ASOCIATIA ROMANA ANTI-SIDA

romanian harm reduction network

ROMANIA

Most-at-risk adolescents and young people, HIV and substance use

COUNTRY MISSION REPORT

2006

ROMANIA

Most-at-risk adolescents and young people, HIV and substance use

Country Mission Report

2006

produced within the
"Support Network for HIV Prevention among Injecting Drug Users in South Eastern Europe"

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The aim of the Romanian report is to assess vulnerabilities and risks related to HIV and drug use problem, to map national and local response and capacities, as well as to identify potential ways to strengthen national policies and strategies in the field of HIV/AIDS and drug use. This report is based on gathered information and views, as well as on previous research and analysis, available statistics and legal documents. It was officially launched at the regional Intercountry Consultation "Counting Lives!" in Bucharest on February 15-17, 2006.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy (for HIV treatment)
ARAS	Romanian Association Against AIDS
BCC	Behavioural change communication
CCM	Country Coordinating Mechanism
CIDA	Canadian International Development Agency
CNMS	National Multisectoral Commission for HIV Prevention, Surveillance and Control
DU	Drug user
EAR	European Agency for Reconstruction
ELISA	Enzyme-Linked Immuno-Sorbent Assay
EU	European Union
EUR	Euro (currency in part of the EU territory, also in Kosovo)
FYR	Former Yugoslav Republic
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
IOM	International Organization for Migration
KAP	Knowledge, Attitudes and Practices
MARA	Most at risk adolescents
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non governmental organization
PSI	Population Service International
RAR	Rapid Assessment and Response
RAR SUYP	RAR on substance use and young people
RHRN	Romanian Harm Reduction Network
SEE	South-Eastern Europe or South-Eastern European
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNMIK	United Nations Mission in Kosovo
UNTG	United Nations Theme Group on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

Foreword

Every year the number of the HIV-positive young people increases dramatically. The most common ways of HIV spreading are the drug use and the heterosexual intercourse. The data reveals that the region of Eastern Europe and Central Asia is experiencing the fastest-growing HIV/AIDS epidemic in the world.

Although the regional initiative **The Human Rights and Treatment Collaborative Networking on Drug Use and HIV/AIDS in South-Eastern Europe** (SEE Collaborative Network) is less than 1 year old, it has already had a great impact in the region. It was established to develop and implement a regional strategy to improve the health and rights of at risk and vulnerable populations in relation to drug use and HIV/AIDS in this region.

UNICEF Romania had the privilege to collaborate with Romanian Harm Reduction, member of the SEE Collaborative Network, in implementing the **"Support Network for HIV Prevention among Injecting Drug Users in SEE"** Project, aimed to strengthen the regional response for maintaining long-term, viable HIV/AIDS prevention, treatment and care services. Through this project, teams of international and national experts collected data about most at-risk adolescents (MARA), mapped the existent services for MARA, assessed the availability of international and national funds for HIV/AIDS services, and elaborated a general overview of the situation and the needs of at risk and vulnerable populations from Albania, FYR of Macedonia, Kosovo and Romania. Four country mission reports reflect all this information, creating the baseline for the development of the national evidence-based interventions, including advocacy.

Sharing experience and good practices among the SEE-CN members and improving their competence to plan advocacy activities and their skills to advocate for sustainable HIV services at the national and regional level represented two major objectives for this project. The inter-country consultation held in Bucharest, February 15-17, 2006, provided the opportunity to share lessons learned, to discuss common issues, and to establish contacts for further networking. The report of the meeting includes the main issues discussed during the consultations, conclusions and recommendations.

All the reports developed within the project represent useful advocacy tools for governments as well as for the local, national and international organizations that are involved in advocacy networking in the SEE region.

UNICEF Romania appreciates all the efforts that countries from the region have already started in this area and is willing to offer its support for the continuation of their endeavours in preventing the AIDS epidemic among young injecting drug users, with a focus on most at-risk adolescents, and in advocating for quality harm reduction services.

Pierre Poupard,
Representative, UNICEF Romania

Executive Summary

In recent years, South Eastern Europe (SEE) has experienced political, social and economic upheaval and transition, as well as major conflicts. This has resulted in massive displacement of populations and deterioration in many aspects of life, including access to services, educational opportunities, employment, health indicators, and an increase in the incidence of social stress and post-conflict conditions, including substance abuse, mental illness and domestic violence.

The current low levels of HIV infection in SEE present a challenge in gaining recognition of the potential impact of HIV/AIDS on health systems, social structures, and individuals. Moreover, the approach of HIV/AIDS in Romania is complicated by relatively high levels of stigma against persons most likely to be exposed to HIV (injecting drug users (IDUs), sex workers (SWs), ethnic minorities, mobile populations, and men who have sex with men (MSM)). The government needs to be supported and lobbied at the highest level to implement multisectoral prevention strategies, and even to invest the necessary resources to prevent HIV/AIDS becoming a high social and economic burden in the future. As most of the countries and territories in the Balkans, Romania is considered a low prevalence territory for HIV/AIDS. Usually in Balkans, the governmental bodies and public health authorities are grappling with the hard process of economic and political transitions, leaving few resources and little attention for the impact of poverty and disease on persons most likely to be exposed to HIV.

Though anecdotal data sustain the increasing number of young people[1] who are involved in high risk behaviour, specific data remain still elusive. No programmes or services address the needs of most at risks adolescents[2] (MARA), even if this represents a problem in the specific context. In Romania, persons most likely to be exposed to HIV (injecting drug users, sex workers, homeless people) are in a very delicate and difficult situation because of poverty, lack of identification papers, unemployment, and lack of medical insurance. At the same time, stigma and discrimination, and also the illegal character of drug use and sex work make these groups hard to reach communities.

In Romania, statistics show that in the last seven years drug use increased significantly. If in 1998, the estimated number of heroin users was around 850 persons, the last rapid assessment of the injecting drug using population (carried out in 2004) showed that about 24,000 people use injecting drugs in Bucharest (1% of the population of the capital), mainly heroin. The situation of HIV in drug users groups is not known due to the lack of epidemiological research, and the fact that drug users do not access HIV counselling centres. One survey conducted by the Public Health Institute in Bucharest showed that over 70% of the IDUs who accessed in 2004 medical services for drug addiction treatment and who made blood tests were Hepatitis C positive. The drug users from the detention system are in a particular situation: no programme for drug addicts is available. The last rapid assessment highlights the fact that 24,000 people are using heroin on a daily basis in Bucharest, 80% of the IDUs are people under 29 years old, 70% are unemployed. The lack of health education and the low development of services addressing injecting drug use increase the risks associated with public health issues.

Sex work is a very visible phenomenon in Bucharest. Due to poverty and the lack of medical insurance, many (street) sex workers do not access medical services. In Romania, the use of a condom is not a common practice, and heterosexual transmission remains the number one cause of new HIV cases. Another barrier for SWs in accessing the medical services is the lack of freedom, as many of them are working with pimps. At the same time, the reproductive health services do not adapt their services to the needs of those most at risk to HIV.

[1] The UN definition of young people is referring to those between the ages of 10 and 24. However, the national statistics, strategies or other documents use other definitions for young people. In this report, we used the UN definition, but the situation where official data is reported (in this last situation, the ages are indicated in brackets).
[2] The UN definition of adolescent is referring to those between the ages of 10 and 19. However, the national statistics, strategies or other documents use other definitions for adolescents. In this report, we used the UN definition, but the situation where official data is reported (in this last situation, the ages are indicated in brackets).

This report is meant to begin fill the gap between existing legislation, available services and the needs of those most at risk to HIV with a special attention on MARA. The goal of this report is to provide a general overview on the HIV and AIDS and drug situation in relation to most at risk adolescents, in order to create the basis for further advocacy strategies and development of targeted HIV services.

The findings of this report reinforce the need for effective policy responses, which require a multidisciplinary approach involving partnership between national and local authorities, NGOs and communities, international organizations.

Recommendations for:

Policy-makers

- Penal and judicial reform initiatives – and more broadly efforts for sustaining cost effective programmes – are issues of public health, as well as of the legal system. The implementation of these reform initiatives needs to be accelerated
- Keeping HIV/AIDS high in the health and social agenda and including other infections and drug addiction in order to minimize the social and economic costs using cost-effective interventions

Governmental institutions

- Development of a drug treatment system and training of potential drug treatment service providers, as well as building connections with reliable treatment providers in other countries for those services which are not available in Romania
- Sustainable harm reduction methods should be broadly introduced (including in prisons) and funded by the state

NGOs

- Development of advocacy strategies that target the development and scaling up of harm reduction services and HIV prevention services addressing population at increased risk
- Active participation in the design, implementation and evaluation process of the HIV prevention and treatment services
- Together with interested stakeholders in governmental institutions, initiation of drug treatment system development

Donors

- Helping to advocate the need of increased national investment in harm reduction strategies
- Assistance to address gaps that are not addressed by the state in targeted preventive strategies among persons most likely to be exposed to HIV

Researchers

- Researching the link between policies and practices related to persons most likely to be exposed to HIV
- Assisting NGOs and other service providers with accurate and non-expensive monitoring data and evaluation of programmes (effectiveness, economical benefits)
- Closely work with non governmental organizations and community based services, in order to obtain accurate information related to behaviours and practices

I. Introduction

In June 2005, a new regional initiative ***South-Eastern European Human Rights and Treatment Collaborative Networking on HIV/AIDS and Drug Use*** (SEE Collaborative Networking) was launched in order to develop and implement a regional strategy to improve the health and rights of at risk populations in relation to drug use and HIV/AIDS in this region. The SEE Collaborative Networking is built upon important work initiated by various networks and key players in the region, linking together related programmes and projects. It focuses on filling the existing gaps and enhancing synergies and on maximizing organizational strengths. The network includes stakeholders (organizations, national networks, and individuals) from nine countries and territories (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Former Yugoslav Republic (TFYR) of Macedonia, Kosovo[3], Romania, Serbia and Montenegro, Slovenia) who share common interests and values related to building relationships, sharing knowledge and learning.

The goal of the project **"Support Network for HIV Prevention among injecting drug users in SEE"** – developed with financial and technical support from UNICEF Regional Office in Geneva and UNICEF Country Office in Romania – is to increase the capacity of Romanian Harm Reduction Network to offer support for other national harm reduction coalitions in order to strengthen the regional response for maintaining a long term, viable HIV prevention, treatment and care services.

[3] [3] Currently under United Nations Administration (United Nations Interim Mission in Kosovo)

II. Background

2.1. General information

Population figures

Population	21,790,000
Political status	parliamentary republic
Language	Romanian
Ethnic composition	Romanians (89.5%), Hungarians (6.6%), Roma (2.5%), Ukrainians (0.3%), German (0.3%), Croatian, Greek, Turkish, Italian.
Neighboring countries	Bulgaria, Republic of Moldova, Ukraine, Hungary
Children and young people	16.6% (0-15 years) 20.6% (0-18 years) 32.2% (under 25)
Unemployment	11.8%

Romania is a country located in the southeast of Europe, in the northern part of the Balkan Peninsula, inside the Danube river basic opening on the Black Sea. The area of the country is 237,500 sq.km./91,500 sq.mile, being the 13th country in Europe in terms of territory. According to the information obtained from the National Institute of Statistics, the population of Romania was about 21.9 million inhabitants in 2004, the annual population growth being of minus 0.3 in 2003. The number of young people was 4,945,950 in 2002, from which 48.8% live in urban areas and 51.2% render in rural areas. The birth rate in Romania is decreasing as compared to 1989. In 2003 9.8 per thousand inhabitants. The region with the highest percent of children is the North-East region, with a birth rate of 12.3 per thousand. The majority of the population is represented by Romanians (88.1%), followed by Magyars (6.5%) and Roma (2.4%). The principal religion is the Greek orthodox one (85.9%), but others include Romano-Catholic (4.6%), Protestant (3.2%), Penthicostal (1.4%), Greco-Catholic (0.8%).

The economic growth

Since 2000, Romania has shown consistent rates of economic growth and economic performance[4]. However, there are problems with unemployment, poverty and regional discrepancies. The poverty rate is higher in the North-East of the country, being strongly related to the conditions of dwelling, to education and the labour status of the head of households. The poverty incidence is almost three times higher in urban areas and among the unemployed (50% of the unemployed were living in poverty in 2002). At the national level, there are discrepancies among the regions of the country. Between 1999-2001, the GDP was two times higher in the capital of the country than in the North-East region.
Romania has an agrarian economy.

2.2. Epidemiology and most likely to be exposed to HIV

2.2.a. National statistics on HIV/AIDS

Romania is a low prevalence country (0.04%), with a low incidence of HIV/AIDS. In 2005, the cumulative number of people with HIV/AIDS (dead or alive) was of 15,998. From this total, 11,035 are PLHIV, and 6,181 are enrolled in ARV treatment. The number of new cases of infected adults has increased constantly in the last 4 years – the infection being driven by unprotected sex.

[4] National Human Development Report

Table 1: Cumulative number of people with HIV/AIDS

TOTAL AIDS (CUMULATIVE)	9.634
AIDS Cases – children*	7.229
AIDS Cases – adults	2.405
Lost from AIDS evidence – children and adults	153
AIDS Death – children	3.595
AIDS Death – adults	857
Total AIDS Deaths	***4.452***
TOTAL HIV (CUMULATIVE)	***6.364***
HIV Cases – children*	4.469
HIV Cases – adults	1.895
Lost from HIV evidence – children and adults	358

Source: Ministry of Health, National Commission for Fight Against AIDS, General Data regarding HIV/AIDS, 30 September 2005

The last national survey on reproductive health (2004) shows that unprotected sex is a common behaviour and the differences between rural and urban areas are high. Even if there are programmes that promote condom use, and there is a campaign at national level for behaviour changes, data underline the fact that only 5.8% of women and 2.8% of men have knowledge about HIV/AIDS. Only 37.7% women and 70.6% men between 14–24 years old, and not married, used a condom at the last sexual intercourse.

In 2005 (1 January – 31 December), 188,279 HIV tests were made for the general population, less than 1,000 for persons most likely to be exposed to HIV, and 352,837 for blood donors. From the total number of tests, 1,128 were positive (none among IDUs, SWs or MSM).

The 1989-2004 county number of adults are shown below – Bucharest and Constanta being the most prominent areas:

2.2.b. Drugs, drug use and problem drug use

The survey of the National Antidrug Agency in 2004 – "The Prevalence of Drug Use in Romania" – showed that 1% of Bucharest's population uses injecting drugs. Only in Bucharest, there are over 24,000 estimated injecting drug users (IDUs), out of which 90% use heroin. Despite all this, the coverage of the programmes and services for IDUs is limited. In 2005, less than 15% of the IDUs received services from needle exchange programmes, and less than 5% received treatment services (substitutive and/or non-substitutive treatment). The low access to services determine the continuation of the equipment sharing practices and conducts to the increase of the HIV risk behaviours, both in drug using groups and general population.

Most of the drug users are people under 29 years old. At the same time, a constant decrease of the drug use is found. In 2004, the average age for initiating drug use was between 17-19 years old.

The results of the research "Drug Users: Injecting Behaviours and Sexual Behaviours" conducted by ARAS and RHRN (Romanian Harm Reduction Network) in July 2004 show that the (re)use of non-sterile needles and/or syringes is a common behaviour among IDUs. 73% of the respondents used non-sterile syringe or needle at their last injection; this number increased to 91% for the injections of the last month. Also, using non-sterile injecting equipment is a frequent practice for IDUs from Bucharest, over 20% giving a positive answer to this question.

There are many barriers preventing IDUs from accessing health care services in Romania and the information for reducing the harm caused by injecting drug use.

- First, the access to sterile injecting equipment is limited. Synergies are not sold in pharmacies. The needle exchange programmes are developed and implemented only by nongovernmental organizations which are financially supported by international donors, thereby limiting coverage.
- Secondly, in Bucharest there are only 3 facilities for methadone treatment these cover about 500 beneficiaries per year? Month?. There are only 2 detox centres.
- Thirdly, the stigma of injection drug use and the IDUs life-style creates social barriers for IDUs, when they attempt to access social and health services.

2.2.c. HIV/AIDS and drug use in prisons

In 2004, the evaluation of drug use in prison was made only based on self–declared data, signed when entering the penitentiary.
The data available for the first 9 months of 2004 revealed a number of 2,197 persons (out of a total of 12,708 inmates) admitting use of drugs prior to entering the prison. By age groups, 2.48% (54) were between 15–19 years old; 23.12% (504) between 20–24 years old; 58.6% (1,277) were between 25-29 years old[5].
According to sex distribution, 92% out of the persons admitting the use of drug were males, and the most common drugs mentioned were:

- Heroin 85.9%
- Ecstasy 4.36%
- Cocaine 2.8%
- Different medicines 0.78%
- LSD 0.64%
- Other 5.55% (cannabis, benzodiazepine etc)[6].

2.2.d. Sex workers

The results from Romanian Association against AIDS (ARAS) national survey on Sex workers (2005) show that the major risks for HIV transmission are related to unprotected sexual intercourse, with both clients and the sexual partner/lover. The survey included 395 SWs, who work in 11 counties.

[5] Prosecutor's office, High Court of Justice and Cassation ("2005 National Report to the EMCDDA", issued by National Antidrug Agency)
[6] National Penitentiaries Administration ("2005 National Report to the EMCDDA", issued by National Antidrug Agency)

During the research, eight interviewed sex workers were under 18 years old, and 12% of them never went to school. Moreover, 20% of the respondents declared that they spent their childhood in an orphanage centre. The above mentioned study support the idea that most of the sex workers started this work as below as age 18. They come from rural areas or from small cities. The results also shows that the HIV/AIDS knowledge among the younger SWs group is 15% lower compared to the adults sex workers, and the rate of the under age SWs who never use condom for oral sex is 2 times higher than that of adult SWs. At the same time, over 11% of SWs declare that they used heroin through injection. About 40% shared used non-sterile injecting equipment. Among those who knew something about HIV/AIDS, only 65.1% considered that they are exposed to HIV risks. No specific national health programme targets sex workers and/or their clients. The punitive legislation creates barriers in developing specific targeted services. The lack of identification documents and/or of social and medical insurance increase the vulnerability level.

2.2.e. Men who have sex with men (MSM)

The only HIV prevention programmes that targeted MSM were implemented by civil society representatives (Acceptance Group, Bucharest). Based on outreach activities and peer education, the main goal of the project was to increase knowledge regarding HIV prevention methods. Due to stigma, discrimination and public attitude towards MSM, most of the services for STIs are not accessed by the LGBT community. Big differences are found between rural and urban areas, and the level of acceptance of these groups in society is influenced by public opinion. Based on the lack of funds, starting with 2006, the HIV prevention activities for MSM will drastically decrease and will be undertaken on a voluntarily basis.

2.3. National Legal and Policy Framework on HIV/STI, Drug Use and Harm Reduction

The Romanian Constitution recognise the right to health[7], making specific reference that this right is guaranteed and that the state is obliged to take measures to ensure public health. Moreover, Romania has ratified most major international conventions with provisions relating to the rights of people to health, and the Romanian Constitution gives international law precedence over national legislation. There are several public institutions involved in the healthcare system in Romania – responsible for enforcing the laws. Firstly, there is the Ministry of Health, which is responsible for the overall policies on health. The Ministry has 'decentralized' services in every county – named "county public health departments". Secondly, The National Health Insurance House is the body which is responsible for the management of health services (treatment and prevention) and the national health insurance system. There are, at the same time, county health insurance houses. The Romanian Doctors College has mainly disciplinary responsibilities, being also responsible for professional evaluation and malpractice cases. The Pharmacists College is mainly oriented towards drugs provision policies. At legislative level, there is the commission for public health from the two chambers of the Parliament. The Public Finance Ministry is also an important stakeholder involved in healthcare.

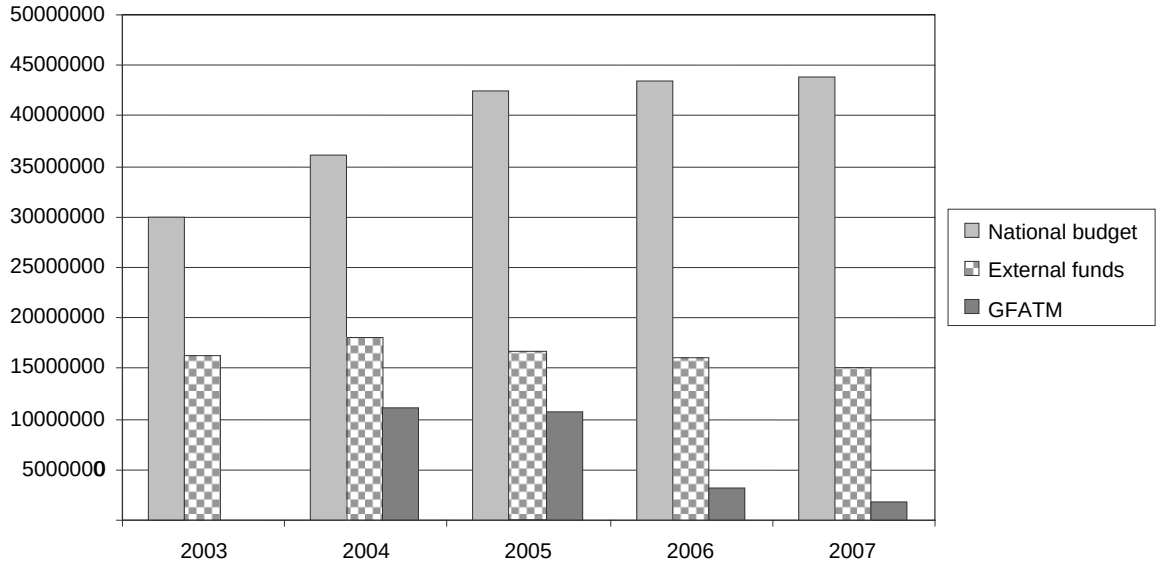
2.3.a. Legal framework

There are four national health programmes – set up by special laws, having as main goals to prevent and treat specific diseases with severe impact on Romanian society, or with increased epidemiological risks. National Programmes are designed, implemented and coordinated by the Ministry of Health, and their objectives are set together with the main stakeholders (including civil society). These national programmes are:

1. Community public health programme
2. Non-transmissible diseases prevention and treatment programme
3. Mother and child health programme
4. Policy and administration implementation programme

[7] Article 34 of Romanian Constitution

HIV/AIDS (together with tuberculosis) are specifically addressed within the **Community Public Health Programme.** While the programmes 3 and 4 are financed exclusively from MOH state budget, the Community Public Health Programme is financed both from the state budget as well as from the National Health Insurance House. In addressing HIV/AIDS, significant progress was achieved from 2001, when HIV/AIDS was declared a health priority and in the same year the **National Plan for Universal Access to HIV/AIDS Treatment and Care** was launched.
In 2005 the budgetary allocation was (for HIV) 1,163.5 billion LEI, US$ 38 million. This is a significant budgetary effort, supported also by the involvement of the private sector – six of the most important pharmaceutical companies producing antiretroviral drugs offered the Romanian government important price cuts and donations of drugs to support the programme.



Source: UNAIDS financial tracking report, 2005

While the legal arrangements of the Romanian Constitution set out the theoretical conditions for equal access to health for all, there is little connection between the legally guaranteed right to health and the actual access to health, especially for the most at risks groups like IDUs, SWs, MSM. In Romania, these groups face cultural, institutional and legal barriers that limit their access to health and social services, as well as the interventions specifically designed. Although the discriminatory legislation towards men who have sex with men was eliminated, the discrimination persists when it comes to essential public health services: MSM avoid showing or disclosing in public or before a physician their sexual orientation because of the judgemental attitudes. As regards sex workers, their activity continues to be illegal in Romania, and often associated with organised crime (trafficking of human beings, drugs trafficking, etc). The individual sex work is punished by the Penal Code, and it is considered a criminal offence. Drug use is also illegal in Romania, and there are concerns that the current police practices restrict access of drug users to basic health services. The right to health for IDUs is also dramatically limited by few drug addiction treatments services.

At policy level, there are no frameworks that can ensure the sustainability of optimal implementation of programmes addressed to those most likely to be exposed to HIV.

A specific law (584/2002) addresses protection of PLHIV from all forms of discrimination, so that they can effectively participate in community life. Article 7 of the law 584 ensures the right to education, employment, and protection against any kind of discrimination. Unfortunately, at this moment the law is not in force because it does not have application/implementation rules. In Romania, the right of PLHIV to confidentiality is specifically protected by the Penal Code (art. 196), law 46/21.01.2003 that makes referral to patient rights, law 667/2001 for data protection.

Moreover, the PLHIV have the same rights and benefit from the same protection from any kind of discrimination as people with disabilities. This institutional arrangement increased the capacity of Romanian authorities to address PLHIV. A number of different bodies are established in Romania to address the situation of people with disabilities. These bodies represent an important step forward in recognising the specific needs of people with disabilities, but the frequent reorganisation of these structures has limited their potential for effective coordination and policy implementation. The institution responsible for the policy development and coordination is the National Authority for Persons with Handicap – the word 'handicap' is used in official law and policy, thought experts agree that this word is stigmatising, thus adding more to the existing stigma associated with PLHIV. At the same time, the anti-discrimination policy is not fully supported by law – for example, PLHIV are not allowed to work in food-related industries. Similarly, there is no commitment from the Romanian Government in working with the private sector for specific issue of PLHIV (i.e. incentives, etc). At the same time, PLHIV are protected against discrimination through the law 48/16.01.2002 concerning prevention and penalties for all forms of discrimination. General and specific laws on education, health, employment, social protection for PLHIV guarantee the right of PLHIV to all these.

In Romania, all the data regarding HIV/AIDS are reported to the National Commission for Fighting Against AIDS, Ministry of Health Commission. The National Council for Fighting Discrimination, established in 2002, is competent to address cases of discrimination in all areas, including discrimination of PLHIV and/or persons most likely to be exposed to HIV. The National Council was established in line with the EU's Race Equality Directive, which requires the designation of an independent body for the promotion of equal treatment. Another important role of the National Council for Fighting Discrimination is to "mediate for the amiable resolution of conflicts that appear as a result of acts of discrimination". In 2003, the National Council for the Prevention of Discrimination initiated the "National Alliance for Fighting against Discrimination", a discussion forum organised together with NGOs representatives from various sectors.
The Council has addressed a few cases of discrimination of PLHIV, but due to bureaucratic procedures they react with delay to cases. Although, in theory, Romanian law and policy support anti-discriminatory practices, institutional discrimination for PLHIV does exist[8] – the most important being related to denial by local authorities of specific rights (i.e food allowance), denial of medical services or specific treatment, and breach of confidentiality.

2.3.b. Strategy on HIV/AIDS

The main institution responsible for Government policy in HIV/AIDS area is the National Multisectoral Commission for the surveillance, control and prevention of HIV/AIDS cases (CNMS). The commission is an inter-ministerial body without judicial personality, under the authority of the Prime Minister, attached to the General Secretariat of the Government. The Prime Minister's Counsellor on health chairs the commission – as law 584/2002 stipulates.
The coordination of intersectoral activities is done within the CNMS using specific mechanisms – thematic working groups. Similarly, a Monitoring and Evaluation Centre for global monitoring of HIV/AIDS policy implementation was established. CNMS developed monitoring indicators or monitoring plans, and the evaluation of the process will be performed at the beginning of 2006. Also, the commission is using the monitoring plans developed by each ministry responsible for policy implementation (which are also represented in the commission):

1. Ministry of Health
2. Ministry of Education and Research
3. Ministry of National Defence
4. Ministry of Administration and the Interior
5. Ministry of Labour, Social Solidarity and Family
6. Ministry of Justice

[8] www.unopa.ro

The main policy document developed by the CNMS is the National HIV/AIDS Strategy. The strategy is a comprehensive document establishing the guiding principles, and the action priorities to be addressed in 2004-2007. It sets out a number of important areas of interventions and measures that, if implemented, have the potential to make a real difference in the HIV/AIDS area. The strategy comprises three major intervention areas:

1. Prevention of HIV transmission – prevention guidelines and specific actions are included in the strategy, with the main objective to maintain the low incidence of HIV/AIDS.
2. Access to treatment, care and psychosocial support services for infected, affected or most likely to be exposed to HIV. The strategy makes specific reference to treatment (both antiretroviral and opportunistic infections), ensuring access to universal treatment being one of the most important aim.
3. Surveillance of HIV and associated risk factors is the goal of the third priority area, aiming at developing and maintaining an efficient surveillance system.

The 2004-2007 National Strategy for HIV/AIDS also addresses the needs of the main groups at risk: IDUs, sex workers, MSM. Specific objectives and strategies are set for each target. Moreover, vulnerable groups (such as inmates or Roma) are identified and addressed. Gender issues, however, are not addressed in the strategy.

The budget of the strategy is not transparent, and not very well coordinated. Major accomplishments were brought by the GFATM project 2004 – 2008, implemented by Romania, which asked for transparency in the process. Even so, the data linked with the National Budget of the AIDS Strategy are hard to gather.

The 2004-2007 National Strategy for HIV/AIDS was drafted based on a situation analysis and national response. The lessons learned from the implementation of the 2000-2003 National Strategy were also used for the 2004-2007 National Strategy. The strategy was drafted by working meetings of the CNMS. Main stakeholders were involved in developing the strategy: government institutions, several NGOs (including those representing PLHIV) and international agencies. No other affected communities (like IDUs, SWs, Roma communities, inmates) were involved, except for the LGBT community, represented by Acceptance Group from Bucharest.

A major input for the 2004-2007 National Strategy was related to the Romanian proposal approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

2.3.c. National policies and strategy on drugs

In 2004, the **Law no. 522** was approved. This law modified and supplemented the Law no 143/2000 on countering the illicit trafficking and abuse of drugs. The provisions of this new law clarify or introduce new elements concerning: the case management of drug abusers, measures for reducing drug abuse associated risks, the data collection etc.

According to above mentioned law, the treatment of drug addicts is individualized by including the users in an integrated assistance programme allowing the assessment, planning, monitoring and continuous adjustment according to client needs. From the procedure point of view, if a drug law crime is committed for personal use (including drug possession) the drug users can choose the integrated assistance programme over prison. The consent of the DUs is a prerequisite of the inclusion in the mentioned programme. In case of refusal, the penal code provisions are to be applied. By imposing drug users the obligation to respect the integrated assistance programme, the court can decide not to impose any sanctions. But, for the moment, the integrated system service is not set up, and most clients do not have a choice.

Based on the project of the European Union Strategy for 2005–2012 and the conclusions of the evaluation of the implementation of the National Antidrug Strategy 2003–2004, a new national

strategy for 2005–2012[9] was set up. The new document sets the general and specific objectives targeting drug demand and supply reduction, international cooperation, and develops a global information–evaluation system of the drugs phenomenon.

In agreement with the European regulations in the field of drugs, a new law (no 381) was issued in 2004. It stipulated that the amounts of money obtained by capitalizing the seized assets resulted from drugs and precursors related offences represent income to the state budget, and should be allocated to finance projects and programmes targeting the prevention and countering of the illicit drugs trafficking and abuse.

The National Antidrug Agency is entitled to formulate these programmes and projects, according to the priorities set out in the National Antidrug Strategy.

From 2004, Romania has a new Penal Code[10]. Penal deeds are divided into felonies and offences, and for the first time a new main penalty is introduced for offences, consisting in community work and fine/days.

Additionally, new programs/services such as exemption from penalty and postponing the execution of the penalty should be applied for drug law offences, too.

Under article no. 387, prison sentences were increased for offences related to:

- Providing a location, housing or any other place adjusted for the illicit drug use (3-10 years);
- Tolerating illicit drug use in such places (3-10 years);
- Administering unlawfully high risk drugs to a person (1-5 years)
- Supplying toxic chemical inhalants to a minor, for use (1-3 years).

Prompting somebody to use illicit drugs, by any means, even if it is not followed by use, is sanctioned by imprisonment or fine/days.

The fundamental objectives of the Strategy are to maintain drug use in Romania at a low level and to streamline criminality–countering measures.

The new strategy draws on five strategic action directions:

1. Drug demand reduction, with two components: (a) drug use prevention and (b) medical, psychological and social care, harm reduction and social reinsertion;
2. Drug Supply reduction
3. International Cooperation
4. Information and evaluation
5. Interagency Coordination.

The novelty of this strategy comes from the medical, psychological and social assistance system, which shall be structured at national level by three intervention layers (mental health network, primary medical assistance network and social services network). This integrated system shall include public, private or joint bodies, accredited or licensed, and shall be coordinated by the National Antidrug Agency, in line with the national quality standards in the field.

From 2005, Romania has National Standards for Medical, Psychological and Social Assistance of Drug Users. The document does not cover the adolescents/people under 18 years old. The document stipulates that the services for this group should be related with national practices and regulation for the medical and social services for people under 18 years old.

[9] Issued by Parliament, O.B. 112/03.02.2005
[10] Issued by Parliament, O.B. 575/29.06.2004. The new Penal Code takes effect on September 1, 2006.

The number of drug law offences registered a 48.3% increase in 2004 compared to 2003. In 2004, the police reported 2,169 offences in violation of the Law No 143/2000 on countering illicit drug trafficking and use, in comparison to the previous year, when 1,462 offences had been registered. The offences related to unlawful cultivation, production, manufacture, testing, extraction, transformation, purchase or possession of drugs for personal use and accounted for 38.4% of drug related crimes declared in 2004.

"During 2001–2004 there was a stable increase in the number of minors and youngsters[11] investigated for drug law offences, as follows:

- Criminally liable minors, investigated for drug law offences, registered a relatively constant percent levels in the last four years (6.1% in 2001, 6% in 2002, 6.3% in 2003, 6.7% in 2004)
- In 2005, 4 minors under 14 were involved in illicit drug trafficking, which shows a decrease in age of the minors involved in such illegal activities".[12]

2.4. Social Perceptions of HIV/AIDS and drug use

According to the "Drug Use Prevalence in Romania - 2004" – general population survey – conducted by the National Anti Drug Agency, the majority of the population makes the distinction between 'drug use' and 'drug users'.

Half of the subjects of the survey considered the 'drug user' to be more a sick person (50.2%) than a criminal (5.3%), while drug use is disapproved by 49.9% of the respondents. Only 19.2% of the subjects think that drug users "should be accepted just like any other person". Based on the above mentioned data, it can be stated that society looks upon 'the addict' from a medical perspective, paying less attention to social consequences.

Media representations

In 2004 and 2005, mainly the printed press approached the issue of the illicit drugs trafficking and use. The published materials referred to countering drug use. That explains why the most frequently used terms mentioned when the drug issue was tackled were trafficking, traffickers and drugs trafficking. Two national dailies were the subject of a study requested by the Romanian Harm Reduction Network (RHRN) [13].

The study included a quantitative analysis of the articles referring to 'drugs', which had been issued in the two publications in the period August the 1st – October the 1st, 2004. In the reference period, drugs were mentioned 190 times. 65% of the news referred to events in Romania and most of the events described took place in Bucharest. The most frequently mentioned subjects in the news refer to drugs trafficking (23.6%) followed by those regarding police arrests and drug users.

Discrimination against those most likely to be exposed to HIV – Roma communities, injecting drug users, sex workers – is obvious in the media news. These types of discrimination – closely related to violation of human rights – do not encounter any type of rejection from the general public. The analysis conducted by RHRN shows that discrimination against drug users become manifest from the very beginning, starting with the ways of presenting the news. Symbolic discrimination (presented in the media) sustains real discrimination, and at the same time leads to the lack of support from the general public for the medical and social services that target drug users. In the development of services for drug addicts, the support of the general public is important because public policies are based on social support.

[11] The National Antidrug Agency define in its report minors as people under 18 years old and youngsters people aged 18-20 years old.
[12] National Antidrug Agency, *2005 National Report (2004 data) to the EMCDDA*, 2005
[13] Media representation of discrimination against drug users. Press and drug users: case study. October 2004. The study was conducted by Operations Research, upon the request of the RHRN and financed by UNICEF Romania.

III. National Responses to HIV/AIDS and Injecting Drug Use

3.1. Targeted HIV Prevention Services

While the National Strategy provides extensive activities related to the prevention of HIV/AIDS, with the main objective to keep the 2007 prevalence at the 2002 level, in practice there is no leadership from the government in implementing these activities. Civil society initiates, supports and implements virtually all activities related to prevention for persons most likely to be exposed to HIV. Many people feel that the activities implemented by civil society are not complemented by the full support of the Romanian Government, but merely 'tolerated' by state institutions. In some cases, the partnership with the Government is only a formal one.

In this report, we consider HIV prevention services for the following programmes:

- **Behavioural Change Communication campaigns**
- **Condom distribution**
- **VCT**
- **Sexually Transmitted Infections (STIs) – diagnostics and treatments, and other services for reproductive health**
- **Peer education and peer counselling**
- **Risk reduction counselling**
- **Needle/syringe exchange**
- **Overdose prevention**
- **Vaccination for hepatitis A and B**
- **Opioid substitution therapy and other drug dependence treatments.**

These services can be performed in outreach, or in drop-in centres, and they target different populations: general public, young people, women, drug users and IDUs , sex workers, MSM, prisoners, migrant populations, ethnic minorities etc.

3.1.a. Young people

There are numerous examples of NGOs implementing successful HIV/AIDS programmes aiming at changing individual behaviour and group norms, condom use promotion and school education. The most notable example of partnership in prevention is the "Education for health in Romanian School", which was launched by the Ministry of Education and Research with civil society support and expertise. The GFATM also provided the foundations for a comprehensive, coordinated national media campaign, scaling up the previous experience in implementing behaviour change communication. The campaign is implemented by a consortium of NGOs and public institutions. Support from private companies for airing the campaign (private TV stations) was secured as well. These campaigns were specifically designed to target 15-24 years old, and most of the IEC materials were developed by conducting formative research with youth[14].

Condom promotion was part of a larger social marketing programme in Romania, designed to develop affordable health products for youth. As a result of civil society endeavours, commercial condoms brands reach significant market shares, and free sampling condoms activities were implemented via numerous outreach activities. Many outreach activities were implemented under the "Family Health Initiative", led by the private and non governmental sector in partnership with MOH. Unbranded condoms were distributed in many areas using NGOs logistics, both in rural and urban areas.

[14] The UN definition of youth is referring to those between the ages of 15 and 24. However, the national statistics, strategies or other documents use other definitions for youth. In this report, we used the UN definition, but the situation where official data is reported (in this last situation, the ages are indicated in brackets).

In Romania, over 80% of all outlets are concentrated in the high urban area. Only 4% of all outlets are positioned in rural areas. Almost twenty different brands of legally imported condoms are available. The overall condom market is about 40 million condoms distributed in the last year. The overall condom market is steadily growing, with the absolute number of condoms growing. About 44% of all urban and rural outlets sell condoms. Overall, male condoms are highly available in urban areas, and several brands are designed to be appealing and affordable for youth.

However, there is no national policy of social marketing of condoms. For example, although rural youth were identified in the National Plan of Action for Youth as a special target, no endeavours were made for improving availability of condoms for this group, and survey data shows no difference of accessibility in rural areas between social marketed brands and other commercial brands (suggesting a limited impact of the existing programmes). In addition, no data was available about free youth condom utilization in rural areas and the effectiveness of free condoms distribution. Also, in rural areas, no special emphasis was given to free condoms, compared with other contraceptive methods. Similarly, lubricants are readily available in commercial outlets in urban areas, but are considered rather expensive (about 1 euro for a single utilization).

Bleach and/or other disinfectants of injection equipments are not sufficiently promoted as a tool for HIV prevention.

Virtually most of the AIDS-prevention educational programmes are run by civil society, in many cases with governmental partners. In theory, County Public Health Directorate receive some public funding for prevention programmes, but, in practice, there are no such interventions.

From 2000, most messages were oriented towards changing the attitude towards condoms and self-empowerment, for example: 'Be sexy, do it smart!', 'I care, do you?', 'I do what I want, but I know what I am doing', 'Think with a condom' are a few messages of some older campaigns. The GFATM provided the opportunity for a longer national campaign, with a unitary message.

The campaigns that are targeting young people are not continuous, generally targeting the young people from the school system. Some initiatives also target the clubbing area, but the impact is hard to be evaluated, and usually there is only condom distribution, and not too many educative sessions. Several campaigns are also performed for specific days – like AIDS international day, candlelight memorial etc.

Most of the HIV/AIDS campaigns also include information concerning drug use. However, the campaigns do not offer specific information related with HIV and the so called 'clubbing drugs'. Even if the data in the National Survey ran by the National Antidrug Agency shows that the big number of young people who use synthetic drugs, no information campaign targets this sector.

3.1.b. People living with HIV

The National HIV/AIDS Strategy has benefited from the input and expertise of the infected and affected people's organization (UNOPA), thus the development of the social and psychosocial assistance system is included in the National Plan. Many of UNOPA programmes focus on care and support initiatives for PLHIV. For example, a nine-months-programme implemented by UNOPA focused on the delivery of social services, aimed at increasing the quality of life of PLHIV by:

- increasing the treatment adherence by offering medical information and nourishing doctor-patient relationship
- offering psychosocial assistance to PLHIV
- professional reintegration of PLHIV
- monitoring discrimination situations
- peer support.

During 1986-1991, more than 10,000 Romanian children were infected with HIV, thus constituting the largest group of such children in Europe. While much has been done in the area of medical treatment, as many as 627 cases of rights violations were documented by UNOPA during the second half of 2004.

The most common violations related to treatment and medical services/ counselling, but also included cases of rejection, as well as cases of violation of confidentiality, especially in schools and by school staff. 41% of the children with HIV/AIDS registered by NAPCR (1,536 out of 3,711 children) did not attend any type of education in the 2004-2005 school year. Furthermore, many children with HIV/AIDS have neither received any education for safer sexual behaviour nor any psycho-social support for developing skills in their preparation for adulthood.

The protection of HIV-positive abandoned children was, and still is of main interest for the NGO sector, which developed programmes for de-institutionalization: foster homes, family type home etc. The NGOs also developed an integrated HIV Prevention of Mother-to-Child Transmission programme, which was scaled up with GFATM support.

In Romania, **persons most likely to be exposed to HIV** (injecting drug users, sex workers, homeless people) are in a very delicate and difficult situation because of the poverty, lack of identification papers, unemployment, and lack of medical insurance. In Romania, statistics show that in the last seven years, drug use increased significantly, but the services that address drug users needs remains almost at the same level with the ones from 1999.
While campaigns for youth and general populations were implemented with the support of international donors, there are no targeted campaigns for the most likely to be exposed to HIV. The existing policy refers to the stigma and discrimination of most likely to be exposed to HIV, yet cultural, institutional and legal barriers were not effectively addressed by the government. There are no governmental interventions targeting affected populations – data suggests that the HIV infections will be driven in Romania by these groups, particularly IDUs.

An IEC campaign that addresses the needs of drug users was developed by RHRN and ARAS. Besides specific IEC materials (leaflets) with information regarding safe injection and safer sex, a logo for needle exchange programmes was developed. A special logo was promoted in the outreach activities, and was also distributed in pharmacies who sell syringes. In this way, a visual identity specific for IDUs and needle exchange programme (NEPs) was created.

The most at risk populations and persons most likely to be exposed to HIV (IDUs, SWs, MSM, Roma communities, and homeless) obtain specific information through activities developed by NGOs, mainly through outreach activities. A specific situation is represented by the inmates; they receive specific HIV prevention services through a well established peer education system. The main problem related with the inmates is that they do not have access to HIV prevention tools, like condoms, lubricants, bleach, drug dependence services etc.

3.1.c. Drug users and injecting drug users

The last rapid assessment highlights the fact that 24,000 people are using heroin on a daily basis in Bucharest, 80% of the IDUs are people under 29 years old, 70% are unemployed. The lack of health education and the low development of services that target drug users increase the risks associated with public health issues.

There are many barriers preventing IDUs from accessing health care services and information for reducing the harm caused by injecting drug use: the access to sterile injecting equipment is limited due to the fact that syringes are not sold in most of the pharmacies, and NEPs are developed only by NGOs financially supported by the international donors. In addition, in Bucharest there are only 3 centres for methadone that cover around 500 beneficiaries, and there are only 2 detox centres. The services for drug addicts cover less than 5% of the people that need and ask for treatment. The situation of HIV in drug users groups is not known due to the lack of epidemiological research, and the fact that drug users do not access HIV counselling centres.

Drug policies are almost exclusively based on law enforcement, driving IDUs underground, away from HIV education and prevention services, This situation is exacerbated by societal discriminatory attitudes towards drug users. Their health is further compromised by the lack of IDUs knowledge about the risks associated with the administration of injecting drugs and the lack of access to clean, sterile injecting tools. There was no audience-centred national-wide mass media & outreach campaign, and the only HIV prevention services for IDUs were the needle exchange programmes offered by RHRN.

The governmental response to this situation was to develop the National Antidrug Strategy 2005-2012, and the HIV National Strategy 2004-2007. Both strategies stress the importance of developing services for drug users in order to decrease the associated risks. At this moment, we can not confirm that in Bucharest an efficient system exists and works, which can control the evolution of HIV infection among those most likely to be exposed to HIV. That is why it is so important to maintain and develop services that address the most at risk behaviours.

The situation of IDUs is particularly worse. While RHRN started several needle exchange programmes, these are not supported by governmental funding. There are over 24,000 IDUs in Bucharest only, needing at least two injections daily. Although clean needles and syringes are available in pharmacies and no prescription is needed for buying syringes, most of the pharmacists refuse to sell them to drug users.

The situation is even worse with the substitution treatment. Appropriate methadone substitution therapy is virtually inexistent, and the few state owned centres are crowded. Anecdotal data suggest that many IDUs are refused to treatment.

Since date ? the needle exchange programmes were scaled up in Bucharest, with the help of GFATM, but even so, these services cover less then 15% of IDU population from the capital. Recent behavioural surveillance surveys (BSS) conducted by RHRN showed that less then 2% of IDUs injected themselves with a clean, sterile syringe and used a condom last time they had sex. About 40% of the tested IDUs were HCV positive, and use of non-sterile injecting equipment (group-injecting practice) is widespread: about 70% of the IDUs used non-sterile injecting equipment (shared the needle last time they injected). Data suggests that there is an urgent need to develop and scale up NEPs and methadone programmes throughout the entire country.

3.1.d. Sex workers

Although sex work has a long history in nearly every culture and society, in Romania sex workers have been rarely, if ever, free from *persecution, stigma, and violence*. Due to these conditions, sex workers remain among *the most marginalized members of society*. Policymakers and authorities view them as nuisances to be ignored or immoral lawbreakers rather than as *individuals who can and should be protected from violence and receive social and economic assistance and support.* In accordance with "Sex work, HIV/AIDS and Human Rights in Central Eastern Europe and Central Asia", Romania is one of 3 countries from Central and Eastern Europe and Central Asia were the individual sex work is punished by the Criminal Code.

At the same time, the HIV epidemic in the region places *sex workers at increasingly greater risk of infection not only from HIV,* but also from other potentially debilitating conditions related to sex work and drug use. In a recent survey conducted by ARAS, 11% of the female sex workers declare that they used intravenous drugs in 2004 and 2005. There is only one outreach programme that targets SWs in 10 counties in Romania. The funds are mainly GFATM funds. Even if the GFATM programme was a complex one, which included a STIs treatment component, due to different factors, the project partners abandoned the project that targeted the SWs needs. One of the major issues was related to the fact that SWs did not access the STIs treatment services, based mainly on lack of freedom, personal attitude regarding health and the risks perception. Also, in one research conducted by ARAS and UNAIDS in 2005, 30% of SWs declared that they were trafficked. This traffic also influences SWs mobility – more than 64% declared that they are working in 'that location' for less than 2 years. Similar with the IDUs project, in 2006 the project will be funded by when? 10 times.

Even if the parliament and governments discussed several times the law on sex work and discriminalization, civil society did not react and did not sustain and advocate the human rights of this group.

3.1.e. Men who have sex with men

The only HIV prevention programmes that targeted MSM were implemented by civil society representatives (Acceptance Group, Bucharest). Based on outreach activities and peer education, the main goal of the project was to increase knowledge related with HIV prevention methods. Due to stigma, discrimination and public attitude towards MSM, most of the services for STIs are not accessed by the gay community. Big differences are between rural and urban areas, and the level of acceptance of these groups in society is influenced by public opinion. Starting with 2006, the HIV prevention activities for MSM will drastically decrease and will be based more on voluntarily basis.

3.2. Harm Reduction Interventions and Services

In Romania, as in other countries, access to drug addiction treatment and HIV prevention and care services are limited for injecting drug users. Moreover, users of illicit drugs are commonly marginalized by communities and usually attempt to remain hidden for the authorities. They also frequently avoid using institutional treatment and other services, because they feel that the drug addiction treatment would not respond to their needs.

Romania has been addressing IDU services since 1999?, however, the services do not fully respond to the needs:

- Programmes for drug use prevention are not yet coordinated at national level;
- Harm reduction services and messages are limited in number and coverage (only in Bucharest and Constanta have limited needle exchange programmes, and methadone maintenance treatment is available only in Bucharest);
- Needle exchange programmes are funded only by international donors, and they are not seen as part of the therapeutic chain;
- The treatment services for drug abuse are limited in number and coverage, and they do not offer an integrated service;
- The lack of case management guides for people living with HIV/AIDS or hepatitis B and/or C creates barriers in accessing the specific services;

These are only few of the Romanian problems related with the lack of social and political response related to the HIV and AIDS and drug use.

The first harm reduction programmes, mainly needle exchange programmes, started in 2000. In 2001, Romanian Harm Reduction Network was set up as an advocacy body for harm reduction.

In order to improve IDUs health in Romania, RHRN focuses its activity on four key outputs. First, to improve IDUs availability and access to clean, sterile injecting equipment by continuing to provide the services needed. The NEPs scaled up from 2004 in Bucharest, with financial help from GFATM.

Additionally, RHRN addresses the significant barriers of the sale of syringes to IDUs by pharmacists. Second, RHRN promotes harm reduction practices among IDUs through an audience-centred Bucharest-based media & outreach campaign. Full formative research was conducted with high-risk populations for developing the campaign and to identify the best channels for promoting the campaign's messages. RHRN develops such activities for the IDUs with the determination to understand the audience's point of view, and to address the audience's main concerns. Third, RHRN enhances the capacity of NGOs to develop harm reduction, by promoting the existing NGOs to become involved in harm reduction activities and empowering drug users. RHRN increases Romanian drug users' ability to organise, mobilise and to take joint action in order to improve their well-being. RHRN addressed this objective by supporting the setting up of a grassroots organisation in

Bucharest, which will voice the problems and 'build representation' among Bucharest users. In order to develop such an organisation, RHRN consolidates and extends the existing connections among its beneficiaries (i.e. current RHRN beneficiaries will be the 'basis' for selecting members of the new organisation). Finally, RHRN continues and broadens its advocacy endeavours.

Thus, RHRN promotes more participatory approaches in policy development, by gathering together decision-makers and persons affected by these decisions. The aim is to ensure that policy-makers are taking informed decisions that affect drug users' lives, and that 'evidence based' policy is a concept put into practice.

3.2.a. Needle exchange programmes (NEP)

Needle exchange programmes started in 2000. Three programmes (2 drop-in centres and 1 outreach programme) ran in Bucharest, and other 2 NEPs ran in Constanta and Timisoara.

In 2004, with financial support from GFATM, the NEPs from Bucharest were scaled up. Four programmes ran in 2004–2005, and covered almost 15% of the drug users' population from Bucharest. The services include risk reduction counselling, needle exchange and sterile injecting kit distribution, condom distribution, referral to VCT Centres and other medical and social services, vaccination for hepatitis B and C, IEC distribution.

In the programme "Health options/RED", programme implemented by ARAS, in two years, 2,136 IDUs participated in NEPs, and over 300,000 syringes were distributed. Twelve percents (262 IDUs) were under 18 years old, and 36% (781) are from the age group 19–24 years old.

Even if anecdotal and some official data confirm that the injecting drug use increased in other Romanian cities, the NEPs are running only in Bucharest. This is no national coverage of NEPs, and only few drug dependence services. This could lead to a massive HIV epidemic unless immediate and emergency measures are not taken. The Hepatitis C epidemic from drug users' population is recognized, which confirms the existence of high risks behaviours like using non-sterile injecting equipment.

From 2004, RHRN developed and implemented an advocacy strategy targeting pharmacies. The reasons for involving the pharmacies in developing harm reduction services were:

- The pharmacies has specialized staff for medical and health issues (pharmacists can offer information and risk reduction counselling);
- The pharmacies are a reliable source for obtaining clean and sterile injecting equipment;
- They have a good coverage in the cities;
- Some pharmacies work 24 hours per day.

One research was conducted in 2004 in order to obtain the pharmacists point of view related with their role in harm reduction. After the research, several advocacy meetings and three trainings were performed in 2004 and 2005 to involve pharmacists in harm reduction programmes. In November 2004, the National College of Pharmacists launched a policy brief recommending that all pharmacies take an active role in harm reduction programmes.

In 2006, RHRN intends to distribute widely this policy brief and to continue the partnership with pharmacies, in order to promote the need for extending NEPs.

While NEPs are recognized priorities in the National HIV/AIDS Strategy 2004 – 2007 and the National Antidrug Strategy 2005–2012, from 2006, only 15% of NEP costs are met through GFATM; the other 85% should be funded by the Romanian Government. For the moment, no national funds are available for NEPs, a situation that will decrease dramatically the HIV prevention programmes for IDUs.

3.2.b. Overdose prevention

In 2004, according to annual reports submitted by the National Legal Medicine Institute, there were seven drug-related deaths. One research conducted in October – December 2005 by ARAS, the "Health Options/RED" needle exchange programme, showed that out of 300 respondents 69 declared that they had a friend who died from overdose in the last year. No overdose prevention programme is running in Bucharest. Information is distributed in outreach and needle exchange programmes. Ambulance services are not trained for drug overdoses. Usually, in overdose cases, the police accompanies the ambulances. Naloxone is not available. In Bucharest, there are two emergency units for overdose treatment, one for adults and one for minors.

3.2.c. Opioid substitution therapy

Three units for substitution therapy run in Bucharest. Around 500 patients receive methadone in these centres in 2005, compared to 24,000 heroin users in Bucharest. The treatment is free of charge, but because of the low number of admissions, anecdotal data sustain the presence of corruption and the violation of patient's rights.

The biggest methadone centre in Bucharest – Mental Health Laboratory IV counted in 2004 a number of 152 patients in substitution treatment (23 females and 129 males). Eighty-seven (87) received also HIV/HBV/HCV counselling and testing: one case was HIV-positive; 9 positive to HBV and 70 positive to HCV. In 2004, the methadone treatment centre "Sf. Stelian" Bucharest registered for the first 6 months of 2004 a number of 121 heroin users, all injectors. 86 patients were tested, resulting zero positive cases for HIV, three positive to HBV, and 41 positive to HCV.

Data related to adolescents are not available. Anecdotal data confirm that the drug users under 18 years old are not admitted in substitution treatment. Special attention should be paid to this category because data shows that the large group of young injectors – in "Health options/RED" – NEPs run by ARAS, 262 IDUs (representing 12% of the programme clients) are under 18 years old, and most of them have a drug use history longer then 2 years.

The NGOs united under RHRN started an advocacy campaign to scale up substitution therapy in Romania. Meetings with national authorities (the Minister of Health and the President of the National Antidrug Agency) were organized in 2005 and 2006. Besides the large number of heroin users in Bucharest, the health issues, the low costs of these programmes and the increased drug related crimes are the main reasons for supporting the emergency development of the substitution therapy.

3.2.d. Other harm reduction services

Voluntarily counselling and testing (VCCT)

Civil society took the lead in increasing the general population and most at risk population access to HIV testing and counselling. Several NGOs started these services and are trying at the same time to involve the Ministry of Health and local health authorities in their activities. The GFATM provided the opportunity for scaling up these services, but many NGOs representatives feel that their efforts were not recognised and sustained by governmental partners and many are concerned about the sustainability of their endeavours. In 2005, 19 VCT centres were developed by Romanian Angel Appeal and ARAS, mainly with international funds from GFATM and USAID/John Snow Inc (JSI). The existence of the centres is not certain for the next years, because the funds from GFATM for the second phase in Romania are considerably lower. The NGOs are also the ones that developed the curricula for HIV counselling, and the training for VCT are performed by the representatives of civil society. According to the Health Ministry statistics, in 2005, 490,026 HIV test were made, from which 55% were made on the donated blood/ blood donors. This number includes repeated tests and confirmations. According to statistics, comparing to the year 2000, an increase in HIV tests made by other persons than the blood donors and in number of tests made in Romania can be observed (from 10% to 55%).

No national data is available regarding ensuring pre- and post-HIV testing counselling. From the data available at present, only two NGOs ensure pre- and post-HIV testing counselling in 19 centres. 4 of these centres have been functioning since 1999. On average, one centre insures pre- and post-HIV testing counselling for 1,200 persons per year. The number of persons most likely to be exposed to HIV that had taken the test was very low (less than 1,000 HIV tests were made for those most likely to be exposed to HIV in 2005, until September 30th).

According to national regulations, the HIV tests can be made:

- Together with counselling – at the counselling and HIV voluntary testing centres – opened in 16 counties around the country by the Public Health Directorates in partnership with NGOs – a free of charge HIV test can be made in conditions of confidentiality and accompanied by counselling;
- Without counselling or accompanied by information;
- At the blood donation centres;
- At the infectious diseases hospitals;
- At polyclinics/laboratories – with the family doctor's recommendation or paying for it.

HIV pre and post test counselling is ensured by:

- HIV specialized counsellors – employed by NGOs
- Family doctors and nurses

The pre and post HIV test counselling training is ensured by:

- ARAS – a course certified by the Doctor's College, which purpose is gaining general knowledge about the counselling and testing process and also the development of counselling abilities.
- Romanian Angel Appeal – course through the internet, certified by the Doctor's College, with the purpose of gaining knowledge about the HIV infection and the counselling process

During 1999-2004, results of HIV voluntary counselling and testing projects developed by ARAS showed that 12,000 people have taken the HIV test together with counselling (Bucharest, Constanta and Iasi). From these, 20% were among the most at risk population, 35% were pregnant women.

The beneficiaries received the following services:

- Information about HIV and testing
- Support in self-evaluating the risk of getting infected and in making a specific plan for reducing that risk
- Guidance toward other services
- Informing materials and protection materials (condoms)
- A constant promotion of voluntary HIV testing (30,000 informing materials distributed annually)
- 320 doctors, nurses and psychologist/ social workers trained in HIV pre- and post-counselling (Bucharest, Iasi, Constanta, Neamt, Botosani)

In Romania, pre- and post-test counselling is mandatory, according to Romanian legislation (Order of Ministry of Health 889/1998). All testing centres – regardless the ownership – are required to offer counselling. However, it is unclear if the counselling is free of charge, included in the price of testing, or charged separately. A study conduced in 2005 in all 16 centres in Bucharest showed different practices. While private centres charged separately (about 10 Euros) for this service, those owned by the state were not offering this service at all. Yet, the official administrative data recorded that in 100% of testing, the counselling was provided.

The testing centres are NGOs run centres, private and state owned. Their location, infrastructure and functioning are very different, according to ownership. While state owned centres are run in a hospital (usually, a crowded place where confidentiality cannot be provided), the private owned centres are modern facilities, providing both confidentiality, privacy and client oriented services. The NGOs run centres are more similar in services with the private ones, but their infrastructure is similar to public centres - all services are free in these centres. In public sectors, VCT services are not standing alone. Most of them are located in polyclinics or infectious diseases hospitals.

Most of the patients consider general practitioners a reliable source of information about AIDS and pre test counselling. A study revealed that 40% of the doctors from Bucharest declared that HIV/AIDS was a subject they have discussed in the last 3 months, but they have discussed about it with an average of 8 patients representing less than 1% of the entire number of (registered) patients.

Hepatitis diagnosis and vaccination for Hepatitis A and B

The national database for viral hepatitis, with 13,631 new cases in 2004 – out of which 730 cases in Bucharest – contains no separate data regarding HBV and/or HCV, or the causes that generated the disease. In 2004, "Health Option/RED" – one of the NEPs implemented by ARAS – conducted a research related to HIV and Hepatitis C. 300 IDUs (246 male and 54 female) beneficiaries of the programme responded to the questionnaires. 15 respondents were under 18 years old, and 121 from the age group 18–24 years old. The results show that from 300 respondents only 108 made an HIV/HCV test in the last year. From the 108 tested IDUs, 47% were positive to Hepatitis C. From the 45 IDUs Hepatitis C positive only 6 received treatment.

Hepatitis A and B vaccination is a national programme, but it does not target the vulnerable or at risk groups. In 2005, the treatment for Hepatitis B and C was free of charge, under the national public health programmes. Even if blood tests for HIV, HVB or HVC for IDUs are done at the drug addiction units, the IDUs are not referred to infectious diseases hospitals for treatment, and most of the time medical doctors do not pay attention to the interactions between medications for infectious diseases (e.g. hepatitis) and methadone.

Harm reduction services in prisons

Data from 2004 are available from the prison system. Based on self-declared information. The available data for the first 9 months of 2004 revealed a number of 2,197 persons admitting use of drugs prior to entering the penitentiary. By age, 2.48% were between 15-19 years old; 23.12% were between 20-24 years old. From ARAS outreach experience and work in the prison system, many inmates do not declare that they are drug users because they can loose some rights, like the right to have face-to-face visits from the families. Even if there is no regulation on this issue, prison staff practice it.

No needle exchange programme or bleach distribution is implemented in the penitentiary system. In addition, there is no programme set up for condom distribution or availability of protection materials.

A peer education programme and training for the prison staff havs been implemented since 1999. Without accessibility of protection materials (condoms, needles, bleach etc), information and education cannot decrease the risks in penitentiaries.

It was not possible in 2004 to develop substitution treatment (with methadone or other agonists) in penitentiary medical units, because the legislative framework did not allow such activities. Rahova Penitentiary Hospital was endowed with a detoxification unit, equipped with devices able to detect drugs or drug metabolites in blood or urine samples, with an intensive care unit and a counsellor. Still, no qualitative or quantitative analyses for drugs or drug metabolites were performed because of some technical problems with the equipment.

Since 2004, a counselling and testing service inside the prison system has been set up, which is connected to the community VCT service. No data are available related to VCT services from prisons.

Anecdotal data sustain that even if the clients are assured of confidentiality, this is violated in HIV cases.

Drug treatment services in Romania

According to the current legislation, drug addicts (including those in arrest or prisons) can be treated only in medical units certified by the Ministry of Health.

The existing services for drug addiction treatment in Bucharest are:

- 3 detoxification units (2 for adults and 1 for minors), with less than 100 beds;
- 2 units for overdose treatment (1 for adults and 1 for minors, in the Toxicological Facilities from Emergency Hospitals);
- 3 units for substitution therapy (methadone);
- 1 unit for after care.

No data related to drug dependence treatment units at the country level are available. The detoxification services provided only in the inpatient system, and the outpatient methadone substitution treatment are often provided in the same hospital, and are reported globally (per hospital unit); for that reason no clear distinction between the centre types (outpatient or inpatient) can be made.

Out of the total number of patients treated in 2004, almost 4% were under 15 years old. Of them, 73% demanded treatment for the first time. The majority of those who underwent the treatment were aged between 20 and 24 years old (26%), and 25–29 years old (20%). Regarding the drug abuse onset, most of the cases were registered among patients aged 15–19 years old and 20–24 years old, about 40% of those under treatment. 73% of the heroin injecting users seeking treatment in 2004 benefited from detoxification treatment, 21% from methadone substitution treatment and 6% from other services (counselling; needle exchange are not reported here) [15].

3.3. HIV/AIDS Treatment, Care and Support Services

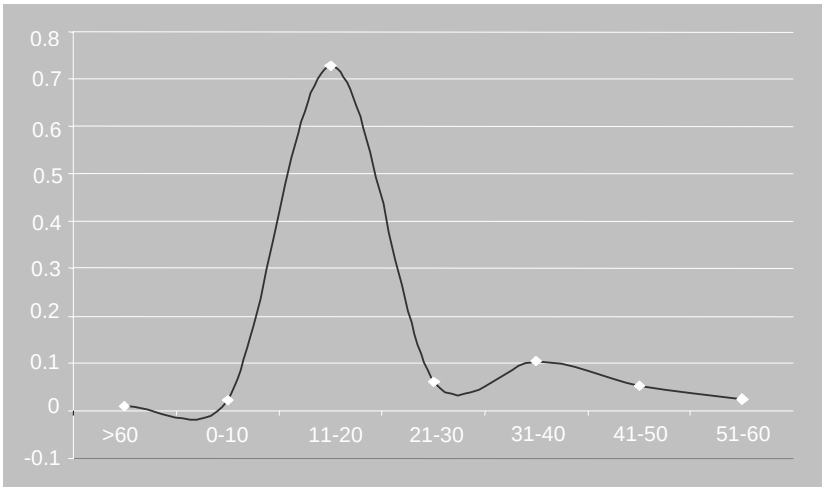
One of the main objectives of the National Strategy HIV/AIDS is to ensure universal, continuous and non-discriminatory access to treatment and socio-medical services for the people infected with HIV or living with AIDS. All patients are enrolled in ARV treatment according to the National Treatment Guideline developed by the National Commission for Fighting against HIV/AIDS, established within the Ministry of Health. A similar objective is set for the treatment of opportunistic infections, with the specific objective of securing financial support for the treatment of opportunistic and associated diseases.

Romania has a relatively well organized system for HIV/AIDS treatment and care. There are 9 regional centres which can provide and monitor the ARV treatment. At the same time, most of the hospitals have the capacity to provide ARV treatment to HIV patients. The administration of ARV treatment is centralized – the national insurance house is funding this treatment, under the Community National Programme. In 1996, the bi-therapy was introduced in Romania, and in 1997 the tri-therapy was introduced.

In accordance with the situation analysis from the National HIV/AIDS Strategy, "major problems were registered in the financing and the procurement of ARV drugs in 2001. Consequently, Romania asked to be included in the *Accelerated Access to HIV/AIDS programme*, thus receiving price cuts and price facilities, as it assumed the objective of universal access to treatment. No significant treatment interruptions have been registered since August 2002."

[15] Source: Sanitary Statistics and Medical Documentation Center, within the Ministry of Health. Data from the "2005 National Report (2004 data) to the EMCDDA", issued by the National Antidrug Agency

In 2005, there were in treatment 6,181 PLHIV out of a total number of 7,633 registered patients. The distribution of patients by age is presented below:



Compared to 2004, in 2005, there was a significant increase in clinical monitoring of the treatment, i.e. specific CD4, CD8 analysis and resistance tests, as the costs for the testing kits were supported by Global Fund. As with other areas, there are wide concerns that for 2006 these costs will be transferred to the already stretched National Insurance House budget. At the same time, UNOPA mentioned that many PLHIV changed their medication without performing resistance tests.

In accordance to MOH – National Commission for fight against AIDS, therapeutic guidelines in HIV infection include the criteria for starting ARV therapy, as follows:

a. Clinical criteria (symptomatic HIV infection; asymptomatic HIV infection and immunological criteria; asymptomatic HIV infection and viral criteria)
b. Immunological criteria (CD4 < 350/mmc; CD4 = 350-500/mmc, but with a high decrease rate)
c. Viral criteria (viral load > 50.000 copies/ml; viral load < 50.000 copies/ml, but with a high increase rate)

In Romania, ARV medication is triple therapy, and the drugs that are available in Romania are those available in all EU countries, including Fuzeon. Although there are no written or informal barriers that limit the ability of PLHIV to obtain ARV treatment and care, one of the main barriers remains the access to services. In Romania, the cost of transportation can be prohibitive, especially for patients living in rural areas. Moreover, some of PLHIV reported that the treatment was not available at the specific day they were visiting the centre. The second major barrier is the lack or insufficient information and counselling on ARV treatment – especially on side effects, changing therapy, etc. The third barrier is based on the attitude of medical and social professionals in hospitals, other than infectious disease hospitals and wards; lack or insufficient knowledge on how to work with PLHIV, what is HIV/AIDS, what are the patients' rights, how to deal with a specific situation related with HIV/AIDS create opportunities for abuses and discrimination at the level of medical services.

Different training for medical staff were performed during the years, but there is no mandatory training for continuous education on HIV/AIDS. Different discrimination cases were also presented in the media, or sustained by the media.

Several programmes for adherence and compliance to treatment were performed by NGOs and affected communities, but insufficient funds, and the fight for day-by-day life let the area open for different social and medical problems. Peer support groups are not very well organized. The care and support services are not an integrated part of the medical system, and these services are organized by civil society representatives, and also by the affected communities.

3.4. Services Provision

No	HIV Services and activities		Availability	Funds
1	**HIV Prevention services**	BCC campaigns	Available	International and national funds
		Condom distribution	Yes	UNFPA (only condoms)
		Youth friendly services	No	-
		STIs diagnosis and treatment for most at risk groups (MSM, sex workers, others)	No specific programme	-
		Needle exchange (outreach or drop-in)	3 programmes	GFATM
		Overdose prevention services	No	-
		Services for SWs	1 NEPs, part of the national programme (10 counties included)	GFATM
		Services for MSM	Partly (only educational activities), in 2005	International funds
		HIV prevention services in prisons	Peer education and counselling	GFATM
		Services for other persons most likely to be exposed to HIV (SW clients, Roma etc)	1 national programme for Roma community (in 10 counties)	GFATM
		VCT centre	19 VCT centres	National and GFATM funds
		Hepatitis A and B vaccination	Only for general public, no targeted interventions	National funds
2	**Drug addiction treatment**	Substitution therapy - methadone - buprenorphine	3 methadone centres	National funds
		Detoxification with methadone	No	-
		Detoxification centres	3 detox units	National funds
		Therapeutic communities, after care, reintegration services	1 after care unit	National funds
		Drug addiction treatment in prisons	No	-
3	**HIV/Hepatitis B and C treatment and care**	Accessibility to Highly Active ART	Yes, since 1999	National funds
		Accessibility to Hepatitis B and/or C treatment	No specific regulation	-

In Romania there is a surveillance network for communicable diseases (including HIV/AIDS) coordinated by the Ministry of Health. Each new HIV case is reported by the District Public Health Directorates to the National Centre, and on this basis, the HIV prevalence is monitored. Still, many specialists argued that there are many gaps in monitoring and reporting data. While the fidelity of data is arguable, the existing data do not refer to those most likely to be exposed to HIV. For some such groups (as Roma) data about their affiliation to this ethic group is not collected.

IV. Human Rights, Stigma, Discrimination and Legal Status of HIV-Affected Groups

The human rights approach is relatively new for civil society, and the expertise to promote human rights for at-risk groups has recently been developed at civil society level. The only notable exception was the experience of the Romanian non-governmental organizations that defend and promote the rights of lesbians, gays, bisexuals, transsexuals (LGBTs) at national level. There are only few organisations which work in the human rights area, and those who are working in this field do not cover the needs of PLHIV or persons most likely to be exposed to HIV. In addition, there is no organisation that targets women and girls needs in an HIV/AIDS society; only recently, some programmes targeting violence against women have been set up, and they are not at national level. Data from different surveys target most at risk groups, like IDUs and SWs, research conducted both by civil society and governmental organizations (GOs) show that women from these groups have specific needs because of their involvement in very high risks behaviours. Among them: usually, women who use drugs are also involved in sex work; they have unprotected sexual intercourse with one or multiple partners; they usually inject themselves after their partner; girls who are practicing sex work are often abused, they are punished by the Penal Code.

The organisations for human rights are not addressing the needs of most at risk persons in Romania. The human rights NGOs active in Romania are not specialized in HIV/AIDS, and when most at risk persons are asking for help from these NGOs, they are usually rejected based on the reason "we do not have expertise in the field".

While the extensive endeavours related to human rights were targeted towards PLHIV (and especially on monitoring the right to treatment), no other high-risk group is protected from discrimination. IDUs, sexual workers and prisoners' situation is particularly worse. Situated in the shadow of 'high profile' human rights abuses (such as on Roma, children and ethnic minorities abuses), the human rights situation of drug users is widely unknown, but constantly deteriorating. There is little or no awareness among decision-makers, Romanian officials or NGOs about the need of a rights based policy approach for drug users and sexual workers. Furthermore, these abuses occur in the context of extremely harsh laws governing drug consumption. Facing the enforcement of these laws, set-ups by the police, sentences mostly related to "possession for consumption", many drug users end up serving prison sentences.

Sex workers, drug users, MSM and outreach workers provide numerous examples that document how officials routinely harass and discriminate these groups, compounding their already marginalized status and reinforcing their reluctance to use HIV-related health services, including needle exchange. While on the one hand, civil society health programmes attempt to reach out to drug users and other high-risk groups by offering prevention and care services – an activity in line with the National Strategy – on the other hand, other state actors, law enforcement agents in particular, dissuade persons at risk from taking advantage of these services, through repressive practices. While the National Strategy against drugs acknowledged – at civil society and international organizations pressure – the positive impact of harm reduction projects, there are no institutional arrangements for supporting these programmes. Prisoners' rights are often violated. Anecdotal data sustain that, besides the right to freedom, prisoners are also facing abuses related to their right to health, to information, to protection.

Civil society took the lead and started the "Romanian Harm Reduction Network" – an active network of NGOs and public institutions having 10 active members. The network initially adopted a 'small steps' approach in working with IDUs and policy-makers (National Antidrug Agency, Ministry of Health, Ministry of Labor, Social Solidarity and Family, Ministry of the Interior) by lobbying for harm reduction programmes (needle exchange programmes). Using arguments related to the right to health, the network broadened its activity by lobbying for substitution therapy programmes, and supporting drug users organizations aiming at protecting IUDs rights to health and justice.

In Romania, there are significant discrepancies between law and practice, especially regarding the right to health. This is valid not only for the groups at risk, but for the general population, as well. For example: Romanian law stipulates that people benefit from drugs subsidy up to 100% of the full cost; yet, mass media report countless situations when patients are refused this right due to lack of funding. Although the law ensures that every citizen has the right to health, in practice, the necessary mechanisms and resources that would allow for the implementation of this legislation are not in place.

While the law clearly stipulated the protection of human rights for PLHIV, in practice many abuses were documented by UNOPA. For example, out of 2,407 monitored cases, 795 cases/incidents of breaching of legislation were documented, out of which 253 are related to denial of treatment. This monitoring practice is part of the monitoring arrangement of the National Plan and it is supported by Global Fund – yet, it is not financially supported by governmental funding. Media also shows many cases of discrimination. Discrimination against PLHIV and/or persons most likely to be exposed to HIV takes place in the medical and health system, in education institutions (many HIV-positive children are rejected from schools based on their HIV status), at the work place, other social services. At the same time, even if there is a National Council for Fight against Discrimination, few cases are presented there.

Regarding medical issues of violation of human rights, usually people do not know their patients rights. At the same time, Romanian society is not used to fight for their rights, mainly because the human rights were not promoted and sustained as a civic value. Different abuses are not presented in court because people do not know their rights or the mechanism to defend their fundamental rights.

The human rights are not promoted, and at times the key policy-makers are not sensitive to these human rights abuses in Romania. Lack of knowledge and skills to fight for your right is also one of the main barriers in protecting human rights in Romania.

V. Conclusions and Recommendations

Between 2000-2003 significant progress was made in addressing HIV and AIDS. From the early '90s there was awareness on HIV, however it was from 2001 that HIV and AIDS was declared a public health priority and, the National Plan for Universal Access to HIV/AIDS Treatment and care was launched. The plan allowed the access to free medical surveillance for 8,000 PLHIV, out of whom 6,300 (at the end of 2005) were enrolled in ARV treatment. All the costs related to this programme were covered from public sources.

The implementation of human rights guarantees requires a rebalancing of social priorities, away from intolerance and law enforcement approaches that exclude IDUs, sex workers, ethnic communities and MSM from the social mainstream. For this purpose, specific awareness and stigma reduction campaigns and training (for general public, as well as for specific professions among which stigma and discrimination was reported, including health care, police, prisons, pharmacies, media), as well as empowerment of those most likely to be exposed to HIV are needed.

The 2004-2007 National Strategy is **the first HIV strategy** implemented as planned - it became a working document, because the development of the document was tightly related to the development and implementation of the approved GFATM proposal. Yet, this 'experiment' is about to end, as the Romanian Government does not match GFATM funding, as promised.

Major constraints in implementing the actual Strategy are as follows:

- some national policies, regarding most at risk populations; e.g. in Romania sex work is punished by the Penal Code. In accordance with a recent report from Central and Eastern European Harm Reduction Network (CEEHRN) – "Sex work, HIV/AIDS and Human Rights" (July 2005) – in the region only in Albania and Ukraine individual sex work is considered a criminal offence. According to the law no 522, in Romania, drug users can choose between prison and medical and social services, but the last ones are not developed (24,000 injecting heroin users in Bucharest, and less than 5% have access to drug addiction treatments, and around 10% have access to sterile equipments – NEPs are financed only from international programmes);
- the infrastructure of the medical and health system;
- the lack of coordination between different Ministries and services;
- allocation of national funds, especially for the HIV prevention for most at risk persons and surveillance systems;
- the general attitude regarding HIV/AIDS and persons most likely to be exposed to HIV.

The international standards and guidelines are not used as a policy and advocacy document, as the Romanian Government is more sensitive to the EU integration issue, and it is less concerned about other issues. Moreover, UN Declaration of Commitment from 2001 is not even fully known among policy-makers. The process to develop the National Strategy 2004–2007 was tightly related to the development, and then to the implementation, of the Romanian proposal approved by the GFATM. This proposal provided for implementation and scaling up many programmes that target most at risk populations, and also that address the important role of M&E systems related to HIV/AIDS, STIs and drug use. Some other international funds from UN Agencies, USAID, and the European Union helped the development of some specific activities like: PMTCT programmes, promotion of voluntarily counselling and testing, HIV/AIDS and human rights, projects that address stigma and discrimination etc.

In order to ensure the sustainability of HIV prevention, treatment and care programmes emergency national funds should be allocated, and advocacy programmes need to be developed. Even if the NGOs are directly involved in the implementation of programmes (especially the prevention programmes, VCT, PMTCT, stigma and discrimination), most of the time civil society representatives are not seen as partners, and there is a deficiency in communication between GOs and NGOs.

Recommendations for:

Policy-makers

- Penal and judicial reform initiatives – and more broadly efforts for sustaining cost effective programmes – are issues of public health, as well as of the legal system. The implementation of these reform initiatives needs to be accelerated
- Develop and financial support for the HIV services that address the needs of most at risks groups – IDUs, SWs, MSM (including services that targets MARA)
- Keeping HIV and AIDS high in the health and social agenda and include other infections and drug addiction in these agendas, in order to minimize the social and economic costs, by using cost-effective interventions

Governmental institutions

- Development of drug treatment system and training of potential drug treatment services, as well as building connections with reliable treatment providers in other countries for those services which are not available in Romania
- Sustainable harm reduction methods should be broadly introduced (including in prisons) and funded by the state

NGOs

- Development of advocacy strategies that target development and scaling up of harm reduction services, and HIV prevention services that target groups at increased risk
- Active participation in the design, implementation and evaluation process of the HIV prevention and treatment services
- Together with interested stakeholders in governmental institutions, initiation of drug treatment system development

Donors

- Helping to advocate the need of national funds
- Technical and financial assistance for advocacy and specific intervention in order to address the needs of most at risk populations

Researchers

- Researching the link between policies and practices related to persons most likely to be exposed to HIV
- Assisting NGOs and other data service providers for accurate and non-expensive monitoring and evaluation of programmes (effectiveness, economical benefits)
- Closely work with non governmental organizations and community based services, in order to obtain accurate information related to behaviours and practices

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