National Health System Description in HIV/AIDS 2004

Chisinau 2004
Testing Procedures

The testing procedure in the Republic of Moldova is being done based on the framework of the Law «On Prevention of AIDS» adopted in 1993, which stipulates mandatory testing for some categories of persons and vulnerable groups considered at risk of infection, such as IDUs, prisoners, female sex workers etc. At that time the surveillance system was formed proceeding from the assumption that HIV/AIDS was an especially dangerous infectious disease (such as, for example, plague, cholera etc.), and that mass-scale examination of the greatest possible number would enable the detection of all HIV-positive cases, their taking under control and resulting discontinuity in the infection transmission mechanism. Another distinctive feature was that not only AIDS patients were subject to mandatory (compulsory) registration, but also persons with positive HIV antibodies laboratory testing results, and in some cases those with dubious HIV laboratory testing results. The definition provided by the European Centre for AIDS Epidemiologic Monitoring was relied upon for AIDS cases registration including obligatory diagnosing of one of AIDS-indicator diseases according to the list provided by the Centre. Adequately coded data were submitted to the Centre on a quarterly basis for inclusion into the general European register of AIDS cases. Official reports on the number of HIV examinations and detected HIV/AIDS infection/disease cases became the first surveillance instruments.

Starting back in 1993 the volume of investigations and testing were considerably reduced due to the revision of the list of vulnerable groups subject to mandatory testing. The changes to the legislation have been reflected in the “Regulation on examining and medical surveillance for detecting contamination by human immunodeficiency virus (AIDS)” approved by the Ministry of Health on August 13, 1993 and the Directives of the Ministry of Health nr.295 of 26.06.1995 and of 23.03.1998. In particular, mandatory testing of practically healthy groups has been abrogated, for instance, no testing for HIV is needed for pregnant women, including before abortion and for patients with viral hepatitis B, C, D and HBs Ag. Such groups like patients with STIs and patients with syphilis and gonorrhea having sexual contacts have been subdued to mandatory testing. Testing of persons with no specified reason (the so-called code 130 «others») has been essentially reduced and further cancelled (Annex 1).

Thus, the data regarding the number of laboratory investigations suggests that the monitoring process in the Republic of Moldova can be divided into two stages. The first stage covers the period between 1987 and 1992, which was marked by an extensive increase of persons subject to testing and examination. The second stage includes reform and optimisation of epidemiological screening of the population as an integral part of epidemiological surveillance, revision of regulations for testing and of groups subject to testing to HIV, increase of clinical and epidemiological vigilance of medical staff. Simultaneously with the decrease of the number of persons subject to testing and the absolute number of HIV positive persons, prevalence of tested persons per 100.000 population increased significantly whereas the number of false-positive results reduced. The exposed data prove that the number of tests was able to guarantee safety of donor blood and assure epidemiological surveillance of vulnerable groups, which allows appreciating the epidemic situation with HIV/AIDS and providing a framework for prevention and anti-epidemic activities.

The epidemiological surveillance system on HIV/AIDS represents a component in the prevention of transmittable diseases, and in its greatest part is tightly correlated with measures aimed at preventing viral hepatitis B, C,D and STIs.

The epidemiological screening, testing of donor blood and diagnostics of HIV/AIDS in the Republic of Moldova, is being conducted starting back in 1987, first within the Republican Clinical Hospital and from October 1987 within the Republican Sanitary-Epidemiological Station (at present Centre for Preventive Medicine). During the next few years a series of laboratories for diagnostics of AIDS were established in different districts of the republic, 5 of which have been dissolved for different reasons.

In 1997 according to the Order of the Ministry of Health of the Republic of Moldova “On optimisation of the laboratory diagnostic system of HIV/AIDS, hepatitis and other viral infections in the Republic of Moldova” the laboratory service for diagnostic of AIDS has been reorganized. The majority of regional
laboratories have been transferred to the bacteriological laboratories within Centres for Preventive Medicine and further reorganized into sections for diagnostic of AIDS, hepatitis and other viral infections. As a result of reorganization all laboratories became subject to common subordination of the service for preventive medicine, which was followed by improving of technical, working and room conditions and conditioned centralized supplying of equipment and modern diagnostic kits. Thus an optimisation of usage of potential of the bacteriologic laboratories was registered and unified the epidemiological screening system of HIV/AIDS, viral hepatitis, other infections, enhancing the quality of service activity, testing and diagnostics of the infections alongside with providing a safer working environment for the medical staff involved in the work with infected biologic samples was performed. At present, the laboratory service for diagnostic of HIV/AIDS includes 10 laboratories and sections for diagnostic of HIV/AIDS, hepatitis and other viral infections (Diagram 2).

The laboratory of the National Centre for AIDS Prevention and Control represents the basic laboratory in the service of diagnostic of HIV/AIDS. The laboratory of the Centre, except for screening activities, is responsible for all confirmatory tests, organising refresher courses for medical staff, monitoring the quality of laboratory testing, development of methodology framework, including development of normative acts, collecting and assessing of statistical data etc. The rest of the laboratories are responsible only for the screening investigations.

SS studies over HIV prevalence, behaviour factors and other methodological mechanisms have been implemented in practice only in 2000.

**Surveillance concept and objectives at the present.**

The definition of epidemiological surveillance over HIV in the Republic of Moldova is stipulated in “The epidemiological surveillance on HIV infection (AIDS). Content and principles of organization” Nr. 03/2-42 developed by the Ministry of Health and approved in 1992. The document specifies that the development of the definition on surveillance over HIV has been based on the WHO recommendations. According to the document epidemiological surveillance is “a pre-established system of continuous collecting of data on morbidity, contamination, performing processing of data, processing of data received, sharing of complete information to the executors and coordinators of prevention programs”. As such, “the final objective of the epidemiologic surveillance is accomplishment and implementation of scientifically sound programs and of a system of activities aimed at combating and prevention, of establishing the trends and exercising control over antiepidemic activities and over the epidemics at a level, where the human intervention in the autoregulation system is possible”.

The document specifies that all component elements of epidemiologic surveillance as a system are divided into three subsystems as follows:
Diagram 2. Geographic distribution of laboratories and sections for diagnostics of AIDS, viral hepatitis and other viral infections in accordance with the new administrative territorial reform, 2006.
I. Informative – this deals with providing data on the epidemiologic situation collected from synthesis, records, and general data on registration of morbidity, from special research programs, as well as using data in the subsystems II and III.

II. Diagnostics – includes data of epidemiologic analyses, epidemiologic surveillance and examining and modeling of epidemiologic process, socio-economic analyses, planned epidemiologic trial.

III. Control – deals with the control of quality, the extension and efficiency of developed prevention activities.

The laboratory investigations to HIV antibodies held in the republic serve to several main objectives:

1. Epidemiologic surveillance over HIV/AIDS and prevention in territories, monitoring over HIV prevalence within a settled timeframe and at different population subgroups.
2. Assuring security of blood transfusion, of transplants and biologic liquids: screening of blood and blood components, tissues, organs, and sperm collected from donors.
3. Diagnosis of HIV/AIDS.
4. Identification of most vulnerable groups of population, planning of activities aimed at reducing their vulnerability.
5. Exercising control over the degree of efficiency of prevention and antiepidemic activities held with the aim of rational correction.

Major components of HIV infection surveillance in Moldova and its specific features

Starting with 1987 - the year of establishment of AIDS diagnosis system in the country, a nominal system of collecting and assessment of statistical data functions in the republic. For each blood sample forwarded to the laboratory (section) for diagnosis of AIDS, hepatitis and other viral infections, the medical institution that collected the blood sample shall complete a special card index with indication of the name, year of birth, sex, place of residence and the code for examination of the respective person subject to testing (Annex 2). In the regions this information is generalized and reported promptly to the laboratory of the National AIDS Centre. The assessed data (volumes of testing for AIDS for the entire country and for districts, categories of sex and ways of transmission) are reported to the centres of preventive medicine and district health sections. Reporting of cases tested positive and confirmed with diagnosis AIDS is conducted by the laboratory of the National AIDS Centre with notification of the Deputy Director of the National Scientific-Practical Centre for Preventive Medicine. Further, based on the submitted reports, the relevant information is sent to the district centres for preventive medicine and health sections in order for the above-mentioned institutions to implement anti-epidemic activities in accordance with the legislation in force.
Structure of the system of control of HIV/AIDS, national and subnational levels.

Central Level:
- Ministry of Foreign Affairs and EU Intergration
- Ministry of Internal Affairs
- Ministry of Education and Science
- Ministry of Health and Social Protection
- Ministry of Justice
- Ministry of Finance
- Government of the Republic of Moldova
- NGO sector
- International donor organizations
- Mass-media

Country Coordination Mechanism (CCM) and its Technical Working Groups (TWG)
- National AIDS Center as a methodical section
  - AIDS Reference Laboratory
- National Scientific-Practical Center of Preventive Medicine
- Municipal Scientific-Practical Center of Preventive Medicine
- Medium and Higher Education Medical Institutions at national and Rayons levels
- Municipal Council on HIV/AIDS
- Local Council on AIDS, ATU Gagauzia

Rayon Level:
- Rayon Center of Preventive Medicine
- Head Epidemiologist
- Rayon Council on HIV/AIDS
- Municipal Council on HIV/AIDS for the Rayon
- Municipal Scientific-Practical Center of Preventive Medicine
- Rayon Scientific-Practical Center of Preventive Medicine
- Ministry of Internal Affairs
- Ministry of Education and Science
- Ministry of Health and Social Protection
- Ministry of Justice
- Ministry of Finance
- NGO sector
- Mass-media
- International donor organizations

Government of the Republic of Moldova

Country Coordination Mechanism (CCM) and its Technical Working Groups (TWG)
Scheme of medical institutions within the system of service provision in the area of HIV/AIDS. Hierarchical structure of responsibilities, decision making, management, logistical and informational structure
Reporting AIDS cases

Reporting AIDS cases as a surveillance measure involves systematic notification of every diagnosis meeting the standard AIDS definition. The standard AIDS definition for Moldova was approved in 1997 through the directive nr.311 of 29.12.1997 which stipulates: "HIV cases report is done based on the standard reporting form nr. 357-1U on AIDS cases, which include passport data and information on likely infection channels (Annex 3)"

Reporting HIV positive cases

HIV/AIDS infection investigations are based on the detection of antibodies to HIV-1 and HIV-2 in the blood serum using the ELISA reaction, by means of the solid phase of immunology plates made of polyester covered by purified antigens (or antibodies) of the viruses HIV-1 and HIV-2. The initial positive result is to be confirmed by repeated test either based on the ELISA method, but using a different test-system, or on immunoblot method (IB). As in the case of AIDS cases reporting, the HIV cases registration is based on the form Nr.357-1U on the basis of a standard definition.

The data obtained in this manner are used both for surveillance purposes and for HIV clinical diagnosis. The HIV standard testing procedure presupposes the identification of passport data, with exception of cases of anonymous testing.

Factors affecting reported data quality and coverage on HIV/AIDS

Alongside with the essential difficulties in the solving of purely medical prevention and combat aspects of the disease, AIDS will bring a series of economic and social problems, determined by high expenses from the state budget for the treatment, by the support and medical attendance of HIV infected people, by the discrimination manifestations and stigmatisation towards them, by the necessity of complete solving of AIDS infected people relations problem with HIV infected people and the rest of the society.

a) Availability of test-systems for screening

Following the mentioned objectives of the testing like establishment of the prevalence of HIV in the population and taking into account the costs of diagnostic kits, as well as to exclude the possibility of unspecific reactions during the diagnostic process, the strategy of two phase testing has been adopted for the republic. During the first phase, screening one, the testing process is organized in accordance with strategies developed by UNAIDS and WHO. During the second phase, the confirmatory one, for blood samples reactive to the first screening test the confirmatory Western-blot test is applied. The procurement of diagnostic kits is financed from the state budget and is organized in bulk procurement based on international tender. The distribution of test kits is free of charge and is carried out in a centralized way.

In order to optimize and unify the activity of the laboratory system for diagnosis of HIV/AIDS as well as to reduce the expenditures for diagnostic kits the laboratories and sections for diagnostics of AIDS, hepatitis and other viral infections are performing screening investigations only. As previously mentioned, all blood samples reactive to the first testing are tested at the laboratory at the National Centre for AIDS Prevention and Control which is responsible for differential and confirmatory testing.

In the period of 1987-1996 first and second generation kits have been used for diagnostic of AIDS, mainly procured from Russian companies (95.6% of the kits have been of Russian origin), 4.4% have been procured from French and Dutch companies. Starting with 1997 all HIV/AIDS screening tests are being done based on the kits produced by Sanofi Diagnostics Pasteur, France. All laboratories and sections are outfitted with computerized programmable equipment of the same company. There are 13 equipment lines of this kind mounted in all laboratories and sections for diagnostics of AIDS, except for the Tiraspol screening laboratory. In the period of 1997-1998 for screening of anti-HIV antibodies the “Genelavia Mixt HIV1 2” has been applied, which accounted for a higher rank in terms of sensibility compared to previous test kits. In 1998 a new test kit is applied in usage practice “Genscreen HIV 1 &2, in 1999 the same test is applied but of the most recent generation. In 2000 the laboratory of the National AIDS Centre started an evaluation of a new test of the same generation “Genscreen Plus HIV Ag-Ab”.

Strategies of Screening Blood to anti-HIV in Moldova.

FIRST BLOOD SAMPLE

First ELISA test

Negative Result
Issuing an official document certifying that no HIV antibodies are present in the blood

Positive or suspect

Second ELISA test

Negative
Issuing an official document certifying that no HIV antibodies are present in the blood

Positive/suspect
The sample is evaluated as being positive/suspect in ELISA, one more blood sample is tested

Suspect
The sample is evaluated as ELISA suspect, Western blot confirmatory test is required. When necessary a third blood sample is tested.

SECOND BLOOD TEST

First ELISA test

Negative
Issuing an official document certifying that no HIV antibodies are present in the blood

Positive
Second ELISA test

Positive/suspect
The sample is evaluated as being positive/suspect in ELISA, second blood sample is tested

Suspect
To exclude errors, when necessary, a third blood sample is tested
Permanent use of diagnostic kits of the last generation applied to screening investigations help to reduce the “serologic window” and assure a precocious and progressive diagnostics of HIV thus diminishing the risk of transfusion infection.

The confirmatory testing is done based on the test kit “New Lav blot” produced by Sanofi Diagnostics Pasteur. The National AIDS Centre faces a problem of shortage of assortment of diagnostic kits in the diagnosing of HIV. In 1998-1999 only one ELISA test was procured for screening and one for confirmatory test, which makes the differentiated testing of blood samples with indeterminate results suspect to false positivity and with a weak reaction impossible.

Although ELISA kits of the last generation shortened the “serologic window” of HIV infection, the risk of transfusional (nosocomial) transmission of HIV can not be excluded. Contrasting of HIV and of viruses of viral hepatitis in the serological window stage can be detected only based on genetic diagnostics method-PCR. The genetic testing of blood that shows a negative result reduces the risk of transfusion infecting effectively, a fact proved by the experience of key blood banks from Europe.

At present, the laboratory service is not being supplied with kits for diagnosis of AIDS opportunistic infections. Because of that, the diagnosis of some opportunistic infections, such as recurrent pneumonia, are made based on clinical and general laboratory data with no etiological checking.

All laboratories and sections for diagnostics of AIDS, hepatitis and other viral infections are involved in a republican system of quality control. The quality of AIDS testing is assured by internal monitoring at the level of laboratories and sections, and at the national level by National Centre for AIDS Prevention and Control. The national laboratory systems for diagnostics of AIDS are not subject to international monitoring of quality or testing.

b) Donor blood screening

Given legally mandatory nature of HIV testing for each case of blood donation in Republic of Moldova, blood testing results can provide a most general idea of infection prevalence among general population.

In cumulative dynamics from 1987, in Republic of Moldova about 5,4 million people have undergone HIV testing based on collected blood screening. The testing procedure in the Republic of Moldova is done based on the framework of the Law “On prevention of AIDS” adopted in 1993, which stipulates mandatory testing for some categories of persons and vulnerable groups considered at risk of infection, such as IDU’s, convicts, female sex workers etc.

Thus, the data regarding the number of laboratory investigations suggests that the monitoring process in the Republic of Moldova can be divided into two stages. The first stage covers the period between 1987 and 1992, which was marked by an extensive increase of persons subject to testing and examination. The second stage includes reform and optimisation of epidemiological screening of the population as an integral part of epidemiological surveillance, revision of regulations for testing and of groups subject to testing to HIV, increase of clinical and epidemiological vigilance of medical staff. Simultaneously with the decrease of the number of persons subject to testing and the absolute number of HIV positive persons, prevalence of tested persons per 100.000 population increased significantly whereas the number of false-positive results reduced. The exposed data prove that the number of tests was able to guarantee safety of donor blood and assure epidemiological surveillance of vulnerable groups, which allows to appreciate the epidemic situation with HIV/AIDS and provide a framework for prevention and anti-epidemic activities.
The epidemiological surveillance system on HIV/AIDS represents a component in the prevention of transmittable diseases, and in its greatest part is tightly correlated with measures aimed at preventing viral hepatitis B,C,D and STIs. In order to facilitate the reporting the Ministry of Health in co-operation with UNICEF and Soros Foundation Moldova provided all Centres for Preventive Medicine from districts and key medical institutions with a computer connected into a common network which allows transfer of epidemiological data, their systematisation and analyses to be included in a database, which allowed the data reporting system to be perfected.

c) Surveillance over sexually transmitted diseases and other biological markers for HIV spreading risk

Morbidity rates for other infectious diseases can be used as indicators for HIV prevalence. Consequently, epidemiological surveillance over STI moved into the focus of attention since their high prevalence rates (for syphilis, for instance) are regarded as population vulnerability indicator in the terms of HIV infection. At the current epidemic state surveillance over STI among individuals with high risk behaviour pattern is recommended, since these infections testify to unprotected sex with numerous partners.

STI are officially registered in the republic. Reporting forms on STI are submitted to the National Sanitary and Epidemiological Surveillance Centre. They are not personalized and contain the following indices: region, month, year, number of cases in absolute figures and per 100% thousand population; separate section on morbidity rates (absolute and relative indices) in children aged under 14 inclusively, as well as morbidity rates for adult population. The classification is based on sex and age groups. This data is based on the current national statistics and reflect only cases officially reported with the health authorities. In the Republic of Moldova reporting on HIV, syphilis and gonorrhea is mandatory according to the legislation in force; both state and private institutions are reporting cases for statistical and surveillance reasons. Nevertheless, anonymous and confidential testing is available to patients in both state and private institutions, thus encouraging addressing medical services and avoiding practicing of self-treatment. Still, some STIs are reported partially even with state institutions as the laboratories are limited in possibilities and there were registered cases of laboratories not being able to hold basic tests (for instance, testing for chlamydeous trachoma, mycoplasma hominy and others are held only in some labs).
The Republican Dermatovenerological Dispenser systematically carries out sentinel surveillance studies among pregnant women, blood donors and somatic patients.

Another critical aspect in the epidemiology of sexually transmitted infections is the synergic effect they can have upon each other. When AIDS epidemic was launched in the country it became evident that HIV and other sexually transmitted infections can be found with the same patient. Moreover, these concurrent infections do share the same sexual risk, biological and epidemiological data indicating that STIs can exacerbate HIV transmission, where HIV infection and associated immunodeficiency can increase the sensibility towards other STIs.

d) Confidentiality

Apprehension regarding possible failure to keep information confidential is one of the major reasons why HIV-positive individuals running the risk of infection do not apply to the relevant services; this results in understating statistical data in reports. According to information coming from various regions from the NGOs that work with HIV positive IDUs, the right to the confidentiality of HIV testing result stipulated by the AIDS Law adopted by the Parliament in 1993 in the 7th article is violated by a contradictory medical examination form nr. 357-1U, third paragraph “Prevention measures of infection transmission”. This line requires mentioning the date of informing the territorial medical organization, family members and sexual partners. Recently, the Government of Moldova has adopted the new National Program on HIV/AIDS/STI prevention, which stipulates a separate strategy for bringing the national legislation up to the European level, including the national legislation correlation with human rights. The registration of HIV cases in the republic is held by the Centre for Preventive Medicine.

Availability and accessibility of voluntary consulting and testing

The anonymous testing for HIV and the pre-testing counselling is assured by the 1993 Law, article 1, the same article stipulates that the HIV testing is done free of charge. Unfortunately, at present, due to the lack of financial resources, the free of charge HIV testing is done only for blood donors and for some vulnerable groups. The anonymous category covers the standard payment for Republic, which is equal to 26 lei. The day to day practice demonstrates that pre and post testing counselling services are carried out in special AIDS Centre laboratories and confidential counselling rooms. Unfortunately, in the Republic there does not exist a well organized counseling network. A special problem represents the lack of HIV counselling and testing services in ante-natal and women institutions.

The HIV testing is also carried out in private medical institutions licensed for such kind of activity, in this case the blood testing is done in state laboratory, the payment being usually higher for the testing, but the diagnostic confidentiality is more reliable. With all these, the rate of people that address private cabinets for testing is much lower in comparison the rate of people that have an anonymous testing at state institutions. According to the last public opinion poll, persons subjects of testing, have declared that they granted a higher credibility degree to state institutions regarding HIV testing matters.

Health care quality

The tendency of health index is negative and has an unfavourable impact over the demographic situation of the country. The sudden increase of prices to drugs, medical equipment and expenditures to maintain medical institutions have aggravated the situation and led the system of health to a crisis.

These negative tendencies of health and demography determined the Ministry of Health to carry the reform of health care system oriented towards the development of the primary sector of medical assistance, to the development of programmes for prevention of medical and social diseases, to the increase of quality and efficiency of medical services.
Because of lack of budget sources, the medical institutions such as hospitals, clinics, polyclinics, outpatients departments, services of urgency, are provided with insufficient equipment and outfit. A great part of these are overused and need renovation. Because of lack of funds free treatment and compensations can not be assured. There are many private medical cabinets (stomatologic, gynaecologic, traumatologic, etc.) in Moldova that provide medical assistance against payment.

The majority of chemistries and drugs stores are private and the prices established by them are not accessible for the majority of population. Thus, because of arrhythmic and insufficient financing, the activity of medical institutions diminished during the last years. Also the volume and quality of the medical assistance provided to general population as well as measures of prevention of morbidity with sexually transmitted and non-transmitted infections reduced essentially.

The health protection system provides medical services in polyclinics, ambulatories and hospitals. The National Programmes on TBC, HIV/AIDS and Immunoprevention are in place in Moldova. Because of lack of financing the implementation of the mentioned programmes is very difficult.

The insufficient budget resources and the sudden decline of living standards lead to the reduction of number of population that practice a healthy lifestyle. This fact in its turn favours the risk factors of population to become sick and leads to the impertinence of measures to prevent the epidemics.

In the Republic of Moldova the measures of prevention of HIV/AIDS epidemics are taken according to the Law of the Republic of Moldova of 25.05.1993 N 1460-XII on prevention of AIDS epidemic and the National Programme on Prevention and Control of AIDS and STIs, adopted by the Government of the Republic of Moldova by its decision nr.126-128/1048 from 23.09.2005

According to these documents, the Ministry of Health of the Republic of Moldova developed a series of recommendations for planning activities of the health institutions regarding prevention and control of HIV/AIDS, including the Universal Access to Prevention, Treatment and Care Initiative.

According to the directives and norms of the Ministry of Health of the Republic of Moldova, some measures have been taken regarding the following:

- Improving epidemiological surveillance system of HIV/AIDS;
- Testing of donor blood and vulnerable groups;
- Prevention of nosocomial and opportunistic infections;
- Intensification of control over the implementation of hygienic and antiepidemic regime in sanitary and cosmetologist institutions;
- Interventions in the groups at increased risk;
- Awareness of population on the issues concerning HIV/AIDS prevention.

Providing of medical assistance to patients with AIDS is regulated by the Order 236 of 08.10.1993 of the Ministry of Health that stipulated both the measures of planning of the activity of sanitary institutions regarding HIV/AIDS prevention and control as well as functional instructions of the administration of adequate health protection institutions and bodies.

At the same time there have been approved:

- Recommendations regarding the organisation and the Regulations of medical assistance provided to people with HI/AIDS;
- List of medical institutions involved in providing of urgent and proportional medical assistance;
- List of specialists-consultants to consult people with HIV/AIDS and infected people.

There is no medical specialisation in AIDS in the Republic of Moldova. According to the Order N 236 of 08.10.93 of the Ministry of Health, the medical assistance to people with HIV/AIDS and those infected is organised according to the unique principle. The physicians of medical institutions make the detection of people with HIV/AIDS when the patients ask for medical assistance and based on the results of people with HIV/AIDS screening.
People suspected to have AIDS need to be consulted by the infectionist. The hospitalisation of people with AIDS is made at the Dermatovenerological Hospital, ART Section. The Ministry of Health is responsible to appreciate the list of medical institutions that deal with providing of planned medical assistance, according to the indications and urgent assistance provided in stationary conditions.

The organisation of medical assistance to be provided to people with HIV/AIDS in ambulatory conditions foresees its assurance at the qualified level of follow-up adequate contingents. These functions are under responsibility of the physician for infectious diseases of the territorial policlinics.

The medical assistance in ambulatory conditions in case of consequent somatic and infectious epidemics as well as traumas, etc., is being provided in territorial medical institutions in ambulatory and its subdivisions, by physicians, medical assistants and nurses that have a special training in AIDS prevention.

The Chief of the adequate medical institutions approves the content of medical personnel that assure medical assistance in conditions of laboratory and stationary. Medical assistance to children with HIV in ambulatory conditions is provided in policlinics (consultations) for children. With this purpose there are appointed special physicians and medical assistants that activate in a special cabinet with corresponding medical equipment.

The medical profile assistance needs the organisation of specialised teams such as surgical, therapeutic, traumatological, etc. The medical personnel from the mentioned teams have a special training in the issues of AIDS prevention. Experimentsed infectionists are appointed in order to provide consultative assistance.

According to the Order of the Ministry of Health N 280 of 10.12.93 there have been taken some measures of improving and prevention of AIDS epidemic the main of which are:

- Approving of a number of organisational, instructive and methodical documents (18), that constitute a system of evidence, accumulation and distribution of necessary data to evaluate the level of epidemiological control and the measures of HIV/AIDS prevention;
- According to the Law of the Republic of Moldova on Prevention of AIDS epidemics and according to the Regulations on medical examination and control on detecting the HIV virus, there has been made a considerable activity to aware the leaders of medical institutions and medical personnel;
- There has been implemented a significant activity to aware the general population, the leaders of plants and factories, various organisations and educational institutions on the requirements of the Law and Regulation;
- There has been assured the training of population on the issues concerning HIV/AIDS prevention;
- In co-operation with the police, there has been intensified the activity on detection and examination of people with AIDS from the groups of risk;
- The Republican Centre for prevention and control of AIDS assured the running of methodical and organisational measures for HIV/AIDS prevention on behalf of medical Republican and territorial institutions;
- There has been assured the preparation and training of physicians and medical assistants on the issues of diagnosis and clinics and prevention of HIV/AIDS within the State University of Medicine and Pharmaceutics N. Testimiteanu and medical colleges;
- There have been elaborated instructive and methodical recommendations for epidemiologists from the Centres of Preventive Medicine as well as infectionists on the epidemiological control of HIV/AIDS infection, regulations of hospitalisation and follow-up of people with HIV/AIDS.

According to the joint Order of Ministry of Home Affairs and Ministry of Health N 136 of 17.05.93, necessary measures are taken within the groups of risk to prevent the infection and spreading of HIV/AIDS and STDs. There has been also created a specialised subdivision called “Police of morals” responsible for detection of persons from groups of risk. There are 13 laboratories of immunologic diagnosis of HIV/AIDS in the Republic of Moldova. The laboratory of AIDS Centre has the function of screening and references.
Medical assistance provided to people with HIV/AIDS is organised according to the principle of primary medical assistance under ambulatory and policlinic conditions and secondary-under the conditions of stationary and it is provided according to the provisions of Order N 311 of 29.12.97 of the Ministry of Health of the Republic of Moldova on perfection of medical assistance provided to people with HIV/AIDS and antiepidemic measures.

There are 100 cabinets of assistants and midwives, 227 medical clinics, 249 ambulatories, 116 policlinics and 260 hospitals. The typical structure of an assistant’s clinic is 1-3 assistants and 1-2 midwives, of medical clinic-2 or 3 midwives and 1 or 2 assistants, of an ambulatory- 2-5 physicians and 5-7 medical assistants.

Medical institutions of all levels provide medical assistance and care. In the primary care system there are 8000 physicians that is 1 doctor for 450 inhabitants. As per 100,000 inhabitants there are 863 medical assistants, 13,6% of which work in rural areas and 28%-in urban ones. There are 106 beds functioning for 10,000 population.

The main objective to provide medical assistance in laboratory conditions constitute the assurance at the qualification level of medical assistance and follow up evidence of adequate contingents and it may be realised according to the requirements of instruction of the Ministry of Health of the Republic of Moldova N 01-9/1562 of 16.12.98 on follow-up control of people with HIV/AIDS and other categories of people from this group.

People with HIV/AIDS, children up to 3 years born by seropositive mothers, people that have sexual relations with people with HIV/AIDS, people found seropositive in ELISA reaction and that are not determined in WB reaction during the first year, medical personnel with professional exposures to infected products are under follow-up control during their whole life. The follow up is made at AIDS Centre as well as in the territorial cabinets of infectious diseases by the infectionists with participation of family physicians. Adults, adolescents and children consultations are made once per 3-6 months through clinical and immunological investigations during the period of lack of acutisation and necessity to provide medical assistance in stationary.

In laboratory conditions and regarding the opportunistic, somatic, infectious, parasitical diseases and traumas, medical assistance is provided in territorial medical institutions of ambulatory and their subdivisions by doctors, medical assistants and nurses specifically trained in the field of HIV/AIDS. Medical assistance to children with HIV in ambulatory conditions is provided in policlinics or at home.

Actually, about 70% of registered people with HIV/AIDS are under dispensary control. The dispensary control is exercised for detained persons in penitentiaries.

Under the conditions of stationary, medical assistance is provided to people with HIV/AIDS as follows:

- In case of urgency - medical assistance and in case of necessity-in Republican specialised institutions depending on pathology, state of patients and their transportability.
- In a planned way in the ART Section from the Dermatovenerologic Dispensary, that is also the only one scientific, didactic and organisational and methodical centre in the pathology of HIV infection
- Medical assistance is provided in specialised territorial institutions and subdivisions and in case of necessity - in Republican institutions of profile.

The obstetrical and gynaecological assistance is provided to women with HIV and people with AIDS in territorial consultations for women. Here they are also taken under control. In order to provide medical assistance in stationary, territorial gynaecological and maternity sections, there exist separate sections in each.

Stomatoologic assistance is provided in territorial policlinics, in a specialised cabinet with well-trained and competent specialists on the issues of HIV/AIDS.
In order to provide medical assistance, to make the laboratory exam and to confirm the clinical diagnosis, people with HIV/AIDS need to be hospitalised and to be taken under control during, at least, once per 6 months at ART Section in which, by the Order of Ministry of Health of the Republic of Moldova N 311 of 29.12.97 a special section of 35 beds are created.

Those 3-4 beds accessible within infectious disease section in Balti are not sufficient for planned hospitalisation of people proved positive to HIV by laboratory tests. Only people with clinical manifestations of AIDS have been hospitalised. The most frequent opportunistic diseases are met in TBC; recurrent pneumonia, herpetic infections, syndromes of exaustion, lymphoid interstitial pneumonia cases, bronchial trachea candid cases, HIV encephalopatia case, Capos sarcom.

Because of lack of financing, inaccessibility and low level of services in case of minimal free of charge medical assistance guaranteed by state is limited, also specific laboratory and instrumental investigations of opportunistic diseases are limited as well.

For the great majority of the patients the free of charge providing with drugs covers 25-35% from necessities. The system of compensation of ambulatory and hospital treatment is determined based on the patient’s age (children, retired persons) and disabled persons (of the 1st and 2nd degrees) and the specific antiretroviral treatment of the people with HIV/AIDS guaranteed by state according to the Decision of the Government of the Republic of Moldova N 749 of 4.08.99 “. For the approval of the normative acts on the implementation of Law on minimal free of charge medical assistance guaranteed by state”. The National Programme in the Republic assures free of charge antiretroviral treatment of people with HIV/AIDS.

The cost of the annual treatment for 1 person with HIV with triple therapy is $ USA 410 and that of bitherapy-$ USA 2109. The system of contraction and distribution of drugs is decentralised at the level of counties and municipalities. The supply depends on the allocated budgetary resources as well as on the rapidity with which they reach the local level. In some localities the sanitary county departments are at their initial stage of foundation. The funds destined for drugs are supplied directly in sectors but the greatest part of them-in county departments that receive both the funds for drugs and the funds from the National Programme of Health.

The increase of funds from primary network to the secondary one that is from 15% to 30% did not show the improving of medical assistance because of the conservatism and non-acceptance of reforms that are not supported financially. About 65% of funds are spent at the hospital level and do not cover sufficiently the area.