AIDS in Romania:
The perspective from ARAS
*The Romanian Association Against AIDS*

By Monica Dan,
project coordinator
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Author: Monica Dan, project coordinator (ARAS).
With thanks for input and/or support and/or revisions: Maria Georgescu, Liana Velica, Magdalena Dumitru, Catalina Illiuta, & Arnaud Wasson Simon, AIDES

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Executive Summary:
The recent very significant successes achieved in Romania with regards to access to antiretroviral treatments (ARVs) for People living with HIV/AIDS (PLWHA) should not make us forget that there remain clear and present dangers with regards to the HIV/AIDS epidemic:

Medical support and monitoring for PLWHA can still be vastly improved (CD4 count and viral load evaluation, individual adherence support).
Drug-use, including risky behaviors with regards to HIV and Hepatitis C, has increased enormously over the past few years, and essential harm-reduction services such as needles exchange are not yet durably accessible to all the persons who need it.
Prevention and health service for commercial sex-workers remain very scarce, while prostitution is quite visibly increasing in Romania.

Also, the specific HIV catastrophe which led to thousands of Romanian kids to become contaminated by HIV in the late 80s and early 90s has yet to lead to a full analysis of the causes and of the responsibilities. Thankfully, several NGOs are now very active in providing direct support to these children and their families: many are now adolescents and are quite likely to start having sexual relations.

HIV/AIDS NGOs in Romania – with often the very welcome support of committed health practitioners - play a leading role in promoting social and health reforms in Romania and initiating innovative essential services such as harm reduction for drug users. The work of Romanian NGOs depends enormously upon international funders and each has its own specific procedures and priorities: it is not easy for local NGO staff to implement coherent long-term health projects in such a context.

The recent attribution of a large grant by the Global Fund to Fight AIDS, Tuberculosis and Malaria is a major test of the capacity of all of the governmental and non-governmental actors involved in working together towards the increase and the improvement of the HIV/AIDS prevention and care services in Romania.
I. Preamble:
According to the “HIV/AIDS Surveillance for the Public Health in Romania 1990-1999” developed by the General Direction for Public Health of the Ministry of Health, the first case of infection with HIV was reported by Romania in 1985; thus the HIV test for blood donations became compulsory in 1990.
The reform of the health care system did not improve significantly the quality of health care neither the access to health care services, generally.
The Romanian society response to HIV/AIDS epidemic, rather slow in the ’90s (mostly in terms of prevention), became more and more organized, lately. People living with HIV/AIDS and a group of medical doctors, as well as some private organizations (which rely mostly upon international funding) played an important role in the development of programs of care and treatment, psycho-social support, prevention.

II. Background information
Romania is a country with 22.435.205 inhabitants (2000), with a female majority (51,1 %) a urban population majority (54,6%); the young population (aged < 24 years) is 7.714.715 persons.
The fertility rate has been decreasing almost constantly since the collapse of the communist regime. The fertility rate in 2000 was of 40,3 born alive/1000 women.
The mortality rate was 11,4/1000 inhabitants. The natural increase is negative.
After the communist regime, the number of emigrants decreased, from a peak of 96829 in 1990; in 2000, 14.753 persons left Romania for other countries (the most frequent destinations are: USA, Canada, Germany and Italy). Yet, a lot of Romanian people work abroad, usually in the black market, mostly in Italy.
In 2000, the real income decreased, compared with the one in 1990 to 58.6 %.
The number of TB cases constantly increased, from 14997 in 1990 to 22257 in 2000 and the syphilis cases also increased from 5375 to 7704 in 2000.
(source: the National Institute of Statistics).

III. AIDS situation on December the 1st, 2003,
(according to the Ministry of Health and Family - source: Angel Appeal web site)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS cases – plwa</td>
<td>4783 *</td>
<td>3605</td>
<td>1178</td>
</tr>
<tr>
<td>HIV infection – plwh</td>
<td>5913</td>
<td>4439</td>
<td>1474</td>
</tr>
<tr>
<td>Total HIV/SIDA – cumulative</td>
<td>14353</td>
<td></td>
<td></td>
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<tr>
<td>Patients alive</td>
<td>10259</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>3657</td>
<td>2953</td>
<td>538</td>
</tr>
<tr>
<td>Patients who are no longer in medical care</td>
<td>437</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total patients in medical care</td>
<td>8124</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total in ARV treatment</td>
<td>5232</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children benefiting from ARVT</td>
<td>2319</td>
<td></td>
<td></td>
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<tr>
<td>Adults in ARVT</td>
<td>2913</td>
<td></td>
<td></td>
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</tbody>
</table>
Transmission routes (March the 31st, 2003, source Romanian Angel Appeal site, source the AIDS Commission of the Ministry of Health)

### Children

<table>
<thead>
<tr>
<th>Transmission route</th>
<th>Infection with HIV</th>
<th>AIDS</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Mother-to-child</td>
<td>118</td>
<td>71</td>
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<tr>
<td>Hemophilia/coagulopathy</td>
<td>6</td>
<td>2</td>
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<tr>
<td>Transfusions</td>
<td>218</td>
<td>163</td>
</tr>
<tr>
<td>Nosocomial</td>
<td>1283</td>
<td>967</td>
</tr>
<tr>
<td>Unknown</td>
<td>886</td>
<td>674</td>
</tr>
<tr>
<td></td>
<td>2511</td>
<td>1877</td>
</tr>
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</table>

Comments:
- out of 10920 children diagnosed in Romania with HIV/AIDS, the majority are males (6350-58.2%), compared with 4570 girls.
- UNAIDS estimates that for Romania, for one diagnosed case, there may 5-10 other cases unknown, already; as such, there may be 70.000-140.000 cases.

### Adults

<table>
<thead>
<tr>
<th>Transmission route</th>
<th>Infection with HIV</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>female</td>
</tr>
<tr>
<td>Mother-to-child</td>
<td>102</td>
<td>0</td>
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<tr>
<td>IDU</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Hemophilia/coagulopathy</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Transfusions</td>
<td>30</td>
<td>58</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>345</td>
<td>519</td>
</tr>
<tr>
<td>Unknown</td>
<td>105</td>
<td>123</td>
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### IV. Concerns

1. **Injecting drug use and harm reduction interventions**

Two RAR (Rapid Assessment Research) were implemented in Romania (1998 and 2001); the second Rapid Assessment of the situation of the drug use was conducted by the National AIDS Commission within the Ministry of Health (2001) in collaboration with a private foundation, with financial and technical support of UNICEF and UNAIDS; its first conclusion was that the **drug use increased significantly if not dramatically**, from 1000 drug users estimated in Bucharest in 1998 to almost 33.000 in 2001.
The RAR covered Bucharest, Constanta, Timisoara and Lasi, four big cities with previous reported drug use and took in consideration input and analysis of various sources: official estimation of drug users, the number and types of drug users arrested by the Police for use or/and traffic of drugs, the number and size of drugs caught by the Police, the number of drug users recorded as users in the various medical and social services.


- Among the 2 million inhabitants of Bucharest, with a segment of young population of 43.3% the number of injecting drug users is estimated at 32786 (21821 males and 12203 females).
- Approx. 50% of the idu's are 17-23 years old, but the trend is to see more and more younger drug users and to start directly or extremely soon with injecting drug use.
- Largely the drug used is heroin and only very limited they use tranquil and cocaine (a dose of heroin costs about 5-8 usd).
- The average number of injection is 3-5/day for 40-60% of the idus.
- In Bucharest, 56.4% share the needles and 61.8% syringes. Consequently, the number of idus sharing needles and syringes is estimated between 11,000 and 25,000.
- 25.9% of the idus use condoms with their partners (it has been estimated that the number of idus in Bucharest who do not use condoms is around 5000 and 11,800).
- In 2001, among the HIV/AIDS patients registered in Constanta (1571), Iasi (214) and Timisoara (58) there was no case of idus.

In Bucharest, 2 cases of AIDS (among 1000 officially declared persons) and one of HIV infection (among 330 persons with infection included in the database). There is no clear database of idus with HB; the study evaluates that 26-60% of the idus were tested for HIV and 11-46% were tested for hepatitis B.
- In 2001 6 cases of idus with Hepatitis B, 20 cases of hepatitis C were diagnosed in Bucharest. 26 idus were also diagnosed with TB according with the health care settings medical records.
- 30-40% of idus experienced overdose. 200 overdose cases were treated in Bucharest in 2001 (number increased from 2000 - when there were 141).

Recommendations:
- Development of needle exchange programs in each sector of Bucharest
- Development of more treatment centers for drug users (detox, rehabilitation) as well as substitution / maintenance programs with methadone
- Training program for the specialists working in the programs for drug addicted
- Creating a pertinent, unique system of registering the drug users, based on an electronic card.

The findings (eg. the number of idus) of the Rapid Assessment were received at the moment of launch with skepticism by various decision makers and organizations (eg. the authorities in the public health), but now is progressively accepted. The
member organizations of the Romanian Harm Reduction Network (RHRN) consider that all the recommendations are highly pertinent and that it is an immediate emergency to take action upon them. Those recommendations, subject of advocacy mostly towards the public health and local administration is now taken seriously into accounting by the National Anti Drug Agency, the public authority responsible for drug prevention and treatment in Romania. The law 143 regarding the drug use is currently discussed with a group of various professionals working in treatment services.

2. Commercial sex workers (CSW)
In Romania, prostitution is a phenomena which developed rapidly after the political regime changed in 1989; all different kinds of prostitution met in other regions of the world flourished (hotels, bars, brothels, more or less hidden, more or less clean and sophisticated, massage parlors, newspaper adds and internet driven marketing of social services... but more than everything else, the street prostitution was a clearly visible phenomenon, and in 2003 can still be guessed; the street prostitution involves very young women, many minors, from rural areas, run away. So called street prostitution is based in dirty houses and blocks of flats, lacking minimal hygiene conditions; pimps and middlemen (combinators) are those who find the clients, staying in the streets and making signals to drivers, usually. Girls have extremely limited rights and liberty of movement and decision, which allows us to call the phenomenon traffic; internal traffic; A study conducted by UNAIDS in 1999 show very low knowledge about HIV/AIDS explained equally through low education level and limited access to information.
Street prostitutes usually do not have id papers (at all, being run away, being stolen or lost, or those are taken by the pimps), which limits even more their access to medical services. Condom use is not usually at their decision. All those facts allows the opinion that street prostitutes are extremely vulnerable for HIV, hepatitis B and C, syphilis.
An exploratory research conducted by Médecins sans Frontières in 2002 show that women who are not involved in street prostitution have access to medical services and to information (90% were to ob&gyn in the last three months, 70% declared that they had HIV test at least once).
Prostitution is illegal and legislative initiatives to change this situation failed so far; there is yet in the Romanian society a quite important movement towards legalization of prostitution, which allows to predict that sooner or later, prostitution will be legalized.
Yet, so far, even the National AIDS Strategy 2002-2003 included the recommendation to develop interventions among cs, only one intervention targeting commercial sex workers exists in Romania, developed by ARAS, supported by OSI/UNAIDS, with additional support from UNFPA, USAID (condoms) and Romanian Ministry of Health and Family it reaches no more than 300 persons/month (approx. 250 in Bucharest and 30-40 in Constanta). Injecting drug use is rather a common practice among commercial sex workers in Bucharest (heroin use) and among pimps or middlemen.
The project is limited, covering only neighborhoods in Bucharest; in Constanta and Iasi, ARAS local branches developed also limited interventions, supported by USAID through JSI within the Family Health Initiative, a 5 year project dedicated to reproductive and family health. The experience has not been replicated, but will hopefully will, in the framework of GFATM funded project in Romania.
One explanation of this fact is that prostitution is illegal; the street prostitution involves traffic, therefore, it is, on one hand dangerous for the outreach team to get in contact with the beneficiaries, on the other, there is fear and reluctance from their side; Police is most of the time present in the street and many times their presence limits more the contact with the beneficiaries. Being criminalised and punished as such, prostitution is meant to perpetuate; to pay the bills for prostitution, commercial sex workers, will have to return in the streets and deliver sexual services for money.

3. Access to Antiretroviral (ARV) treatment
Romania is one of the countries which made efforts to ensure ARV treatment: dedicated teams of doctors from “Matei Bals” Institute for Infectious Diseases, V. Babes Hospital for Infectious Diseases, and Constanta Municipal Hospital made attempts to introduce ARV treatment, to elaborate treatment guidelines, to ensure the continuity of the treatment; in 1997, as the head of the National AIDS commission within the Ministry of Health stated in a press release in January 2002, only 2000 persons were treated (and only 0.5 % received triple therapy). In 2001, among the 7214 patients in medical care, all those who need treatment (4410) really have it.
This was possible given the fact that the National Health Insurance House and the Ministry of Health and Family constantly allotted funds for the treatment program; also, pharmaceutical companies lowered the prices (Merck Sharpe & Dohme reduced by 86 % the prices for Stocrin and Crixivan)
The efforts made are certain, without any doubt; yet, the problems occurred and may appear. Not all the patients could be evaluated timely due to lack of resources for CD4 count evaluation and viral load evaluation; UNOPA (the Union of persons affected by HIV/AIDS made this thing known to General Direction for public Health so that funds are mobilized for this. Also, interruptions of treatment were encountered several times (latest in 2001, 2002) for a month/two months period of time.
In 2003 the health care system crisis reached of course also infectious diseases hospitals, as such, medical evaluation of HIV infected patients was once more in danger. And it may be in the future, as the entire health care system.

4. Children and adolescents with HIV/AIDS / Some considerations about the numbers
- 10920 of children and adolescents were diagnosed with HIV/AIDS (at march the 31st, 2003, source RAA website, from the AIDS Commission OF THE Ministry of Health ); among them 2935 children deceased. The majority of them, as the Ministry of Health Statistics (March, 2003) show, were seemingly infected with HIV through nosocomial route (2250 cases out of 4388; for other 1560 the transmission route is unknown).
- Francoise Hammers, Angela M. Downs, in Lancet, March the 22 th, 2003 stated: “In the late 1980 to early 1990 s Romania had a major nosocomial HIV epidemic in which thousands of institutionalised young children were infected with HIV through micro-transfusion of blood and multiple injections with improperly sterilized equipment; the majority of all reported cases were born during 1987 – 1991 which supports the notion that they were infected in their infancy, at the time of epidemic peak.”
• The technical report “HIV/AIDS Surveillance for the Public Health in Romania, 1990-1999, developed by the General direction for public health of the Ministry of Health) states that: the statistic data showing the transmission route is the result of a definition used internationally, but not all the cases included in the <<nosocomial and transfusion>> should be considered as such, as when there are no evidences in this respect, based on professional epidemiological inquiry; those should be better included in unknown category. Yet, there are top clinicians who consider that all the cases of children diagnosed with HIV/AIDS who have healthy parents, should be, naturally, included in nosocomial, or, if it is the case, transfusion categories. Of course, the epidemiological inquiry should be the only manner in which the case are included in one category or another.

Anyway, the phenomena is referred in Romania as “the epidemiological accident”; for common people understanding is that the infection was transmitted through transfusions and invasive procedures in medical or non medical care settings (it is rather an habit to ask a professional/non-professional nurse to give a shot when you are ill at home). And if the infection was not transmitted to most of the children by transfusion with untested blood or through improperly sterilized medical equipment for invasive procedures, the research done to discover what were the causes, the routes, the results were not published.

One fact remains: the blood for donations and for blood products was tested starting with 1990 (!); before1990 there was not a national surveillance system for HIV/AIDS; through ministerial Order, only Dr. Victor Babes hospital for infectious diseases could diagnose the cases of infection with HIV (source: the HIV/AIDS Surveillance in Romania 1990-1999).

In March 2001 Dr. Adrian Streinu-Cercel – head of the national AIDS Commission - stated that the nosocomial transmission of AIDS was eradicated, given the use of syringes, and self destructible syringes . He stated that there isn’t a final conclusion on the causes for the epidemiological accident.

A trial against the Ministry of Health undertaken by a parents of a seropositive child was rather exposed in the public; Violeta Calinciuc, mother of child Iasmina Calinciuc lost her case, as the court decided that there are no evidences of infection in the hospital.

Asking other parents if they want to start a trial against the Romanian State for negligence in medical services, they said that they do not trust the justice, the stress and exposure of such a trial would only make their lives worse; and more than that, they were afraid that the medical doctors would not treat their children as well in the case as such a trial.

5. Social protection
Children and adults with HIV/AIDS may receive material support as they request and get a certificate of person with handicap; the adults who worked can also receive a pension for incapacity to work, caused by the disease; lately, after a long and persistent effort, made especially by UNOPA all the people with HIV/AIDS receive and stipend monthly (approximately 2 usd /day), for a nutritional
supplement; this kind of support is a unique case (no other category of children) receive this kind of support; the Adults with HIV/AIDS also advocate strongly for this kind of right.

Anyway, the support received was in many cases and very often not available because of often changes of the institutions charged to carry the responsibility. Social services are considered as being too bureaucratic by most of the plwha; confidentiality was not respected many times by the public servants as well as of some employees of private (non-governmental organizations)

6. Children and adolescents with HIV – living with HIV/AIDS when you are young

The majority of the children diagnosed with HIV/AIDS were born in 1988-1989; they are entering into their adolescence; unfortunately, many of them do not know from their parents the fact that they are HIV positive; the Romanian law stipulates that the diagnostic are given by the doctor to the parent or to the tutor; even another ministerial order stipulates that the counseling is compulsory, but not explicitly for children.

Long term counseling intervention developed by some infectious diseases hospitals in collaboration with organization like Romanian Angel Appeal, Health Aid Romania, ARAS, Alaturi de Voi, FDPSR, Romanian Children Appeal, targeted parents with a special educational and psychological support program to help them discuss openly with their children about their HIV status.

V. Civil society

In 13 years after the change of regime civil society represents still a weird concept for a majority of Romanians; mass media has expressed often what a large number of people think: that NGOs and foundations are groups of interests ... a better understanding may have the only the beneficiaries of their services. Also, public institutions employees, mass media have often expressed concerns on the NGOs activities; at the level of declarations, community welfare cannot be solved by NGOs, but in practice a lot of burden is on NGOs; social services for the hard to reach groups, for old people, for people with disabilities and special needs are mostly undertaken by NGOs and foundations.

Small but effectively designed, the programs and interventions are models of most often good practice models. Support of the city halls and municipalities is minimal; the Romanian State have only very small grants (500-600 usd /month) provided through the Ministry of Labour and Solidarity (but which can be almost a good practice model, given the monitoring an evaluation system); funding comes almost entirely from international donors (USAID, UN system, European Union, various foundations); yet, the funding is rather low and put a lot of pressure and burden on the personnel: short term duration, with artificially established priorities (not based on social research); special conditions to ensure co-funding, sometimes from public institutions, bureaucracy.

The Government had lately (2001-2003) some initiative << to organize the civil society>>. Two recent legislative documents limits the liberty of association, which raised a lot of questions and attracted reactions from NGOs active in the field of human rights, democracy, social field.
VI. Leadership, partnership

Romania has a National AIDS Commission under the authority of the Prime Minister. The representative of UNOPA is the vice-president of the Commission, which shows the constantly growing recognition given to the fact that PLWHA must have an important role in the design and even in the implementation of the national AIDS strategy.

A coordination process started in 1997 with support of the UN organizations and USAID, some NGOs and UNAIDS being the most active actors in this process. Today, a new AIDS strategy based on epidemiological and social research, evaluation of needs and resources is being discussed and waits for a budget from the state and private donors, but for 18 months it will be probably - even if only partially - covered by funds received by Romania from the Global Fund for AIDS, malaria and TB.

And, instead of conclusions

Progresses have been made, but much more needs to be learned by Romanian society in general and its institutions regarding the respect for human rights. Health protection, care and treatment must become priorities. With stronger and professional relations in between Romania Governmental and Non-Governmental actors, including People Living with HIV/AIDS and their advocates, with the sustained implementation of essential prevention and harm reduction services, we know we can durably limit HIV and AIDS in Romania.
Key NGO Contacts:

<table>
<thead>
<tr>
<th>ARAS - ASOCIATIA ROMANA ANTI-SIDA</th>
<th>Romanian Angel Appeal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulevard Garii Obor, no 23, ap. 8, sector 2, Bucharest 72 314 Romania</td>
<td>Rodiei Street, No 52 Sector 3, Bucharest 030956, Romania</td>
</tr>
<tr>
<td>Phone +40 21 252 41 42 Email: <a href="mailto:aras@home.ro">aras@home.ro</a> Web: <a href="http://www.arasnet.ro">www.arasnet.ro</a> Contact: Monica DAN</td>
<td>Phone: +40 21 323 6868 Fax: +40 21 323 2490 E-mail: <a href="mailto:office@raa.ro">office@raa.ro</a>, <a href="mailto:newsletter@raa.ro">newsletter@raa.ro</a> Web: <a href="http://www.raa.ro">www.raa.ro</a></td>
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<tr>
<th>UNOPA</th>
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<td>Tel: + 40 21 21 090 89 Fax: + 40 21 21 090 89 E-Mail: <a href="mailto:unopa_ro@hotmail.com">unopa_ro@hotmail.com</a></td>
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