,5%. There are fewer and fewer venues for free testing. There are no free condoms. PSI had stopped all activities for two months. Almost all types of services for MSM are absent. Not all declare themselves to be part of a vulnerable group when they are tested.

Interventions:

- Maria Georgescu: testing is crucial; in dr. Mărdărescu's presentation, there is a figure of 60% heterosexual transmission, but a part of those being tested do not declare themselves as MSM.

e) Irina Niță (ACCEPT): the same topics as in Tudor Kovacs's presentation, but from the point of view of the medical staff (a qualitative research) – a few conclusions: 1. homosexuality is presented as an illness in medical faculties in Bucharest and Timișoara; 2. sexual orientation is no criteria whatsoever on the medical services; 3. there is no information on specific treatments for LGBT communities and trans surgery; there should be a series of studies on the medical staff; ACCEPT will be partner with INBI Balș in a new research on the level of information on HIV, hepatitis, syphilis, involving 400 respondents.

Intervention: Lucia Mihăilescu (ANP) – we must educate the population, trainings and supportive services are needed (at least concerning HIV, IDUs, MSM).

4. Dr. Domnica Chiotan (Monitoring and Evaluation NTP – Institute of Pneumology “Marius Nasta”), *Current epidemiology of TB* (for details see the presentation *Romanian National TB Program*)

Gilda Popescu: the budget evolution for the national TB program:

- 2011: MoH + National Health Insurance House + GF = 24,393,906 RON / 5,477,222 Euro Euro;
- 2012: MoH + National Health Insurance House + GF = 18,532,241 RON / 4,161,088 Euro;

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<sup>5</sup> The minute was structured on the meeting's agenda, and not a strict chronologic order.

- 2013: MoH = 28,000,000 RON / 6,286,907 Euro (out of the necessary 40,000,000 RON / 8,981,296 Euro); the budget at 30 September = 17,131,000 RON / 3,846,464 Euro (received); GF financed projects = 10,000,000 RON / 2,245,324 Euro.

For the next two years there will be money from the Norwegian funds for treating 500 MDR-TB every year and rapid tests.

Discussion: the Ministry of Finances does not take into account funds from external sources, so they had not counted this; same thing for the national TB program: the Ministry of Finances does not allocate extra money over the previous year budget saying that there is not budget execution; everyone tried to do with whatever resources they happen to have – if there are no documented expenditures, the Ministry of Finances does not understand why there is so much money needed now compared to the last years.

5. Dr. Cassandra Butu (WHO), *Summary of difficulties and barriers regarding the full implementation of needed actions and services concerning TB control (prevention, treatment and care) as per the extended MDR-TB plan* (for details see the presentation *Summary of difficulties and barriers regarding the full implementation of needed actions and services concerning TB control (prevention, treatment and care) as per the extended MDR-TB plan*)

Reasserts the WHO support for GF. Nicolas Farcy: everybody is supporting, important is the state's reaction. There is a lack in financing that leads to a lack of rapid tests, medication, of complete coverage for MDR-TB testing, of social support for treatment continuity, of communication activities, of advocacy, of social and education and mobilization, of trainings for the medical care providers, to the partial psychological support for patients, to partial measures of limiting TB spreading.

6. Dr. Cristina Vladu (Ministry of Health), *Current accomplishments, obstacles and perspectives in ensuring appropriate financing of HIV/AIDS and TB National Programmes; Ministry of Health commitment regarding the preparations for New Funding Model, particularly in actively participation to the review of national plans and gap analysis processes* (chronologically, after Fidelie Kalambay's presentations following this intervention, the Ministry of Health representatives left the meeting)

We do not try to create anything new in the strategy to be adopted, the measures from the existing strategies are reenacted (we are working at the annual and multiannual budgeting, to be able to estimate at least the necessary funds). The first important funding source for TB and HIV: the Norwegian funds that were dedicated almost entirely to these two afflictions: out of 8 million Euros, 5.4 go to TB and 1.5 to HIV. The basic (health services) package: it will include community assistance. By the end of the year we should have the government's decision on the 2014-2020 national health strategy. The advocacy must be directed to the Ministry of Finances, not the Ministry of Health.

Interventions:

- Nicolas Farcy: we don't know yet if Romania is eligible for TB and HIV programs; GF should not finance Romania if you do not have a national strategy with a clear budget, that would show the state's commitment; very important here is the civil society involvement is the making of this document, in order cover all the necessary areas;
- Valentin Simionov: what is the methodology for allocating these funds?; Cristina Vladu: in the Norwegian program, MoH works with promoters (National Institute Matei Balș and National Institute Marius Nasta) that organise sessions of project and partner selection.

7. Nicolas Farcy (*Portofolio manager* FG), *New Funding Model – clarifications and information. NFM process, support from GF Secretariat*

**I. New Funding Model:** 1. the problem is that there is no support for TB; 2. The government must make a clear national strategy with a clear budget attached: „we must do this, for this number of years; we need this sum of money, we have this sum of money” – if this information will not be there presented in a clear manner, there will be no GF funds if Romania will be eligible for financing; 3. the NGOs must go to MoH to participate to the

making of national strategy; 4. the CCM must have a new meeting exclusively on TB; 5. if for this year there is a need for 4 million Euro, for the next year the government must allocate 7-8 million Euro to start this process – you need to lobby at the Ministry of Finances for supplemental funds for TB.; 6. in the HIV area, the you must proceed in the same manner: more flexibility, you must document how many syringes are used by how many IDUs (a step towards financing) – you must have documentation, even if deficient, than no papers at all; 7. the possibility of NGO rule that exists for HIV might extend to TB; it is in everyone’s interest that both strategies are adopted; the moment is crucial.

#### Interventions:

- Cassandra Butu: the government will not sign a document that contains the necessary amount of money, if they do not have these money; the document will be signed based on the funds available; N.F.: I hope that the national strategy will indicate and identify the needs and the necessary sums for implementing this strategy; MoH takes the money from the MoF – this is not very usual situation when a governmental official says that he must convince another government official;
- Silvia Asandi: MoH is trying to create a general strategy with a budget for 2014-2020 to cover all needs; this document was requested by EC for the structural funds, and it will be sent to the Parliament to be adopted as law till the end of the year; in Romania we do not have multiannual budgeting, but the documents requested by the EC must cover 2014-2020;
- Domnica Chiotan: we have a budget estimation until 2017;
- Maria Georgescu: the protest in front of MoH is important because it showed that the NGOs can determine change;
- Mihaela Ștefan: theoretically, we may send to the government the plan for MDR-TB, that includes the generic TB;
- Iulian Petre: since last year, 12 sectorial committees are creating the sectorial strategies with the involvement of the civil society organizations; MoH will sign a long-term strategic plan without budgets attached – this will be just a show-off for the EC so they’ll see we have a strategy;
- Maria Georgescu: what’s the plan B in case that the MoH strategy will not work? Will the NGOs be able to treat directly with GF?
- Nicolas Farcy: NGO rule is a distinct possibility; can you document that Romania’s need for preventing TB is 14-15 million USD?
- Gilda Popescu: the plans will get to the Ministry with the financial needs included in the budget; they had not been sent to the ministry in this form; we can elaborate a clear budget for the national strategy;
- Fidelie Kalambayi: MoF does not want to hear about “needs”: the National Anti-drug Agency had presented the situation with the financial needs, and the MoF turned it down saying that they do not want to see any figures in the strategy;
- Nicolas Farcy: at the beginning of the year we will know if Romania is eligible; if it is eligible for TB, my recommendations is that there should be no funds if Romania does not have a clear strategy in which the state will provide financing; for HIV there will be funds through the NGO rule considering the infection prevalence, but for the national strategy there will be none till a clear budgeting will be provided;
- Cătălina Niculae: even if the national antidrug strategy is not budgeted, there are two national programs that will be budgeted; we are proposing to GF that, in case the HIV/AIDS and TB strategies will not be budgeted, it should take into account as a political commitment the other national programs linked to TB and HIV so that Romania will be eligible;
- Valentin Simionov: the TB-HIV juxtaposition in IDUs is a huge danger for the public health because the speed of TB propagation in the HIV positive IDUs. Other participants confirm the presence of TB in the IDU population.

**II. The CCM functioning:** Nicolas Farcy: until present, the CCM was hard to work with because the delays in communication, the conclusion being that Romania is a difficult country to work with if even the CCM is not interested to function; there should be more meetings to show signs of activity; somebody must be in daily contact; there must be a more fluid communication between the CCM and the GF.

Intervention: Iulian Petre: the problems in communicating with Nicholas were visible; we were not used to communicating so intensely with Geneva.

The meeting is closed.

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