

REPUBLIC OF M O L D O V A

Reassessment of the sustainability of the opioid agonist therapy programme within the context of transition from donor support to domestic funding



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Abbreviations and Acronyms

CCM	Country Coordinating Mechanism
CEECA	Central and Eastern Europe and Central Asia
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV/AIDS NP	HIV/AIDS and STI Prevention and Control National Programme
IBBS	Integrated Bio-Behavioural Survey
IPT	Isoniazid Preventive Therapy
M&E	Monitoring and Evaluation
MHSP	Ministry of Health, Labour and Social Protection
MoH	Ministry of Health
NGO	Non-Governmental Organisation
NHIC	National Health Insurance Company
NPS	New Psychoactive Substance
OAT	Opioid Agonist Therapy
PAS Centre	Centre for Health Policies and Studies
PSM	Procurement Supply Management
RCNF	Robert Carr Civil Society Networks Fund
RDTC	Republican Drug Treatment Centre
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

EXECUTIVE SUMMARY

In 2020, an assessment of the sustainability of the OAT programme within the context of transition from donor support to domestic funding was, for the first time, carried out in Moldova with the support of EHRA with funding from UNAIDS¹. Despite the fact that only two years have passed since the first assessment was conducted, new social phenomena and challenges (such as the COVID-19 pandemic, the war in Ukraine, and political and socio-economic changes at country level) may have significantly affected the processes related to the sustainability of the OAT programme in Moldova. Consequently, this assessment is of particular value for implementing further activities to ensure sustainable and sufficient funding, quality and accessibility of the OAT programme in Moldova.

In this context, and in regard to the need to increase OAT coverage, the key objectives are to re-assess the sustainability of the OAT programme within the process of transition from Global Fund support to domestic funding and to identify progress and barriers, challenges and risks, as well as opportunities for enhancing the quality and accessibility of the OAT programme. For the purposes of this assessment, sustainability is viewed not only as the availability of funding to support the programme and activities initiated with the financial support of the Global Fund or other donors, but also as the achievement of the required scale of sustainable coverage to have an impact on the HIV and viral hepatitis C (HCV) epidemics, as well as to ensure universal access to OAT, which, according to the World Health Organization (WHO), is the best approach to stabilizing people dependent on opioids.

This assessment was carried out between August and October 2022 based on the framework concept and methodology developed by the Eurasian Harm Reduction Association (EHRA)². This assessment is mainly focused on:

- analysing the achievements and the challenges related to the implementation of the OAT programme in accordance with international recommendations in the process of transition from donor support to domestic funding;
- analysing progress in the sustainability of the components of the OAT programme in comparison with the assessment conducted in 2020;
- ensuring the financial sustainability of OAT components; and,
- analysing the quality and accessibility of OAT services in Moldova.

¹ Iatco A. Moldova: Assessment of the sustainability of the opioid agonist therapy programme in the context of transition from donor support to domestic funding. Vilnius, Lithuania: Eurasian Harm Reduction Association (EHRA), 2020 <https://harmreductioneurasia.org/wp-content/uploads/2020/11/OAT-sustainability-assesment-report-Moldova-2020-RUS.pdf>

² Eurasian Harm Reduction Association. Measuring the sustainability of opioid agonist therapy (OAT). A guide for assessment in the context of donor transition. Vilnius, Lithuania: Eurasian Harm Reduction Association, 2019. <https://harmreductioneurasia.org/harm-reduction/ost/ost-access-and-quality-in-countries/oat-sustain-method>

This assessment was conducted in three key issue areas: Policy and Governance; Finance; and Services. The assessment allowed the identification of the following *achievements and strengths* in the development of the OAT programme in the country:

Policy and Governance:

- The OAT programme is an integral part of the national opioid dependence treatment strategies and HIV/AIDS prevention policies in Moldova. The country has confirmed its political commitments to ensure the provision and the necessary scale-up of OAT services by including them in the National HIV/AIDS Programme for 2021-2025 (continuing the procurement of methadone and buprenorphine from the Ministry of Health (MoH) budget and funding services from the National Health Insurance Company (NHIC) budget) and the country's proposal to the Global Fund for 2021-2023 (geographic expansion of the programme and psychosocial support);
- A political dialogue is underway to humanise the national legislation (introducing amendments to the Criminal Code and the Administrative Code), in particular the provisions related to punishments for the use of narcotic drugs, the introduction of alternatives to imprisonment, and the availability and quality of treatment services for people who use drugs, including OAT;
- OAT services are included in the Unified Compulsory Medical Insurance Programme³ and are covered from the NHIC budget and are available to people who use drugs without medical insurance;
- Methadone and buprenorphine are included in the list of essential medicines, and OAT drugs are procured using the general government mechanism for the procurement of essential medicines in the country, through the Centre for Centralised Procurement in Public Health;
- Transition to domestic funding creates conditions to build the capacity of the Republican Drug Treatment Centre (RDTC) and the Coordination Department of the HIV/AIDS and STI Prevention and Control National Programme (HIV/AIDS NP) in assessing and planning the procurement of medicines from public funds for the OAT programme by implementing their direct roles and responsibilities within the procurement processes; and,
- There are efforts to engage representatives of civil society and communities in the coordination of the OAT programme at country level through their regular participation in the activities of the Country Coordinating Mechanism (CCM) and its working groups.

³ Government Resolution No. 1387 dated 10.12.2007, Unified Compulsory Medical Insurance Programme https://www.legis.md/cautare/getResults?doc_id=93248&lang=ru

Finance:

- The country committed to co-fund the OAT services in accordance with Global Fund policies. During 2020–2022, the OAT drugs were procured from the MoH budget, and services (without psychosocial support) were covered by NHIC;
- Within the transition to domestic funding, the sources of funding for the procurement of OAT drugs (Ministry of Health, State budget), the procurement mechanism and the stakeholders responsible for planning and procuring OAT drugs were clearly defined;
- There are some improvements in the communication and interaction of government agencies with the community of people who use drugs in the area of OAT drug procurement. The community takes an increasingly active advocacy role, acting as a link between clients and people/institutions making procurement-related decisions;
- OAT services (excluding psychosocial support) are included in the State-guaranteed package of health services available to people without medical insurance; and,
- There is some progress with data collection (in 2021, an electronic register of OAT programme participants was created and is now used by the RDTC).

Services:

- There are no legislative barriers to the provision of OAT services in the country; there are no waiting lists to enroll in the OAT programme;
- The OAT programme in Moldova is becoming low-threshold: during 2020–2022, there were no cases when OAT programme clients were excluded due to the use of alcohol, illegal or other psychoactive substances;
- OAT is seen as maintenance treatment, not short-term nor medium-term therapy: during 2020–2022, community members did not report any cases of systematic violations of this standard;
- Most OAT sites (80%) offer take-home doses of OAT drugs for a period from several days to a week or even two weeks;
- There is an increase in the number of clients receiving buprenorphine within the OAT programme – from 31 people in 2021 to 77 people in 2022;
- The national implementation protocol for the OAT programme is revised on a regular basis (every 2 years);

- The OAT services in Moldova are free for programme clients, regardless as to whether or not they have health insurance, and this practice is sustainable and there is no requirement to confirm that previous attempts to undergo treatment have failed;
- OAT is prescribed and provided at all levels of the penitentiary system, including temporary detention centres, both for men and women; and,
- The community plays a stronger role in gathering the evidence base and evaluating the OAT programme in Moldova with the use of community-led monitoring tools.

However, the assessment revealed the following **challenges and obstacles** in achieving greater sustainability of the OAT programme in Moldova:

Policy and Governance:

- Low political support for the implementation of the OAT programme at the local level (medical units (hospitals) implementing the OAT programme in districts and municipalities) contrasts with strong support at national level;
- With the background of a rather favourable and supportive legislative environment, there are some practices affecting the motivation of potential OAT clients and limiting their access to the OAT programme (compulsory medical follow-up by a drug treatment doctor; inability to get a driver's license; and refusal of employment and/or dismissal);
- Lack of a plan to ensure the transition to domestic funding of OAT programme components related to psychosocial support;
- Lack of a single department or governance body responsible for the supervision and coordination of the OAT programme in Moldova, resulting in the lack of effective coordination of OAT programme implementation. Despite the fact that the RDTC is the body responsible for OAT supervision, coordination and management in Moldova, different sources of funding mean different influencing agencies (RDTC, HIV/AIDS NP Coordination Department, Principal Recipient of the Global Fund grant/Public Institution 'Coordination, Implementation and Monitoring Unit of the Health System Projects') and the need for more efforts from the side of the RDTC to achieve synergies in coordination of the OAT programme, taking into account the requirements of all parties at the national and local level;
- Lack of an updated methodology to calculate the cost of OAT services, both for medical services and psychosocial support;

- Lack of an OAT monitoring and evaluation (M&E) plan to be implemented by the RDTC. Data for the key indicators recommended by WHO is partially collected. It leads to the lack of data that would be used by the management of the HIV/AIDS NP, the RDTC, and the Ministry of Health at a strategic level and also at a technical level in order to improve the OAT programme;
- Lack of mechanisms to ensure direct participation of programme clients in the process of coordination and implementation of the OAT programme in Moldova – the only working mechanisms are the CCM working groups; and,
- Lack of political support in Transnistria, which accounts for 15% of the total territory of Moldova, with an estimated 2,750 individuals experiencing opioid dependence⁴. The refusal by the authorities of the autonomous region to implement an OAT programme is related to their political considerations and attempts to coordinate their actions with the public health policies of the Russian Federation. Currently, there is no possibility to advocate for an OAT programme in Transnistria (the left bank of the Dniester River).

Finance:

- Psychosocial support is one the most vulnerable components of the OAT programme in Moldova in 2022, as well as in 2020, and it continues to be funded exclusively from the Global Fund grant;
- Lack of trained personnel in the health facilities implementing the OAT programme at the district and municipal level, including a lack of competent in conducting needs assessments and planning the stock of OAT drugs, all of which affects the RDTC in its ability to supply drugs for the OAT programme;
- Increased prices for OAT drugs in 2022 and the need for a prompt response to meet the needs of the OAT programme by raising financial resources and initiating new procurements to avoid treatment interruptions (the price of buprenorphine (package N7) as of February 25, 2022: 2mg's was MDL43.82; 8mg's was MDL78.75; as of November 17, 2022: 2mg's was MDL47.82; 8mg's was MDL84.70; the price of methadone (1 litre) as of March 29, 2022 was MDL513 and, as of August 15, 2022, it was MDL548)⁵.
- The approach to calculate the amount of State funding to be allocated is based on the number of client visits, which generally prevents programme clients from exercising their right to receive take-home doses;
- Lack of non-medical personnel (psychologists and social workers) in drug treatment centres affects the quality of OAT services, limiting the possibilities of psychosocial support for OAT programme clients to the services provided by NGOs (except for the OAT sites based in Chisinau);

⁴ Coordination unit of the National Programme for prevention and control of HIV/AIDS and STIs, Dermatology and Communicable Diseases Hospital. Estimating the size of people who inject drugs, female sex workers, and men who have sex with men in the Republic of Moldova. Chisinau; 2020. https://sdmc.md/wp-content/uploads/2021/01/National_size_estimation_RM_report_22_01_2021-ENGL.pdf

⁵ USD1.00 = MDL19.40; €1.00 = MDL18.85 as of 15.10.2022.

- Administrations of municipal hospitals, which implement OAT services within their drug treatment programmes, do not request funding for psychosocial support and salaries of non-medical personnel (psychologists, social assistants, social workers and peer workers) when submitting funding requests to the NHIC; and,
- The local scientific community is not actively involved in conducting OAT-related studies in the country.

Services:

- Low coverage of services, both geographically (as of June 2022, 11 OAT sites were operating in 10 out of 34 cities of the country) and in terms of the percentage of the estimated number of people who use opioids covered with OAT services in the civil and penitentiary sector (5.5% as compared to 40% recommended by WHO);
- Low popularity of OAT among medical personnel, drug treatment specialists and among members of the drug using community, including potential OAT programme clients. There is a shortage of drug treatment specialists ('narcologists'), especially in district hospitals;
- Lack of opportunity to receive OAT in primary health care institutions, such as family medicine centres, at NGOs or at pharmacies;
- Limited working hours of most OAT sites and thereby not corresponding to client needs;
- Only 60% of the OAT programme in Moldova uses buprenorphine, despite significant progress since 2020 (increase from 2 sites in 2020 to 6 sites in 2022);
- A rigid mechanism for dispensing OAT drugs (from the point of view of programme clients, four months from the date of OAT initiation to the moment when clients can receive take-home doses is too long);
- The procedure to revise OAT dosages does not always consider client preferences and situations (from the point of view of programme clients, doctors are reluctant to discuss with clients the possibility to increase their dosage and refuse them without any needs assessment);
- Lack of mechanisms/tools to assess implementation of the OAT protocol and to document the existing practices, along with the low engagement of the RDTC in monitoring and supervision of the OAT programme;
- Lack of mechanisms to evaluate and analyse the quality of OAT services, in particular the degree of client satisfaction, within the framework of drug treatment services;

- There are no effective ways to provide psychosocial support throughout the OAT programme in Moldova (such support is available only in five cities and is covered by the Global Fund grant);
- Lack of interaction or cooperation between drug treatment facilities and NGOs providing OAT services with community mental health centres offering a range of medical and psychosocial services vital for the clients of the OAT programme;
- There is no integration or referral system in the OAT programme, even with TB and HIV treatment services, with interaction often happening at the level of personal professional relationships, not at the system level;
- Lack of opportunity to implement OAT services on the left bank of the Dniester River, both in the civil sector and in the penitentiary system; and,
- Issues with the supply of buprenorphine for the OAT programme in late 2022 due to the limited stock of drugs because of price increases.

Schematically, the progress in ensuring the sustainability of the OAT programme in Moldova in 2020 and 2022 along the three issue areas analysed in the course of the respective assessments is as follows:

Issue areas	Indicators			
			2020	2022
Policy and governance	Moderate level of sustainability	Political commitment	Moderate level of sustainability	Substantial level of sustainability
		Management of transition from donor to domestic funding	Substantial level of sustainability	Moderate risk
Finance and resources	Substantial level of sustainability	Medications	Substantial level of sustainability	High level of sustainability
		Financial resources	Substantial level of sustainability	High level of sustainability
		Human resources	Substantial level of sustainability	Moderate level of sustainability
		Evidence and information systems	Moderate level of sustainability	Moderate level of sustainability
Services	Moderate level of sustainability	Availability and coverage	Moderate risk	Moderate risk
		Accessibility	Moderate level of sustainability	Substantial level of sustainability
		Quality and integration	Moderate level of sustainability	Moderate level of sustainability

As a result of the 2022 assessment, a number of recommendations have been developed that can significantly contribute to improving the sustainability of the OAT programme within the context of transition from donor support to domestic funding in Moldova. The recommendations prepared in 2022 are also based on the progress towards achieving the key recommendations developed in 2020 and include the following:

Overview of the progress in implementing five key recommendations of the 2020 assessment	
1. Develop strategies to increase the coverage of people who inject drugs with the OAT programme (to not less than 20% of the estimated number) with an allocation of the required technical and financial resources to improve programme activities and attractiveness of services.	The recommendation is still relevant and its implementation is in progress: OAT coverage planned in the National HIV/AIDS Programme for 2021–2025 is 14.9% by 2025.
2. Assess the substance use treatment system and take measures to ensure the attractiveness of the OAT programme, its uniform quality, and accessibility in all administrative regions of the country.	Not implemented; relevant for the forthcoming period.
3. Consider the possibility, and the mechanisms, for OAT implementation through the engagement of primary healthcare facilities.	Not implemented; relevant for the forthcoming period.
4. Develop and implement effective mechanisms to plan and organise the procurement of OAT medicines (methadone and buprenorphine) from the national budget with a clear division of the duties among the MHSP, RDTC and HIV/AIDS NP Coordination Department to avoid any risks related to delays in supplies.	Partly implemented.
5. Develop and launch mechanisms to attract clients and active members of the drug using community into the OAT programme, its scale-up, and monitoring and evaluation processes.	Not implemented; relevant for the forthcoming period.
Five key recommendations of the 2022 assessment	
1. Create a single authorised department or governing body to ensure coordination of the OAT programme at the national level (maybe at the RDTC level) that includes oversight of transition and sustainability; implementation of effective M&E mechanisms; procurement planning; integration with other health services and national programmes (TB, hepatitis); and partnership with NGOs and communities of people who use drugs to provide sustainable, accessible and quality services.	
2. Ensure systematic assessments of the OAT programme and develop an M&E plan for OAT to ensure the effective implementation and collection of information based on key indicators, including those recommended by WHO. In addition, carry out an assessment of the drug treatment system to identify its strengths and weaknesses, in particular in terms of reforming and implementing the OAT programme.	
3. Develop an action plan to scale-up and increase coverage (at least 20% of the estimated number of people who use opiates by 2025).	
4. The administrations of municipal hospitals, which implement OAT services within their drug treatment programmes, to request funding for psychosocial support services and salaries of non-medical personnel (psychologists, social assistants, social workers and peer workers) when submitting funding requests to the NHIC.	
5. Create an intersectoral working group at the RDTC level to coordinate the OAT processes in Moldova, including OAT launch, scale-up, funding, integration, monitoring and evaluation. Develop and implement tools and mechanisms to engage OAT clients and active members of the drug using community in the activities of the working group.	

1. Context

Moldova, situated in South-Eastern Europe and bordering Ukraine and Romania, has been an independent parliamentary republic since 1991. As a result of conflict in the 1990s, the territory on the left bank of the Dniester River is de facto not controlled by the central government. According to the National Bureau of Statistics, Moldova is one of the post-Soviet countries with the highest population density (117 people/sq. km), with its population (including the territory on the left bank of the Dniester River) amounting to 4.2 million people. The biggest cities are Chisinau (with a population of 820,500 people) and Balti (151,200 people). Administratively, Moldova is divided into 34 districts and 5 municipalities⁶, including two municipalities on the left bank of the Dniester River (Tiraspol and Bendery)⁷.

As of the beginning of 2022, there were 11,575 people using psychoactive substances registered in the national drug treatment system⁸. However, according to the 2020 estimates, the number of people who inject drugs in the country is 27,500⁹. The same estimates show that the total number of people who use opioids is 12,920, with 10,170 people living on the right bank of the Dniester River. According to the integrated bio-behavioural survey (IBBS) among people who inject drugs held in 2015-2016, between 41% and 70% of people who inject drugs reported the use of opioids, including heroin, opium extract or another opioid substance, as the main drug of use. The situation varies from city to city, with research data showing a lower level of opioid use in Balti and a higher level in Tiraspol. As for IBBS 2020, it showed that the drug most often used in the recent six months was cannabis and its derivatives (in Balti, Tiraspol and Rybnitsa) and new psychoactive substances (in Chisinau). In Balti, most people who inject drugs had injected methamphetamine in the last 1-6 months; in Tiraspol, the most widely used injecting drug was shirka (an opium solution); and in Rybnitsa, it was also methamphetamine. Other data also demonstrates that in recent years the drug scene in Moldova has changed drastically. According to the results of research on the use of new psychoactive substances (NPS) in Moldova carried out in 2019¹⁰, the share of people who switched from using opium and amphetamines to smoking, inhaling or injecting NPS is growing. However, injecting use of heroin and shirka is still quite widespread.

⁶ A municipality is an administrative territorial unit of Moldova, a city with a special status.

⁷ National Bureau of Statistics. <https://statistica.gov.md/category.php?l=ro&idc=103&>

⁸ Data from the Republican Drug Treatment Center

⁹ Coordination unit of the National programme for prevention and control of HIV/AIDS and STI, Dermatology and Communicable Diseases Hospital. Estimating the size of people who inject drugs, female sex workers, and men who have sex with men in Republic of Moldova. Chisinau, 2020. https://sdmc.md/wp-content/uploads/2021/01/National_size_estimation_RM_report_22_01_2021-ENGL.pdf

¹⁰ Iatco A. New psychoactive substance use in Moldova and Belarus: research results from the Republic of Moldova. Swansea University, Eurasian Harm Reduction Association.

Table 1: Most used drugs in the main cities of Moldova in the recent 1-6 months before the IBBS, 2020¹¹ (% of the total number of respondents)

City/(IBBS 2020)	Chisinau	Balti	Tiraspol	Rybnitsa
Heroin	11% (40% 2016)	23,9% (6,1% 2016)	1,2 %	2,5%
Shirka (poppy)	8,9% (13,9% 2016)	17,5% (35,3% 2016)	52,5 % (66,4% 2016)	28% (47,7% 2016)
Methadone	8,2%	--	1,2%	11,1%

Substance use specialists suggest that the phenomenon of polydrug use in the context of the spread and accessibility of NPS is a new challenge in terms of drug treatment, in particular OAT¹².

In Moldova, the drug treatment system is coordinated by the Republican Drug Treatment Centre (RDTC) and, at the level of territorial and administrative units, is implemented through drug treatment offices at the counseling departments of municipal and district hospitals (specialised health care level). The drug treatment system is funded by the NHIC. The country has been implementing harm reduction programmes since 1998 and the OAT programme since 2004.

Moldova launched OAT in October 2004 based on Order No. 159 of the Ministry of Health, Labour and Social Protection (MHSP) dated May 20, 2003, 'On the implementation of substitution treatment for drug dependent patients' (later this Order was substituted with a new Order No. 283 dated July 12, 2007, 'On improvement of the forms and methods of implementing substitution treatment for drug dependent patients'). Throughout 2004, OAT became accessible for a limited number of programme participants in Chisinau, and preparations were made to provide OAT in Balti. In July 2005, the Department of Penitentiary Institutions of the Ministry of Justice also started implementing OAT. Moldova became the first post-Soviet country to introduce OAT as a strategy for HIV prevention in the penitentiary system¹³. Throughout this time, the RDTC, the MHSP, NGOs and the community of people who use drugs, together with international partners, have been making efforts to scale-up OAT and to improve the quality of OAT services, both in the civil and penitentiary sectors.

The **national drug policy** is based on an intersectoral approach and is regulated by the laws of Moldova as well as institutional regulations. While OAT is a component of the National Antidrug Strategy for 2020-2027¹⁴, the OAT programme is also an important part of the National HIV/AIDS Programme (HIV/AIDS NP), with the major part of OAT funding regulated and allocated within that programme. Despite progress in the implementation of the previous HIV/AIDS NP (2016-

¹¹ IBBS 2020 https://sdmc.md/wp-content/uploads/2021/03/IBBS_REPORT_MD_2020_RO_Final-martie.pdf

¹² Information from key experts.

¹³ Guidelines on OST implementation in the penitentiary system of the Republic of Moldova. Chisinau; Department of Penitentiary Institutions, 2014.

¹⁴ National Antidrug Strategy for 2020-2027, Government of Moldova
https://www.legis.md/cautare/getResults?doc_id=121214&lang=ru

2020), some of the targets were only partly achieved, including the target for the geographic scale-up and increased coverage. This has been due to many factors, such as insufficient coordination of efforts, limited funding for the priority areas, inadequate monitoring and evaluation systems, legal barriers, as well as high levels of stigma and discrimination of people who use drugs, people living with HIV, and other vulnerable populations.

Since its launch in 2004 and over the first ten years, the OAT programme was financed exclusively from Global Fund grants. Starting in 2016, OAT has been co-funded by the NHIC (except for the psychosocial support component and medicines procurement). In 2004, OAT was initiated with the use of buprenorphine in the first year of programme implementation. However, from 2005 to 2019, only methadone (in liquid form) was used for OAT, and in 2019 both drugs became available for OAT clients. Currently, both drugs are procured from the national budget within the HIV/AIDS NP.

Today, OAT services in Moldova are available in 10 cities (at 11 sites), including Chisinau and Balti, and in other districts on the right bank of the Dniester River, as well as in 13 penitentiary institutions. OAT services are not yet available on the left bank of the Dniester River. As of the beginning of 2022, there were only 569 OAT programme clients, including 106 in penitentiary institutions. As of 1 September, 2022, the total number of OAT programme clients was 590 people, 513 of them receiving methadone and 77 buprenorphine¹⁵.

The coverage of OAT services in Moldova remains low, at less than 5.5% of the total estimated number of people who use opiates. Clients are enrolled in the OAT programme provided that they are registered as drug users with drug treatment facilities. There are a number of other barriers which reduce the motivation of people who use drugs to be enrolled in the OAT programme including: a low level and quality of psychosocial support; employment and travel restrictions; and discrimination by employers. In the cities where OAT is available, except Chisinau and Balti, there is low integration of HIV, tuberculosis (TB) and OAT services, including a complete, or partial, lack of psychosocial support. In some regions, OAT clients who are admitted to in-patient hospital units cannot access OAT¹⁶.

Among other factors affecting OAT quality and coverage, of note is the lack of substance use specialists ('narcologists') at the local level, as well as the lack of budget to provide psychosocial support to OAT clients and the lack of a comprehensive package of services¹⁷.

As reported by the participants of focus groups conducted for this assessment, there are also legislative barriers in accessing OAT services, including administrative responsibility for drug

¹⁵ Data from the Republican Drug Treatment Centre.

¹⁶ Findings of a focus group discussion.

¹⁷ Information from key experts.

use. Despite the fact that drug use is decriminalised in the country, de facto possession of small amounts of narcotic substances for personal use remains a criminal offense. This hinders implementation, scale-up and quality of services for people who use drugs and has a negative impact on the demand for OAT services and for State-run drug treatment services in general as such services require people to disclose their drug use status by getting registered with official drug treatment facilities.

Before 2020, Moldova implemented the National HIV/AIDS Programme piloted in 2016¹⁸. The Ministry of Health, Labour and Social Protection was responsible for programme implementation. Due to political developments in the country (change of government), the programme for 2021–2025 was approved, with a delay, in February 2022.

Up to 2016, the OAT programme was funded from the Global Fund grant and, since 2016, it has been covered by the NHIC. The sources of funding to support the OAT programme in the recent two years (2021–2022) are as follows:

Table 2. Sources of OAT program funding in Moldova (2021–2022¹⁹)

	Global Fund		MHSP		NHIC		UNODC/UNAIDS	
	2020	2022	2020	2022	2020	2022	2020	2022
Methadone			X	X				
Buprenorphine	X			X				
Medical services					X	X		
Administrative and current costs					X	X		
Psychosocial support	X	X						
OAT programme equipment	X	X						
Technical support	X	X					X	
Advocacy	X	X					X	X

The OAT goals in the National HIV/AIDS Programme (2016-2020²⁰/2021-2025²¹) are defined by the number of people enrolled in treatment and were achieved in the following proportions:

- 2017: 86.4% (497 as compared to the target of 575)
- 2018: 79.7% (498 as compared to the target of 625)
- 2019: 79.6% (522 as compared to the target of 655)
- 2020: 82% (564 as compared to the target of 685)
- 2021: 49% (569 as compared to the target of 1,166 as new, more ambitious targets were defined in the HIV/AIDS NP in 2020)

¹⁸ National HIV/AIDS Programme for 2016-2020

<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=1>

¹⁹ National HIV/AIDS Program for 2021-2025. https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

²⁰ National HIV/AIDS Program for 2016-2020

<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=1>

²¹ National HIV/AIDS Program for 2021-2025 https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

However, as of the beginning of 2022, the coverage of the OAT programme in Moldova remained low (5.5% of the total estimated number of people who use opioids, which is 10,170 people on the right bank of the Dniester River; the total number for the right bank and left bank of the Dniester River/Transnistria is 12,920 people) according to the assessment of 2020²² (according to the previous assessment of 2016, 19,300 people²³). This is much lower than the level of 40% recommended by WHO, UNODC and UNAIDS to make an impact on the HIV and hepatitis C epidemics. Low coverage was also observed during the previous OAT assessment of 2018–2020 (2.9% as of 2020²⁴). In absolute numbers, the progress is insignificant, though in percentage terms it seems quite big (from 2.9% to 5.5%) due to the changes in the estimated number of people who use drugs in 2020.

²² Coordination unit of the National program for prevention and control of HIV/AIDS and STI, Dermatology and Communicable Diseases Hospital, “Estimating the size of people who inject drugs, female sex workers, and men who have sex with men in Republic of Moldova”, Chisinau, 2020 https://sdmc.md/wp-content/uploads/2021/01/National_size_estimation_RM_report_22_01_2021-ENGL.pdf

²³ Center for Health Policies and Studies, Estimated number of PWID, SW and MSM in Moldova, 2017 <https://pas.md/ru/PAS/Studies/Details/70>

²⁴ Iatco A. Moldova: Assessment of the sustainability of the opioid agonist therapy programme in the context of transition from donor support to domestic funding. Vilnius, Lithuania: Eurasian Harm Reduction Association (EHRA), 2020 <https://harmreductioneurasia.org/wp-content/uploads/2020/11/OAT-sustainability-assesment-report-Moldova-2020-RUS.pdf>

2. Goal and methodology

Several frameworks have recently been conceptualised within the context of sustainability and transition of the HIV and TB responses to domestic funding. Almost all countries of Eastern Europe and Central Asia (EECA) with Global Fund support have carried out such assessments and developed their own national transition plans.

In 2019, the Eurasian Harm Reduction Association (EHRA) developed a country assessment methodology and toolkit with a particular focus on the sustainability of OAT programmes. This was developed in response to ongoing calls and requests for support from EHRA members to assess the prospect of OAT programmes continuing upon the completion of international projects that provide political, technical and financial support in the respective countries. In 2020, the methodology was piloted in four EECA countries and was finalised following the results of the pilot projects.

The methodology of this assessment is based on the updated version of the publication, 'Measuring the sustainability of opioid agonist therapy (OAT). A guide for assessment in the context of donor transition', developed by EHRA²⁵.

The first OAT programme sustainability assessment using the EHRA approach and toolkit was held in Moldova during July-September 2020²⁶. The assessment described herein is based on the results of the previous assessments and also work conducting during August-October 2022. There were some amendments introduced in the EHRA toolkit, and a decision was made to carry out this assessment alongside a comparative analysis with the 2020 data.

The assessment goal is to analyse the sustainability of the OAT programme within the context of its transition from support of the Global Fund and other donors to domestic funding; to identify risks, as well as opportunities, to enhance OAT programme sustainability in the country; and to compare the results of OAT programme sustainability assessments in 2020 and 2022. The results of this assessment would then be used to justify the importance of OAT programme development and to have OAT expenses funded by government programmes.

²⁵ Stuikyte R, Varentsov I. Measuring the sustainability of opioid agonist therapy (OAT). A guide for assessment in the context of donor transition. Vilnius, Lithuania; Eurasian Harm Reduction Association, 2020.

²⁶ Iatco A. Moldova: Assessment of the sustainability of the opioid agonist therapy programme in the context of transition from donor support to domestic funding. Vilnius, Lithuania: Eurasian Harm Reduction Association (EHRA), 2020. <https://harmreductioneurasia.org/wp-content/uploads/2020/11/OAT-sustainability-assesment-report-Moldova-2020-RUS.pdf>

The following is the **consolidated framework for the assessment of OAT programme sustainability** (please see **Annex 1** for a detailed version with key deliverables and benchmarks):

Issue areas	Indicators			
A. Policy and governance	Political commitment		Management of transition from donor to domestic funding	
B. Finance and resources	Medications	Financial resources	Human resources	Evidence and information systems
C. Services	Availability and coverage	Accessibility		Quality and integration

Figure 1. Infographic: Sustainability assessment methodology for the OAT programme in the Republic of Moldova, August-October 2022



An Advisory Group was established to provide support during the assessment process, consisting of seven experts representing government agencies, international organisations, NGOs, and the community of people who use drugs:

- Yuri Buchinsky, Vice Director, Republican Drug Treatment Centre
- Lilia Fedorova, Substance use specialist, Republican Drug Treatment Centre
- Inna Tkach, Coordinator, UNODC Country Office, Moldova
- Svetlana Plamadeala, Country Manager, UNAIDS, Moldova
- Maya Rybakova, Prevention Coordinator, Coordination Department of the National HIV/AIDS Programme

- Ludmila Marandici, Coordinator, Initiativa Pozitiva NGO
- Vitaliy Rabinchuk, Representative of the community of people who use drugs and leader of the Public Association 'PULS Comunitar'

Members of the Advisory Group were engaged in completing the evaluation sheets and reviewed the assessment results. This assessment was conducted using systematic approach methods, including statistical approaches based on historical data and expert assessments.

A desk review was conducted to analyse the sustainability of the OAT programme within the context of transition from Global Fund support to domestic funding. Alongside the desk review, interviews were conducted with 9 key experts from the following categories:

- two representatives of the government healthcare management system
- two substance use specialists ('narcologists') from OAT sites
- three representatives of NGOs providing psychosocial support services to OAT programme clients in Moldova
- two members of the NGOs representing the community of people who use drugs in Moldova

The author also requested various statistical data from the Republican Drug Treatment Centre and the HIV/AIDS NP Coordination Department.

Two focus groups were conducted in Chisinau and Balti with 12 OAT programme clients. The information collected was entered into the tables of the assessment tool by three main issue areas:

- Policy and Governance
- Finance and Resources
- Services

The assessment was primarily focused on an analysis of the following documents:

- National HIV/AIDS and STI Programmes, 2016–2020²⁷ and 2021–2025²⁸
- National Antidrug Strategy, 2020–2027²⁹
- Republic of Moldova: Assessment of the sustainability of the opioid agonist therapy programme in the context of transition from donor support to domestic funding, 2020, EHRA³⁰
- Republic of Moldova: Assessment of the sustainability of HIV response in key populations in the context of transition from Global Fund support to domestic funding, EHRA, 2021³¹

²⁷ National HIV/AIDS Program for 2016-2020

<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=1>

²⁸ National HIV/AIDS Program for 2021-2025. https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

²⁹ National Antidrug Strategy for 2020-2027 https://www.legis.md/cautare/getResults?doc_id=121214&lang=ru

³⁰ Iatco A. Moldova: Republic of Moldova: Assessment of the sustainability of the opioid agonist therapy programme in the context of transition from donor support to domestic funding. Vilnius, Lithuania: Eurasian Harm Reduction Association (EHRA), 2020 <https://harmreductioneurasia.org/wp-content/uploads/2020/11/OAT-sustainability-assesment-report-Moldova-2020-RUS.pdf>

³¹ Marandic L. Republic of Moldova: Assessment of the sustainability of HIV response in key populations in the context of transition from Global Fund support to domestic funding. Vilnius, Lithuania: Eurasian Harm Reduction Association, 2021

- GAM country report, 2020³²
- Other relevant reports and assessments available.

Three tables of the assessment tool have been compiled based on the information collected, including expert interviews and focus group results. At the final stage, the assessment results were summarised, scores were assigned to measure progress towards the sustainability of the OAT programme by three surveyed thematic areas according to the templates provided in the Guide, and a report with conclusions and recommendations was finalised. The finalised table, with scores for all indicators and benchmarks used within this assessment, is presented at **Annex 2**.

The table below describes the sustainability scale with corresponding percentage values.

Table 3. OAT programme sustainability scale




<i>Scale for status of sustainability</i>	<i>Description</i>	<i>Approximation of the scale as a percentage</i>
High	High level of sustainability with low or no risk	>85–100%
Substantial	Substantial level of sustainability with moderate to low risk	70–84%
Moderate	Moderate level of sustainability, at moderate risk	50–69%
At moderate to high risk	Sustainability at moderate risk to high risk	36–49%
At high to moderate risk	Moderate to low level of sustainability, at high to moderate risk	25–35%
At high risk	Low level of sustainability, at high risk	<25%

The main methodological limitations of the assessment of OAT programme sustainability in Moldova were related to challenges in accessing consolidated annual reports on implementation of the OAT programme in terms of funding and progress in achievement of the programme indicators. Data on programme results are not published or otherwise made available on the websites of the MHSP, RDTC or other official platforms. In light of the different situations in terms of OAT implementation on the right and left banks of the Dniester River (OAT is not available in Transnistria) and the specifics of the methodology, this sustainability assessment was only conducted for the right bank of the Dniester River. Detailed analysis of the OAT programme sustainability in the penitentiary system also requires a separate study.

³² GARPR, GAM reports submitted by countries to UNAIDS
<https://hivfinancial.unaids.org/hivfinancialdashboards.html#>

3. Key results: Policy and governance

3.1. Sustainability review

		2022	2020
Policy and governance		Moderate level of sustainability: 61%	Moderate level of sustainability: 68%
Political commitment		Substantial level of sustainability: 80%	Moderate level of sustainability: 65%
Management of transition from donor to domestic funding		At moderate risk: 42%	Substantial level of sustainability: 71%

Assessment of OAT programme sustainability within the Policy and Governance issue area demonstrates a moderate level of sustainability. In 2020, the sustainability in this area was also rated as 'moderate', coming close to the 'substantial level of sustainability'. Based on the 2022 assessment results, the sustainability in this area has mostly remained at the same level, although the percentage has decreased because of the changes in the component 'Management of transition from donor to domestic funding', for which the score has decreased from 71% to 42%. This decline was largely due to the lack of a plan for OAT programme transition from donor to domestic funding.

In 2022, as well as in 2020, there was political support for the implementation and scale-up of the OAT programme in the country, first from the Ministry of Health, but then also from the Ministry of Internal Affairs/General Inspectorate of Police and the Ministry of Justice as the OAT programme is part of the National Antidrug Strategy for 2020-2027³³. The Ministry of Health has committed to provide OAT services with the relevant clinical protocols approved (National Clinical Guidelines on Opioid Dependence Pharmacotherapy, Ministry of Health 2018³⁴, with a new 2022 version which had not been published when this report was released).

Relevant political commitments related to OAT implementation in Moldova are mostly linked to the political commitments associated with the HIV response within the HIV/AIDS NP. The country receives financial and technical support, in particular from international organisations such as the Global Fund, UNAIDS and UNODC, which strengthens the political will in terms of implementation of the OAT programme and government support from domestic sources. Country grants provided by the Global Fund reflect the country's commitments in terms of components of the HIV response, including OAT implementation and scale-up, and transitioning from donor support to domestic funding.

³³ National Antidrug Strategy for 2020-2027 https://www.legis.md/cautare/getResults?doc_id=121214&lang=ru


³⁴ National Clinical Guidelines on Opioid Dependence Pharmacotherapy, Ministry of Health, 2018 <https://msmps.gov.md/wp-content/uploads/2020/07/14405-Protocol20clinic20OPIACEE202013.pdf>

In 2022, Moldova approved a new HIV/AIDS NP for 2021–2025. Also, in 2021, the country received a grant from the Global Fund within the consolidated proposal for HIV and TB for 2021–2023. The total amount of the funding request was €18,061,192, including €8,662,849 for the HIV component and the remainder for the TB component. This is a favourable factor in terms of sustainability and the planning of funding to implement the OAT programme during 2021–2023 as it is expected that the OAT programme will be further scaled-up geographically and the quality of services will be improved with funding allocated from the State budget (the MHSP and the NHIC).

Table 4. Components of the OAT programme within the HIV/AIDS NP 2021–2025³⁵.

		2021-2025 Source of funding	Key indicator:
Objective: Scale-up of the OAT programme in the civil and penitentiary sectors	Component 1. Advocacy to open new OAT sites	GF	18 new OAT sites, incl. in Transnistria
	Component 2. Procurement of OAT drugs	MoH	
	Component 3. Technical equipment for OAT sites	GF	
	Component 4. Psychosocial support of OAT programme clients	GF	
	Component 5. Advocacy for implementing the OAT programme in Transnistria	GF	

3.2. Political commitment

		2022	2020
Political commitment		Substantial level of sustainability: 80%	Moderate level of sustainability: 65%

The score for this component has increased compared to 2020 due to the fact that in 2022 the Ministry of Justice initiated a procedure to amend the Criminal Code and the Administrative Code, in particular to change the provisions related to drug use and exemption from punishment for the violations of low and moderate severity. When this report was drafted, those amendments were being publicly discussed³⁶. At the initiative of civil society, since July 2022, this topic has been actively discussed by the Parliamentary Commission on Health and Social Protection, within which four working groups were created to cover the following issues:

³⁵ National HIV/AIDS Program for 2021-2025. https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

³⁶ Ministry of Justice of the Republic of Moldova. https://justice.gov.md/ro/content/proiectul-de-lege-pentru-modificarea-unor-acte-normative-modificarea-codului-penal-si?fbclid=IwAR07uUd8q_jTCGdvZvrNNy1eeBz_mbNFS0jwzk7uBTFEnRZC3U_x9d50ctw

- legislative changes in antidrug policies
- revision of the list of narcotic and psychotropic substances and plants
- development of services for people who use drugs
- primary prevention among young people

OAT as part of national strategies

In Moldova, the OAT programme receives sufficient political support from government agencies, including the Ministry of Health, the Ministry of Justice and the Ministry of Internal Affairs. OAT is part of the current policies in line with the approved national strategies on health, drug control, HIV and hepatitis as per WHO recommendations.

- National HIV/AIDS Programme for 2021–2025³⁷
- National Antidrug Strategy for 2020–2027³⁸

The National Viral Hepatitis Programme for 2017–2021 (a new programme has not yet been approved as of the date of this publication)³⁹ also includes OAT services, such as:

- Testing for hepatitis markers among people who use drugs as a risk group
- Distribution of sterile needles and syringes among people who inject drugs
- Provision of substitution therapy to treat drug dependence
- Reduce risky behaviours to avoid HCV and hepatitis B virus (HBV) transmission through injecting drug use

In the Ministry of Health and the Ministry of Internal Affairs, there is a firm understanding that the OAT programme is a part of drug policy and the main method of treating opioid dependence, countering drug use and drug trafficking, which is reflected in the National Antidrug Strategy for 2020–2027 and in the Guidelines for law enforcement agencies on working with populations at high risk of HIV⁴⁰ approved by the General Inspectorate of Police.

The Republican Drug Treatment Center (RDTC) is the body responsible for OAT oversight, coordination and management in Moldova. The RDTC prepares quarterly reports and, at the request of the Ministry of Health and the HIV/AIDS NP Coordination Department, provides analytical information on OAT implementation. RDTC staff, together with the HIV/AIDS NP Coordination Department, plan the scope of OAT medicine use and requests the Centre for Centralised Procurement in Public Health to⁴¹ organise procurement.

³⁷ National HIV/AIDS Program for 2021–2025. https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

³⁸ National Antidrug Strategy for 2020–2027. https://www.legis.md/cautare/getResults?doc_id=121214&lang=ru

³⁹ National Viral Hepatitis Program for 2017–2021.

https://www.legis.md/cautare/getResults?doc_id=101339&lang=ru

⁴⁰ Guidelines for law-enforcement agencies on working with populations at high risk of HIV, General Inspectorate of Police, 2015. <http://uorn.md/materiale-informationale/unodc/>

⁴¹ Centre for Centralised Procurement in Public Health. <http://capcs.md/>

Current legislative support

There are no legislative barriers for OAT service delivery in the country. The national laws allow the use of narcotic drugs and psychotropic substances for medical purposes to relieve pain and physical (mental) suffering related to diseases and/or interventions in line with medical indications based on the Clinical Guidelines approved by the Ministry of Health⁴². However, there are certain indirect barriers related to exercising some human rights, such as the right to work when enrolling in the OAT programme as people have to be registered for further medical follow-up by drug treatment specialists which limits their employment possibilities, travel and leisure time, and does not allow them to drive a car.

“I don't know how they found out that I am in a methadone programme, though I guess I do! First, there were some indirect questions and hints, and then one day I was told I could no longer work at the meat factory, that I was fired. I got in touch with a paralegal, they tried to help me, but at the end I didn't want to do it, I decided to try and find another job. I don't want people to look at me with bias and suspicion.”

Vova, OAT program client, focus group participant

At the same time, despite the fact that de jure current laws do not stipulate criminal liability for the use of drugs and their possession for personal use, relevant regulations (such as Government Resolution No. 79 dated 23.01.2006, 'List of Narcotic Drugs, Psychotropic Substances and Plants in Illicit Trafficking and Their Amounts'⁴³) hinder the implementation of such laws and, in practice, people are held criminally liable for drug use (due to inadequately low amounts of the substances included in the list, which are considered to be stored not for personal use, but for dealing and trafficking).

Support of law enforcement and justice systems

There is no direct opposition to the scale-up of the OAT programme from law enforcement agencies. In 2015, the General Police Inspectorate developed and approved Guidelines for law enforcement agencies working with the populations at high risk of HIV (people who inject drugs, sex workers and men who have sex with men)⁴⁴. In particular, the Guidelines define the role of police in providing access to care and support to drug dependent people through awareness raising and referral to the OAT programme.

⁴² Pharmacological treatment of opiate dependence. National clinical protocol. Chisinau, Moldova; Ministry of Health, 2018.

⁴³ Government Resolution No. 79 dated 23.01.2006, List of Narcotic Drugs, Psychotropic Substances and Plants in Illicit Trafficking and Their Amounts'. https://www.legis.md/cautare/getResults?doc_id=103676&lang=ru

⁴⁴ Guidelines for law-enforcement agencies on working with populations at high risk of HIV. <http://uorn.md/materiale-informationale/unodc/> <http://www.leahn.org/wp-content/uploads/2014/05/Manual-on-police-and-HIV.pdf>

“Chapter IV. Actions of police officers during the arrest

When arresting a person, police officers should:

- a) find out if the detainee is a client of any treatment programme, which institution provides assistance to them and who is the coordinator;
- b) ensure uninterrupted provision of opioid pharmacotherapy, ART, and tuberculosis treatment in accordance with national guidelines approved by the Ministry of Health;
- c) ensure uninterrupted access to HIV support and prevention services, harm reduction, opioid pharmacotherapy, tuberculosis treatment and any other treatment.”

Guidelines for law enforcement agencies on working with populations at high risk of HIV

During 2021–2022, over 400 police officers, including the heads of inspectorates, took part in workshops to launch the above mentioned guidelines (in particular, on the specifics of work with people who use drugs, drug dependence and OAT) organised with the support of UNODC and the HIV/AIDS NP⁴⁵.

Another, not so positive, factor is that OAT is not offered by the criminal justice system as a treatment option, nor as an alternative to incarceration, and probation programmes do not refer people to receive OAT.

Effective governance and coordination

In Moldova, the Ministry of Health is the governance body responsible for OAT oversight and coordination. However, despite all the support, progress and challenges in ensuring OAT sustainability are not being analysed and no recommendations or action plans have been developed to address this issue. The only platform offering regular discussions of OAT issues is the CCM Working Group on HIV/AIDS, but it mostly discusses the issues of geographic coverage. There is no separate authorised body responsible for OAT programme support and development (in particular, in the regions of the country) and oversight of implementation of the OAT guidelines at country level.

The national clinical protocol for opioid dependence treatment was revised in 2018 and 2022 by a group of experts representing the MoH, the RDTC, international organisations and NGOs (the new version developed in 2022 has not yet been published). One of the key steps of such revision was to include buprenorphine as an alternative OAT drug and in optimising the treatment process based on WHO recommendations.

In February 2022, when the Russian invasion of Ukraine started, the MoH, CCM, the RDTC and civil society effectively coordinated their efforts to manage the potential crisis and respond to the growing demand for OAT due to the flow of refugees. As a result, Order No. 195, dated March 2, 2022, was issued to approve an algorithm for providing OAT/ART/TB services to people from Ukraine, and the stock of drugs was evaluated and the required resources were allocated (both by external donors – GF, UNICEF – and from internal funding sources).

⁴⁶ Information from a key expert.

Engagement of civil society, including OAT clients, in OAT coordination at the country level

Moldova has effective official procedures to engage civil society representatives, in particular OAT programme clients, in the activities of the CCM and CCM working groups, and in organising regular meetings at the national level. Even though representatives of the non-governmental sector have an opportunity to engage in such processes and the issues proposed by them are included in the agenda of the CCM and CCM working groups, they mostly represent NGOs and, as for OAT programme clients, only those from Balti and Chisinau can participate in such meetings. Also, it applies only to the procedures and practices related to the HIV/AIDS NP and the CCM/CCM working groups, while OAT programme clients do not have an opportunity to participate in the discussion of the implementation of the national programme on hepatitis or drug control.

“The National Antidrug Commission with its membership approved by the Government of the Republic of Moldova which, in particular, includes representatives of civil society and communities of people who use drugs, did not have any meetings during 2021-2022. The work of the Commission remains only formal, as well as the actions stipulated by the Strategy (2020-2027), the objectives of which are, among others, to increase the number of OAT programme clients and retain people in treatment. It should be noted that this policy document, which is one of the key ones in the area of the national drug policy, is not supported by budget allocations, but operates on the basis of an action plan defining the responsibilities and contributions of all parties, from the Government and ministries to non-governmental organisations⁴⁶. This strategy is an important policy document in terms of interaction with law enforcement and judicial systems in the context of OAT implementation support and the need to scale-up the OAT programme in Moldova.”

Information from a key expert

State of progress

- A political dialogue is underway to amend national legislation (the Criminal Code and the Administrative Code) in the provisions related to punishments for the use of narcotic substances, introduction of alternatives to imprisonment as well as revision of the threshold amounts defined in the List of Narcotic Drugs, Psychotropic Substances and Plants in Illicit Trafficking and Their Amounts (Government Resolution No. 79 dated 23.01.2006)⁴⁷;
- NGO representatives are engaged in the coordination of the OAT programme at country level through their regular participation in the activities of the CCM and CCM working groups.

⁴⁶ National Antidrug Strategy, Government of the Republic of Moldova, 2019. https://cancelaria.gov.md/sites/default/files/document/attachments/proiectul_640.pdf <https://cancelaria.gov.md/ro/content/cu-privire-la-aprobarea-strategiei-nationale-antidrog-pe-anii-2020-2027-640mai2019>

⁴⁷ Government Resolution No. 79 dated 23.01.2006 “List of Narcotic Drugs, Psychotropic Substances and Plants in Illicit Trafficking and Their Amounts” https://www.legis.md/cautare/getResults?doc_id=103676&lang=ru

- The country has confirmed its political commitments to ensure the delivery, and the required scale-up, of OAT services by including relevant provisions in the HIV/AIDS NP 2021–2025 and in the country proposal to the Global Fund for 2021–2023 (in particular, to continue the procurement of methadone and buprenorphine from the MoH budget, support of OAT services from the NHIC budget and geographic scale-up of the OAT programme).
- The prompt response to emergency situations (the flow of refugees from Ukraine) and free access to OAT services for non-residents (in this case, OAT programme clients from Ukraine).

Barriers and challenges

- Lack of financial assistance or actions by the Government of Moldova to support the National Antidrug Strategy alongside the 'frozen' work of the National Antidrug Commission in 2020–2022.
- Lack of a department or a governance body responsible for the supervision and coordination of the OAT programme in Moldova, resulting in the lack of effective coordination of OAT programme implementation. Despite the fact that the RDTC is the body responsible for OAT supervision, coordination and management in Moldova, different sources of funding mean different influencing bodies (RDTC, HIV/AIDS NP Coordination Department, Principal Recipient of the Global Fund) and the need for more efforts from the side of the RDTC in an attempt to achieve synergies in coordination of the OAT programme, taking into account the requirements of all parties at the national and local levels.
- There is no M&E plan for OAT, with data for the key indicators recommended by WHO partially collected. It leads to a lack of data that would be used by the management of the HIV/AIDS NP, the RDTC, and the MoH at a strategic level and also at the technical level in order to improve the OAT programme. The most recent substantial assessment of the OAT programme in Moldova was carried out in 2012 by the external consultant, Emilis Subata⁴⁸
- There are no practical mechanisms to ensure direct engagement of clients in OAT programme implementation, coordination and assessment processes.
- There is a lack of political support in Transnistria, which accounts for 15% of the total territory of the country, with an estimated 2,750 people experiencing opioid dependence⁴⁹. The refusal by the authorities of the autonomous region to implement the OAT programme is related to their political considerations and attempts to coordinate their actions with the public health policies of the Russian Federation. Currently, there is no possibility to advocate for OAT programme implementation in Transnistria (the left bank of the Dniester River).

⁴⁸ Subata E. Evaluation of Opioid Substitution Therapy in the Republic of Moldova. Chisinau, Moldova; Centre for Health Policy and Analysis (PAS), UNODC, WHO, 2012.

⁴⁹ Coordination unit of the national programme for prevention and control of HIV/AIDS and STIs, Dermatology and Communicable Diseases Hospital. Estimating the size of people who inject drugs, female sex workers, and men who have sex with men in Republic of Moldova. Chisinau, 2020. https://sdmc.md/wp-content/uploads/2021/01/National_size_estimation_RM_report_22_01_2021-ENGL.pdf


Transition impact

- In the past two years, there have been no processes in the country to plan for the transition of the OAT programme to domestic funding, which significantly influences the attitudes of the actors making decisions on programme organisation and implementation, especially at the local level (city hospitals). Such a situation is observed despite the fact that the previous assessment demonstrated that after the allocation of funding from the NHIC budget, the OAT programme was perceived more as an integral part of the drug treatment system.
- The processes of psychosocial support for OAT programme clients transitioning to domestic funding are delayed or 'frozen'.

Opportunities and the way forward

- Revitalise/renew the activities of the National Antidrug Commission, ensure financial support and effective coordination of the national drug policy, in particular the OAT programme, at the level of the Commission.
- Ensure that OAT programme representatives are engaged in the process of developing/reviewing the national OAT guidelines. Create special mechanisms to ensure the direct engagement of clients in OAT programme implementation in Moldova.
- Create an authorised organisation, department or governing body responsible for oversight and coordination of the OAT programme in Moldova.
- Carry out systematic assessments of the OAT programme and develop a M&E plan for OAT to ensure the effective implementation and collection of information based on key indicators, including those recommended by WHO. At the same time, there is a need to conduct an assessment of the drug treatment system to identify its strengths and weaknesses, in particular in terms of reforming and implementing the OAT programme.

3.3. Management of transition from donor to domestic funding

		2022	2020
Management of transition from donor to domestic funding		At moderate risk: 42%	Substantial level of sustainability: 71%

Over the past two years, this indicator has been most affected and vulnerable. Its vulnerability is mostly due to the lack of a transition plan for this period and stagnation in transitioning certain OAT components, such as the funding of psychosocial support in the OAT programme, from Global Fund support to domestic funding as well as stagnation of the geographic scale-up of the OAT programme. However, it is important to note the sustainability of transition in terms of financing health services from the NHIC budget and the procurement of OAT drugs from the MoH budget. But since these components were already well supported from domestic sources during the previous assessment (2020), the current assessment showed a decrease in this indicator based on the evaluation of progress in funding psychosocial support within the OAT programme from the state budget.

Availability of a plan of OAT transition from donor to domestic funding

The transition plan stipulated in the HIV/AIDS NP expired in 2020 (it was developed for 2018–2020⁵⁰), while a new transition plan has not been developed. A decision was made to use the National HIV/AIDS Programme for 2021–2025 as a transition plan. The programme budget reflects, in particular in terms of its timeline and sources of funding, government commitments to support the delivery of services from domestic funds: to procure OAT drugs from the MoH budget and to cover medical services from the NHIC budget. Despite the fact that the HIV/AIDS NP as well as the relevant budget were developed as a result of broad consultations with all stakeholders and meet the Global Fund co-financing requirements, the programme budget does not include transition of psychosocial support for OAT programme clients from donor to domestic funding⁵¹.

Table 5. Sources of funding for psychosocial support within the OAT programme in the budget of HIV/AIDS NP 2021-2025

Funding source / No. of clients	2021	2022	2023	2024	2025
Global Fund	772 people	965 people	1,351 people	-	-
Other sources	-	-	-	-	-
Deficit	-	-	-	1,544 people	1,930 people

The Global Fund grant to Moldova for 2021–2023 does not stipulate the allocation of financial, technical or human resources to plan and ensure transition of psychosocial support within the OAT programme to domestic funding. Other donors (UNAIDS, Soros Foundation Moldova) have continued supporting the sustainability of HIV/AIDS NP, in particular HIV prevention for key populations, including OAT, by providing advocacy grants or technical support to NGOs.

Supporting OAT integration into the national health systems

The CCM is the body responsible for overseeing the OAT transition to domestic funding in Moldova. As there is no transition plan in the country, over the past two years there have been no discussions within the CCM or relevant working groups on the possibility of the current costs for psychosocial support covered by the Global Fund transitioning to domestic funding. The CCM working groups, among others, discuss the issues of quality and geographic accessibility of OAT services. Representatives of the RDTC management team take part in the activities of the CCM working groups. Civil society representatives are engaged in the relevant processes and can inform OAT programme clients about progress made, while OAT programme clients, especially from regions other than Chisinau, do not have this opportunity.

⁵⁰ Transition Plan of the HIV/AIDS NP for 2016–2020, approved by the CCM on March 15, 2017 <http://ccm.md/node/1>

⁵¹ HIV/AIDS NP budget for 2021-2025.

State of progress

In order to ensure the sustainability of activities when developing the HIV/AIDS NP for 2021–2025, a decision was made to create an operational plan instead of a transition plan, in particular for the OAT programme, for this period. However, such an operational plan has not yet been developed. Due to this reason, the score for transition sustainability in this assessment has been decreased from high (71%) in 2020 to moderate, close to the low level of sustainability (42%) in 2022.

However, there are no major issues with the transition of the OAT programme from donor support to domestic funding in Moldova⁵². The current OAT programme is co-financed by the MoH and the NHIC. There are challenges related to psychosocial support which is still supported by the Global Fund (in particular for the grant period of 2021–2023) and is only available to clients at 5 OAT sites.

Barriers and challenges

- Lack of a transition or action plan to ensure the transition of all OAT components to domestic funding.
- No defined or functioning mechanism to provide psychosocial support to OAT programme clients and to ensure allocation of state funding for this purpose.
- Sustainability of the psychosocial support component is not on the agenda of transition, with discussions conducted at the level of the CCM working group on HIV/AIDS, which is the only platform to plan and coordinate OAT programme activities (CCM operational level)⁵³, but which does not have the necessary influence on decision making.
- Lack of an updated methodology to calculate the cost of OAT services, both for medical and psychosocial support components.

Transition impact

- Transition to domestic funding helped to create a favourable legal environment to ensure OAT implementation through funding by the NHIC and the procurement of OAT drugs covered by the MoH.
- The CCM working group on HIV/AIDS was regularly discussing the scale-up of the geographic coverage of OAT services.
- NGOs play an important role and have a strong impact on the processes of OAT programme implementation and transition, even unregulated.

⁵² Information from key experts.






⁵³ Website of the Country Coordinating Mechanism, <http://ccm.md/node/1>

- Representatives of people who use drugs and OAT programme client communities are part of the CCM and the CCM working group and are also active members of the KAP Committee who have a strong voice at all levels in the platforms related to decision making in the area of HIV/AIDS and TB.

Opportunities and the way forward

- An intersectoral working group should be created at the RDTC level to coordinate the OAT processes in Moldova, including OAT launch, scale-up, funding, integration, monitoring and evaluation.
- An operational plan is to be developed to ensure the sustainability of the OAT programme in Moldova, with sources of funding to cover psychosocial support and with a focus on the period of 2024-2025, which is not covered by the current Global Fund grant.
- There is a need for advocacy for the implementation of such an operational plan, in particular at the level of territorial and administrative units (district hospitals).
- The issues of OAT programme coverage and quality improvement should be integrated within the issue of its sustainability at the level of the MoH, the RDTC, and the HIV/AIDS NP.
- The methodology to calculate the cost of OAT services should be updated, both for medical services and for psychosocial support.
- There is a need to consider the possibility of creating a single body to ensure coordination of the OAT programme at national level (maybe at the RDTC level); oversight of transition and sustainability; implementation of effective M&E mechanisms; integration with other health services and national programmes (TB, hepatitis); and partnership with NGOs and communities to provide comprehensive services.

4. Key results: Finance and resources

		2022	2020
Finance and resources		Substantial level of sustainability: 79%	Substantial level of sustainability: 72%
Medications		High level of sustainability: 92%	Substantial level of sustainability: 77%
Financial resources		High level of sustainability: 88%	Substantial level of sustainability: 79%
Human resources		Moderate level of sustainability: 56%, bordering on moderate risk	Substantial level of sustainability: 70%
Evidence and information systems		Moderate level of sustainability: 68%, bordering on moderate risk	Moderate level of sustainability: 62%

As for this component, there is a positive dynamic in three indicators (1, 2 and 4) in terms of sustainability compared to the 2020 assessment results, while there is a significant decrease in the sustainability of the indicator 'Human resources', from 70% to 56%. The total result for the above indicators shows a growing sustainability for the issue area 'Finance and resources'.

4.1. Medications

		2022	2020
Medications		High level of sustainability: 92%	Substantial level of sustainability – 77%

Transition from Global Fund support to domestic funding at the level of political commitment led to a need to plan allocations for the OAT programme from the NHIC budget. In 2018, the guiding principles of implementing the Unified Compulsory Medical Insurance Programme to provide OAT services to all clients, whether or not they have insurance certificates, were revised. According to such principles, OAT services can be provided by any specialised health facility which includes such services in its contract with the NHIC.

While in 2020, when the previous assessment was conducted, methadone was procured from the state budget and buprenorphine was covered from the Global Fund grant, in 2022 the country was allocating money for the procurement of both drugs from the state budget/funds of the MoH.

Table 6. Planning financial costs to procure OAT drugs in Moldova within the HIV/AIDS NP for 2016–2020/2021–2025 from the MoH budget⁵⁴

Activities (2019-2023)	Budget (MDL ⁵⁵)						
	2019	2020	2021	2022	2023	2024	2025
Procurement of OAT drugs: methadone	1,596,237	1,730,272	1,149,312	1,349,040	1,836,096	2,035,824	2,524,632
Procurement of OAT drugs: buprenorphine	0	0	562,600	703,250	984,550	1,125,200	1,406,500

Starting from 2021, buprenorphine for the OAT programme has been procured from the MoH budget for the right bank of the Dniester River⁵⁶.

Table 7. Actual expenses of the OAT programme during 2019–2021 (procurement of OAT drugs) from the MoH budget⁵⁷

	2019 (MDL)	2020 (MDL)	2021 (MDL)
Methadone	577,781.72	456,640.18	574,231.68
Buprenorphine 2mg	24,609.12	490,970.8	46,306.09
Buprenorphine 8mg	78,479.57	233,667.02	181,367.42
Dosage devices		33,120.00	
Total	680,870.41	1,214 398.00	801,905.19

OAT drugs are included on the List of Essential Medicines. The MoH procures OAT drugs for the right bank of the Dniester River with state budget funds through the Centre for Centralised Procurement in Public Health, which is a strong factor in terms of sustainability⁵⁸.

The process of planning and procurement of OAT drugs in Moldova is defined in the Regulations of the Centre for Centralised Procurement in Public Health for national programmes.

⁵⁴ National HIV/AIDS Program for 2016–2020

<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=1>; National HIV/AIDS Program for 2021–2025 https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

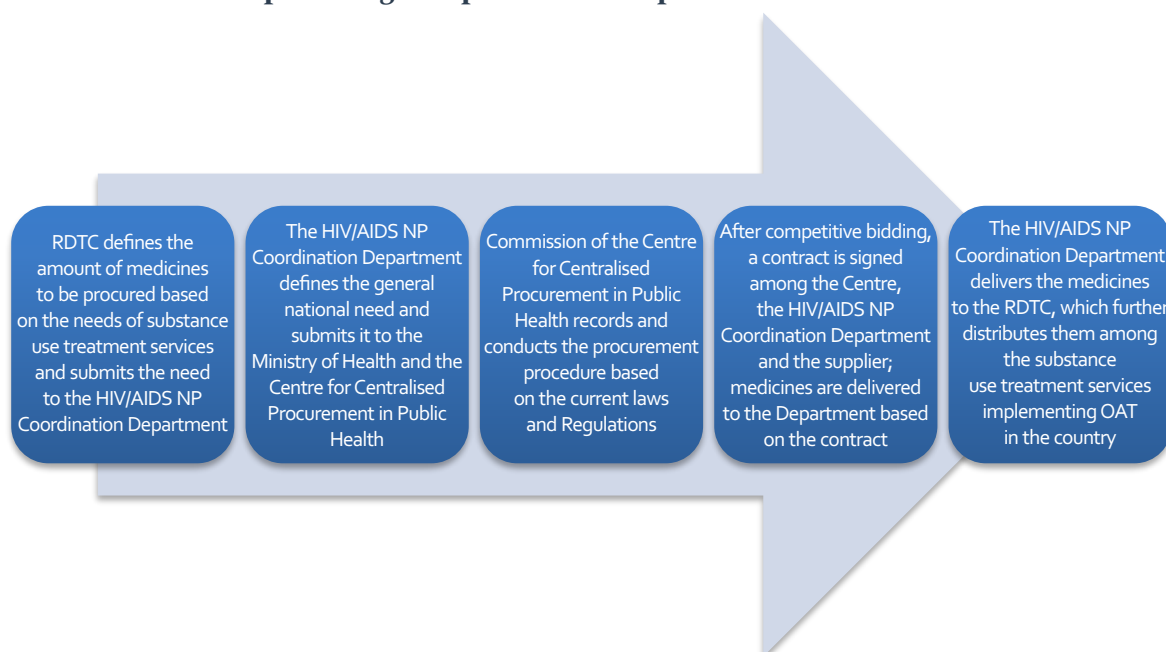
⁵⁵ 1 USD = 19.40 MDL, 1 EURO = 18.85 MDL (15.10.2022)

⁵⁶ Information from a key expert

⁵⁷ Data of the HIV/AIDS NP Coordination Department

⁵⁸ Website of the Center for Centralized Procurement in Public Health <http://capcs.md/>

Figure 2. OAT medicine planning and procurement process in Moldova



Thus, the RDTC assesses and plans the amount of medicines required, based on the needs of cities, and then submits a request to the HIV/AIDS NP Coordination Department, which, in turn, submits the needs for OAT and ART drugs to the MoH.

There were no interruptions in the supply of OAT drugs in the period covered by this assessment (2021–2022). A case was documented when a district substance use centre suspended the delivery of methadone to programme clients in June 2022 in Ungheni due to delays in stock revision.

“In the morning, we came to the site at our local hospital as usual, but we were told that there was no methadone and if we wanted they could give us buprenorphine tablets, some people took them. But we were also told that when switching to buprenorphine you have to follow certain rules, so we refused. We called some friendly NGOs and they contacted the drug treatment centre in Chisinau. On the second day, we were able to get our medicines.”

OAT client, Ungheni

In October 2022, there was a meeting of a CCM working group on HIV/AIDS where the RDTC announced the need to replenish the supplies of buprenorphine by the end of the year due to the fact that more clients were receiving buprenorphine (their number increased from 31 in 2021 to 77 in 2022) and buprenorphine was made available in more cities, while the HIV/AIDS NP Coordination Department expressed its concerns because of the increasing prices for buprenorphine. It was decided that a new batch of drugs would be procured by the end of 2022 from the MoH budget based on the needs submitted by the RDTC. It resulted in reduced dosages of buprenorphine handed out to OAT programme clients in Chisinau.

Table 9. Increase in the price of buprenorphine and methadone procured in 2022⁵⁹

Buprenorphine, package N7	Procurement price, February 25, 2022 (MDL⁶⁰)	Procurement price, November 17, 2022 (MDL)
2 mg	43.82 MDL	47.82 MDL
8 mg	78.75 MDL	84.70 MDL
Methadone	Procurement price, March 29, 2022	Procurement price, November 17, 2022
1,000 mg	513.34 MDL	554.40 MDL

State of progress

- Liquid form of methadone and buprenorphine tablets are used in the OAT programme in Moldova.
- OAT drugs are included on the List of Essential Medicines and procured from the MoH budget.
- The national clinical treatment protocol was revised in 2022 with an improved description of buprenorphine administration.
- OAT drugs are procured through the Centre for Centralised Procurement in Public Health.

Barriers and challenges

- There are no major barriers or challenges in the supply of drugs for the OAT programme in Moldova on the right bank of the Dniester River.
- However, there is no positive prognosis on OAT implementation on the left bank of the Dniester River.
- There are no strategic approaches to planning or evaluating the stock of OAT drugs.
- Increasing prices for OAT drugs in 2022 required a prompt response to meet programme needs.

Transition impact

- Transition to domestic funding allowed the clear definition of the sources of funding for the procurement of OAT drugs (Ministry of Health), the procurement procedures and the institutions responsible for planning and procuring OAT drugs.

⁵⁹ Data of the HIV/AIDS NP Coordination Department.

⁶⁰ 1 USD = 19.40 MDL, 1 EURO = 18.85 MDL (15.10.2022).

- Transition to domestic funding helped to build the capacity of the RDTC and the HIV/AIDS NP Coordination Department in assessing and planning the procurement of medicines from public funds for the OAT programme by implementing their direct roles and responsibilities within the procurement processes. No capacity building has been observed at the level of district hospitals implementing the OAT programme.
- There are some improvements in the communication and interaction of government agencies with the community of people who use drugs in the area of OAT drug procurement. The community takes an increasingly active advocacy role, acting as a link between programme clients and people/institutions making procurement-related decisions.

Opportunities and the way forward

- As well as in 2020, there is still a need to develop Standard Operating Procedures/Guidelines defining and describing the steps in planning and organising the procurement of OAT drugs, with timelines and a clear division of the duties among the RDTC, district drug treatment services, the HIV/AIDS NP Coordination Department, and the Principal Recipient of the Global Fund to avoid any risks related to delays in drug supply and treatment interruptions (as in March 2020 due to the COVID-19 pandemic).
- A mechanism should be developed to ensure the strategic evaluation of the needs for OAT drugs and stock monitoring to be used both by the RDTC and by district drug treatment services;
- Monitoring of the prices for OAT drugs by the RDTC.

4.2. Financial resources

		2022	2020
Financial resources		High sustainability: 88 %	Substantial sustainability: 79%

In the context of analysing this indicator that measures the sustainability of financial resources for OAT, documentary evidence supports the fact that methadone and buprenorphine have been included on the list of reimbursable drugs to be funded from the national budget (MoH) (100%) and that OAT services are now part of the state-guaranteed package of healthcare services available to people without health insurance (100%). Starting from 2016, the OAT programme has been operating through targeted funding from the NHIC, and this arrangement is still in effect. Meanwhile, the procurement of OAT medications is financed from the MoH budget for the right bank of the Dniester River for the period of the HIV/AIDS NP, 2021-2025, and from the Global Fund grant for the left bank for the period of 2021-2023. According to plans, the fit-out and equipment costs for 18 new OAT sites to be opened within the five-year period of the HIV/AIDS NP (2021-2025), as well as psychosocial support for OAT clients, and advocacy for OAT implementation on the left bank of the Dniester River, will be covered by the Global Fund grant. The detailed distribution of costs by source of funding is shown in the table below.

Table 10. Distribution of the planned budget allocations for the OAT programme under the HIV/AIDS NP for 2021-2025

		Coverage and Cost by Year	Total Clients	2021, Clients	2021, Clients	2023, Clients	2024, Clients	2025, Clients	2021/ MDL	2022/ MDL	2023/ MDL	2024/ MDL	2025/ MDL	Total MDL
Methadone procurement (cost of medicine and delivery)	1 752,00 MDL ⁶¹ per client, per year	Total Need	12,920	656	820	1,148	1,312	1,641	1,149,312.00	1,436,640.00	2,011,296.00	2,298,624.00	2,875,032.00	9,770,904.00
		In the Programme	584	656	820	1,148	1,312	1,641	1,149,312.00	1,436,640.00	2,011,296.00	2,298,624.00	2,875,032.00	9,770,904.00
		MoH	10,170	656	770	1,048	1,162	1,441	1,149,312.00	1,349,040.00	1,836,096.00	2,035,824.00	2,524,632.00	8,894,904.00
		Local Transnistria Administration		0	0	0	150	200	0.00	0.00	0.00	262,800.00	350,400.00	613,200.00
		Global Fund, left bank	2,750	0	50	100	0	0	0.00	87,600.00	175,200.00	0.00	0.00	262,800.00
Buprenorphine procurement (cost of medicine and delivery)	4850,00 MDL per client, per year	Total Need		116	145	203	232	290	562,600.00	703,250.00	984,550.00	1,125,200.00	1,406,500.00	4,782,100.00
		In the Programme		116	145	203	232	290	562,600.00	703,250.00	984,550.00	1,125,200.00	1,406,500.00	4,782,100.00
		MoH		116	145	203	232	290	562,600.00	703,250.00	984,550.00	1,125,200.00	1,406,500.00	4,782,100.00
Equipment for OST sites – computers, safe lockers, dosage devices, etc.	34 773,52	Total Need		2	4	4	2	2	69,547.04	139,094.08	139,094.08	77,830.72	84,648.17	510,214.09
		In the Programme		2	4	4	0	0	69,547.04	139,094.08	139,094.08	0.00	0.00	347,735.20
		Global Fund, right bank		2	3	3	0	0	69,547.04	104,320.56	104,320.56	0.00	0.00	278,188.16
		Global Fund, left bank		0	1	1	0	0	0.00	34,773.52	34,773.52	0.00	0.00	69,547.04
		Deficit		0	0	0	2	2	0.00	0.00	0.00	77,830.72	84,648.17	162,478.89
Psychosocial support for OAT clients	542,00 ⁶²	Total Need		772	965	1,351	1,544	1,930	418,424.00	523,030.00	732,242.00	836,848.00	1,046,060.00	3,556,604.00
		In the Programme		772	965	1,351	0	0	418,424.00	523,030.00	732,242.00	0.00	0.00	1,673,696.00
		Global Fund, right bank		772	915	1,251	0	0	418,424.00	495,930.00	678,042.00	0.00	0.00	1,592,396.00
		Global Fund, left bank		0	50	100	0	0	0.00	27,100.00	54,200.00	0.00	0.00	81,300.00
		Deficit		0	0	0	1,544	1,930	0.00	0.00	0.00	836,848.00	1,046,060.00	1,882,908.00
Advocacy for OAT promotion in the Transnistria region (left bank of the Dniester River) – two round table discussions	44360,00	Total Need		1	0	0	0	0	44,360.00	0.00	0.00	0.00	0.00	44,360.00
		In the Programme		1	0	0	0	0	44,360.00	0.00	0.00	0.00	0.00	44,360.00
		Global Fund, left bank		1	0	0	0	0	44,360.00	0.00	0.00	0.00	0.00	44,360.00
		Deficit		0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00

⁶¹ 1 USD = 19.40 MDL, 1 EURO = 18.85 MDL (15.10.2022)

⁶² Report on the costs of HIV prevention and KP support programs, Public Institution. Coordination, Implementation and Monitoring Unit of Health System Projects, 2017. <http://ucimp.md/images/pdf/costificareaserviciilordeprevenirehiv.pdf>

An important aspect in the financing of OAT services by the NHIC is that it allocates funds for the number of visits per client based on the unit cost, which amounts to 50 Moldovan Lei per client visit. At the end of each year, the NHIC signs contracts for the following year with health care facilities to finance a pre-defined number of visits, based on the needs assessment of the health care facility concerned. In 2022, just as in 2021 and in 2020, the NHIC signed a contract with the RDTCC for 31,120 visits by OAT programme clients and the total funding amount of 1,556,000 Moldovan Lei⁶³. This method of calculation was acceptable, at a minimum, until the beginning of the COVID-19 pandemic, because during this period, health care facilities had to reduce the number of client visits and dispense two-week supplies of medication to programme clients, which affected the number of visits within a particular health care facility and, accordingly, funding levels. This fact had a negative impact on the budget of the OAT programme, but it had a positive effect on the satisfaction levels of OAT programme clients.

During the COVID-19 pandemic in 2020, the RDTCC decided to dispense one-to-two weeks of medication to programme clients for take-home use. This led to a decrease in the number of client visits, thus cutting down OAT funding for health care facilities from the NHIC. Due to this, the take-home treatment regimen became no longer financially motivating for health care facilities, and most programme clients had to go back to the previous arrangement and pick up their medication on a daily basis within the existing substance use treatment service in 2022. Despite the fact that this decision was also based on other arguments (increase in the number of overdoses among OAT programme clients, including fatalities; deterioration of their health; information from the police about cases where programme clients sold their OAT drugs), the price of services provided by the NHIC, based on the number of client visits, most likely was one of the strongest arguments in favour of curbing the practice of dispensing drugs for take-home use.

State of progress

- The country has committed to co-funding OAT in accordance with Global Fund policy; both OAT medications are included on the lists of reimbursable drugs to be funded from the state budget in Moldova (MoH).
- OAT services are now part of the state-guaranteed package of healthcare services available to people without health insurance (except psychosocial support services).

Barriers and challenges

- Existing public funding is aimed at supporting low coverage of services (no more than 14.9% of the estimated number of opiate users in 2021–2025). Additional funding will be required to ensure a higher coverage rate and the country should be ready to plan for, and allocate, such funds through the existing and/or alternative funding mechanisms.
- Existing public funding is calculated based on the number of client visits, which in some cases prevents programme clients from exercising their rights to access take-home medication.

⁶³ Website of the Republic Drug Treatment Centre, <http://imspdrn.md/contractare-cnam/>

- No mechanism has been developed to fund from the national budget psychosocial support efforts for OAT programme clients. This component is still supported by the Global Fund and is mostly implemented by NGOs.
- There is no clear vision on the sources of funding to implement OAT services on the left bank of the Dniester River. There is a need to establish a mechanism for government funding of the OAT services and the procurement of OAT drugs for the programme to be implemented on the left bank. The funds of the NHIC, or the MoH, will not be sufficient to financially cover OAT services on the self-proclaimed autonomous territory, so local funding mechanisms should be identified and established well beforehand. In 2022, new difficulties emerged in the interaction between the Dniester River banks due to regional political events.


Transition impact

- The financial sustainability of the OAT programme in the period covered by this analysis (2021-2022) has become less dependent on donor and international support.
- It is important to consider the financial vulnerability of the psychosocial component as being a risk. With a lengthy period of implementation for this scenario, potential risks include loss of focus and relevance of psychosocial services; loss of existing political support for this component, at least by the RDTC; as well as a loss of human resources and motivation at the level of NGOs involved in providing psychosocial support to the clients of the OAT programme.

Opportunities and the way forward

- Consider early implementation of OAT (starting from 2023) with video monitoring to maintain funding based on the number of client visits (doctor interactions) at all OAT programme sites operating in the country.
- Develop a public funding plan for higher service coverage (at least 20% of the estimated number of opiate users in 2021–2025).
- Identify alternative funding mechanisms for the psychosocial component of the OAT programme including, but not limited to, NHIC resources.

4.3. Human resources

		2022	2020
Human resources		Moderate level of sustainability: 56%, bordering on moderate risk	Substantial level of sustainability: 70%

Based on the evaluation results, this indicator within the 'Finance and Resources' area is the most vulnerable in terms of sustainability, with a significant downward trend. The possibility of

prescribing OAT in Moldova is limited to a narrow circle of specialised medical professionals ('narcologists'), while there are insufficient human resources available in the format of non-medical staff, i.e. psychologists, social assistants and peer counselors. Physicians from other specialties (such as family doctors, psychiatrists) are not offered the opportunity, support or training to prescribe OAT and/or manage OAT clients. Also, the substance use treatment system is centralised within the public health framework, whereas private health care providers are unauthorised to prescribe OAT. In Moldova, the OAT programme is implemented only by public health care providers.

As of the time of this assessment, most OAT sites were operating from the substance use treatment units of municipal/district hospitals and the RDTC in Chisinau. The latter provides methodological oversight for all drug treatment services, but has no direct administrative role in terms of service delivery, staffing or infrastructure maintenance. Substance use specialists involved in the OAT programme perform a broader range of tasks and duties that are within the scope of their job description⁶⁴:

- outpatient and inpatient treatment of people with alcohol and substance use disorders;
- registration/medical examination of people with alcohol and substance use disorders;
- medical check-up of people who request certificates from substance use specialists (such as for getting a driving license, employment, etc.);
- forensic examination of people detained by police (drug use examination).

The National Clinical Guidelines on Opioid Dependence Pharmacotherapy approved by the MHSP in 2018 regulates the need for human resources when implementing OAT. A standard team involved in providing OAT services consists of:

- a substance use specialist;
- a nurse;
- a psychologist;
- NGO-based employees responsible for providing social support to OAT clients, including a social assistant (with a university or college-level degree), a social worker and a peer counselor.

Table 11. Staffing of substance use treatment services as of September 01.09.2022⁶⁵

Position	Total persons	Positions occupied	Script functions
Physicians	55	60.0	77.5
Nursing staff	69	74.0	107.75
Psychologists	6	6.5	8.0
Social workers	1	1.0	1.25
Peer counselors	1	0.75	1.0
Total	132	142.25	195.5

⁶⁴ Information from interviews with key experts.

⁶⁵ Republican Drug Treatment Centre.

The country faces the need to staff the OAT programme with relevant specialists (in some cities, the operation of such a programme cannot be organised due to the lack of substance use specialists⁶⁶). There are discussions around the need to increase the salaries of health workers to motivate them to improve OAT services, similar to when OAT was financed by the Global Fund with the medical staff of OAT sites receiving additional bonuses on top of their salaries from the project budget⁶⁷. Although these bonuses are no longer paid, nursing staff view OAT services as complicated and demanding work that merits additional incentives, rather than as part of their key duties and responsibilities.

The staff training system is only partially sufficient for the sustainable implementation of the OAT programme in Moldova due to the following factors:

- the system produces a limited number of substance use specialists;
- the majority of active substance use specialists are of pre-retirement or retirement age;
- narcology, for the most part, is introduced as toxicology;
- present-day programmes, dependence therapy and interventions, including OAT, are labour-intensive and require significant effort;
- continuing education is not available to everyone, particularly in over the past two years (because of the COVID-19 pandemic).

In spite of this, there is a collegial exchange of information, mutual support, and friendly supervision between active physicians. The most experienced doctors supervise newly established sites. There is a reported case where a doctor from Chisinau prescribes treatment to programme clients residing in another city, with the medication being dispensed by a nurse in the city of residence (Orhei case, where the local substance use physician refused to administer OAT for a long period of time). In two other cities, the OAT sites closed (Sorooca in 2019 and Rezina in 2021) due to the unwillingness of the substance use specialists to administer OAT. The level of professional training for health workers involved in the OAT programme varies from city to city. There are advanced training courses organised by the Nicolae Testemitanu State University of Medicine and Pharmacy (based on the Attestation/Professional Training Plan for substance use specialists comprising 250 mandatory training hours over a five-year period). The National Association of Psychiatrists and Narcologists ensures that medical workers participate in international workshops set up with the support of international partner organisations, such as UNODC and UNAIDS, or within regional projects, in particular those supported by the Global Fund.

⁶⁶ Information from interviews with key experts

⁶⁷ Ibid.

In response to this situation and with a view to improving it (the lack of specialists in the field of dependence and substance use is accounted for by the geographic expansion and the increase in the coverage of the OAT programme), it is important to leverage the resources and capacity of community mental health centres operating at the primary care level in all territorial-administrative units in Moldova. These centres are staffed by multidisciplinary professional teams which include:

- psychiatrists;
- psychotherapists;
- substance use specialists;
- psychologists;
- social assistants;
- nurses.

These centres were established in 2014 in primary health care settings (family medicine centres) in 40 cities of Moldova and they provide specialised outpatient services, day services, and mobile services for home-based assistance in crisis situations. When evaluating the possibility of providing OAT services by these institutions, it is worth analysing if their services are available to people who have no mandatory health insurance (as is the case for most OAT programme clients) and if it is possible to apply for the service without a referral from a family doctor (which may act as a barrier for some OAT programme clients).

State of progress

There is no observable progress towards greater sustainability for this indicator. Based on the results of the 2020 sustainability analysis for the OAT programme, there is a 14% decrease in the level of sustainability. This drop in the indicator is accounted for by no change or progress in providing medical institutions involved in implementing the OAT programme with sufficient numbers of substance use specialists and non-medical staff. The evident shortage of human resources prevents OAT services from achieving the planned coverage target (14.9%)⁶⁸. This situation is also perpetuated by the fact that physicians in other specialties (such as family doctors, psychiatrists) are not provided with opportunities, support and training to prescribe OAT and/or manage OAT programme clients, whereas private health care providers are not authorised to prescribe OAT. Although the RDTC continues to provide methodological oversight for all substance use services nationwide, this agency has no direct administrative role in terms of service delivery and organisation, nor OAT staff training and education.

⁶⁸ National HIV/AIDS Programme for 2021–2025. https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

As a positive aspect to the sustainability of this component, it is important to note the ongoing dialogue about the possible and essential interaction between the OAT programme and community mental health centres. In the future, these centres may become crucial links in the framework of medical and psychosocial services for people with dependence issues, in particular OAT programme clients.

Barriers and challenges

- OAT is not prescribed by family physicians or other primary care providers.
- OAT drugs are not dispensed by pharmacies, even though this might contribute to the scaling-up in the availability and accessibility of OAT services.
- There are not enough substance use specialists, especially within drug treatment services in urban areas, or non-medical staff, such as psychologists, social assistants and peer counselors.
- The administration of territorial hospitals, within drug treatment services, involved in implementing the OAT programme do not include or request funding for non-medical professionals (psychologists, social assistants, social workers and peer counselors) as part of the annual budget planning process.
- There is no interaction or collaboration between drug treatment services and NGOs involved in implementing OAT and community mental health centres.

Transition impact


OAT issues are integrated into the professional training of health workers, especially substance use specialists (at medical universities and advanced training courses). Personnel training, including exposure to the WHO guidelines on OAT and interaction with NGO representatives, has helped to raise awareness of health workers and reduce stigma against people who use drugs. At the same time, while transitioning to domestic funding, medical personnel training and maintaining high professional qualifications and standards for physicians will continue to largely depend on the support of donors and international organisations. This is especially relevant when conducting workshops involving international experts and in ensuring the participation of national specialists in international conferences. Thus far, no public funding has been made available for these purposes.

Opportunities and the way forward

- Strengthen the role of the RDTC as a unit responsible for providing methodological and technical assistance and supervision to drug treatment services in the country's territories/districts. There is a need to set up a framework of supervision by RDTC specialists, especially for the staff of newly established sites, sites planned for opening, as well as currently operating sites.

- Develop a mechanism of decentralisation to implement the OAT programme at the primary health care level, including through community mental health centres.
- Analyse the possibility of dispensing OAT drugs through pharmacy chains linked to a doctor's prescription. This arrangement would contribute to the further scaling-up of the geographic availability and physical accessibility of OAT services.
- Recommend that the administrations of territorial hospitals, within the drug treatment services, involved in implementing the OAT programme should include and request funding from the National Health Insurance Company for psychosocial services and non-medical specialists (psychologist, social assistant, social worker and peer counselor) as part of the annual budget planning process.

4.4. Evidence and information systems

		2022	2020
Evidence and information systems		Moderate level of sustainability: 68%, bordering on moderate risk	Moderate level of sustainability: 62%

The evaluation of this indicator within this assessment, as well as the results of the 2020 sustainability analysis, shows that there is little progress in terms of ensuring the sustainability of the evidence collection framework. As for the situation with data collection in accordance with national requirements for client data protection, the analysis shows positive results.

In terms of M&E, it is important to note that in 2021, a register of OAT clients was created and started to operate within the RDTC. This database makes it easy for participants to access services in different regions of the country (if they relocate to another region, go on vacation or a long business trip) without any major bureaucratic obstacles, and for physicians to obtain information about dosage regimens and the specific needs of programme participants. But so far, not all OAT sites have been connected to this database (only Chisinau-based sites).

Within the OAT monitoring system used for programme management in Moldova, there is a quarterly statistics form used to report on the OAT programme. The RDTC prepares annual reports in the national language on the key indicators, which are submitted to the MoH and the HIV/AIDS NP Coordination Department. On the institution's website, only the annual reports on RDTC/Chisinau activities can be found, without any data on the other districts and municipalities⁶⁹. Collection of data for the table recommended for use as part of the methodology of this study was made possible through some experts from the Advisory Group (this data is unavailable in the public domain).

Table 12. Key indicators of OAT programme implementation for the last three years and for the current year⁷⁰

	2018	2019	2020	2021
Coverage, including women				
Estimated number of people with opioid dependence	19,300	19,300	12,920	12,920
Estimated number and percentage of women with opioid dependence	n/a	n/a	n/a	n/a
Number of OAT programme clients	498	522	564	569
Number and percentage of female OAT programme clients	55/11%	51/9.8%	63/11.2%	57/10%
OAT coverage (% of people with opioid dependence)	3%	3%	4.4%	5.5%
OAT coverage among women with opioid dependence	n/a	n/a	n/a	n/a
OAT coverage based on the WHO scale: low <-- 20% <-- moderate --> 40% --> high	low	low	low	low
Number of people with opioid dependence registered in government-supported institutions	3,610	3,682	3,379	3,255
OAT coverage among people with opioid dependence registered in government-supported institutions (%)	13.80%	14.20%	16.70%	17.50%
Geographic coverage				
Number of OAT sites	9	9	9	11
Share of administrative regions where the OAT programme is operating	8 of 34	8 of 34	8 of 34	10 of 34
OAT integration				
Share of the OAT sites offering integrated HIV/TB/HCV services	2	2	2	2
Number of clients receiving OAT services in specialised government-funded drug treatment centres	2	2	2	2
Number of clients receiving OAT in specialised drug treatment centres	217	250	269	277
Number of OAT sites providing services in primary health care settings	Not applicable			
Number of clients receiving OAT in primary health care settings	Not applicable			
Number of people receiving OAT in places of confinement (including pre-trial detention centres) as of the end of the reporting period	66	72	99	106

n/a = data not available, no assessment conducted.

n/a* = not available as data is collected on a quarterly basis.

n/a** = not available as data is collected on an annual basis.

⁷⁰ Data from the Republic Drug Treatment Centre.

In terms of M&E, it is also noteworthy that there is no one designated and authorised agency, department or management body that is solely responsible for supervising and coordinating the development of the OAT programme in Moldova. The RDTC covers only Chisinau, while the MoH has a broader mandate. Thus, at the country level, the implementation of the programme is uneven, both in terms of quality, accessibility and funding. There are documented situations in 3 cities (Soroca, Orhei and Rezina), where the local substance use physicians in two of them refused to implement the OAT programme in 2021, and even if the RDTC provides methodological assistance, its impact is insignificant because at the city level the substance use treatment services report to the hospital administrations.

There is no M&E plan for the OAT programme, only indicators included in the HIV/AIDS NP are available, whereas data is partially collected based on the key indicators suggested by WHO. The latest comprehensive evaluation of the OAT programme in Moldova was conducted in 2012 (by Emilis Subata)⁷¹. During the period analysed, the OAT programme was evaluated only once, in 2021, in terms of client satisfaction, led by the community of people who use drugs, the Public Association 'PULS Comunitar', in collaboration with the Centre for Health Policies and Studies (PAS Centre) with the support of EHRA funded by the Robert Carr Civil Society Networks Fund (RCNF)⁷². The results of this assessment were discussed at the national level, including being presented to members of the working group analysing access to services for people who use drugs established by the Parliamentary Commission on Social Protection, Health and Family, and members of the CCM working group on HIV/AIDS. Since the report is still quite recent, it is impossible to assess the implementation of recommendations at this point. In this regard, success will also depend on the intensity of advocacy efforts by communities and civil society organisations. The local academic community is poorly involved in conducting research on OAT in the country.

The national policy is to maintain the confidentiality of client data in the OAT programme. Related data is stored appropriately to ensure protection of client data, i.e. it is kept confidential, is not shared outside of the health care system without the consent of the OAT client, is properly protected, and there have been no known breaches of confidentiality or unauthorised access in the past year.

State of progress

- In 2021, a database with information about OAT clients was created and started to operate. This database makes it easy for OAT programme clients to access services in different regions

⁷¹ Subata E. Evaluation of Opioid Substitution Therapy in the Republic of Moldova. Chisinau, Moldova; PAS Centre, UNODC, WHO, 2012.

⁷² Public Association 'PULS Comunitar'. OST Client Satisfaction Assessment in the Republic of Moldova, 2021.

of the country (if they relocate to another region, go on vacation or a long business trip) without any major bureaucratic obstacles, and for physicians to obtain information about the dosage regimens and the specific needs of programme clients. So far, only the Chisinau-based OAT sites have been connected to this database.

- There is little progress in terms of establishing a sustainable evidence collection framework and implementing an M&E system. There is no M&E plan for the OAT programme, only indicators included in the HIV/AIDS NP, whereas data is partially collected based on the key indicators suggested by WHO.

Barriers and challenges

- There is no one designated and authorised agency, department or management body that is solely responsible for supervising and coordinating the development of the OAT programme in Moldova.
- Poor planning for improving the OAT programme by the HIV/AIDS NP, the RDTC, and MHSP leadership, both at the strategic and technical levels.
- Lack of regular comprehensive evaluations of the OAT programme in Moldova.
- The local academic community is poorly involved in conducting research on OAT in the country.

Transition impact





- Community and client evaluation of the OAT programme in Moldova is gaining traction in practice and being used by the community of people who use drugs to strengthen advocacy for the quality and sustainability of the OAT programme.
- Funding for tools and mechanisms to evaluate the effectiveness of the OAT programme is available only from international donors.
- Organising a M&E system at national and local levels represents a crucial and relevant need for ensuring sustainable transition.

Opportunities and the way forward

- Create an effective and modern M&E system for the OAT programme to be financed through public funding. However, it is also extremely important to attract international financing for such components as evaluating service quality, social and economic efficacy, and the number of potential OAT programme clients.

- Integrate all OAT sites operating in Moldova into a unified register to ensure that programme clients have access to treatment regardless of location or during cross-country migration, as well as service effectiveness and interaction between physicians.
- Conduct a comprehensive evaluation of the OAT programme in Moldova on a regular basis (at least once every two years).
- Annually publish OAT implementation outcomes and reports in the national language on key indicators, including targets (progress or regression). Apply M&E results at the strategic and technical level to improve OAT outcomes.

5. Key results: Services

Services		2022	2020
		Moderate sustainability: 64%	Moderate sustainability: 57%
Availability and coverage		At moderate to high risk: 42%	At moderate risk: 37%
Accessibility		Substantial sustainability: 83%	Moderate sustainability: 69%
Quality and integration		Moderate sustainability: 67%	Moderate sustainability: 66%

Similarly, based on the 2020 evaluation results, the sustainability of the implementation of the OAT programme in Moldova within the 'Services' area is assessed as moderate. The most problematic areas are still the availability and coverage of the OAT programme (42%), especially comprehensive support services, including psychosocial support, as well as geographic coverage and scale-up. The acceptability of the programme for the target group was not assessed separately, but the results of focus groups conducted as part of this evaluation show that the scale-up of the implementation of the OAT programme is limited by the low popularity and attractiveness of these the programme among people who use drugs.

Table 13. Total number of OAT programme clients, 2017-2021

	2017	2018	2019	2020	2021
Estimated number of people who inject drugs	10,170. ⁷³			27,500. ⁷⁴	
Those covered by OAT	497	498	522	564	569
Including those in confinement	No data available	No data available	69	99	102

Although there are no legal barriers that limit access to the OAT programme, and the law allows the use of narcotic drugs and psychotropic substances for medical purposes to relieve pain and physical (mental) suffering associated with illness and/or interventions, according to medical indications based on the clinical protocol approved by the Ministry of Health⁷⁵, as of the time of this analysis, there was no discernable progress in terms of service delivery compared with 2020.

⁷³ Centre for Health Policies and Studies. Estimated number of PWID, SW and MSM in Moldova, 2017. <https://pas.md/ru/PAS/Studies/Details/70>

⁷⁴ Coordination Unit of the National Programme for Prevention and Control of HIV/AIDS and STI, Dermatology and Communicable Diseases Hospital. Estimating the size of people who inject drugs, female sex workers, and men who have sex with men in the Republic of Moldova. Chisinau, 2020. https://sdmc.md/wp-content/uploads/2021/01/National_size_estimation_RM_report_22_01_2021-ENGL.pdf

⁷⁵ MHSP. National Clinical Protocol for Pharmacological Treatment of Opioid Dependence, 2018.

One of the objectives of OAT identified in the HIV/AIDS NP 2021-2025 is to expand, strengthen and support the OAT programme, including those sites operating within the penitentiary system (18 new sites). Current data shows that this target is difficult to achieve as of 2022, with a total of 10 cities and 13 correctional facilities in the country where OAT sites were operating funded by the NHIC, the MoH and partially by the Global Fund (psychosocial component). The analysis shows geographic expansion trends in three cities on the right bank of the Dniester River during 2021-2022 (Orhei, Anenii Noi and Calarasi).

The HIV/AIDS NP for 2021–2025 and the Global Fund grant also provide for the development of a national budget funding mechanism for OAT psychosocial services, through accreditation of NGO services and their financial support. In general, in recent years, a fairly stable retention of clients enrolled in the programme has been observed, with the retention rate averaging 65%⁷⁶.

Within the OAT programme in Moldova, this evaluation reports no cases of exclusion from the programme due to alcohol or illicit and psychoactive substance use, which is consistent with the provisions of the national clinical protocol that recommends an increased dose of daily OAT medication if additional substance use is indicated.

According to focus groups conducted as part of this evaluation, attitudes by law enforcers representing the General Inspectorate of Police and other agencies of the Ministry of Internal Affairs show their growing awareness of the significance of the OAT programme, with people who use drugs being referred to NGO-based harm reduction programmes or OAT.

“I have less trouble with the police than with my doctor. Sometimes I think they understand me better. I can't find common language with my substance use treatment doctor. He always knows best, says he knows better than me how I feel, and the right dose I would be comfortable with. Meanwhile, the police never bother me, if I don't break any rules. Sure thing, if I step out of line, they can call me to account, but I guess they are supposed to be doing that”.

Vladimir, focus group participant

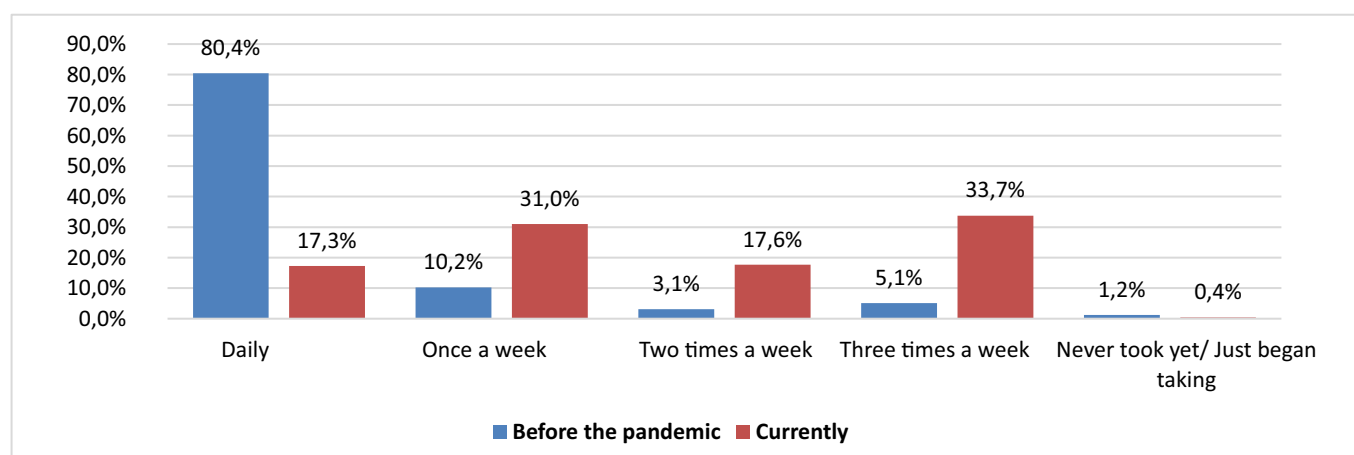
Another constraint in the development of the OAT programme is that there is no mechanism in Moldova for undergoing rehabilitation from drug dependence as an alternative to imprisonment and punishment for drug-related offenses, or the possibility of OAT being prescribed by family doctors in primary health care settings as mentioned above.

The clinical protocol for OAT revised in 2018 provided for a procedure for picking up medications for home-based self-administration. During the COVID-19 pandemic, 100% of clients of OAT sites

⁷⁶ Data from the Republican Drug Treatment Centre.

across the country were dispensed take-home medications (from a few days' to a week's supply) for self-administration. All focus group participants pointed out that the COVID-19 epidemiological situation had a favourable impact on the situation of OAT programme clients, since the majority of them became able to pick up their take-home doses for a few days to a week or even 2 weeks (in Chisinau). Before the pandemic, 80.4% of OAT programme clients picked up their drugs on a daily basis, whilst during the pandemic only 17.3% did so. Currently, about 51% of programme clients are dispensed medication for self-administration 2-3 times a week, whereas 31.0% report picking up their medication once a week. It should be noted that in two sites (Ungheni and Edinet), programme clients continued to pick up their medication daily at the OST site, even during the COVID-19 lockdown restrictions⁷⁷.

Chart 1. Frequency of medication intake in the OAT programme⁷⁸



At the same time, during 2021-2022, medical staff of the Chisinau and Balti-based OAT sites reported an increase in overdoses among OAT clients and other negative effects associated with methadone injection⁷⁹. In the aftermath (for reasons, among others, including some economic concerns, i.e. funding from the NHIC based on the number of visits), in 2021, most sites switched some clients back to daily dosage regimens, which is still reflected in the high dissatisfaction levels among clients. The vast majority of clients (83.1%) would prefer the medication dispensing process adopted during the pandemic, i.e. less frequent point-of-care intake (and, hence, fewer point-of-care visits)⁸⁰.

Almost all OAT sites are administered on an outpatient basis, with only detoxification courses available at inpatient settings. In 2022, discussions began regarding the possibility of remote video

⁷⁷ Public Association 'PULS Comunitar'. OST Client Satisfaction Assessment in the Republic of Moldova, 2021.

⁷⁸ Ibid.

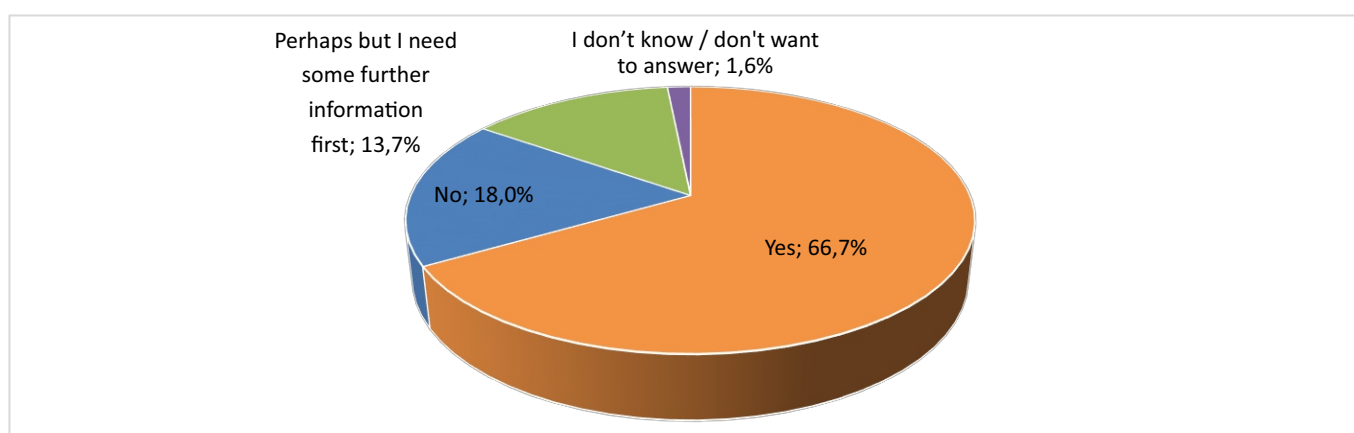
⁷⁹ Information from interviews with key experts.

⁸⁰ Public Association 'PULS Comunitar'. OST Client Satisfaction Assessment in the Republic of Moldova, 2021.

monitoring of the medication intake process for OAT clients, similar to the methodology used for TB treatment in Moldova. This initiative has come from the Centre for Health Policies and Studies and the RDTC.

Two out of three respondents would agree to take medications remotely, with video or live streaming of the intake process for medical staff, whereas another 13.7% would agree to this strategy, but they need some further information⁸¹.

Chart 2. Access to remote treatment with video surveillance



The OAT programme in Moldova is available only at the level of drug treatment services within government-supported medical institutions (the specialised health care level). OAT cannot be accessed through primary care facilities, including family medicine centres, or private sector providers, including NGOs. NGOs only provide psychosocial support. Meanwhile, OAT cannot be obtained by prescription from a substance use specialist ('narcologist') through pharmacies, and this possibility is not even discussed at this point.

At the same time, OAT is available to people who use opioids that are under arrest, in pre-trial detention or serving a sentence, if people request this service⁸².

State of progress

- Under discussion is the possibility of remote video monitoring of the medication intake process for OAT clients and the development of a policy on this, similar to the methodology adopted for TB treatment in Moldova.
- Under consideration is the practice of dispensing take-home medications for a few days to a week or even two weeks for self-administration.

⁸¹ Ibid.

⁸² Information from interviews with key experts.

- Regular review of the protocol for the OAT programme in the country, at least every two years (the 2022 review included a description of the operational process for transferring clients from methadone to buprenorphine).
- OAT in Moldova is becoming less high-threshold, with no reported cases of clients being excluded from the programme due to their alcohol or illicit and psychoactive substance use.
- Improved relationships between OAT clients and law enforcement officials.

Barriers and challenges

- Low level of coverage by the OAT programme.
- No access to OAT through primary health care facilities, including family medicine centres, NGOs and pharmacies.
- Incapacity to implement OAT on the left bank of the Dniester River, both in civil and penitentiary sectors.
- Rigid policy for dispensing OAT medications (from the perspective of clients); a long period of time from OAT initiation to clients having access to take-home doses (4 months).
- Inadequate popularisation of OAT among medical staff, substance use specialists, as well as communities of people who use drugs, and potential OAT clients.
- No mechanism is available in Moldova for undergoing drug treatment as an alternative to imprisonment and punishment for drug-related offenses.

Transition impact

- No significant impact on the coverage of the OAT programme; the number of clients remains at a stable but low level.
- An insignificant increase in geographic coverage on the right bank of the Dniester River, with no OAT sites operating in the Transnistrian region (in both the civil and penitentiary sectors).
- The programme is just “floating adrift”, with no planned and coordinated actions being undertaken to increase coverage.

Opportunities and the way forward

- The growing influence of OAT programme clients on the process of scaling-up coverage and increasing popularisation of OAT among people who use drugs.
- Promotion of OAT among medical staff, substance use specialists, as well as communities of people who use drugs, and potential OAT programme clients.

- Analysis of the possibility of access to OAT through primary health care facilities, including family medicine centres, NGOs and pharmacies.
- Revising the mechanism for dispensing OAT medications, such as reducing the decision-making period for dispensing take-home doses from four to one month.
- Introducing remote video monitoring of medication intake for OAT clients at all points of programme delivery.

5.1. Accessibility

		2022	2020
Accessibility		Substantial sustainability: 83%	Moderate sustainability: 69%

The increase in the sustainability level for this component compared to the 2020 assessment results is based on the growth of two key indicators:

- Achieving targeted geographic coverage: the goal stated in the HIV/AIDS NP is to cover 18 new cities with the OAT programme;
- Allowing illicit drug use (after induction) as part of the OAT programme, without excluding clients from the programme.

In Moldova, OAT is offered as a free treatment option for any person regardless of their health insurance coverage and this practice will continue in the future, as providing care to people with dependence issues, including OAT, is part of the package of services provided by the state through the Unified Health Care Programme⁸³. According to the latest reports from the OAT programme, as well as care providers, communities and clients, there are no waiting lists to enroll onto the OAT programme. Based on the National Clinical Protocol for the Treatment of Opioid Dependence, indications for OAT are only an established diagnosis of opioid dependence syndrome and age over 18 years. The protocol is consistent with the WHO clinical guidelines and includes specific sections on the needs of particular groups, such as women, pregnant and breastfeeding mothers, as well as clients living with HIV, together with people with a history of comorbid psychiatric disorders and individuals with multiple drug dependence. With regards to adolescents, the protocol does not include those under 18 years of age, unlike the WHO Guidelines⁸⁴. The national protocols establish no requirements preventing people with no history of dependence treatment and drug rehabilitation from joining the programme, i.e. participation in the OAT programme requires no proof of prior unsuccessful attempts at treatment.

⁸³ Unified Health Care Programme. <http://www.cnam.md/?page=38>

⁸⁴ WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence, pp. 49-52.

However, despite these facts and the increase in sustainability based on this indicator (from 69% to 83%), the geographic coverage of the OAT programme at the country level (34 territorial-administrative units, excluding Transnistria) is low, as shown in Table 14, below.

Table 14. Geographic coverage and reach of the OAT programme in Moldova⁸⁵

	HIV/AIDS NP for 2016-2020		HIV/AIDS NP for 2021-2025	
	Planned	Actual 2020	Planned	Actual 2022
Geographic coverage (administrative units)	13	8	18	10
Reach (based on the estimated numbers)	4.2%	2.9%	7.0 % (2022) 14.9% (2025)	5.5%

According to the group of experts involved in this assessment, the capacity for providing OAT in Moldova is not sufficient to ensure satisfactory coverage and full accessibility of services, due to:

- the lack of local willingness to initiate and implement the OAT programme in health care facility settings in many cities;
- the lack, or insufficient number, of substance use specialists in district hospitals across the country;
- the lack of regulations regarding non-medical staff participation in OAT at the level of district hospitals in the country and limited availability of psychosocial support services; and,
- the low popularity of the OAT programme among people who use opiates due to a combination of factors (record keeping policies, myths and certain practices of OAT clients).

Focus groups with OAT programme clients and dialogue with substance use specialists ('narcologists') have helped to identify adverse practices, i.e. medication resale; improper administration of daily prescribed doses; parallel use of illicit drugs; client drugs being taken away by force; and violence by users not involved in the programme (lurking and waiting "in ambush" with the intent to take away the drug):

"Our guys just don't want to tell the doctors that there are some people who use drugs out there lurking outside the service delivery site with the intent to bully other clients into giving away their drugs. They're afraid that they will be transferred to the daily intake of medication. These people suffer, demand higher doses, and get abused by other users."

Roman, focus group participant

⁸⁵ HIV/AIDS National Program for 2016-2020

<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=1>; HIV/AIDS National Program for 2021-2025 https://www.legis.md/cautare/getResults?doc_id=130469&lang=ro

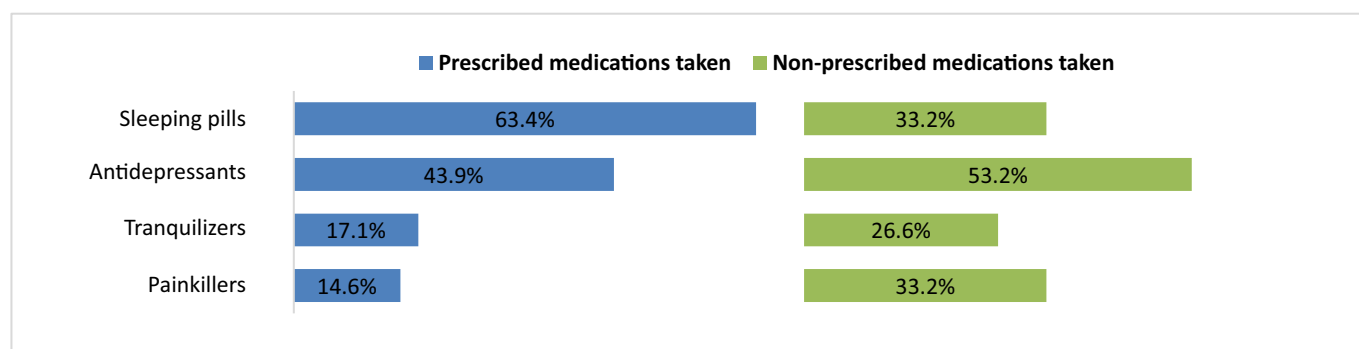
Illicit drug use is not a practice that necessitates exclusion of clients from the OAT programme, but rather points to the need for implementing specific support measures, i.e. the re-adjustment of the prescribed dosage and increased psychosocial support based on a personalised approach. The problem is that psychosocial support is not available everywhere, or is available in a limited package of services, i.e. access to a peer counselor or a social worker once-a-week or even once every two weeks, with no access to a psychologist; hence, the substance use specialist is unable to take collegial decisions with the team, which impacts dose adjustment or take-home dosage decisions. Over the past two years, there have been reported cases of physicians refusing to transfer programme clients from methadone to buprenorphine within the OAT programme, giving as the reason either that the drug was unavailable (although it was at all times available for ordering through the RDTC) or that the transition process was painful for the client; but most commonly such refusals were explained by the physician's lack of experience with the second drug and the risk of easier “diversion” from the site (in the case of buprenorphine tablets).

“We have guys who didn't enrol in the programme, well, because it's “beneath their dignity”. But they wait “in ambush” every morning near the service delivery site to take away the drugs from the weaker ones who can't stand up for themselves. They take the drugs away, while the client is left with nothing for the next few days, suffering or making up stories for the doctor, so the doctor doesn't trust us. It's our own fault! It's applicable not to all of us, definitely not to me...! But Sasha is doing a good thing, a real lifesaver, he escorts the guys to the trolleybus stop to make sure that they get on without any incident and nothing gets taken away from them along the way!”

Nikolai, focus group participant

Only 5.9% of program participants said they also took some other prescribed medications, whereas 16.1% reported taking some additional medications without a doctor's prescription⁸⁶. While sleeping pills (63.4%) and antidepressants (43.9%) were the most commonly prescribed medications, antidepressants (53.2%) were taken without a doctor's prescription⁸⁷.

Chart 3. Additional medications taken



⁸⁶ Public Association 'PULS Comunitar'. OST Client Satisfaction Assessment in the Republic of Moldova, 2021

⁸⁷ Ibid.

Focus groups participants in Balti and Chisinau continue to complain, as they did in 2020, about the hours of operation of the OAT sites. In Chisinau, OAT sites are open from 07:30 to 15:00, five days a week, and three hours a day at weekends. In Balti, programme clients reported weekly access to services between 08:00 and 10:00, and only one hour a day at weekends⁸⁸. This factor affects the ability of OAT clients to find employment.

In Moldova, OAT clients also have access to needle/syringe exchange.

State of progress

- Availability of data from people who use drugs and community-based evaluations of OAT the programme and its use in advocacy for OAT quality and accessibility;
- “Ambitious planning” for broader geographic coverage of OAT services under the HIV/AIDS NP for 2021-2025 (18 new OAT sites), which should make the OAT programme more accessible;
- In Moldova, OAT is offered as a free treatment option for any person regardless of health insurance coverage, and this practice is sustainable; and,
- Growing sensitivity of substance use specialists to practices and situations that adversely affect OAT programme clients, i.e. no recorded cases of clients being excluded from the programme.

Barriers and challenges

- The working hours of most OAT sites should be modified to better suit the needs of clients;
- Buprenorphine is not widely used in all cities where the OAT programme is running, i.e. access to this drug is reported by clients from only 60% of OAT sites;
- The dose adjustment process is not always responsive to wishes and circumstances of clients (from the perspective of programme clients);
- Some existing practices (diversion and resale of drugs by programme clients; drugs being taken away by force; and violence by users not involved in the programme) affects the physician's decisions regarding take-home dispensing and dose adjustment;
- Lack of a mechanism/tool for protocol implementation evaluation; and,
- No tools for clients to report issues or rights violations whilst participating in the OAT programme.

Transition impact

- “Ambitious planning” for a broader geographic coverage of OAT services under the HIV/AIDS NP for 2021-2025 with 18 new OAT sites, as a result of planned advocacy activities under the Global Fund grant.

⁸⁸ Focus group data.

Opportunities and the way forward

- «Review the working hours of OAT sites to match the needs of clients and budget (public funding) for additional hours of work by medical staff;
- Wide application of buprenorphine in all cities where the OAT programme is running; transfer of good practices from practitioners in Chisinau and Balti to the doctors based in other cities;
- Improve doctor-client cooperation and communication, including dose adjustment and take-home dispensing practices;
- Eradicate the existing rogue practices (diversion and resale of medication by clients; medication being 'hijacked' from programme clients by people not involved in the programme);
- Develop a mechanism/tool for assessing protocol implementation progress and documenting existing practices; strengthen the role of the RDTC in monitoring and supervising of the OAT programme; and,
- Develop tools that enable clients to report issues and rights violations during involvement in the OAT programme.

5.2. Quality and integration

		2022	2020
Quality and integration		Moderate sustainability: 67%	Moderate sustainability: 66%

In general, based on the assessments conducted in 2020 and 2022, this area shows essentially the same level of sustainability, but the following two indicators indicate a critical decrease:

- Benchmark C3.1: Adequate dosage of methadone/buprenorphine is foreseen in national guidelines and the practice is in line with WHO guidance. There is a decrease in the sustainability score based on this indicator from 75% to 67%. It is related to a mass reduction in buprenorphine dosages in the third quarter of 2022 due to a limited supply of medication (the situation is described in this report under, 'Finance and Resources/Medications').
- Benchmark C.3.3: A high proportion of OAT sites are integrated and/or cooperate with other services and support continuity of care for HIV, TB and drug dependence. There is a decrease in the sustainability score for this indicator from 65% to 50%. The assessment of this indicator specifically took into consideration the interrelationship and integration of the OAT programme with TB treatment services; this integration is observed only at one OAT site (in Chisinau), while in other cities there is no such relationship, even if the OAT and TB treatment programme are provided at the same health facility. The experience of providing isoniazid preventive therapy (IPT) to OAT programme clients living with HIV at the municipal level in Balti was interrupted in 2020 due to no access to IPT for this category of programme client.

For one indicator, there is a significant increase to report:

- Benchmark C.3.2: The OAT programme is based on a maintenance approach and has a high retention of users. There is an increase in the sustainability score based on this indicator from 71% to 100%. Key experts and OAT participants in Moldova rated the programme as supportive on a long-term basis, rather than as short- or medium-term treatments.

The OAT programme in Moldova adheres to the recommendations of the national clinical protocol that was developed based on WHO guidance. The national protocol recommends a methadone dose of 60-120mg's per day and a buprenorphine dose of 16mg's per day. The average methadone dose for 170 clients at one site in Chisinau (205 clients in total) for the first nine months of 2022 exceeds 60mg's⁸⁹:

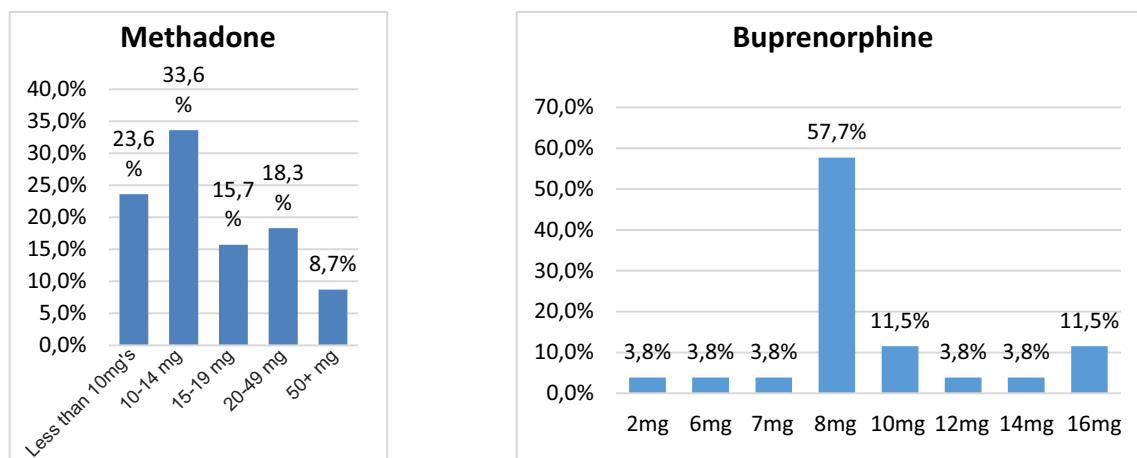
- Less than 50mg's (10ml): 13%
- 50-70mg's (10-14ml): 53%
- 75-95mg's (15-19ml): 34%

The average dose of buprenorphine for 35 clients at this site is 8mg's⁹⁰:

- Less than 4mg's per day: 1%
- 8mg's per day: 68%
- 10-12mg's per day: 26%
- 16mg's and above: 5%

Based on the 2021 OST client satisfaction assessment⁹¹, nearly 1-in-4 participants received less than 10ml of methadone daily; a third were on 10 to 14ml; 15.7% on 15 to 19ml; whereas the rest received higher doses. Those taking buprenorphine were more likely to receive a dose of 8mg's (57.7%) (according to the protocol where the normal dose is 4-16mg's per day).

Chart 4. OAT medication dosage received⁹²



⁸⁹ Data from the RDTC.

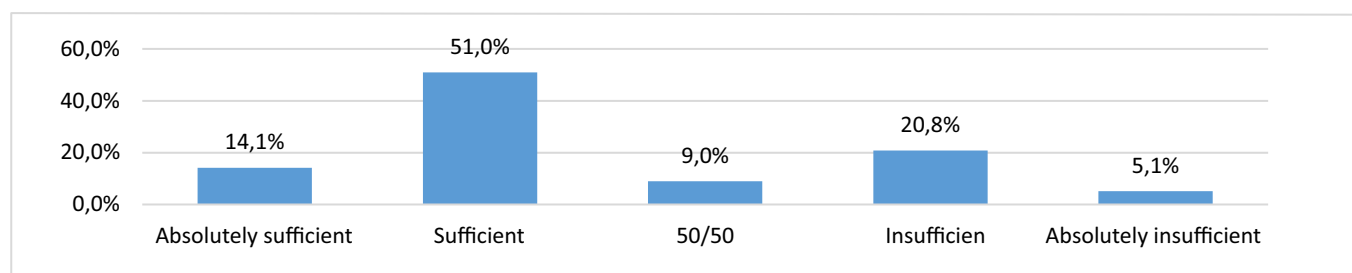
⁹⁰ Ibid.

⁹¹ Public Association 'PULS Comunitar'. OST Client Satisfaction Assessment in the Republic of Moldova, 2021.

⁹² 'PULS Comunitar', Ibid.

Although the majority of programme clients were satisfied with the dose they received (14.1% said it was absolutely sufficient and 51% said it was sufficient), there were still some difficulties in this regard, given that one-in-four programme participants (25.9%) claimed that the dose received were currently insufficient.

Chart 5. Satisfaction with the OAT dose received⁹³



It is important to note that buprenorphine is used at only 6 sites (2 in Chisinau, Balti, Falesti, Orhei, and Ungheni).

In the case of illicit drug use, the protocol recommends that the dosage or the treatment approach be revised. But the requirements laid down in the national regulatory document are not met by all OAT sites. Last year, there were reports of consistent non-compliance with this WHO guidance from participants at several OAT sites where doctors turned down requests by clients for revising dosage, most often upwards, to ensure their normal functioning.

“I wake up in the middle of the night, and every muscle in my body is aching and hurting. The next day I explain to the doctor that I feel bad, but he answers that this just can't be, I don't believe you, you should be fine and dandy with this dose you get. Tell me please, how can I prove to him that I feel real bad and that every night I feel scared going to bed thinking that I will have to experience this pain again?”

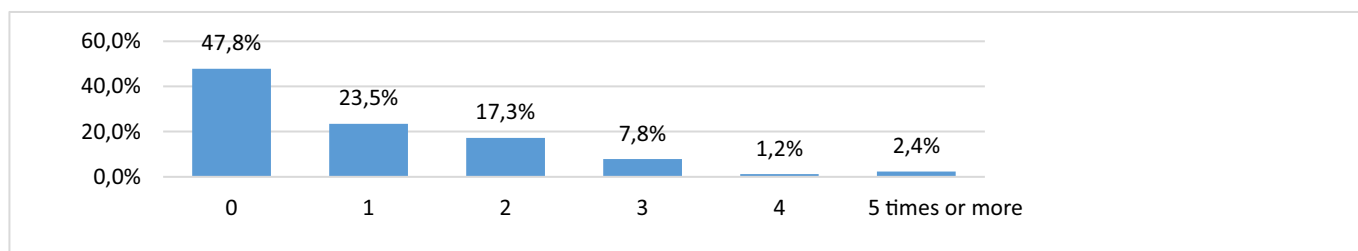
Pyotr, focus group participant

The country's national protocol clearly defines that OAT is aimed at supportive outcomes rather than as short- or medium-term treatment, and there are no reports from community members that this standard is consistently violated across OAT sites. More than half of respondents (52.2%) had participated in the OAT programme at least once, apart from the current intervention, including 28.6% who did so twice or more often⁹⁴.

⁹³ 'PULS Comunitar', Op.cit.

⁹⁴ 'PULS Comunitar', Op.cit.

Chart 5. Number of client OAT interventions



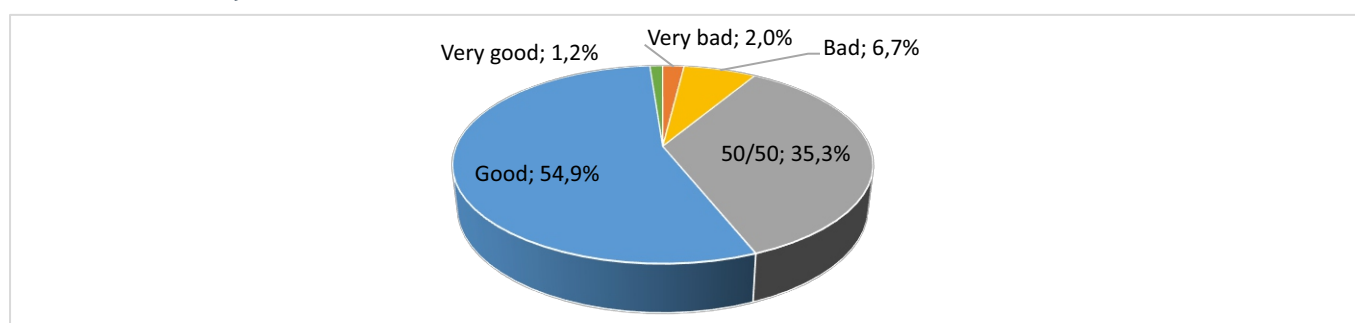
Nine-out-of-ten respondents thought the duration of therapy in the programme was fine, and of the 8.6% who said they were dissatisfied, the vast majority (over 90%) were in favour of a longer option.

A low percentage of OAT sites are integrated into a comprehensive framework and/or interact with other services, in particular those in all other cities covered by the programme, except for Balti and Chisinau. In these 8 cities, there is no framework of the integration or onward referrals, not even with the TB and HIV treatment services, whereas interactions more often take place at the level of personal professional relationships rather than at the level of the entire system.

Integration is most commonly facilitated by employees of the organisations providing syringe exchange, counseling and testing services for HIV/STIs, viral hepatitis, and overdose prevention, i.e. those who actively identify OAT clients and deliver services, often acting as a link between a client and public health and social services.

The quality of medical services provided by the OAT programme is relatively high according to clients, with 56.1% of respondents rating it as good or very good; 35.3% being unable to give a definite answer, choosing the “50/50” option; and another 8.7% evaluating the services provided negatively⁹⁵.

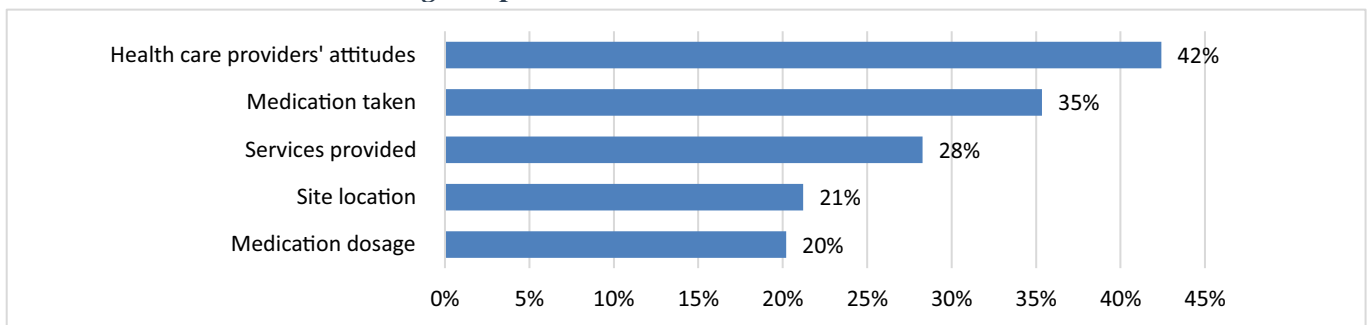
Chart 6. Quality of medical services offered at the OAT site



Obviously, the assessment of services is based on a whole range of issues related to their quality. In Chart 7, some of these aspects are organised based on the proportion of respondents mentioning them. When asked what exactly defined their assessment of OAT services, most respondents mentioned the attitude of health care providers, followed by the medication taken, the services provided, the location of the site, and lastly, the dosage of the medication prescribed.

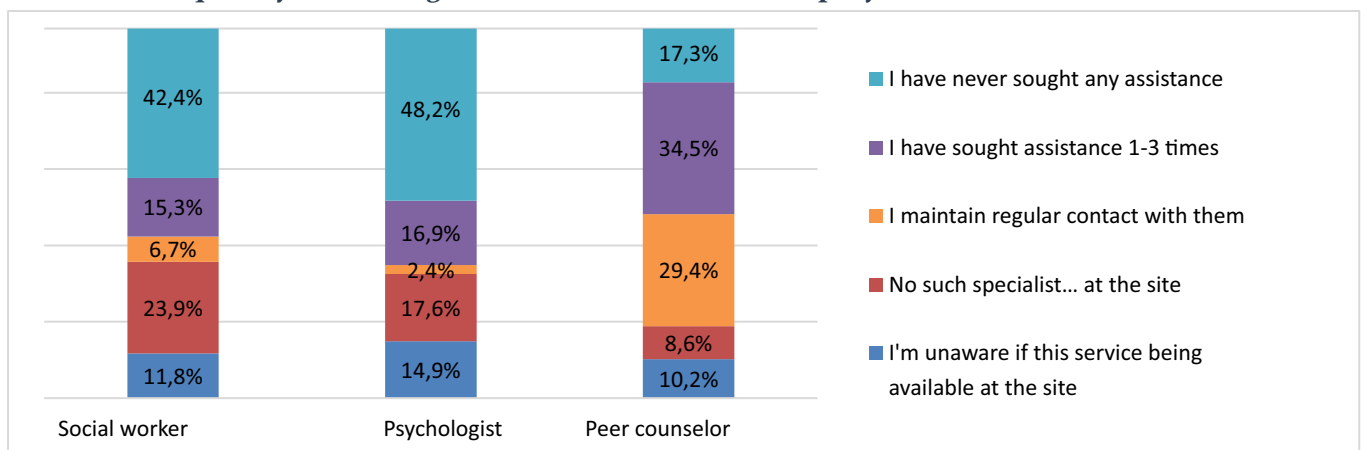
⁹⁵ 'PULS Comunitar', Op.cit.

Chart 7. Factors contributing to a positive evaluation of OAT services



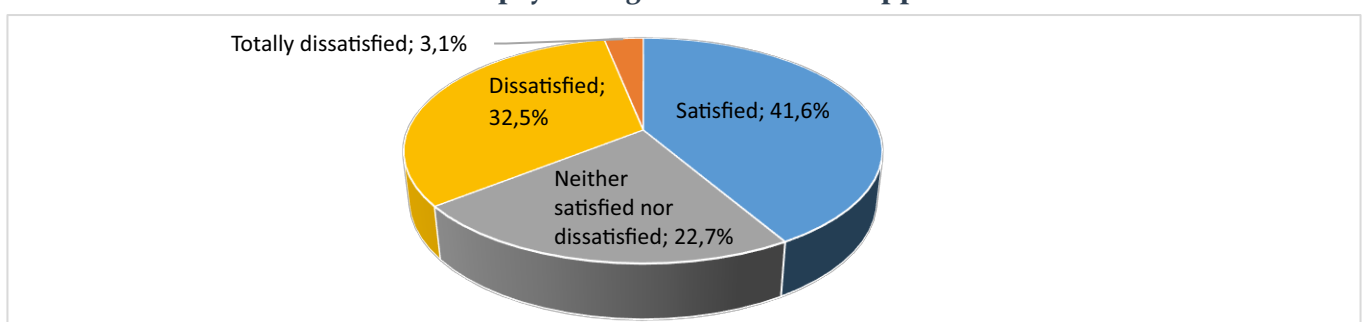
Few respondents use, or are able to use, the services of social workers and psychologists at OAT sites (22% and 19.3%, respectively) where they are available. 35.7% and 32.5%, respectively, said that there were no such specialists available (to the best of their knowledge) or that they were unaware that such services were available. A peer counselor was reported as the most visited staff member at a service site, with whom 63.9% of programme participants maintained contact, including 29.4% who did so on a regular basis. At the same time, the absence of a peer counselor as a specialist service provider was reported by a significant number of respondents at 18.8%⁹⁶.

Chart 8. Frequency of seeking services from OST site employees



In assessing the psychological and social support made available at OAT sites, four-out-of-ten clients (41.6%) said they were satisfied, whereas 35.6% were dissatisfied and another 22.7% were unable to make a clear assessment and chose the '50/50' option.

Chart 9. Level of satisfaction with psychological and social support made available at OAT sites



⁹⁶ 'PULS Comunitar', Op.cit.

State of progress

- OAT is aimed at supportive outcomes rather than seen as short- or medium-term treatments, and there are no reports from community members that this standard is consistently violated across all OAT sites.
- The quality of medical services provided by the OAT programme is relatively high according to clients, with 56.1% of respondents rating it as good or very good.

Barriers

- No active component for providing psychosocial support for clients enrolled in the OAT programme.
- A low percentage of clients receiving a supportive (maintenance) dose of buprenorphine $\geq 12\text{mg}'\text{s}$ (68%, 8mg's).
- No mechanisms are in place within drug treatment services to assess or analyse the service quality of the OAT programme, including levels of client satisfaction.
- Low percentage of OAT sites integrated into a comprehensive framework and/or interacting with other services (3 of 11). There is no system in place for integration and onward referrals, not even with TB and HIV treatment services, whereas interactions more often take place at the level of personal professional relationships rather than at the system level.

Transition impact

- The comprehensiveness of OAT services has decreased during the transition process.
- No incentives are in place to integrate the OAT programme with other services, including those dealing with HIV and TB.

Opportunities and the way forward

- Develop and implement a mechanism for assessing and analysing the quality of services in the OAT programme, including client satisfaction levels, within substance use treatment services.
- Expand the use of buprenorphine across all sites.
- Integrate psychosocial support as an important component at facility-level OAT sites to ensure high quality and access and ensure funding for this to occur.
- Provide training for specialists in line with the national clinical protocol and quality standards for the delivery of OAT services.
- Raise awareness of clients involved in the OAT programme regarding the provisions of the national protocol, through the involvement of NGOs and active communities of clients and people who use drugs.

6. Conclusions and recommendations

Detailed recommendations for key responsible institutions are as follows.

1. Recommendations for the Ministry of Health

- Establish a sole authorised department or management body (possibly at the level of the RDTC) responsible for overseeing and coordinating the development of the OAT programme at the national level, as well as supervising transition and sustainability, implementing effective M&E mechanisms, integration with other medical agencies and systems, including national programmes (TB, HIV and viral hepatitis) and collaboration with NGOs and community programmes to ensure comprehensive services. The list of its functions should include monitoring the cost of OAT drugs.
- At the level of the RDTC, establish an intersectoral working group to coordinate OAT processes, i.e. implementation, scale-up, integration, monitoring and evaluation of the programme. Develop and implement tools and mechanisms to involve clients and active members of communities of people who use drugs into the working group's activities.
- Strengthen the role of the RDTC as an agency responsible for providing methodological and technical assistance and supervision to drug treatment services in the country's territories/districts.
- Analyse and develop a mechanism of decentralisation (1) to implement the OAT programme at the primary health care level, including through specialists from community mental health centres; and, (2) to dispense OAT drugs through pharmacy chains based on a doctor's prescription. These options will contribute to the further scaling-up of the availability and accessibility of the OAT programme.
- Initiate an assessment of the country's framework of substance use treatment with a focus on the components of coverage, quality and attractiveness of OAT services, as well as to evaluate the possibility of involving the primary health care system in delivering OAT services.
- Develop an operational plan to scale-up the coverage, and improve the quality, of the OAT programme, taking into account the sources of funding for services and activities, including those planned in the HIV/AIDS NP for 2021-2025, by preparing detailed plans to ensure the sustainability of OAT programme components for psychosocial support. Facilitate the implementation of such an operational plan, including through efforts at the level of Moldova's territorial-administrative units.

- Develop a roadmap to organise comprehensive services based on the OAT programme with a view to ensuring uninterrupted care for clients living with HIV, hepatitis, TB and drug dependence.
- To update the methodology for calculating the cost of OAT services, both in terms of medical services and psychosocial support.
- Develop a mechanism for financing the psychosocial component of the OAT programme from the national budget. Develop a mechanism for integrating services provided by NGOs (psychosocial support for clients) into the OAT programme, as well as a mechanism for financing them.
- Develop a public funding plan designed for higher service coverage (to reach at least 20% of the estimated number of opioid users during the period 2023–2025).
- Recommend that the administrations of territorial hospitals, within drug treatment services involved in implementing the OAT programme, include or request NHIC funding for psychosocial and non-medical services (psychologists, social assistants, social workers and peer counselors) as part of the OAT-related annual budget planning process.
- Organise training workshops on the implementation of the OAT protocol for substance use specialists ('narcologists') and other medical and non-medical staff. Promote OAT among medical staff, substance use specialists and the community of people who use drugs as potential clients of the OAT programme.
- Consider early implementation of OAT with video monitoring of the medication intake process for OAT clients across the OAT programme, subject to maintaining funding streams based on the number of client visits (doctor interactions).
- Ensure that OAT programme representatives participate in the process of developing/revising the national OAT protocol.

2. Recommendations for the Country Coordinating Mechanism (CCM) for interaction with the Global Fund to Fight AIDS, Tuberculosis and Malaria

- Recommend that the MoH, HIV/AIDS NP and the RDTC develop an operational plan to scale-up the coverage and improve the quality of the OAT programme taking into account the sources of funding for services and activities, including those planned under the HIV/AIDS NP for 2021–2025, with preparing detailed plans for ensuring sustainable OAT programme components for psychosocial support.

- Approve a roadmap for organising comprehensive services based on the OAT programme with a view to ensuring uninterrupted care for clients living with HIV, hepatitis, TB and drug dependence.
- Explore the sustainability of the psychosocial support component of the OAT programme at HIV/TB working group sessions and CCM meetings.

3. Recommendations for the Republican Drug Treatment Centre (RDTC)

- Develop a detailed unified algorithm/policy for organising the OAT programme and provide for more convenient working hours that better suit the needs of clients. Recommend that this document be used across all substance use treatment units involved in implementing the OAT programme.
- Develop a mechanism for a strategic needs assessment to determine the amount of medication required for running the OAT programme, with stock monitoring and tracking, for use by both the RDTC and the substance use treatment services of relevant hospitals.
- Maintain and expand the practice of dispensing take-home doses of OAT drugs that was in place during the COVID-19 pandemic.
- Ensure that the Unified Electronic Register contains relevant records for all OAT sites operating in Moldova so that clients have access to treatment regardless of their location in the country, including cross-country migration, and that work practices and interactions between physicians are effective.
- Ensure a systematic evaluation of the OAT programme and development of the OAT M&E plan to establish effective implementation and data collection based on key indicators, including those recommended by WHO. Conduct a comprehensive evaluation of the performance of the OAT programme in Moldova on a regular basis (once every two years).
- Analyse the existing structure of the OAT programme, including staff workload, and generate optimisation proposals and increase staff motivation.
- Publish annually the results of OAT implementation and reports on key indicators. Apply M&E results at the strategic and technical level to improve the OAT programme.
- Develop and implement a mechanism to evaluate and analyse the service quality of the OAT programme, including levels of client satisfaction, within drug treatment services.

4. Recommendations for the Coordination Department of the National HIV/AIDS Programme

- Participate in the development of an operational plan to scale-up coverage, and improve the quality, of the OAT programme, taking into account the sources of funding for services and activities, including those planned under the HIV/AIDS NP for 2021-2025, by preparing detailed plans for ensuring sustainable OAT programme components for psychosocial support.
- Jointly with the RDTC, develop a roadmap for organising comprehensive services based on the OAT programme with a view to ensuring uninterrupted care for clients living with HIV, hepatitis, TB and drug dependence; develop a strategy to integrate OAT with these programmes.
- Jointly with the RDTC, develop and implement tools to collect evidence on the effectiveness of the OAT programme.
- Ensure that the RDTC is involved and supported in the process of planning and scaling-up of the OAT programme, as well as integrating services between 2023 and 2025.

5. Recommendations for civil society

- Increase the awareness of clients enrolled in the OAT programme about the content of the national OAT protocol by involving NGOs, active client communities and people who use drugs.
- Improve cooperation and develop a mechanism for interaction between OAT clients and drug treatment services on the implementation of the OAT programme and issues reported by OAT clients.
- Organise and provide social, legal and informational support to clients enrolled in the OAT programme, as well as support the movement of initiative groups and client communities, including those using a peer-to-peer approach.
- Facilitate and support the development and training of NGO activists involved in promoting the OAT-focused agenda, as well as the building of the capacity of initiative groups and client communities.
- Step up advocacy efforts to decriminalise drug use in the country.

6. Recommendations for technical partners and donors

- Maintain international funding for OAT components such as service quality evaluation, social and economic effectiveness, and population size estimation of potential clients for OAT.
- Provide technical support to ensure the sustainability of the OAT programme, in particular to increase its attractiveness and coverage.
- Provide technical support to assess the national drug treatment system with a focus on the coverage, quality and attractiveness of OAT services, as well as to explore the possibilities of engaging with primary health care providers and getting them involved in the implementation of the OAT programme.
- Provide professional development and up-skilling opportunities for OAT staff (medical and non-medical) through in-country and international events (trainings, conferences, roundtables, etc.).
- Provide further support for the promotion and implementation of the OAT programme and its funding on the left bank of the Dniester River.

7. Recommendations for district hospitals

- Revise the working hours of OAT sites to better suit the needs of clients, with budgeting for additional hours of medical staff.
- Maintain and expand the practice of dispensing take-home doses of OAT drugs that was in place during the COVID-19 pandemic.
- Scale-up the practice of prescribing buprenorphine in all cities implementing the OAT programme.
- Improve physician-client collaboration and communication, in particular as part of the dose adjustment and take-home dispensing process.
- Integrate psychosocial support as an essential component of facility-based OAT to ensure appropriate service quality and access. Ensure that psychosocial support components for the OAT programme are included as part of the NHIC funding request. Contract NGO-based professionals to provide psychosocial support as part of the OAT programme.
- Provide training to specialists in accordance with the national clinical protocol and quality standards for the delivery of OAT.
- Implement a mechanism for a strategic needs assessment to determine the amount of medication required for running the OAT programme, with stock monitoring and tracking.
- Develop and implement a mechanism to assess and analyse the service quality of the OAT programme, including levels of client satisfaction, within drug treatment services.

Annex 1. The conceptual framework for assessing the sustainability of OAT programmes

Focus areas	Indicators and benchmarks			
A. POLICY & GOVERNANCE	Indicator A1: Political commitment <ul style="list-style-type: none"> OAT is included in national drug control and HIV/AIDS strategies and action plans, with commitment to achieving WHO recommended targets. Legislation explicitly supports the provision of OAT. OAT is a core part of national policy for opioid dependence management. Law enforcement and justice systems support implementation and expansion, as needed, of OAT. There are effective governance and coordination in place for the development of OAT programmes in the country (there is no one unified coordinating body). NGO representatives are consulted on the coordination of the OAT programme at the national level as part of CCM working groups. Mechanisms have been developed and are in place to involve OAT clients in the coordination and organization of OAT. 		Indicator A2: Management of transition from donor to domestic funding <ul style="list-style-type: none"> The country has adopted a plan to transition the HIV/AIDS NP from donor to domestic funding, including a timeline for the OAT component. A new HIV/AIDS NP for 2021–2025 has been adopted, with OAT funding plans that detail OAT unit costs, co-financing levels, and domestic funding sources, identified and agreed to among country representatives. As part of ensuring the transition to 100% national funding, there is effective support for the integration of OAT into national drug procurement systems. There is good progress on the implementation of the sustainable OAT component in the transition plan. 	
B. FINANCE & RESOURCES	Indicator B1: Medications <ul style="list-style-type: none"> OAT medicine procurement is integrated into the domestic PSM system and benefits from good capacity without interruptions. Both methadone and buprenorphine are registered in the country and their quality assurance system is operational. 	Indicator B2: Financial resources <ul style="list-style-type: none"> OAT, including methadone and buprenorphine, are included in the lists of reimbursable drugs to be funded from the national budget (MoH). OAT services are included in universal health coverage or a state-guaranteed package of healthcare services accessible to people without health insurance. OAT services are paid through sustainable public funding sources which secure adequate funds to cover comprehensive services. In countries with active HIV grants, OAT services are co-financed by the Government in accordance with the Global Fund Sustainability, Transition and Co-Financing Policy. 	Indicator B3: Human resources <ul style="list-style-type: none"> OAT is included in the job description of main health staff and core functions of the state system for drug dependencies with relevant capacities to prescribe and dispense OAT to a required scale. Capacity building system is adequate for OAT implementation in a sustainable way. 	Indicator B4: Evidence and information systems <ul style="list-style-type: none"> OAT monitoring system is in place and used for managing the OAT programme, including needs assessment, coverage, and quality assurance. The evidence base for OAT effectiveness and efficiency is generated on a continual basis, and used to inform the planning and development of regulatory documents and programme components. OAT client data is stored in a database subject to confidentiality and data protection, as well as non-disclosure outside of the health system without a client's consent.

<p>C. SERVICES</p>	<p>Indicator C1: Availability and coverage</p> <ul style="list-style-type: none"> ● OAT is available in hospitals and primary care. ● Take-home doses are allowed. ● Coverage of the estimated number of opioid dependent people through OAT is high (in line with WHO guidance: 40% or above). ● OAT is available in closed settings (initiation into OAT included), during pre-trial detention and also for females. ● OAT is accessible in the private and/or NGO sectors in addition to the public sector. 	<p>Indicator C2: Accessibility</p> <ul style="list-style-type: none"> ● There are no people on a waiting list for joining the OAT programme. ● Opening hours and days for OAT to accommodate the key needs of clients. ● Geographic coverage is adequate. ● There are no user fees or financial barriers for people with low income or no health insurance. ● OAT is available and accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups, etc.). ● Illicit drug consumption is tolerated (after dose induction). ● Individual plans are developed and offered with the direct involvement of service users. ● OAT inclusion criteria are supportive of groups with special needs and not restrictive, i.e. failure in other treatment programmes is not required prior to enrollment into OAT. 	<p>Indicator C3: Quality and integration</p> <ul style="list-style-type: none"> ● Adequate dosage of methadone/buprenorphine is foreseen in national guidelines and practice in line with WHO guidance. ● The OAT programme is based on the maintenance approach and has a high retention of service users. ● A high proportion of OAT maintenance sites are integrated and/or cooperate with other services and support continuity of care for HIV, TB, and drug dependence (in line with WHO guidance: 80% or more of the sites). ● A high proportion of OAT clients receive psycho- and social support (in line with WHO guidance: 80% or more of the sites).
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Annex 2. Finalised table of scores for all assessment indicators and benchmarks

	<i>2020 score</i>	<i>2022 score</i>	<i>Data source(s)</i>
<i>Policy and Governance</i>	<i>68%, moderate sustainability</i>	<i>61%, moderate sustainability</i>	
<i>Political commitment</i>	<i>65%, moderate sustainability</i>	<i>80%, substantial sustainability</i>	
Benchmark A1.1: OAT is included in national drug control, HIV and/or hepatitis strategies and action plans, with commitment to WHO recommended targets.	40%, at moderate risk	100%, high sustainability	National Anti-Drug Strategy for 2019-2026; National HIV/AIDS Programme for 2016-2020 and 2021-2025; National Programme for Control of Viral Hepatitis B, C, and D for 2017 -2021.
Benchmark A1.2: Legislation explicitly supports the provision of OAT.	90%, high sustainability	75%, substantial sustainability	National Drug Strategy for 2021-2028; National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020; Government Resolution No.166 dated Feb. 15, 2005 on the launch of methadone pharmacotherapy in the penitentiary system .
Benchmark A1.3: OAT is a core part of national policy for opioid dependence management.	100%, high sustainability	90%, high sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020.
Benchmark A1.4: Law enforcement and justice systems support implementation and expansion, as needed, of OAT.	70%, substantial sustainability	63%, moderate sustainability	Guidelines for law enforcement agencies on working with populations at high risk of HIV, General Inspectorate of Police, 2017 ; National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020.
Benchmark A1.5: There are effective governance and coordination in place for the development of the OAT programme in the country.	50%, moderate sustainability	75%, substantial sustainability	Five key experts.
Benchmark A1.6: NGO representatives are consulted on the coordination of the OAT programme at the national level as part of CCM working groups.	70%, substantial sustainability	75%, substantial sustainability	Two key experts, including one from the community of people who use drugs; Minutes of the CCM Working Groups on HIV/AIDS.
Benchmark A1.7: Mechanisms are in place to engage OAT clients in the OAT coordination and organisation processes.	35%, moderate to low level of sustainability		Data from focus groups, two key experts, one expert from the community of people who use drugs.

Republic of Moldova: Reassessment of the sustainability of the opioid agonist therapy programme within the context of transition from donor support to domestic funding

Management of transition from donor to domestic funding	71%, substantial sustainability	42%, at moderate risk	
Benchmark A2.1: Country has adopted a plan which defines transition of OAT from donor to domestic funding, including a timeline.	75%, substantial sustainability	38%, at moderate risk	The country has developed and is implementing a plan to ensure sustainability of the National HIV/AIDS Programme for 2016-2020, which includes OAT, but it mainly covers transition of the medical component from donor to domestic funding. Transition of the psychosocial support component is still neither defined, nor implemented. No new transition and sustainability plan has been developed, but some sustainability-related elements are contained in the new National HIV/AIDS Programme for 2021-2025.
Benchmark A2.2: There is a multi-year financial plan for the OAT transition to domestic sources, with unit costs developed, co-financing level, the (future) domestic funding sources for OAT identified and agreed to among country representatives.	69%, moderate sustainability	33%, at moderate risk	National HIV/AIDS Programme for 2021-2025.
Benchmark A2.3: Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic funding.	65%, moderate sustainability	63%, moderate sustainability	Minutes of the CCM Working Group on HIV/AIDS.
Benchmark A2.4: There is good progress on the implementation of the sustainable OAT component in the transition plan.	75%, substantial sustainability	33%, at moderate risk	Minutes of the CCM Working Group on HIV/AIDS.
Finance and Resources	72%, substantial sustainability	79%, substantial sustainability	
Medications	77%, substantial sustainability	92%, high sustainability	
Benchmark B1.1: OAT medicine procurement is integrated into the domestic PSM system and benefits from good capacity without interruptions.	75%, substantial sustainability	100%, high sustainability	Two key experts.
Benchmark B1.2: Both methadone and buprenorphine are registered and their quality assurance system is operational.	80%, substantial sustainability	75%, substantial sustainability	State Register of Medicines, Republic of Moldova.
Benchmark B1.3: Methadone and buprenorphine are secured at affordable prices.	75%, substantial sustainability	100%, high sustainability	Two key experts.

Financial resources	79%, substantial sustainability	88%, high sustainability	
Benchmark B2.1: Methadone and buprenorphine are included in the lists of reimbursable drugs to be funded from public sources.	75%, substantial sustainability	100%, high sustainability	Republic of Moldova, Government Resolution No. 1387 dd. Dec. 10, 2007 on the Approval of the Unified Mandatory Health Insurance Programme. https://www.legis.md/cautare/getResults?doc_id=132710&lang=ru#
Benchmark B2.2: OAT services are included in universal health coverage or a state-guaranteed package of healthcare services accessible to people without health insurance.	85%, high sustainability	100%, high sustainability	Republic of Moldova, Government Resolution No. 1387 dd. Dec. 10, 2007 on the Approval of the Unified Mandatory Health Insurance Programme. https://www.legis.md/cautare/getResults?doc_id=132710&lang=ru#
Benchmark B2.3: OAT services are paid through sustainable public funding sources which secure adequate funds to cover comprehensive services.	70%, substantial sustainability	50%, moderate sustainability	National HIV/AIDS Programme for 2021-2025.
Benchmark B2.4: In countries with active HIV grants, OAT services are co-financed by the Government in accordance with the Global Fund Sustainability, Transition and Co-Financing Policy.	85%, high sustainability	100%, high sustainability	National HIV/AIDS Programme for 2021-2025.
Human resources	70%, substantial sustainability	56%, moderate sustainability	
Benchmark B3.1: OAT is included in the job description of main health staff and core functions of the state system for drug dependencies with relevant capacities to prescribe and dispense OAT to a required scale.	75%, substantial sustainability	50%, moderate sustainability	Two key experts. National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020.
Benchmark B3.2: Capacity building system is adequate for OAT implementation in a sustainable way.	65%, moderate sustainability	63%, moderate sustainability	Two key experts. Attestation/Professional Training Plan for Substance Use Specialists (250 mandatory training hours over a five-year period); Training through the National Association of Psychiatrists and Narcologists.
Evidence and information systems	62%, moderate sustainability	68%, moderate sustainability	
Benchmark B4.1: OAT monitoring system is in place and used for managing the OAT programme, including needs assessment, coverage and quality assurance.	50%, moderate sustainability	63%, moderate sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020.

Benchmark B4.2: The evidence base for OAT effectiveness and efficiency is generated on a continual basis and used to inform policy and programme planning.	50%, moderate sustainability	67%, moderate sustainability	Two key experts, reports by the Republican Drug Treatment Centre.
Benchmark B4.3: OAT client data is stored in a database subject to confidentiality and data protection, as well as non-disclosure outside of the health system without a client's consent.	85%, high sustainability	75%, substantial sustainability	Four key experts; Law on Patients' Rights and Responsibilities No. 263 dd. Oct. 27, 2005. https://lege.md/ru/act/o_pravah_i_otvetstvennosti_patsienta Law on Personal Data Protection No. 133 dd. July 8, 2011 https://www.legis.md/cautare/getResults?doc_id=106576&lang=ru
Services	57%, moderate sustainability	64%, moderate sustainability	
Availability and coverage	37%, at moderate risk	42%, at moderate risk	
Benchmark C1.1: OAT is available in: - hospitals - primary care - take-home doses are allowed	53%, moderate sustainability	50%, moderate sustainability	Five key experts, focus group results.
Benchmark C1.2: Coverage of the estimated number of opioid dependent people through OAT is high (in line with WHO guidance: 40% or above).	0%, at moderately high risk	0%, at moderately high risk	National HIV/AIDS Programme for 2021-2025.
Benchmark C1.3: OAT is available in closed settings (initiation into OAT included), during pre-trial detention and also for females.	95%, high sustainability	100%, high sustainability	Two key experts; Operation Manual: OST in Prisons of Moldova. Chisinau, Moldova; Department of Penitentiary Institutions, UNODC, 2014. http://www.leahn.org/wp-content/uploads/2014/05/UNODC-and-DPI-Operation-Manual-OST-in-Prisons-2014-2.pdf
Benchmark C1.4: OAT is accessible in the private and/or NGO sectors in addition to the public sector.	0%, at moderately high risk	17%, at moderately high risk	Two key experts. National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020.
Accessibility	69%, moderate sustainability	83%, substantial sustainability	
Benchmark C2.1: There are no people on a waiting list for joining the OAT programme.	100%, high sustainability	100%, high sustainability	Five key experts. OAT clients: participants of two focus groups.

Benchmark C2.2: Opening hours and days accommodate clients' key needs.	50%, moderate sustainability	50%, moderate sustainability	Two key experts. OAT clients: participants of two focus groups.
Benchmark C2.3: Geographic coverage is adequate.	40%, at moderate risk	75%, substantial sustainability	Five key experts. National HIV/AIDS Programme for 2021-2025.
Benchmark C2.4: There are no user fees or financial barriers for people with low income or no health insurance.	85%, high sustainability	100%, high sustainability	Three key experts.
Benchmark C2.5: OAT is available and accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups, etc.).	85%, high sustainability	100%, high sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020, excluding minors.
Benchmark C2.6: Illicit drug consumption is tolerated (after dose induction).	50%, moderate sustainability	88%, high sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020. Three key experts. OAT clients: participants of two focus groups.
Benchmark C2.7: Individual plans are developed and offered with the direct involvement of service users.	50%, moderate sustainability	50%, moderate sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020. Three key experts. OAT clients: participants of two focus groups.
Benchmark C2.8: OAT inclusion criteria are supportive of groups with special needs and not restrictive, i.e. failure in other treatment programmes is not required prior to enrollment into OAT.	90%, high sustainability	100%, high sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020. Two key experts. OAT clients: participants of two focus groups.
Quality and integration	66%, moderate sustainability	67%, moderate sustainability	
Benchmark C3.1: Adequate dosage of methadone/buprenorphine is foreseen in national guidelines and practice in line with WHO guidance.	75%, substantial sustainability	67%, moderate sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020. Two key experts. OAT clients: participants of two focus groups.
Benchmark C3.2: The OAT programme is based on the maintenance approach and has a high retention of users.	71%, substantial sustainability	100%, high sustainability	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2020. Reports by the Republican Drug Treatment Centre. Reports on implementing the National HIV/AIDS Programme. Two key experts. OAT clients: participants of two focus groups.

Benchmark C3.3: A high proportion of OAT maintenance sites are integrated and/or cooperate with other services and support continuity of care for HIV, TB, and drug dependence.	65%, moderate sustainability	50%, moderate sustainability	Reports by the Republican Drug Treatment Centre. Reports on implementing the National HIV/AIDS Program me. Two key experts. OAT clients: participants of two focus groups.
Benchmark C3.4: A high proportion of OAT clients receive psycho- and social support.	50%, moderate sustainability	50%, moderate sustainability	Reports by the Republican Drug Treatment Centre. Reports on implementing the National HIV/AIDS Program me. Two key experts. OAT clients: participants of two focus groups.