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eurasian harm reduction association

Republic of Moldova:

ASSESSMENT OF THE SUSTAINABILITY OF THE OPIOID AGONIST THERAPY PROGRAMME IN THE CONTEXT OF TRANSITION FROM DONOR SUPPORT TO DOMESTIC FUNDING

June - September 2020

Ala Iatco

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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
CHIF	Compulsory Health Insurance Fund
COVID	Coronavirus Disease
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HIV/AIDS NP	HIV/AIDS and STI Prevention and Control National Programme
IBBS	Integrated Bio-Behavioural Survey
KAP	Key Affected Population
Km	Kilometre
M&E	Monitoring and Evaluation
MDR	Multiple Drug Resistant
Mg	Miligramme
MHSP	Ministry of Health, Labour and Social Protection
MSM	Men who have Sex with Men
N/A	Not Available
NGO	Non-Government Organisation
NHIC	National Health Insurance Company (administrator of the Compulsory Health Insurance Fund (CHIF))
NP	National Programme
NPS	New Psychoactive Substances
OAT	Opioid Agonist Therapy
OST	Opioid Substitution Treatment
PSM	Procurement and Supply Management
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RDTC	Republican Drug Treatment Centre
SOP	Standard Operating Procedure
Sq.	Square
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
TSM	Technical Support Mechanism
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Executive Summary

In the Republic of Moldova, implementation of opioid agonist therapy (OAT)[1] programmes began in 2003 as a pilot project and as a component of the strategy of harm reduction and HIV prevention among people who inject drugs (PWID). The pilot was initiated by the Republican Drug Treatment Centre (RDTC) in Chisinau using buprenorphine with the financial support of The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). In 2004, RDTC started using methadone for OAT (in 2017, the procurement of buprenorphine was suspended). That same year, operation of the OAT programmes was organised within the Drug Treatment Service of the Balti Clinical Hospital and was later scaled-up to cover Cahul, Comrat, Falesti, Yedinet, Ungheni, Rezina and Soroca. It should be noted that Moldova became the first post-Soviet country to start OAT implementation in the penitentiary system in 2005. In 2020, 13 penitentiary institutions, including pre-trial detention centres, are implementing OAT. Currently, OAT is not yet available on the left bank of the Dniester River (Transnistria[2]), but is included in plans within the National HIV/AIDS Prevention and Control Programme (HIV/AIDS NP) for 2021-2025. *As of February 2020, 522 OAT programme clients were registered in the country, including 72 in penitentiary institutions (8 women), among them 33 clients using buprenorphine with all others using methadone.*

Prior to 2016, the OAT programme was financed by the Global Fund. In 2016, money for such programmes started to be allocated by the National Health Insurance Company (NHIC), which initially covered only 4% of the estimated need in the Plan of Transition to the Domestic Funding of HIV/AIDS Prevention, Treatment, Care and Support Programmes in Moldova, 2017-2020 (hereinafter, 'Transition Plan'). In 2018, the sum of money covered from NHIC funds amounted to 20% of the estimated need[3]. In general, over recent years (2019-2020), sources of OAT funding in Moldova have included the following:

OAT Programme Component / Funding Source	*Global Fund*	*MHSP*	*NHIC*	*UNODC/ UNAIDS*
Methadone		X		
Buprenorphine	X			
Medical services			X	
Administrative and operating costs			X	
Psychosocial support	X			
OAT programme equipment	X			
Technical support	X			X
Advocacy	X			X

[1] Moldova, as well as other EECA countries, also uses the term 'opioid substitution treatment'. According to experts, the term 'opioid agonist therapy' more completely reflects the essence of relevant therapeutic interventions and, in the near future, will be widely used in clinical practice as well as in new regulations; based on these considerations, the term is also used in this report.

[2] Transnistria, Transdniestria, or Pridnestrovie, officially the Pridnestrovian Moldavian Republic is a breakaway state in the narrow strip of land between the river Dniester and the Ukrainian border that is internationally recognized as part of Moldova. Its capital is Tiraspol. Transnistria is designated by the Republic of Moldova as the Transnistria autonomous territorial unit with special legal status.

[3] http://ccm.md/programe-nationale-term

The OAT targets set forth in the National HIV/AIDS and STI Prevention and Control Programme for 2016-2020[4] are based on the number of people enrolled in OAT treatment and have been achieved to the following extent:

in 2017: 86.4% (497 as compared with the target of 575)

in 2018: 79.7% (498 as compared with the target of 625)

in 2019: 79.7% (522 as compared with the target of 655)

However, OAT coverage in Moldova remains low, less than 3% of the total estimated number of people who use opioids, which is 12,920 people, of which 10,170 are on the right bank of the Dniester River according to 2020 estimates[5] (the 2016 estimate is 19,300 people). Such coverage is significantly lower than the 40% recommended by WHO, UNODC and UNAIDS[6] to make an impact on the HIV and hepatitis C epidemics.

Despite the fact that the OAT programme in Moldova is accessible to all opiate dependent users, irrespective of their health insurance status, there is a number of obstacles hindering the scale-up of enrolment and coverage that includes:

- compulsory registration with drug treatment institutions;
- the lack of, or limited possibilities for, psychosocial support of OAT programme clients;
- employment restrictions, discrimination by employers and barriers when travelling abroad;
- limited access to OAT in health institutions for those treated in in-patient settings.

Other factors affecting implementation of the OAT programme include:

- lack of interest by heath institutions in the launch of the OAT programme;
- lack of substance use specialists (narcologists) in branches of the hospital system;
- prior to 2019, no funding was available for OAT from the National Health Insurance Company (NHIC);
- the lack of NHIC funding for the provision of psychosocial support.

The OAT programme in Moldova is both low- and high-threshold depending on the behaviour of a client. High-threshold services strictly regulate client behaviour, with individuals excluded from such services if they fail to observe the set rules. The goal of such services is to make people quit illegal drugs and to ensure social and professional rehabilitation of clients. Psychosocial support in such services is compulsory. Low-threshold services are aimed not so much at treating clients, but rather at reducing the harm related to illegal drug use. Such services have rather soft rules with

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[4] http://ccm.md/programe-nationale-term

[5] Draft National HIV/AIDS and STI Prevention and Control Programme, 2021-2025.

[6] https://www.unaids.org/en/resources/documents/2015/20151019_JC2766_Fast_tracking_combination_prevention, Fast-Tracking Combination Prevention, UNAIDS, 2015.See also, WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. Geneva, Switzerland; World Health Organization, 2012. https://apps.who.int/iris/bitstream/handle/10665/77969/9789241504379_eng.pdf

their main goal being to reduce criminal behaviours as well as mortality among clients. The country has a greater number of low-threshold services aimed at reducing the risks of HIV infection through the use of contaminated injecting equipment[7].

In this context, and taking into account the need to increase OAT coverage, it is important to assess the sustainability of the OAT programme in the process of transition from Global Fund support to domestic funding, and to identify the strengths, barriers, challenges, and risks as well as opportunities to improve the quality and accessibility of the OAT programme. Sustainability is seen not only as the availability of funding to maintain the programme and interventions initiated with the support of the Global Fund and other donors, but also to achieve the required coverage to make an impact on the HIV and hepatitis C epidemics and to ensure universal access to care, as recommended by the World Health Organization (WHO) for the treatment of opioid dependence.

The assessment was conducted between June and September 2020 using the OAT sustainability framework concept and methodology developed by the Eurasian Harm Reduction Association (EHRA)[8].

This assessment is focused on an analysis of:

- accomplishments and issues related to OAT implementation in line with international recommendations for the process of transition from donor to domestic funding;
- financial sustainability of OAT components;
- quality of, and access to, OAT services in Moldova.

The assessment highlighted a range of accomplishments in OAT programme development in the country as follows:

1. The OAT programme is a core part of the national strategies for opioid dependence treatment and policies on HIV/AIDS response.

2. Since 2016, when the OAT programme started to be funded from the national budget, it has been seen as a more inherent activity of the drug treatment system.

3. The country has approved a Plan of Transition to the Domestic Funding of HIV/AIDS Prevention, Treatment, Care and Support Programmes in Moldova, 2017-2020, including an OAT component, with the timeframe and required financial resources defined.

4. The country has ensured co-funding of OAT services by the government and international donors, in particular the Global Fund.

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[7] From an interview with a key expert.

[8] Stuikyte R, Varentsov I. Measuring the sustainability of opioid agonist therapy (OAT). Vilnius, Lithuania; Eurasian Harm Reduction Association, 2020. https://harmreductioneurasia.org/oat-sustain-method/

5. The mechanism of OAT co-funding from the national budget has been defined and is operating; services are financed by the National Health Insurance Company (NHIC) and medications are procured from the national budget through the Ministry of Health, Labour and Social Protection (MHSP).

6. In 2016, the OAT services were included in the universal health coverage (UHC) programme funded by NHIC and accessible for people who use drugs (PWUD) with no medical insurance.

7. Methadone and buprenorphine have been included on the Essential Medicines List. Since 2019, methadone for OAT has been procured using the general government mechanism to procure essential medicines in the country through the Central Public Health Procurement Centre. It is planned that buprenorphine will be procured using the same mechanism starting from 2021.

8. There are no waiting lists of clients to be enrolled in the OAT programme in Moldova.

9. Methadone and buprenorphine dosages are in line with WHO recommendations both in the National Clinical Standard and in practice, with the recommended approach to OAT as maintenance treatment with no limitation on the duration of being in the programme.

10. The criteria for OAT client enrolment ensures priority access for pregnant women with generally no restrictions; in particular, clients do not have to submit confirmation of previous failed treatment attempts.

11. OAT is prescribed and provided in penitentiary institutions, in particular pre-trial detention centres, to both men and women.

12. Information about OAT clients is stored in a database in line with all confidentiality and security requirements and is not disclosed outside the health care system without the consent of the client. There is no practice of disclosing data of OAT clients to law-enforcement agencies.

13. The Guidelines for law-enforcement agencies on working with populations at high risk of HIV was approved by the General Inspectorate of Police in 2015 and ensures that drug-dependent people are referred by police to drug treatment services, harm reduction programmes and other programmes which provide care and support to PWUD within the context of HIV, tuberculosis (TB), viral hepatitis and sexually transmitted infections (STIs).

At the same time, the assessment revealed the main challenges and obstacles to achieving greater sustainability of the OAT programme in Moldova are as follows:

1. In the context of sustainability, transition of the OAT programme from donor support to domestic funding in Moldova shows that the most vulnerable OAT components include:

- Service coverage: both in terms of geography (as of June 2020, 9 OAT sites operate in 8 of 34 cities of Moldova) and in terms of the percentage of those covered from the estimated number of people who use opioids in both the civilian and penitentiary sectors (less than 3% compared to 40% as recommended by WHO, UNODC and UNAIDS);

- The psychosocial support component of OAT services remains funded exclusively by a Global Fund grant.

2. The psychosocial support component is mostly implemented by non-governmental organisations (NGOs) and financed by the Global Fund and, when such funding is no longer available, it may disappear as there are no mechanisms to fund it from the national budget and it is not integrated into the national health care system.

3. A lack of non-medical personnel (psychologists and social workers) in drug treatment facilities affects the quality of OAT, limiting the possibilities to provide psychosocial support to OAT programme clients with only NGO-based services.

4. There is no clear strategy to scale-up the OAT programme in the country, in particular to launch OAT on the left bank of the Dniester River.

5. Despite the fact that the country has clearly defined the mechanism to procure medicines from the MHSP funds, a stronger implementation strategy is needed to coordinate and plan such procurement to avoid any risks associated with delays in medicine supply.

6. The monitoring and evaluation (M&E) system of the OAT programme is not developed and does not use effective data management tools, in particular in terms of modern technologies to ensure data accuracy, access for health personnel and accessibility of services for clients (e.g. the lack of a unified register creates barriers in ensuring access to treatment for a client in case they travel within the country).

7. There are no formal and effective procedures to include OAT clients in programme management and coordination bodies.

8. Mechanisms and tools to collect evidence to demonstrate the efficiency of the OAT programme in order to inform decision-makers and programme managers, and to ensure effective transition of all programme components to domestic funding, are partly lacking or not used appropriately (medical and socio-economic effects of the OAT programme have not been studied).

9. While the legislative environment is rather favourable and supportive, there are certain legal barriers and restrictive practices to access the OAT programme (OAT clients lose some social rights due to their compulsory registration as drug users in drug treatment facilities).

10. Despite the fact that OAT is included in the draft HIV/AIDS NP for 2021-2025 with funding to be allocated from the national budget, a new transition plan or action plan should be developed for the OAT components to be implemented with the support of the Global Fund between 2021 and 2023 to ensure their transition to domestic funding.

11. There is no effective and permanent process to train the personnel involved in OAT programme implementation, which should contribute to the professional growth of such personnel and adequate quality of the programme in line with the National Clinical Guidelines.

12. HThere are no plans to fund and implement information strategies/activities through NGOs/harm reduction programmes, friendly substance use specialists or law-enforcers to ensure more active PWUD involvement in the OAT programme to improve coverage.

13. It is important to ensure unified access to OAT services of equal quality for clients at all sites, with the universal use of buprenorphine and provision of psychosocial support.

14. There is a low level of integration of the OAT programme with other programmes (such as the HIV programme, in particular in the context of antiretroviral therapy (ART) and TB), especially in other cities apart from Balti and Chisinau.

15. The burden on the medical personnel of the OAT programme leads to low motivation and makes a negative impact on the scale-up of OAT coverage.

16. The OAT programme in Moldova is not very attractive for clients, which is confirmed with the dynamics in the growth of the number of OAT clients in the last five years and low coverage (less than 3% of the estimated number of opioid dependent users).

17. In some cities, there are still negative practices of interaction between law enforcers and OAT clients, which lowers the attractiveness of such services and reduces their coverage. Despite the fact that there are Guidelines for law-enforcement agencies on working with populations at high risk of HIV approved by the General Inspectorate of Police, cases of violence and human rights violations by law enforcers are still documented, which also makes an impact on the enrolment and retention of participants in the OAT programme. It is important to expand such Guidelines and apply them to the personnel of the prosecutor's office, the judiciary and investigation agencies.

18. Inclusion of the OAT programme in the National Drug Control Programme does not lead to an appropriate focus and funding of such a programme as a vital component of the national drug policy in Moldova.

A summary of progress towards ensuring the sustainability of the OAT programme in Moldova using the three thematic areas reviewed in the course of this assessment is shown in the following table:

Issue areas	*Indicators*		
Policy and governance	**Moderate risk**	**Political commitment**	**Moderate level of sustainability, at moderate risk**
		Management of transition from donor to domestic funding	**Substantial level of sustainability with moderate to low risk**
Finance and resources	**Substantial level of sustainability with moderate to low risk**	**Medications**	**Substantial level of sustainability with moderate to low risk**
		Financial resources	**Substantial level of sustainability with moderate to low risk**
		Human resources	**Substantial level of sustainability with moderate to low risk**
		Evidence and information systems	**Moderate level of sustainability, at moderate risk**
Services	**Moderate risk**	**Availability and coverage**	**Sustainability at moderate risk to high risk**
		Accessibility	**Moderate level of sustainability, at moderate risk**
		Quality and integration	**Moderate level of sustainability, at moderate risk**

Based on this assessment, recommendations have been developed to enhance the sustainability of the OAT programme as follows:

Five key recommendations:

- Develop strategies to increase the coverage of PWID with the OAT programme (to not less than 20% of the estimated number) with allocation of the required technical and financial resources to improve programme activities and attractiveness of services;.
- 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;
- Consider the possibility, and the mechanisms, for OAT implementation through the engagement of primary health facilities;
- 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;
- Develop and launch mechanisms to attract clients and active PWUD community members into the OAT programme, its scale-up, and monitoring and evaluation processes .

Detailed recommendations to key responsible institutions:

1. Recommendations to the Ministry of Health, Labour and Social Protection

1.1. Develop an operational plan to scale-up coverage and improve the quality of the OAT programme taking into consideration the sources of funding for the services and activities planned in the HIV/AIDS NP for 2021-2025, with detailed plans to ensure sustainability of OAT programme components which continue to be financed through Global Fund grants.

1.2. Engage NGO representatives and members of OAT client communities in the development of the operational plan to define the strategy to improve the coverage and quality of the OAT programme.

1.3. Create a working group to develop a mechanism to fund the psychosocial component of the OAT programme from the national budget. Develop a mechanism to integrate the services provided by NGOs (psychosocial support to clients) in the OAT programme and a mechanism of its funding.

1.4. Develop Standard Operating Procedures (SOPs)/Guidelines on planning and organising 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. In this context, revise Government Resolution No. 568 dated 10 September 2009[9] and MHSP Order No. 948 dated 10 August 2018, "On organisation of centralised procurement"[10] to standardise the stages and the terms of procurement of the medicines to implement national programmes, including the OAT programme.

1.5. Define the M&E mechanism and identify one body responsible for the OAT programme monitoring, coordination and management.

1.6. Study the possibility to exclude provisions on compulsory dispensary and preventive registration (follow-up) of PWUD from existing regulations.

1.7. Analyse the possibility to enrol clients in the OAT programme who are not registered as PWUD in drug treatment facilities.

1.8. Analyse the possibility to increase the salaries of OAT programme staff members.

1.9. Initiate an assessment of the national drug treatment system with a focus on the coverage, quality and attractiveness of OAT services, in particular to analyse the possibilities for engaging primary health care facilities in implementing the OAT programme.

1.10. Improve the system to train doctors and other health care workers on the matter of OAT prescriptions and of the reduction of stigma towards key populations affected by HIV, in particular PWUD.

1.11. Develop a roadmap to organise comprehensive services based on the OAT programme to ensure uninterrupted treatment of HIV, hepatitis, TB and drug dependence.

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

2.1. Regularly raise issues for ensuring the sustainability of the OAT programme at every CCM meeting.

2.2. Recognise the CCM Working Group on HIV/AIDS as a platform to monitor implementation of the OAT component of the Transition Plan.

2.3. Raise issues of OAT programme implementation in the CCM Working Group on HIV/AIDS every quarter.

2.4. Facilitate the elimination of barriers to OAT programme implementation on the left bank of the Dniester River.

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[9] Government Decision No. 568. On the approval of the Regulation on the purchase of medicines and other medical products for the needs of the healthcare system. Chisinau, Moldova; Monitorul Oficial No. 144-147, Article No. 632, 10 September 2009. https://www.legis.md/cautare/getResults?doc_id=24207&lang=ru

[10] Ministry of Health, Labour and Social Protection. Draft order 'On the organization of public procurement of medicines, medical devices and other products for medical use'. Chisinau, Moldova; Ministry of Health, Labour and Social Protection, 21 September 2020. http://particip.gov.md/proiectview.php?l=ro&idd=7750

3. Recommendations to the Republican Drug Treatment Centre:

3.1. Develop a detailed, unified algorithm, or a regulation, for organising the OAT programme, stipulating a more convenient schedule for the operation of OAT sites for clients. Recommend that all drug treatment facilities implementing the OAT programme to use such a document.

3.2. Create conditions for the effective integration of the psychosocial support services provided by NGOs to OAT programme clients into the drug treatment service.

3.3. Retain and expand the practice of dispensing take-home doses of OAT medicines to clients, as has been the case during the COVID-19 pandemic.

3.4. Regularly develop, publish and distribute guidelines and awareness-raising materials on OAT for both OAT programme staff (medical and non-medical personnel) and for OAT clients.

3.5. Organise information campaigns in cooperation with NGOs to reduce stigma against PWUD, in particular among health workers and law enforcers.

3.6. Develop tools to collect evidence of the OAT programme efficiency in Moldova and launch practices to collect/update such information on a regular basis.

3.7. Implement a practice of detailed quarterly analysis of the statistical data on OAT programme implementation, based on which analytic reports should be prepared and presented to the members of the CCM and relevant Working Groups, MHSP, Ministry of Internal Affairs and the HIV/AIDS NP Coordination Department.

3.8. Analyse the existing structure of the OAT programme, including the workload of personnel, and develop proposals on how to improve such structures and to increase the motivation of personnel.

3.9. Provide technical support to health institutions and drug treatment facilities at the local level in the process of OAT programme planning and scale-up and the integration of relevant services during 2021-2023. Organise supervision by RDTC experts, especially for people working at new OAT sites to be opened.

3.10. Demonstrate leadership by initiating processes, and involving all stakeholders, in initiatives to revise legislation in terms of the decriminalisation of drug use in the country.

4. Recommendations to the Coordination Department of the National HIV/AIDS Prevention and Control Programme:

4.1. In cooperation with RDTC, develop a roadmap for organising comprehensive service provision based on the OAT programme to ensure uninterrupted treatment of HIV, hepatitis, TB, and drug dependence. Develop a strategy to integrate OAT within such programmes.

4.2. Together with RDTC, develop and implement tools to collect evidence of the efficiency of the OAT programme.

4.3. Ensure the engagement and support of RDTC in the process of OAT programme planning and scale-up as well as integration of services during 2021-2023.

5. Recommendations to civil society representatives:

5.1. Improve cooperation, and develop a mechanism of interaction, with drug treatment facilities on the issue of OAT programme implementation and the sharing of information about the problems faced by OAT programme clients.

5.2. Organise and ensure social, legal and informational support of OAT programme clients, encourage the movement of client communities and initiative groups, in particular those working based on the 'peer-to-peer' principle.

5.3. Facilitate and support the development and training of civil society activists working on OAT issues and building the capacity of client communities and initiative groups.

5.4. Scale-up advocacy efforts aimed at the decriminalisation of drug use in Moldova.

6. Recommendations to technical partners and donors:

6.1. Provide technical and financial support to ensure the sustainability of the OAT programme, in particular to increase its attractiveness and coverage.

6.2. Provide technical support to assess the national drug treatment system with a focus on the components of coverage, quality and attractiveness of OAT services and to analyse possibilities to engage primary health care institutions in the implementation of the OAT programme.

6.3. Promote the use of international recommendations and provide access to guidelines on OAT implementation, the organisation of drug treatment, and the integration of services.

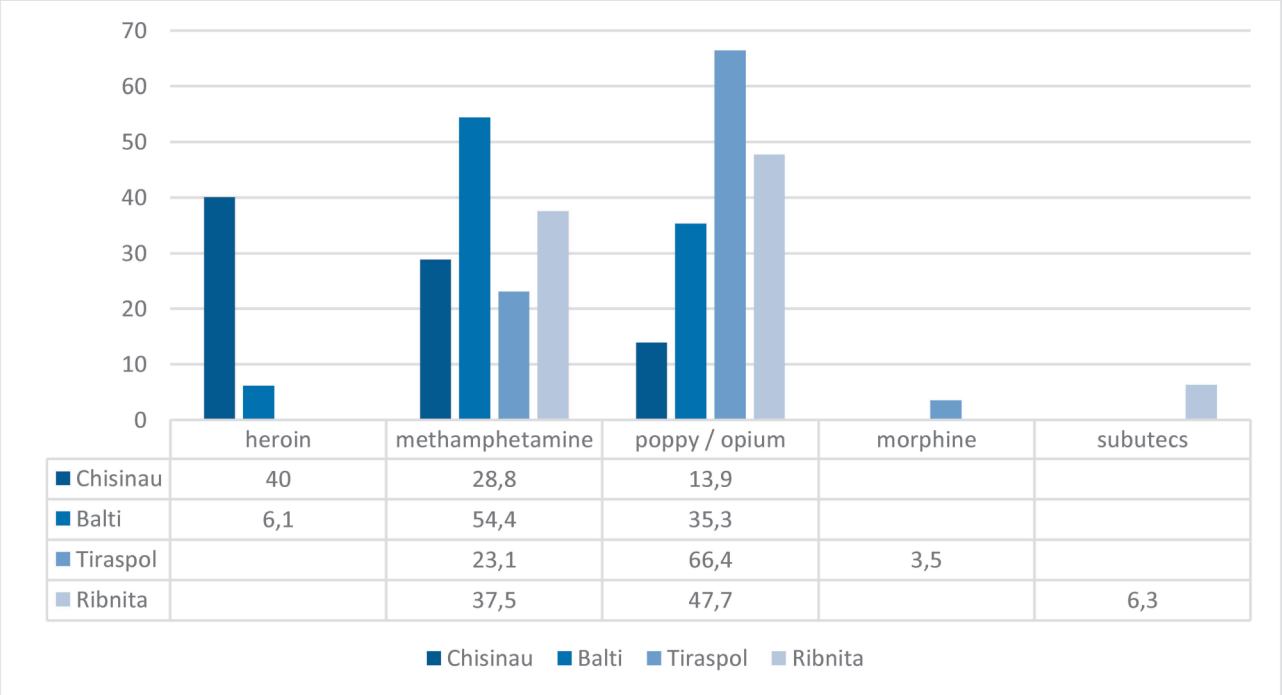
6.4. Provide opportunities for advanced training for OAT staff (medical and non-medical workers) at national and international events (workshops, conferences, round tables).

1 Contents

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's), 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 municipalities[11], including two municipalities on the left bank of the Dniester River (Tiraspol and Bendery)[12].

As of the beginning of 2020, there were almost 12,000 people using psychoactive substances registered in the national drug treatment system[13]. However, according to the preliminary 2020 estimates, the number of PWID in the country is 27,500[14]. 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 PWID held in 2015-2016 (Figure 1), between 41% and 70% of PWID reported the use of opioids – 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.

Figure 1. Most used drugs in the key cities of Moldova in the month prior to the IBBS (2015-2016)



	heroin	methamphetamine	poppy / opium	morphine	subutecs
Chisinau	40	28,8	13,9		
Balti	6,1	54,4	35,3		
Tiraspol		23,1	66,4	3,5	
Ribnita		37,5	47,7		6,3

[11] A Municipality is an administrative territorial unit of Moldova, a city with a special status.

[12] National Bureau of Statistics. https://statistica.gov.md/category.php?l=ro&idc=103&

[13] Data of the Republican Drug Treatment Centre.

[14] IBBS 2020, preliminary data of the HIV/AIDS NP Coordination Department .

According to data provided by the Ministry of Internal Affairs, in 2017 as compared with 2016 there was a much lower share of poppy straw and acetylated opium among the drugs seized, with a growing proportion of synthetic drugs used[15].

Other data also demonstrates that the drug scene in Moldova has changed drastically in recent years. According to the results of studies[16] on the use of new psychoactive substances (NPS) in Moldova carried out in 2019, the share of people who switched from using opium and amphetamines to smoking or inhaling NPS is growing. This situation affects both the demand for OAT services among PWUD and the quality of interventions aimed at NPS users in the context of the lack of alternative treatment, rehabilitation or psychosocial support programmes. 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 OAT[17].

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). The drug treatment system is funded by the NHIC. The country has been implementing harm reduction programmes since 1998, and the OAT programme from 2004.

Moldova launched OAT in October 2004 based on the Order of the Ministry of Heath, Labour and Social Protection No. 159 dated 20 May 2003, "On the implementation of substitution treatment for drug dependent patients" (later this Order was substituted with a new Order No. 283 dated 12 July 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 clients in Chisinau, and preparations were made to provide OAT in Balti.

In July 2005, the Department of Penitentiary Institutions of the Ministry of began implementing OAT. Moldova became the first post-Soviet country, which introduced OAT as a strategy for HIV prevention[18] to provide OAT in the penitentiary system. Throughout this time, RDTC, MHSP, NGOs and the PWUD community, 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.

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15 Annual Drug Report, 2017. Chisinau, Moldova ; Ministry of Internal Affairs, 2017. https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf.

16 Yatsko A.. New psychoactive substance use in Moldova and Belarus: research results from the Republic of Moldova. Swansea, Wales; Swansea University and the Eurasian Harm Reduction Association, 2019. https://harmreductioneurasia.org/wp-content/uploads/2019/12/Moldova-NPS-Research_ENG.pdf

17 Information from key experts.

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

The national policy of the Republic of Moldova in the area of drugs and dependence 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 2020-2027[19], the OAT programme is also an important part of the National HIV/AIDS Prevention and Control Programme (HIV/AIDS NP), with the major part of OAT funding regulated and allocated within that programme. Despite progress in implementation of the current HIV/AIDS NP (2016-2020), some of the targets were only partly achieved, including the target on the geographic scale-up and increased coverage of OAT. This has been due to many factors, such as insufficient coordination of efforts, limited funding for the priority areas, an inadequate monitoring and evaluation system, legal barriers, as well as high levels of stigma and discrimination of PWUD, people living with HIV, and other high-risk populations.

Over the first ten years, the OAT programme was financed exclusively from Global Fund grants. Starting in 2014, OAT has been co-funded by 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, methadone is procured from the national budget within the HIV/AIDS NP, while buprenorphine is procured from the Global Fund grant.

Today, OAT services in Moldova are available in eight cities, including Chisinau and Balti, and in six 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 February 2020, there were only 522 OAT programme clients, including 72 in penitentiary institutions. Out of the total number of clients, 33 people use buprenorphine, and all of the others use methadone.

The coverage of OAT services in Moldova remains low, at less than 3% of the total estimated number of opiate users. 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 PWUD 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 a low integration of HIV, 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 OAT[20].

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[19] Национальная антинаркотическая стратегия, Правительство Республики Молдова, 2019 г.
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

[20] Findings of a focus group discussion.

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 services.

There are also legislative barriers, including administrative responsibility for drug 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 offence. This hinders implementation, scale-up and quality of services for PWUD 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.

The Report on the Mid-Term Evaluation of the Sustainability Plan of the National HIV/AIDS Prevention and Control Programme, 2016-2020[21] (implemented by the Soros Foundation-Moldova at the request of the KAP Committee in 2020 [22]) presents aspects related to the OAT transition to domestic funding. It should be noted that the Transition Plan of the HIV/AIDS NP includes only activities which are funded from external sources. The plan was developed with the broad involvement of all stakeholders and reflects the goals set forth in the HIV/AIDS NP:

- HIV and STI prevention, in particular among key populations (PWID, Sex Workers (SW), and Men who have Sex with Men (MSM));
- Universal access to treatment, care and support for people living with HIV and activities to prevent mother-to-child transmission of HIV;
- Effective programme management, including coordination of the HIV/AIDS NP and community system strengthening .

The Transition Plan covers two main goals:

- Improving policy and practice and capacity building to ensure HIV/AIDS NP sustainability in achieving every target;
- Budget planning to ensure HIV/AIDS NP funding from external and domestic sources to meet every target mentioned above by 2020.

The analysis presented below is based on the data and conclusions of the Report on Mid-Term Evaluation of the Sustainability Plan of the HIV/AIDS NP (2016-2020) for 2017-2018.

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[21] Report on Mid-Term Evaluation (2017-2018) of the Sustainability Plan of the HIV/AIDS NP, 2016-2020, Soros Foundation-Moldova at the request of the KAP Committee, 2020.Transition Plan of the HIV/AIDS NP for 2016–2020, approved by the CCM on 15 March 2017.

[22] The KAP Committee is an informal civil society platform created in 2014 to present and promote the interests of key affected populations in the context of public health issues related to HIV/AIDS, TB, hepatitis, STIs, and substance use in the Republic of Moldova, including the region of Transnistria/

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 Eastern Europe and Central Asia (EECA) countries 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 their respective countries. The methodological framework of this assessment is built on 'Measuring the sustainability of opioid agonist therapy (OAT): A guide for assessment in the context of donor transition', which was developed and published by EHRA and updated in 2020. For a detailed description of the conceptual approach and all of the tools for such an assessment, please see: https://harmreductioneurasia.org/harm-reduction/ost/ost-assessment-methodologies/oat-sustain-method/; a Russian language version is available at https://harmreductioneurasia.org/ru/oat-sustain-method/

The assessment of OAT programme sustainability was carried out in the Republic of Moldova using the EHRA approach and tools during June–September 2020.

The **goal of this assessment** was to assess the sustainability of the OAT programme in the context of its transition from Global Fund support and that of other donors to domestic funding and to identify risks, as well as opportunities, to enhance OAT programme sustainability. 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.

A consolidated framework for the assessment of OAT programme sustainability (is shown in the following table (please see **Annex 1** for a detailed version with key deliverables/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 2. Infographic: Sustainability assessment methodology for the OAT programme in the Republic of Moldova, June-September 2020.

An Advisory Group was established to provide support during the assessment process, consisting of five specialists representing both government agencies and the PWUD community:

- Daniela Demishkan, Head of the Public Health Policies Department, Ministry of Health, Labour and Social Protection of the Republic of Moldova ;

- Lilia Fedorova, Substance Use specialist, Republican Drug Treatment Centre;
- Inna Tkach, Coordinator, UNODC Office in Moldova;

- Maya Rybakova, Prevention Coordinator at the Coordination Department of the National HIV/AIDS Prevention and Control Programme;

- Vitaliy Rabinchuk, Representative of the PWUD community and leader of the initiative group of PWUD, 'Pulse' .

The Advisory Group members provided comments on the completed evaluation sheets and reviewed the assessment results. This assessment was conducted using system 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 in the context of transition from Global Fund support to domestic funding. Alongside the desk review, interviews were conducted with key experts from the following categories:

- one representative of the government healthcare management system;
- two substance use specialists (narcologists) from OAT sites;
- one representative of a donor organisation;
- two representatives of NGOs providing psychosocial support services to OAT programme clients in Moldova.

The author also requested statistical data from the Ministry of Health, Labour and Social Protection of the Republic of Moldova.

Two focus groups were conducted in Chisinau and Balti with 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 Prevention and Control Programme, 2016-2020 and Draft Programme, 2021-2025 ;
- Country proposals to the Global Fund, 2018-2020 and 2021-2023;
- National Antidrug Strategies, 2011-2018 and 2019-2026;
- Report on the Mid-Term Evaluation of the Sustainability Plan of the National HIV/AIDS Prevention and Control Programme, 2016-2020 (implemented by the Soros Foundation-Moldova at the request of the KAP Committee in 2020);
- 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 under this assessment, is presented in **Annex 2**.

The table below describes the sustainability scale with corresponding percentage values

Table 1. OAT programme sustainability scale

Scale for status of sustainability	*Description*	*Approximation of the scale as a percentage*
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 difficulties in accessing consolidated annual reports on implementation of the OAT programme in terms of funding and achievement of the programme indicators. Data on the programme results are not published or otherwise made available on the websites of 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 (the lack of OAT in Transnistria) and specifics of the methodology, this sustainability assessment was only conducted for the country areas on the right bank of the Dniester River. A separate study with a different methodology is needed to assess the readiness to implement OAT on the left bank of the Dniester River. Detailed analysis of the OAT programme sustainability in the penitentiary system also requires a separate study to develop specific recommendations for the penitentiary sector.

3 Key results: Policy and governance

Policy and Governance	**Moderate level of, and risk for, sustainability - 68 %**
Political commitment	**Moderate level of sustainability, at moderate risk - 65 %**
Management of transition from donor to domestic funding	**Substantial level of sustainability with moderate to low risk - 71 %**

This assessment shows a moderate level of sustainability, very close to the substantial level of sustainability, for the Policy and Governance issue area.

In Moldova, there is sufficient political support of the OAT programme from government agencies, including the Ministry of Health, Labour and Social Protection, the Ministry of Justice, and the Ministry of Internal Affairs. Starting from 2004, OAT has been a component of the HIV/AIDS NP approved by the Government. In addition, 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 (Table 2).

Table 2. HIV/AIDS NP objectives for 2016-2020 reflecting the OAT programme components

Objective: Opioid substitution therapy provided in 11 administrative regions to at least 4.2% of the estimated number of injecting opiate users by 2020.	**Component 1.** Consolidation and support of substitution therapy.	2016-2020	**Indicators:** - Share of injecting drug users who receive opioid substitution therapy for at least 6 months. - Number of injecting drug users initiated on opioid substitution therapy. - Number of administrative regions where substitution t herapy is offered.
	Component 2. Uninterrupted training of service providers.	2016-2020	
	Component 3. Analytical study on buprenorphine use in opioid substitution therapy.	2016	
	Component 4. Amendments introduced in the Clinical Guidelines on opioid substitution therapy in line with international recommendations.	2016-2020	

In addition to the current HIV/AIDS NP for 2016-2020 and the Global Fund grant for 2018-2020, commitments to ensure OAT programme sustainability are reflected in the Transition Plan,

2017-2020[23] It should be noted that implementation of the current HIV/AIDS NP in Moldova will end in 2020, with a new National Programme being developed for 2021-2025. The current Global Fund grant ends in 2020, so this year (2020) the country has submitted a consolidated proposal for HIV and TB components to receive a new grant for 2021-2023. The total amount of the proposal is €18,061,192 including €8,662,849 for the HIV component, with the remaining part for TB. This is a positive factor in terms of transition sustainability and planning of financial resources for OAT programme implementation in 2021–2025 as part of the HIV/AIDS NP, considering the expected impact of harm reduction interventions, in particular the OAT programme, on the HIV/AIDS epidemic in the country (Table 3)·

Table 3. Distribution (as a percentage) of new HIV cases by assumed routes of transmission, 2004-2019[24]

Year	Perinatal	Heterosexual	Homosexual	**Injecting drug use**
2004	0,8	45,4	0,8	**42,0**
2005	0,9	50,9	0,5	**42,7**
2006	0,4	58,9	1,2	**38,2**
2007	0	66,7	0,6	**30,4**
2008	1,5	65,7	0,3	**17,8**
2009	1,2	75,8	0,8	**12,1**
2010	1,4	88,8	0,2	**8,1**
2011	2,8	86,9	0,2	**8,5**
2012	1,6	86,8	0,5	**5,6**
2013	1,4	91.4	0,7	**5,0**
2014	2,8	86,1	0,5	**8,7**
2015	0,7	89,9	2,6	**2,2**
2016	0,7	85,5	4,95	**4,5**
2017	0,6	88,7	2,2	**2,4**
2018	0,7	85,4	2,1	**4,1**
2019	0,4	86,5	2,2	**3,1**

Government commitments to ensure OAT sustainability are reflected in the new programme aiming to scale-up the geographic coverage, and improve the quality, of the OAT programme.

The OAT programme is also part of the National Antidrug Strategies both for 2011-2018 and for 2019-2026, with the objective to increase the number of OAT programme clients and their retention in treatment. It should be noted that this political document, which is one of the key instruments of the national drug policy, is not supported with budget allocations, but is based on an action plan, defining the responsibilities and contributions of all the parties, from the Government and the Ministries to civil society organisations[25]. Such a strategy is an important political document on the interaction with the law enforcement and judiciary systems in terms of support of OAT programme implementation and scale-up in Moldova.

[23] HIV/AIDS NP Transition Plan, 2016–2020, approved by the CCM on 15 March 2017. http://ccm.md/node/1

[24] Data of the Republican Drug Treatment Centre.

[25] https://www.legis.md/cautare/getResults?doc_id=67407&lang=ru

3.1 *Political commitment*

State of progress. Political commitments of the Republic of Moldova in terms of countering illegal drugs are based on the WHO Health 2020 concept[26], according to which the use of narcotic drugs is a challenge which jeopardises public health and can hinder the healthy development of people and society in a more general context. As a response to the growth in illegal drugs trafficking and use, Moldova has developed, and continues to constantly improve, its legislative and institutional frameworks. Legislative acts were developed to regulate the trafficking of narcotic and psychotropic drugs and to define the sanctions to be used in case of violations [27].

The key documents defining the policy of the Republic of Moldova in terms of countering drug use and trafficking are as follows:

- **Code of Offences and Criminal Code of the Republic of Moldova** setting the legal framework of punishments for individuals and legal entities violating the legal norms on the trafficking of narcotic drugs and psychotropic substances, stipulating the grounds, and terms of sanctions, as well as the types of punishment to be applied;

- **Law on the Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors** No. 382 dated 06.05.1999;

- **Law on Control and Prevention of Alcohol Abuse, Illegal Use of Narcotic Drugs and Other Psychotropic Substances** No. 713 dated 06.12.2001;

- **National Public Health Strategy, 2014-2020, approved by Government Resolution** No. 1032 dated 20.12.2013[28];

- **National Anti-Narcotic Strategy, 2020-2027, approved by Government Resolution** No. 233 dated 10.04.2020[29];

- **National Clinical Guidelines on Opioid Dependence Pharmacotherapy**, MHSP, 2018[30].

The country demonstrates political support of OAT programme implementation and scale-up through the MHSP, but also by the Ministry of Internal Affairs/General Police Inspectorate and the Ministry of Justice. The commitment of the MHSP on the provision of OAT services can be seen through the relevant Clinical Guidelines.

The existing political commitments on OAT implementation in Moldova are mostly tied to the commitments to the HIV response within the implementation of the HIV/AIDS NP. However, at the level of the MHSP and the Ministry of Internal Affairs, there is a clear understanding that OAT is a part of the drug policy and the main method to treat opioid dependence and to counter drug use and trafficking, which is reflected in the National Anti-Drug Strategy, 2020-2027.

26 World Health Organization. Health 2020: A European policy framework for supporting health actions and the well-being of the population at the level of government and society. Copenhagen, Denmark; World Health Organization, Regional Office for Europe, 2013. http://old2.ms.gov.md/sites/default/files/health2020_rom.pdf

27 National Assembly. Use and trafficking of illicit drugs. Annual Report 2017. Chisinau, Moldova; Ministry of Health, Labour and Social Protection, 2018. https://msmps.gov.md/sites/default/files/raport_anual_2017.pdf

28 National Assembly. Government Decision No. 1032 of 20.12.2013 on the approval of the National Public Health Strategy for the year 2014-2020. Chisinau, Moldova; Official Gazette No. 304-310 Art No. 1139, 27 December 2013. http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=350833

29 National Assembly. Government Decision No. 233 dated 10.04.2020 on the approval of the National Anti-Drug Strategy for 2020-2027 and the National Anti-Drug Action Plan for 2020-2021. Chisinau, Moldova; State Chancellery, Official Gazette No. 104-105, Art. No. 320. https://www.legis.md/cautare/getResults?doc_id=121214&lang=ru

30 Pharmacological treatment of opiate dependence. National clinical protocol. Chisinau, Moldova; Ministry of Health, Labour and Social Protection, 2018.. http://89.32.227.76/_files/15650-PCN%2520-225%2520Tratamentul%2520farmacologic%2520al%2520dependentei%2520de%2520opiacee.pdf

There are no legislative barriers for OAT service delivery in the country. The law allows the use of narcotic drugs and psychotropic substances for medical purposes to relieve pain and physical (mental) suffering related to disease and/or interventions in line with medical indications based on the Clinical Guidelines approved by MHSP[31]. In 2018, the National Clinical Guidelines on Pharmacotherapy were revised by a group of experts representing MHSP, RDTC, international organisations and NGOs. One of the key outcomes was inclusion of buprenorphine as an alternative OAT drug.

There is no evident opposition to the scale-up of OAT from law enforcement agencies. In 2015, the General Police Inspectorate developed and approved guidelines for law-enforcement agencies on working with the populations at high risk of HIV (PWID, SW, MSM). In particular, the Guidelines define the role of police in providing access to care and support for drug dependent people through awareness raising and referral to the OAT programme.

However, several focus group participants referred to events showing certain difficulties in the relationship between police officers and OAT programme clients in some cities of the country where such clients are still prosecuted and experience extortion. Based on the relevant provisions of the Criminal Code, and the minimum amounts defined in the *List of Narcotic Drugs, Psychotropic Substances and Plants Allowed to be Stored by Individuals for Personal Use*, the police continue to persecute and applying administrative sanctions against PWUD, including OAT programme clients.

Key experts note that to strengthen the impact of the above-mentioned Guidelines in practice, in terms of interaction of law enforcers with people who use drugs, including OAT programme clients, it is important to raise the awareness of law enforcers and develop their skills, such as referral to other services and to implement a mechanism to monitor implementation of the Guidelines by the General Police Inspectorate. Another important objective is to expand the scope of the Guidelines and their application to staff of prosecutors' offices, the judiciary and investigation agencies.

The RDTC is the body responsible for OAT oversight, coordination and management in Moldova. General control over OAT implementation as a component of the HIV/AIDS NP is ensured by the MHSP as the government agency responsible for the provision of medical care to the population.

The RDTC prepares quarterly reports and, at the request of the MHSP, provides analytical information on OAT implementation. RDTC staff, together with the HIV/AIDS NP team, plan the scope of OAT medicines use the Centre for Centralised Procurement in Public Health[32] to organise procurement.

31 Pharmacological treatment of opiate dependence, Ibid.

32 http://capcs.md/

Barriers and challenges

Despite the fact that OAT is a core part of the national drug treatment policy, no specific steps or activities to implement this component are stipulated, or supported, with funds in the National Anti-Drug Strategy or any other strategies, except the HIV/AIDS NP.

The country has no effective system to coordinate OAT programme implementation. Despite the fact that the RDTC is the body responsible for OAT oversight, coordination and management, different sources of funding lead to shared areas of influence (among the RDTC, HIV/AIDS NP Coordination Department, and the Principal Recipient of the Global Fund) and it takes significant efforts by the RDTC to ensure that coordination takes into account the requirements of all parties involved, both at the national and at the local levels. With transition to domestic funding, there is a need to consolidate the capacity of the RTDC to perform the functions of OAT management at the national level.

Though NGO representatives are engaged in OAT programme coordination at the national level through their regular participation in the activities of the CCM and the CCM working groups, there are practically no separate mechanisms to ensure the direct engagement of clients in OAT programme implementation.

At the local level, there is no political support at all for the OAT programme in the Transnistria region, which constitutes 15% of the whole territory of the country with an estimated 2,750 people who use opioids[33]. Refusal of the local authorities to implement the OAT programme in Transnistria can be explained by political considerations and attempts to follow the public health policy of the Russian Federation.

Transition impact

Planned transition of the OAT programme to domestic funding has had a significant impact on the attitude of decision-makers and policymakers. Starting in 2016, when the NHIC started allocating funds to implement OAT, doctors started seeing OAT as a more inherent part of activities of the drug treatment system as compared with previous years when they saw OAT as an intervention implemented only within the Global Fund grant. However, there is still a lot of work to be done in this regard, especially in the cities where OAT is not yet available[34].

The country confirmed its political commitment to OAT implementation and scale-up by including relevant provisions in the draft HIV/AIDS NP for 2021-2025, and in the new country proposal to the Global Fund for 2021-2023 (Table 6). Such documents stipulate that methadone and

[33] Draft National HIV/AIDS and STI Prevention and Control Programme, 2021-2025.

[34] Information from interviews with key experts.

buprenorphine will continue to be procured through MHSP funds, while the Global Fund will cover the costs of equipment of OAT sites and the provision of psychosocial support to OAT clients. Moreover, it is planned to scale-up the geographic coverage of the OAT programme on the left bank of the Dniester River. It is expected that advocacy for OAT will be carried out in Transnistria with Global Fund support.

Opportunities and the way forward

Engagement of NGO representatives in OAT programme coordination at the national level should be strengthened within the context of transition through their regular participation in the activities of the National Anti-Drug Commission, the CCM and CCM working groups, which are the key platforms for interdisciplinary coordination and monitoring of the OAT programme. It is also important to retain good practices to ensure:

- NGO participation in the development and implementation of the national OAT protocol;
- ʙrecruitment of NGO representatives as staff of the RDTC (not only in Chisinau) as social workers ;
- engagement of NGO representatives as part of OAT multidisciplinary teams;
- NGO participation in the development and implementation of the new HIV/AIDS NP (2021-2025) and the Global Fund proposal (2021-2023).

As there are practically no separate mechanisms to directly engage clients in OAT implementation, it is important to view the CCM and the KAP Committee as platforms which allow engagement with PWUD community members, including the OAT clients, in their activities through NGOs.

3.2 *Management of transition from donor to domestic systems*

State of progress

OAT issues are included in the national Transition Plan for 2017-2020 approved by the CCM on 15 March 2017. However, this document mainly covers transition of the medical component from donor to domestic funding, while transition of the psychosocial support component is only mentioned but is still not properly implemented or defined.

According to the Transition Plan, at least 20% of the estimated number of injecting drug users were to be covered with psychosocial support services during 2017-2020 to ensure their access to HIV and TB treatment programmes as well as opioid substitution treatment, or OST, (the term used in official documents to refer to OAT) services through:

- supporting OAT sites;
- procuring OAT medicines;
- raising the awareness and educating the OST service providers.

The plan also defines the scope of OAT funding from the national budget (MHSP, Ministry of Finance, Ministry of Justice, NHIC) for the period of 2017-2020.

Table 4. Scope of OAT funding from the national budget according to the Transition Plan .

	Allocations from the national budget (MDL [35])	% of the total need
2017	11 846 067	84%
2018	15 284 375	100%
2019	16 018 025	100%
2020	17 363 050	100%
Total	60 511 517	96%

In 2017, the NHIC contribution to the OAT programme was only 4% of the estimated need as set forth in the Transition Plan for 2017-2020. In 2018, medical services of the OAT programme were fully funded by the NHIC. Though the amount spent was only 20% of the estimated need, such an amount fully covered the needs of the current programme (while the amounts stipulated in the HIV/AIDS NP for the medical costs of OAT were overestimated). Using the indicators for OAT implementation as set forth in the HIV/AIDS NP, the number of people receiving treatment was 497 (86.4%) compared with the target of 575 in 2017; 498 (79.7%) compared with the target of 625 in 2018; and 522 (79.7%) compared with the target of 655 in 2019[36] .

Currently, development of a new Transition Plan for the period of the HIV/AIDS NP for 2021-2025 has not been discussed yet. At the same time, information about the ways to ensure sustainability of relevant activities is included in the draft HIV/AIDS NP and the country proposal to the Global Fund submitted in June 2020 for the period of 2021-2023. There are some discussions concerning the need to develop an Operational Plan to implement the OAT programme for this period instead of a Transition Plan.

35 MDL: Moldovan Leu, currency of the Republic of Moldova; 1 MDL = €0.05 as of 29 September 2020.

36 Report on the Mid-Term Evaluation (2017-2018) of the Sustainability Plan of the HIV/AIDS NP, 2016-2020, Soros Foundation-Moldova at the request of KAP Committee, 2020.

Barriers and challenges

In Moldova, there are no major problems related to the transition of the OAT programme from donor to domestic funding[37]. Currently, the existing OAT programme is co-funded by the MHSP and NHIC. However, funding of the psychosocial component is still covered from the Global Fund grant (in particular for the period of the new grant in 2021-2023) and remains an issue. Such support is available only to the clients of a few OAT sites. The RDTC has experience of recruiting NGO representatives as social workers for the OAT programme (the only case is in Chisinau). Thus, the mechanism of covering social support to be provided to OAT clients from government funds has not been defined or launched and the sustainability of this component has not yet been ensured and is not even a priority issue on the transition agenda.

Transition impact

The transition to domestic funding contributed to the creation of a favourable legal environment to ensure OAT implementation through funding by the NHIC and OAT medicine procurement covered by the MHSP.

Transition to domestic funding also created the need for more regular discussion of sustainability issues at meetings of the HIV/AIDS Technical Working Group (TWG) of the CCM[38]. Currently, the TWG functions as the main platform and advisory mechanism to plan and coordinate OAT programme activities.

It is important to note the role and impact of NGOs in OAT implementation as well as in the transition process. Representatives of NGOs, PWUD and OAT client communities are members of the CCM and the CCM TWG, and are also active members of the KAP Committee, who have a strong voice at all levels and in platforms related to decision making in the area of HIV/AIDS and TB. Unfortunately, the voice of communities in drug policy issues is not so strong, both at the national and local level. Often, the engagement and impact of communities is ensured through NGOs, whose representatives are members of the Anti-Drug Commission.

Opportunities and the way forward

Development of the new HIV/AIDS NP for 2021-2025 and the proposal to the Global Fund for 2021-2023 requires a new transition or operational plan to ensure that the sustainable transition of the OAT programme to domestic funding is developed, at least for the period of grant implementation. Such a plan should include measures aimed at increasing the coverage, and improving the quality, of OAT services. Such measures can include OAT programme implementation in all of the geographic regions of Moldova, including Transnistria, as well as the engagement of primary care facilities in OAT service delivery, and the allocation of government funding to provide psychosocial support to OAT programme clients. The plan should also stipulate regular training activities for medical personnel involved in OAT programme implementation as well as the launch of effective M&E mechanisms, the integration of OAT services with other medical structures, including national programmes (TB, viral hepatitis) and cooperation with NGOs to ensure the delivery of comprehensive services.

[37] Information from interviews with key experts.

[38] http://ccm.md/node/1

4 Key results: Finance and other resources

Finance and resources	**Substantial level of sustainability with moderate to low risk - 72%**
Medications	**Substantial level of sustainability with moderate to low risk - 77%**
Financial resources	**Substantial level of sustainability with moderate to low risk - 79%**
Human resources	**Substantial level of sustainability with moderate to low risk - 70%**
Evidence and information systems	**Moderate level of sustainability, at moderate risk - 62%**

Transition from Global Fund support to domestic funding at the level of political commitments has led to a need to plan allocations for the OAT programme from NHIC funds. In 2018, the guiding norms of implementing a unified compulsory medical insurance programme to provide OAT services to all clients, whether or not they have insurance certificates[39]. were revised. According to the joint MHSP and NHIC Order, OAT services can be provided by any specialised drug treatment institution which includes such services in its contract with NHIC.

4.1 *Medications*

Methadone procurement has been covered by the MHSP since 2016 (Table 4) and will be covered from the same source during 2021-2025 according to the draft HIV/AIDS NP for that period. The table below presents the key cost categories in terms of OAT implementation, in particular for the procurement of medications from the funds of MHSP in line with the budget of the HIV/AIDS NP for 2016-2020.

Table 5. Planning the expenses of the OAT programme in Moldova in line with the HIV/AIDS NP, 2016 -2020

Cost categories (2016-2020)	**Budget (MDL[40])**					
	2016	2017	2018	2019	2020	Total
Operation of OAT sites	12838875	14061625	15284375	16018125	17363050	75565950
Procurement of OAT medications	1279426	1401277	1523127,18	1596237	1730272	7530340,77
Long-term training for OAT service providers	76515,99	76515,99	76515,99	76515,99	76515,99	382579,97
Analysis of the practices of buprenorphine use for OAT	71750	0	0	0	0	71750
Revision of the Clinical Guidelines on OAT in line with international tandards	0	0	0	0	0	0

39 Joint Order of the MHSP and NHIC No. 1592/594-A dated 28 December 2018 http://www.cnam.md/httpdocs/editorDir/file/Legislatie/ordine/2019/Ordin%201592%20594-A%20%20din%2028_12_18%20Criteriile%20de%20contractare_2019.pdf

40 USD1.00 = MDL16.70, €1.00 = MDL19.30

The components of the Transition Plan related to the use of buprenorphine in the OAT programme were implemented. Amendments were introduced in the Clinical Guidelines on OAT based on international recommendations. The Guidelines were updated in 2018, with buprenorphine procured from the Global Fund grant and used in the OAT programme from 2019 (as per the new Guidelines). In the draft HIV/AIDS NP for 2021-2025, it is planned that the MHSP will procure buprenorphine for the OAT programme on the right bank of the Dniester River[41].

State of Progress

During 2016-2020, OAT medications were procured through both MHSP and Global Fund finances. Moldova uses liquid methadone in its OAT programme, and starting from 2019, buprenorphine has also been used for OAT. In 2018, the Clinical Guidelines on OAT were updated as a result of civil society advocacy efforts, with buprenorphine procured from the Global Fund grant for approximately 30 clients. Both OAT medicines are included in the Essential Medicines List. During 2021-2025, it is planned that the OAT medicines will be fully covered by the MHSP for the right bank of the Dniester River and from the Global Fund grant (in the first three years) and the local budget (for the remaining two years) for the left bank of the Dniester River. Within the Global Fund grant, medicine procurement is carried out by the Principal Recipient, the Public Institution, 'Coordination, Implementation and Monitoring Unit of Health System Projects'[42]. When the OAT programme is initiated in the Transnistria region, a separate procurement mechanism will have to be established.

The MHSP procures OAT medicines for the right bank of the Dniester River using national budget funds through the Centre for Centralised Procurement in Public Health[43].

The Centre for Centralised Procurement in Public Health is a non-profit government institution with financial autonomy, acting on the basis of self-governance, which plans and implements public procurement of medications, other medical products and devices; signs public procurement contracts; evaluates and oversees the performance of contracts on the public procurement of medications, other medical products and devices for the healthcare system from the national budget, local budgets, from the funds of government institutions, compulsory health insurance funds and from the foreign loans related to direct or secured public debt. The Centre operates based on regulations approved by Government Resolution[44].

41 Information from interviews with key experts.

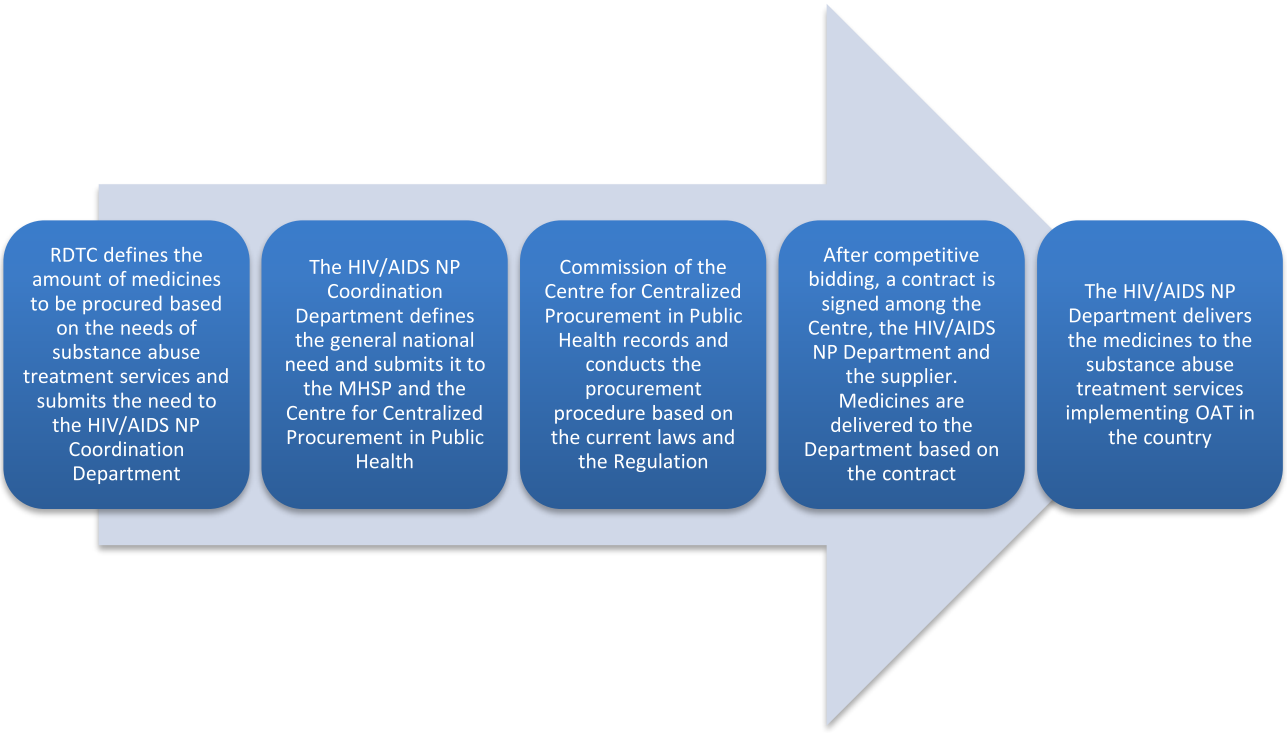
42 www.ucimp.md

43 http://capcs.md/

44 National Assembly. Government Decision No. 1128 from 10.10.2016 on the Centre for Centralised Public Procurement in Health. Chisinau, Moldova; Official Gazette, No. 353-354, Art. No. 1210, 11 October 2016. https://www.legis.md/cautare/getResults?doc_id=111606&lang=ro

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

Figure 3. OAT medicine planning and procurement process in Moldova



Thus, 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 medicines to the MHSP.

Barriers and challenges

In 2006 and 2020, there were crises with the delivery of OAT medications. The crisis of 2020 was related to the COVID-19 pandemic and created a threat of interruption in methadone treatment during March-April (as it was not possible to procure the medication in time) and in buprenorphine treatment in September 2020. In April 2020, the crisis was successfully resolved and treatment interruption was prevented through the coordinated efforts of the HIV/AIDS NP, RDTC, the Ministry of Internal Affairs, international organisations, in particular UNODC, regional organisations (EHRA), local NGOs and the PWUD community in Moldova. Procurement of methadone from a Ukrainian supplier was promptly organised with no treatment interruptions for clients (initially it was planned to procure methadone from an Italian producer). In September 2020, the crisis arose due to an expiry of buprenorphine and challenges with the procurement of a new lot by the Principal Recipient of the Global Fund grant because the Italian supplier suspended production due to the COVID-19 pandemic. RDTC administration decided to switch all clients (37 people) to methadone and ensure the required monitoring by health workers as well as the necessary psychosocial support. Following a wider dialogue, the approach was changed, and it was decided to use the expired buprenorphine before the new lot of buprenorphine was received.

Transition impact

Within the transition of OAT medicine procurement to domestic funding, relevant funding sources were clearly defined (MHSP and the Global Fund) as well as the procurement procedures and the institutions responsible for the planning and procurement of such medicines.

Transition to domestic funding contributed to the strengthened capacity of the RDTC and the HIV/AIDS NP Coordination Department in evaluation and planning of OAT procurement from government sources through the performance of relevant procurement-related functions. While building their experience in planning and implementing OAT medicine procurement, such institutions also improved their communication and cooperation with the PWUD community. The community plays a more active advocacy role, and functions as a link between clients and the individuals/institutions making procurement decisions.

Opportunities and the way forward

To prevent any risks related to the delivery of medicines and treatment interruption (as in March and September 2020 due to the COVID-19 pandemic), it is important to develop Guidelines/SOPs defining and describing the stages of procurement planning and implementation (in particular, taking into account the expiry date of medications), timeframes and clear division of the duties among the RDTC, HIV/AIDS NP Coordination Department, and the Global Fund Principal Recipient. There is a need to revise Government Resolution No. 568 dated 10 September 2009, and Order No. 948 dated 10 August 2018 'On organisation of centralised procurement' to standardise the stages and terms of procurement of the medicines to implement national programmes, including the OAT programme.

4.2 *Financial resources*

State of Progress

In 2016, targeted funding of the OAT programme from the Compulsory Health Insurance Fund (CHIF) began, which continues to the present time. As for the procurement of OAT medicines, it is planned to cover them from the MHSP 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. It is planned that equipment for new OAT sites to be opened in the forthcoming five years, 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. Detailed distribution of the costs by sources of funding is presented in the table below.

Table 6. Distribution of the planned OAT budget in line with the HIV/AIDS NP for 2021-2025

		Coverage & cost by year / No. of clients	Total clients	2021 clients	2022 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)	1752,00 MDL[45] per client, per year	Total need	12 920	656	820	1148	1312	1641	1149312,00	1436640,00	2011296,00	2298624,00	2875032,00	**9770904,00**
		In the programme	584	656	820	1148	1312	1641	1149312,00	1436640,00	2011296,00	2298624,00	2875032,00	**9770904,00**
		MHSP	10 170	656	770	1048	1162	1441	1149312,00	1349040,00	1836096,00	2035824,00	2524632,00	**8894904,00**
		Local Transnistria Administration		0	0	0	150	200	0,00	0,00	0,00	262800,00	350400,00	**613200,00**
		Global Fund, Left bank	2 750	0	50	100	0	0	0,00	87600,00	175200,00	0,00	0,00	**262800,00**
Buprenorphine procurement (cost of medicine and delivery)	4850,00 MDL per client, per year	Total need		116	145	203	232	290	562600,00	703250,00	984550,00	1125200,00	1406500,00	**4782100,00**
		In the programme MHSP		116	145	203	232	290	562600,00	703250,00	984550,00	1125200,00	1406500,00	**4782100,00**

[45] 1 USD = 16,70 MDL, 1 EURO = 19,30 MDL.

		Coverage & cost by year / No. of clients	Total clients	2021 clients	2022 clients	2023 clients	2024 clients	2025 clients	2021/ MDL	2022/ MDL	2023/ MDL	2024/ MDL	2025/ MDL	Total MDL
Equipment for OST sites - computers, safe lockers, dosage devices, etc.	34773,52	Total need		2	4	4	2	2	69547,04	139094,08	139094,08	77830,72	84648,17	**510214,09**
		In the programme		2	4	4	0	0	69547,04	139094,08	139094,08	0,00	0,00	**347735,20**
		Global Fund, Right bank		2	3	3	0	0	69547,04	104320,56	104320,56	0,00	0,00	**278188,16**
		Global Fund, Left bank		0	1	1	0	0	0,00	34773,52	34773,52	0,00	0,00	**69547,04**
		Deficit		0	0	0	2	2	0,00	0,00	0,00	77830,72	84648,17	**162478,89**
Psychosocial support of the OAT clients	542,00[46]	Total need		772	965	1351	1544	1930	418424,00	523030,00	732242,00	836848,00	1046060,00	**3556604,00**
		Total need		772	965	1351	0	0	418424,00	523030,00	732242,00	0,00	0,00	**1673696,00**
		Global Fund, Right bank		772	965	1251	0	0	418424,00	495930,00	678042,00	0,00	0,00	**1592396,00**
		Global Fund, Left bank		0	50	100	0	0	0,00	27100,00	54200,00	0,00	0,00	**81300,00**
		Deficit		0	0	0	1544	1930	0,00	0,00	0,00	836848,00	1046060,00	**1882908,00**
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	44360,00	0,00	0,00	0,00	0,00	**44360,00**
		In the programme		1	0	0	0	0	44360,00	0,00	0,00	0,00	0,00	**44360,00**
		Global Fund, Left bank		1	0	0	0	0	44360,00	0,00	0,00	0,00	0,00	**44360,00**
		Deficit		0	0	0	0	0	0,00	0,00	0,00	0,00	0,00	**0,00**

[46] Report on the costs of HIV prevention and KP support programmes, Public Institution 'Coordination, Implementation and Monitoring Unit of Health System Projects,' 2017. http://ucimp.md/images/pdf/costificareaserviciilordeprevenirehiv.pdf

Barriers and challenges

There is progress in terms of consistency of OAT programme funding from the national budget, but such funding is aimed at supporting a low coverage of services (no more than 6% of the estimated number of opiate users in 2021-2025). Additional funding will be needed to ensure a higher coverage and the country should be ready to plan and allocate such funds through the existing and/or alternative funding mechanisms.

No mechanism has been developed to fund psychosocial support of OAT programme clients from the national budget. 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 of government funding of the OAT services and procurement of OAT medicines for the programme to be implemented on the left bank. The funds of the NHIC, or the MHSP, will not be able to cover OAT services on the self-proclaimed autonomous territory, so local funding mechanisms should be identified and established. At the same time, the MHSP and international organisations can provide technical support for OAT programme initiation and implementation in Transnistria

4.3 *Human resources*

In Moldova, only governmental health institutions implement the OAT programme. When this assessment was conducted, most OAT services were implemented in drug treatment units of municipal/district hospitals and the RDTC in Chisinau. The RDTC conducts methodological oversight of all drug treatment services but does not have any direct administrative functions in terms of service delivery, staffing or infrastructure maintenance. Substance use specialists perform a number of tasks in line with their job description according to Government Resolution No. 1433 dated 7 November 2002 on approval of the Regulation on the Drug Treatment Institution of the Ministry of Health[47], including:

-outpatient and inpatient treatment of people with alcohol and narcotic substance use disorders ;

- registration/medical examination of people with alcohol and narcotic substance use disorders ;

- medical check-up of people who request certificates from substance use doctors (e.g. for getting a drivers' licence, employment, etc.);

- forensic examination of people detained by police (drug use examination).

[47] National Assembly. Government Decision No. 1433 dated 07.11.2002 on the approval of the Regulation on drug dependence by the institution of the Ministry of Health and the Regulation on the Centre for Medical Detoxification in medical institutions (country, city hospitals) subordinated to the Ministry of Health. Chisinau, Moldova; Official Gazette, No. 154-157, Article No. 1584, 21 November 2002. https://www.legis.md/cautare/getResults?doc_id=4719&lang=ru

The national Clinical Guidelines for 'Pharmacotherapy of Opioid Dependence', approved by the MHSP in 2018, regulates the need for human resources when implementing OAT. A standard team offering OAT services consists of:

- a substance use specialist;
- a nurse;
- a psychologist;
- NGO representatives providing social support to OAT clients, including a social assistant (with a university degree), a social worker, and a peer consultant.

State of Progress

Provision of OAT services is one of the duties of substance use specialists and other health workers at OAT sites. The level of professional training of the 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 (according to the Attestation/Professional Training Plan for substance use specialists comprising 250 mandatory hours over five years). The national Association of Psychiatrists and Narcologists ensures participation of medical workers in international workshops thanks to the support of international partner organisations, such as UNODC and UNAIDS, or within regional projects, in particular those supported by the Global Fund.

Barriers and challenges

There is a need for relevant specialists to implement the OAT programme in the country (in some cities, the operation of such a programme cannot be organised due to the lack of substance use specialists[47]), There are discussions about 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 programme staff receiving additional bonuses to their salaries from the project budget[48]. Though such bonuses are no longer paid, OAT programme staff view OAT services as complicated work which requires additional incentives, and not as part of their key duties.

In Moldova, OAT medicines may not be prescribed by family doctors or other primary health care providers. OAT medicines are not distributed through pharmacies, though doing so could have helped to improve availability and accessibility of OAT services.

There are not enough drug use specialists, especially in municipal drug treatment institutions. There was a case when an OST site in Soroca was closed because the only drug use specialist in the city was not able to engage in the project.

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48 Information from interviews with key experts.

49 Information from interviews with key experts.

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 presentation of the WHO guidelines on OAT and interaction with NGO representatives, has helped to raise awareness of health workers and reduce stigma against PWUD[50]. At the same time, in the context of transition to domestic funding, personnel training and qualification will continue to largely depend on the support of donors and international organisations. It is especially relevant when conducting workshops with international experts and organising participation of national specialists in international conferences. Thus far, the government has not funded such activities.

Opportunities and the way forward

Currently, there is a need to organise online advanced training courses for OAT programme staff, including medical and non-medical personnel, as well as NGO representatives providing psychosocial support to OAT clients. There should also be a system of supervision by RDTC specialists, especially for personnel of new OST sites that are opened.

4.4 *Evidence and information systems*

State of Progress

Within the OAT monitoring system used for programme management, there is a quarterly statistics form used to report on the OAT programme. The RDTC prepares reports in the national language on the key indicators, which are submitted to the MHSP and the HIV/AIDS NP Coordination Department. Independent assessments of OAT efficiency and effectiveness have been carried out in the country[51] [52]. The results of such assessments were used as evidence of OAT programme efficiency when drafting the National Anti-Drug Strategy as well as the national and local HIV/AIDS programme. Assessment results were also discussed at round tables and national meetings and were presented to specialists providing drug treatment and support to PWUD.

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50 Information from interviews with key experts.

51 Kepuladze K. Assessment of the needs of NGOs and health institutions working with key populations in the context of HIV/AIDS, Chisinau, Moldova; Centre for Health Policy and Analysis (PAS), UNAIDS, 20 December 2018. http://www.pas.md/ro/PAS/Studies/Download/119

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

Table 7. Key indicators of OAT programme implementation for the last three years and for the current year[53]

	2017	2018	2019	2020
Coverage, including women				
Estimated number of people with opioid dependence	19 300	19 300	19 300	12 920
Estimated number and percentage of women with opioid dependence	n.a.	n.a.	n.a.	n.a.
Number of OAT programme clients	497	498	522	533
Number and percentage of female OAT programme clients	50/10 %	55/11 %	51/9,8 %	55/10,1 %
OAT coverage (% of people with opioid dependence)	3 %	3 %	3 %	н.д.*
OAT coverage among women with opioid dependence	н.д.	н.д.	н.д.	н.д.
OAT coverage based on the WHO scale: low 20%moderate 40%high	низкий	низкий	низкий	низкий
Number of people with opioid dependence registered in governmental institutions	3227	3610	3682	н.д.**
OAT coverage among people with opioid dependence registered in governmental institutions (%)	13 %	13,8 %	14,2 %	н.д.**
Geographic coverage				
Number of OAT sites	10	9	9	9
Share of administrative regions where the OAT programme is implemented	9/34	8/34	8/34	8/34
OAT integration				
Share of the OAT sites offering integrated HIV/TB/HCV services	3	2	2	2
Number of OAT sites in specialised governmental drug treatment centres	3	2	2	2
Number of clients receiving OAT in specialised governmental drug treatment centres	213	217	250	255
Number of OAT sites in primary health institutions and number of their clients	Not applicable			
Number of people receiving OAT in places of confinement (including pre-trial detention centres) as of the end of the reporting period	62	66	72	94
Number of people receiving OAT services in NGOs	Not applicable			
Number of people receiving OAT services in private organisations	Not applicable			
Number of OAT programme clients living with HIV	85	94	96	82
Number of OAT programme clients living with HIV who receive ART	85	94	96	82
Number of OAT programme clients diagnosed with HCV	n.a	n.a	n.a	n.a
Number of OAT programme clients diagnosed with TB	8	9	8	10
Percentage of OAT programme clients diagnosed with TB who receive TB treatment (including MDR-TB)	2	3	2	2
Number of specialised HIV and TB treatment institutions offering OAT services[54]	-	1	1	1

n/a - not available, assessment not 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.

53 Data from the Republican Drug Treatment Centre.
54 Phthisiopulmonology treatment centre, Balti.

National policies stipulate confidentiality of data of OAT programme clients. The requirement to ensure confidentiality of all client data is established in the Law on the rights and responsibilities of patients, No. 263 dated 27 October 2005[55] and in the Law on personal data protection, No. 133 dated 8 July 2011[56]. However, drug treatment institutions maintain a register of PWUD which contains data of all clients registered both for medical follow-up and observation. Separate registers are kept for OAT programme clients (who are also entered in the above-mentioned register). No other institutions, other than drug treatment facilities, have access to such data, including the police inspectorate and other institutions of the Ministry of Internal Affairs. It is not possible to become an OAT programme client without being registered with drug treatment facilities.

Barriers and challenges

Registration with drug treatment facilities restricts[57] certain rights. For example, OAT clients (who are also to be registered with drug treatment facilities) do not have a right to drive or work at certain jobs. Employers can ask people to submit certificates confirming they are not registered with drug treatment facilities. Those factors make the OAT programme high-threshold and much less attractive for clients.

There is no single electronic register of OAT clients in Moldova (every drug treatment facility implementing the OAT programme maintains its own register and does not have access to the data of OAT clients receiving services at other facilities), which makes it difficult for clients to access OAT services in other areas. Thus, if OAT clients need to receive medications in another city, they need to have a relevant certificate with substance use specialists agreeing on the transfer of such a client to another site in advance.

Transition impact

Transition from donor to domestic funding is a good time to assess the efficiency of the OAT programme, data collection systems, and monitoring and reporting frameworks. The need to develop a single electronic register of OAT clients in Moldova has been discussed for several years, but, so far, there is no financial or technical support available to make it happen.

There is no general practice of clients evaluating the OAT programme. There are no assessment tools and no will by drug treatment and healthcare facilities to perform such assessment. It is also important to develop self-assessment tools and mechanisms to evaluate the efficiency of the OAT programme, which can currently be funded only by international donors. An important aspect of sustainable transition is organising the M&E system at the national and local levels.

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55 Parliament. Law No. 263 dated 27.10.2005 on the rights and responsibilities of the patient. Chisinau, Moldova; Official Gazette, No. 176-181, Art. No. 867, 30 December 2005. https://www.legis.md/cautare/getResults?doc_id=107308&lang=ru

56 Parliament. Law No. 133 dated 08.07.2011 on the protection of personal data. Chisinau, Moldova; Official Gazette No. 170-175 Art. 492, 14 October 2011. http://www.asp.gov.md/ro/node/1305

57 Law on control and prevention of alcohol, illegal drugs and other psychotropic substances use, No. 713-XV dated 06.12.2001.

«It would be good to have a website to inform us about the OST-related news, legislative norms and policies in this area and actions of the government to support our programme. Maybe our opinion of the programme could even be asked. Unfortunately, we do not know about such things and it is difficult for us to express our point of view on those issues. We even have no place where we can gather to discuss our issues and problems».

Andrey, focus group participant

«I do not know about OAT clients taking part in programme management and coordination at the national level. Of course, I would like to be more involved and have better access to the information on OAT. We do not have much information; for example, for how long methadone and buprenorphine are procured».

Viktor, focus group participant

Opportunities and the way forward

It is necessary to develop an efficient up-to-date M&E system for the OAT programme, which should be funded by the government, but it is also important to have international funding for such components including an assessment of the quality of services, their social impact, cost-effectiveness, and assessment of the number of potential OAT programme clients.

There is also a need to develop a unified OAT register so that OAT clients can access therapy regardless of where they are.

5 Key results: Services

Services	**Moderate level of sustainability, at moderate risk – 57%**
Availability and coverage	**Sustainability at moderate to high risk – 37%**
Accessibility	**Moderate level of sustainability, at moderate risk – 69%**
Quality and integration	**Moderate level of sustainability, at moderate risk– 69%**

Within the current HIV/AIDS NP for 2016-2020, it is planned to implement OAT in 11 administrative regions to cover at least 6% of the estimated number of injecting opiate users. As of the beginning of 2020, only eight administrative regions have been covered with OAT services with the total coverage not exceeding 3%.

The following recommendations related to services provision were presented based on an assessment of the implementation of the Transition Plan, 2017-201:

- analyse alternative sources to fund prevention services – to be funded by the MHSP, and/or from local budgets;
- вdefine a funding mechanism for NGOs to provide psychosocial support to PWID;
- complete the process to integrate HIV, TB, OST and psychosocial support services .

AIt was also recommended to conduct annual monitoring of Transition Plan implementation with engagement of all stakeholders to identify and eliminate barriers.

Based on the assessment results, there is a moderate level of sustainability in terms of access to OAT services, with the most problematic areas being availability and coverage of the OAT programme, in particular provision of integrated support services, including psychosocial support, geographic coverage and scale-up. The level of programme acceptability for the target group was not evaluated separately, but some comments of participants show that low scale-up is explained by low attractiveness of the OAT programme both in the healthcare system and in places of confinement.

One of the objectives set forth in the HIV/AIDS NP Transition Plan is scaling up, strengthening and supporting the OAT programme, in particular in the penitentiary system. According to the interim assessment of Transition Plan implementation, conducted by the Soros Foundation – Moldova[58], this objective has been partly achieved. In 2017, the OAT programme was implemented in 9 cities and 13 penitentiary institutions of Moldova, funded by the CHIF, MHSP and partly by the Global Fund (psychosocial support). In 2016, the medical component of OAT started to be funded by CHIF in the civil sector and by the Ministry of Justice in penitentiary institutions. The psychosocial support component of OAT is implemented by NGOs

[58] Report on Mid-Term Evaluation of the Sustainability Plan of the HIV/AIDS NP, 2016-2020. Soros Foundation-Moldova, 2020.

and supported by the Global Fund. At the same time, according to the joint Order of the MHSP and CHIF, No. 1592/594-A dated 28 December 2018, 'On approval of the criteria of contracting the providers of health services within the compulsory health insurance system in 2019', OAT services became available in all districts and for all clients whether or not they have health insurance, in line with the Transition Plan, 2017-2020.

Thus, in recent years, there have been some positive trends in the provision of OAT services for PWUD. Firstly, the increased accessibility of OAT. The assessment shows interest in the scale-up of OAT coverage in terms of:

- expanding the OAT programme in other cities on the right bank of the Dniester River;
- advocating for, and the piloting of, OAT in several cities on the left bank of the Dniester River (Transnistria).

In 2020, when drafting the new HIV/AIDS NP for 2021-2025 and a proposal to the Global Fund, scale-up of the OAT programme in 18 cities of Moldova was stipulated with both donor and domestic funding.

A mechanism to fund psychosocial support services for OAT clients is planned, to be covered by the national budget through NGO accreditation and their financial support.

In general, in recent years, the indicators for client retention in the programme have been stable, with an average retention rate of 65%. However, there is low coverage of OAT in all cities of Moldova (below 3%).

The OAT programme in Moldova has become less high-threshold, with rare cases of clients being excluded due to their use of alcohol or illegal psychoactive substances; this is in line with the national clinical guidelines which recommend an increase of the daily dose of the OAT medicine in case of additional substance use.

Attitudes by law enforcers representing the General Inspectorate of Police and other agencies of the Ministry of Internal Affairs shows their growing awareness about the significance of the OAT programme, with PWUD being referred to the OAT programme or other support programmes implemented by NGOs.

«The police do not prohibit it, it's the opposite, they even recommended me to enrol in the programme rather than use illegal drugs. Now they know that I am a programme participant under doctors' observation and there are no obstacles from their side».

Andrey, focus group participant

However, in some cities, there is a low level of law enforcer readiness to facilitate OAT programme implementation. It is especially true in the cities where harm reduction programmes are less active or not available.

Unfavourable factors for OAT programme development in Moldova also includes a lack of a mechanism for substance use treatment as an alternative to incarceration and punishment for the people committing drug-related crimes, and a lack of family doctors in primary health care institutions to prescribe OAT, as mentioned above.

5.1 *Availability and coverage*

State of Progress

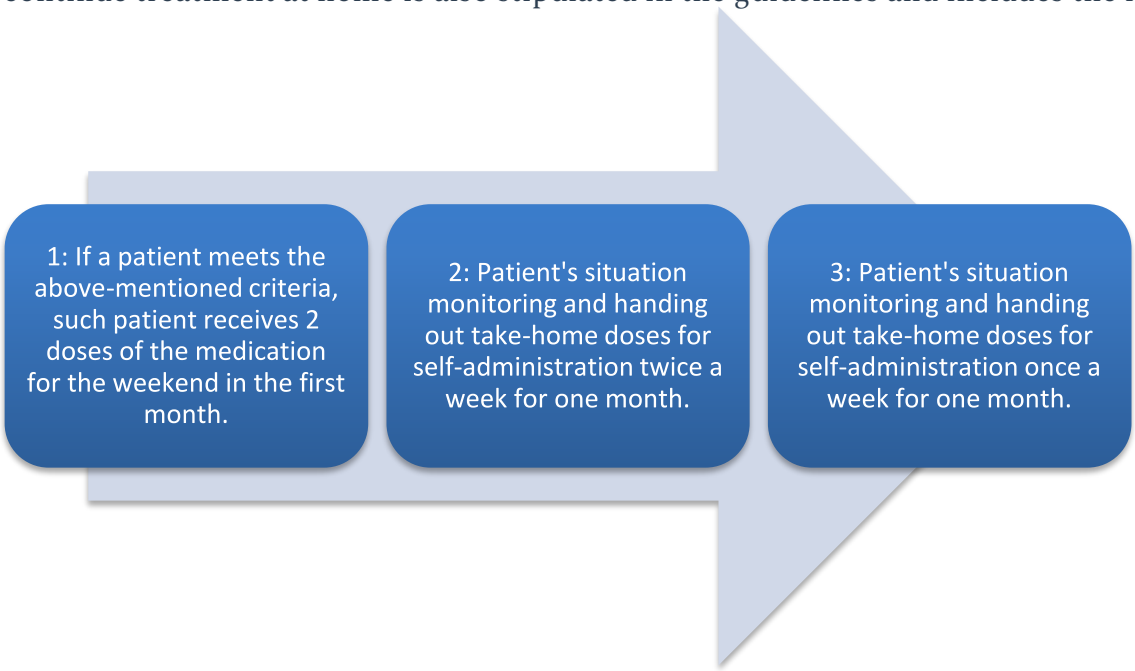
KCurrently, on the right bank of the Dniester River, the OAT programme is implemented in 8 out of 34 sub-national entities of Moldova (districts and municipalities) and in the penitentiary system, both for men and women. There is also an OAT site operating within TB treatment services in Balti and, in Chisinau, one OAT site is located at the TB treatment unit. If necessary, staff of the drug treatment facilities deliver methadone to other health care institutions and pre-trial detention centres. On the left bank of the Dniester River, the OAT programme is neither implemented in hospitals nor the penitentiary system. The new Clinical Guidelines on OAT (2018) stipulate take-home doses of OAT for self-administration. A decision on handing out take-home doses to clients for self-administration is taken based on the following criteria:

- uninterrupted adherence to treatment for at least four months;
- no cases of illegal drug use throughout OAT treatment confirmed with screening results;
- stable condition of the client.

Additional criteria (viewed as advantages) include:

- social stability: permanent employment and/or education ;
- favourable family situation: favourable family environment or progress in improving the family environment;
- responsiveness and cooperation confirmed with adequate relations with doctors and social workers.

The mechanism of handing out take-home doses of methadone and buprenorphine (for individual use) to continue treatment at home is also stipulated in the guidelines and includes the following stages:



All focus group participants pointed out that the COVID-19 pandemic has had a positive impact on the way they receive and take OAT medicines as 100% of OAT clients in the country were switched to receiving take-home doses of OAT medicines for a period from several days to a week.

Barriers and challenges

Currently, it is not possible to access OAT in primary health care facilities (through family doctors) or in pharmacies with a doctor's prescription. Such options are not even being discussed so far. In general, the level of OAT programme coverage over recent years has not exceeded 3% of the estimated number of opioid users. It also seems improbable that the OAT programme will be implemented on the left bank of the Dniester River (both in health care facilities and in the penitentiary institutions) as the MHSP of Moldova cannot influence local authorities, while Russia has a very strong influence in this region.

Focus group participants in Chisinau and Balti also noted that the status of an OAT client limits their employment options (they cannot work as taxi drivers or take positions in the transport industry or in governmental agencies) because of the compulsory registration with drug treatment institutions as well as their opportunities to travel abroad. During focus groups, the participants also said that employers were discriminating against OAT clients, so it was important to change working hours of the OAT sites to allow clients to receive their OAT medicines in the afternoon.

Transition impact

Transition to domestic funding did not have a significant impact on OAT programme coverage, with the number of OAT clients remaining low. Starting from 2021, within the new HIV/AIDS NP for 2021-2025, it is expected that geographic coverage will be increased to include 18 cities and cover the Transnistria region, both in health care facilities and penitentiary institutions, with local funding.

To promote OAT and increase programme coverage, it is important to train and raise the awareness of medical workers, substance use specialists and PWUD community members who are potential OAT clients. It is important to organise information campaigns using the capacity of harm reduction programmes, PWUD initiative groups, OAT clients, friendly substance use specialists and the network of primary health care institutions through family doctors.

In general, transition to domestic funding has convinced both service providers and clients that the OAT programme is stable, at least the medical component of the programme which no longer depends on donor support now, with medicines procured from the MHSP budget and service provision funded by the CHIF (on the right bank of the Dniester River).

5.2 *Accessibility*

State of Progress

Geographical distribution of OAT sites in Moldova is uneven, with most sites located in northern and central parts of the country, while southern and eastern parts of Moldova (the left bank) are not covered. In the penitentiary system, the OAT programme is implemented only on the right bank. Starting from 2021, it is planned to open nine more OAT sites (to cover nine more cities), which will improve accessibility of the OAT programme.

> «There are few OAT sites in Chisinau. It would be convenient to receive treatment in a local polyclinic or at least somewhere in my district. It is difficult to come on time and it is difficult to travel to another district of the city, even if it's not every day».
>
> Igor, focus group participant

OAT services are provided to clients free-of-charge whether they have health insurance or not, and this situation will remain unchanged as drug treatment services, including OAT, are part of the package of health services covered by the government.

The National Clinical Guidelines on OAT define the following indications for an OAT prescription: established diagnosis of opioid dependence (opioid use) syndrome and age (18 years or above). Current Pharmacotherapy Guidelines stipulate provision of OAT services to pregnant women who are opioid dependent.

Excluding clients from the programme for using illegal substances is no longer a general practice. Instead, such a situation is viewed as a need to provide some additional support, such as revision of the OAT medicine dose or stronger psychosocial support based on an individual approach.

«Illegal use is not welcomed, but is also not punished, people are not excluded from the programme. Also, people can leave and then come back in a couple of weeks or months if they realise that they cannot cope without the therapy».

Grigoriy, focus group participant

Focus group participants in Balti and Chisinau complained about the working hours of OAT sites. In Chisinau, the OAT sites are open from 8a.m. to 3p.m. on workdays and three hours a day at the weekend. In Balti, clients said that OAT services are provided from 8a.m. to 11a.m. on workdays and for only one hour at the weekend [59]. Such schedules affect the ability of OAT clients to find employment.

In this regard, it is important to mention the results of an OAT quality and accessibility assessment carried out in Moldova in May 2020 among 454 OAT clients and staff as presented below[60]:

Accessibility in the context of working hours of OAT sites;

Opinion of OAT staff	Opinion of OAT clients
• 50% of staff note daily provision of OAT services at 7-10a.m. and 9am-1p.m. • 65% state that OAT services are provided at the weekend. • 90% say that OAT remains accessible when clients are admitted to hospitals or arrested by police.	• 52% of clients are satisfied with the working hours of OAT sites. • 47% confirm that they have access to OAT medicines at the weekend. • 70% confirm that OAT medicines are accessible at home when clients get sick or when they are arrested by police or hospitalised, while 30% say that they do not have access to OAT in such situations.

Most often, OAT medicines are handed out in the morning, which is not convenient for some clients. The majority of clients say that most OAT sites start handing out OAT medicines at 8a.m., which is not convenient for clients who are employed.

Recommendation: the location and working hours of OAT sites should meet the needs of clients to improve their access to services.

[59] Focus group data.

[60] Tkach I. Access to, and quality of, OAT services for patients with opioid dependence in the Republic of Moldova. Chisinau, Moldova; Nicolae Testemitanu State University of Medicine and Pharmacy/Health Management School, Master's research paper, 2020.

Impact of the COVID-19 pandemic on access to the OAT programme in Moldova:

Opinion of OAT staff	Opinion of OAT clients
• 86% of service providers handed out take-home doses of OAT medicines due to quarantine measures related to COVID-19. • 80% of service providers did not see any violations related to take-home doses, or only at the beginning. However, only 26% think that the practice of handing out take-home doses for 3 or 7 days should be prolonged after the pandemic situation is resolved, while 60% consider that such practice can be retained only for some clients.	• 100% of clients confirmed that they received take-home doses of OAT medicines during the pandemic. • 90% think that this practice should be prolonged.

The COVID-19 pandemic contributed to OAT clients being switched to take-home doses of OAT. The level of client satisfaction is 90%. Though 80% of OAT staff did not see any serious violations when handing out take-home doses for self-administration, only 60% of them agreed that this practice should be retained after the pandemic and not for all clients.

Recommendation: the number of clients who can receive take-home doses of OAT medicines should be significantly increased after the pandemic as one of the goals of OAT is to ensure the re-socialisation, employment and social inclusion of clients. This goal is hard to reach if clients have to visit an OAT site every day.

Barriers and challenges

Working hours of most OAT sites do not meet the needs of clients. A serious issue is the lack of access to OAT services in the Transnistria region, including health care facilities and penitentiary institutions. Buprenorphine is not widely used in all of the cities where the OAT programme is implemented. Only clients from Chisinau said that they had access to this drug, while clients from Balti said that they knew it was available, but it had not been used in the OAT programme so far[61].

Some focus group participants pointed out that OAT services were not available in their districts, so every day they had to travel a long way to access treatment which, in particular, involved financial costs. In this situation, many clients said that wider implementation of take-home doses by the OAT programme would be a reasonable solution.

Transition impact

When drafting the HIV/AIDS NP for 2021-2025, it was decided to increase the number of OAT sites in the country to 17 and to also open OAT sites in the Transnistria region.

[61] Focus group data.

5.3 *Quality and integration*

State of Progress

The OAT programme in Moldova is organised in line with national Clinical Guidelines and international recommendations[62]. The national standards recommend setting the initial methadone dose at a level of 60-120 mg's per day, and the minimum dose of buprenorphine at 16 mg's per day, while there are no restrictions on the maximum dose for either medication. The average dose of methadone for most clients is over 60 mg's.

The assessment of OAT quality and accessibility in Moldova carried out in 2020 among OAT clients and staff revealed the following findings[63]:

Opinion of OAT staff	Opinion of OAT clients
• 70% of doctors prescribe the dose recommended by WHO and the national Clinical Guidelines (60-80 mg's). • 58% of service providers say that consultations take 15-30 minutes on average. • 61% of service providers believe that OAT is beneficial for clients. • 27% would prefer not to work with this category of person; they think that OAT is risky for clients and believe in detoxification and will-power.	• In 40% of cases, doctors agreed to change the dose as the client did not feel well (increase the dose). • According to 70% of clients, average consultations last for 10-15 minutes (doctors said that they were 30 minutes on average). • Clients have more trust in social workers, family members and nurses.

There is a difference in terms of treatment quality perception by service providers and clients. Although 70% of doctors say that they prescribe the average recommended dose, only 40% of clients confirm that doctors are ready to change the dose based on their requests. Service providers said that the duration of consultations were 30 minutes, while clients said it was 10-15 minutes. Outreach workers enjoy the highest level of trust by clients. 26% of respondents from among health workers have a low level of knowledge of OAT and demonstrate stigma against this category of clients.

Recommendation: service providers should be trained in line with national Clinical Guidelines and OAT quality standards.

[62] Joint United Nations Programme on HIV/AIDS (UNAIDS). Fast-tracking combination prevention: Towards reducing new HIV infections to fewer than 500,000 by 2020. Geneva, Switzerland; Joint United Nations Programme on HIV/AIDS (UNAIDS), 2015. https://www.unaids.org/sites/default/files/media_asset/20151019_JC2766_Fast-tracking_combination_prevention.pdf

[63] Tkach I, Ibid.

The following data were received for the psychosocial support component of the OAT programme:

Opinion of OAT staff	Opinion of OAT clients
• 64% of service providers refer clients to psychosocial services. • 54% do not see any issues in relations between clients and social workers. • 25% say that psychosocial support is provided in the corridors of health facilities, which fails to ensure the required conditions, including confidentiality. • 15% say that clients are lost to follow-up when referred to other services.	• 80% of clients say that they were referred to social workers. • 70% consider that psychosocial support is an important component of treatment. • 50% say that social workers provide their consultations outside. • 25% посещают офис НПО для получения психосоциальной поддержки.

Both doctors and clients realise and confirm the importance and benefits of psychosocial support in the OAT programme. Both groups of respondents stated that a lack of designated venues where psychosocial support can be provided negatively affects its efficiency, confidentiality and the quality of services in general.

Recommendation: psychosocial support is an important OAT component and should be integrated at the level of health institutions to ensure proper quality of services and access to them.

«Lately, the quality of services improved – psychologist's consultations, take-home doses, peer support. Folks became more responsible due to the fact that they are treated more seriously and with bigger respect, even with care I would say».

Yuri, focus group participant

As for the integration of the OAT programme with HIV and TB treatment programmes, in March 2019, the HIV/AIDS NP Coordinator, together with the WHO Country Team, took part in a workshop on the joint aspects of WHO guideline implementation in the integration of people-centred health services organised by WHO. The workshop participants developed a roadmap aimed at curbing the epidemics of HIV, TB and other infectious diseases by integrating health services, including OAT.

On 25-29 March 2019, a mission of WHO experts visited Moldova to assess implementation of the WHO guidelines and recommendations in terms of cooperation in the spheres of HIV, TB and dependence and to issue strategic recommendations and define future actions in the areas to be improved that included the following: increase coverage with HIV testing services, in particular among people with presumptive TB; coverage with the OAT programme and promotion of social mobilisation and advocacy by civil society organisations; integration through community support services; and the provision of certain services, including OAT.

The assessment results were presented at a round table held in October 2019, which was the launch of the country dialogue on models to integrate HIV, TB, viral hepatitis and OAT services at different levels of the health care system. Currently, integration of services provided to clients with co-morbidities is being discussed.

Barriers and challenges

The OAT programme includes a psychosocial support component only in Balti and Chisinau. In other regions, most OAT sites have weak links with other health services for uninterrupted treatment of HIV and TB. According to available data, only OAT sites in Balti and Chisinau actively cooperate with other health services. These cities also have OAT sites at TB treatment facilities – one in each city.

6 Conclusions and recommendations

6.1 *Conclusions*

1. The OAT programme is a core component of the national strategies for opioid dependence treatment and HIV/AIDS.

2. The OAT programme is implemented in line with international recommendations and have sustainable political support.

3. The country has approved a plan of transition to domestic funding of HIV/AIDS NP activities for 2017-2020, including the OAT component, with the timeline and the required financial resources defined.

4. Despite the fact that OAT is included in the draft HIV/AIDS NP for 2021-2025 with funding to be allocated from the national budget, a new transition plan should be developed for the OAT components to be implemented with support of the Global Fund during 2021-2023 to ensure their transition to domestic funding.

5. The country has clearly defined the mechanism of OAT funding from the Compulsory Health Insurance Fund (CHIF) and the procurement of medicines by the Ministry of Health, Labour and Social Protection (MHSP) through the Centre for Centralised Procurement in Public Health.

6. Despite the fact that the country has clearly defined the mechanism to procure medicines from MHSP funds, a stronger implementation strategy is needed to coordinate and plan such procurement to avoid any risks associated with delays in medicine supply.

7. The country has ensured co-funding of OAT services by the government and international donors, in particular the Global Fund.

8. OAT services are included in the Programme of Universal Health Coverage (UHC) covered by the Compulsory Health Insurance Fund and are available to people who use drugs (PWUD) with no health insurance.

9. Methadone and buprenorphine have been included in the Essential Medicines List. Methadone and buprenorphine doses are defined by national standards/guidelines and are prescribed in practice based on current WHO recommendations.

10. Eligibility criteria for enrolment in the OAT programme ensures its accessibility to certain groups of clients (pregnant women) and are not restrictive (in particular, clients do not have to submit any confirmation of previous failed treatment attempts).

11. There are no lists of clients waiting to be enrolled in the OAT programme in Moldova.

12. OAT is prescribed and provided in penitentiary institutions.

13. Information about OAT clients is stored in a database in line with all confidentiality and security requirements and is not disclosed outside the health care system without the consent of the client.

14. There is no practice of disclosing OAT client data to law-enforcement agencies.

15. The *Guidelines for law-enforcement agencies on working with populations at high risk of HIV*, approved by the General Inspectorate of Police, ensures a favourable environment for the implementation of the OAT programme through informing people who use drugs of, and referring them to, drug treatment services.

16. Despite such Guidelines, in some cities there are still negative practices of interaction between law enforcers and OAT clients which lowers the attractiveness of the programme and reduces OAT coverage. The application of such Guidelines should be extended to personnel of prosecutor's offices, judiciary and investigation agencies.

17. Transition of the OAT programme in Moldova from donor to domestic funding in terms of sustainability demonstrates that the most vulnerable OAT components include the following:

- coverage of services, both in terms of geographic coverage (in July 2020, there were nine OAT sites in eight out of 34 cities of Moldova) and in terms of the share of those covered from the estimated number of people who use opioids, both in health facilities and in penitentiary institutions (less than 3% as compared with 40% recommended by WHO);
- psychosocial support to OAT clients, which is still supported only by the Global Fund.

18. There is no clear strategy to scale-up the OAT programme in the country, in particular to launch OAT on the left bank of the Dniester River.

19. The lack of non-medical personnel (psychologists and social workers) in drug treatment facilities affects the quality of OAT, limiting the possibilities to provide psychosocial support to OAT programme clients with only NGO-based services.

20. The M&E system of the OAT programme is undeveloped and does not use effective data management tools, in particular in terms of modern technologies to ensure data accuracy, access for health personnel and accessibility of services for clients (e.g. lack of a unified register creates barriers in ensuring access to treatment for clients in case they travel within the country).

21. There are no formal and effective procedures to include OAT clients in programme management and coordination bodies.

22. Mechanisms and tools are partly lacking, or not used appropriately, to collect evidence to demonstrate the efficiency of the OAT programme that can be used to inform decision-makers and programme managers and to ensure effective transition of all programme components to domestic funding (medical and socio-economic effects of the OAT programme have not been studied).

23. While the legislative environment is rather favourable and supportive, there are certain legal barriers and restrictive practices to access the OAT programme (OAT clients lose some social rights due to their compulsory registration as drug users in drug treatment facilities).

24. There is no effective and permanent process to train personnel involved in OAT programme implementation, which should contribute to the professional growth of such personnel and the adequate quality of the programme in line with National Clinical Guidelines.

25. There are no plans to fund and implement information strategies/activities through NGOs/harm reduction programmes, friendly substance use specialists, or law-enforcers to ensure more active PWUD involvement in the OAT programme to improve the coverage.

26. There is a low level of integration of the OAT programme with other programmes (such as HIV, in particular in the context of ART, and TB), especially in other cities apart from Balti and Chisinau.

27. The OAT programme in Moldova is not very attractive for clients, which is confirmed with the dynamics in the growth of the number of OAT clients over the last five years and low coverage (less than 3% of the estimated number of opioid users). Elimination of the legal barriers, such as compulsory registration with drug treatment facilities and relevant restrictions, can change this situation.

Table 8. Components of the OAT programme which depend on international sources of funding (as of July 2020)

Components of the OAT programme, which depend on international sources of funding	Source (donor)	Available funding duration (based on the draft HIV/AIDS NP for 2021-2025)
Methadone procurement	MHSP	2021-2025
Buprenorphine procurement	MHSP	2021-2025
Equipment and preparation of OAT sites	Global Fund	2022-2023
Psychosocial support within the OAT programme	Global Fund	2021-2021
Funding of OAT services (apart from psychosocial support)	CHIF	2021-2025
Advocacy for OAT scale-up	Global Fund	2021-2023

6.2 *Recommendations*

1. Recommendations to the Ministry of Health, Labour and Social Protection

1.1. Develop an Operational Plan to scale-up coverage, and improve the quality, of the OAT programme, taking into consideration the sources of funding for the services and activities planned in the HIV/AIDS NP for 2021-2025, with detailed plans to ensure sustainability of OAT programme components which are still financed by Global Fund grants.

1.2. Engage NGO representatives and members of the OAT client community in the development of the Operational Plan to define the strategy to improve OAT programme coverage and quality.

1.3. Create a working group to develop a mechanism to fund the psychosocial component of the OAT programme from the national budget. Develop a mechanism to integrate the services provided by NGOs (psychosocial support of clients) in the OAT programme and a mechanism for their funding.

1.4. Develop Standard Operating Procedures/Guidelines on planning and organising the procurement of OAT medicines (methadone and buprenorphine) from the national budget with a clear division of the duties among the MHSP, RDTC and the HIV/AIDS NP Coordination Department to avoid any risks related to the delay in drug supply. In this context, revise Government Resolution No. 568 dated 10 September 2009 and the MHSP Order No. 948 dated 10 August 2018 'On organisation of centralised procurement' to standardise the stages and the terms of procurement of the medicines to implement national programmes, including the OAT programme.

1.5. Define the M&E mechanism and identify one body responsible for the monitoring, coordination and management of the OAT programme.

1.6. Study the possibility to exclude the provisions on the compulsory dispensary and preventive registration (follow-up) of PWUD from existing regulations.

1.7. Analyse the possibility to enrol clients not registered as drug users with drug treatment facilities in the OAT programme.

1.8. Analyse the possibility to increase the salaries of OAT programme staff.

1.9. Initiate an assessment of the national drug treatment system with a focus on the components of coverage, quality and attractiveness of OAT services, in particular an analysis of the possibilities of engaging primary health care providers in organising the OAT programme.

1.10. Improve the system to train doctors and other health care workers on the issues of OAT prescription and reduction of stigma towards key populations affected by HIV, in particular PWUD.

1.11. Develop a roadmap to organise comprehensive services based on the OAT programme to ensure uninterrupted treatment of HIV, hepatitis, tuberculosis, and drug dependence.

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

2.1. Raise the issue of ensuring sustainability of the OAT programme at every CCM meeting.

2.2. Recognise the CCM Working Group on HIV/AIDS as a platform to monitor implementation of the OAT component of the Transition Plan.

2.3. Every quarter, raise the issue of OAT programme implementation in the CCM Working Group on HIV/AIDS.

2.4. Facilitate the elimination of barriers to OAT programme implementation on the left bank of the Dniester River.

3. Recommendations to the Republican Drug Treatment Centre

3.1. PDevelop a detailed, unified algorithm or a regulation on organising the OAT programme, stipulating a schedule for the operation of OAT sites that is more convenient for clients; recommend that all drug treatment facilities implementing the OAT programme implement that document.

3.2. Create conditions for the effective integration of the psychosocial support services provided by NGOs to OAT programme clients into the drug treatment service.

3.3. Retain and expand the practice of providing take-home doses of OAT medicines to programme clients, as undertaken during the COVID-19 pandemic.

3.4. Regularly develop, publish and distribute guidelines and awareness-raising materials on OAT both for OAT programme staff (medical and non-medical) and for clients.

3.5. Organise information campaigns in cooperation with NGOs to reduce stigma against PWUD, in particular among health workers and law enforcers.

3.6. Develop tools to collect evidence of OAT programme efficiency in Moldova and launch a practice to collect/update such information on a regular basis.

3.7. Implement a practice of quarterly, detailed analysis of the statistical data on OAT programme implementation, based upon which analytic reports should be prepared and presented to the members of the CCM and relevant Working Groups, the MHSP, the Ministry of Internal Affairs, and the HIV/AIDS NP Coordination Department.

3.8. Analyse the existing structure of the OAT programme, workload of personnel, and prepare proposals on how to improve the structure and increase the motivation of personnel.

3.9. Provide technical support to health institutions and drug treatment facilities at the local level in the process of OAT programme planning and scale-up and integration of services during 2021-2023. There is a need to organise supervision by RDTC experts, especially for people working at new OAT sites to be opened.

3.10. Demonstrate leadership by initiating processes, and by involving all stakeholders, in initiatives to revise legislation in terms of drug use decriminalisation in the country.

4. Recommendations to the Coordination Department of the National HIV/AIDS Prevention and Control Programme

4.1. In cooperation with the RDTC, develop a roadmap on organising comprehensive services based on the OAT programme to ensure uninterrupted treatment of HIV, hepatitis, tuberculosis, and drug dependence. Develop a strategy to integrate OAT with such programmes.

4.2. Together with the RDTC, develop and implement tools to collect evidence of OAT programme efficiency.

4.3. Ensure engagement and support of the RDTC in the process of OAT programme planning and scale-up, as well as integration of services during 2021-2023.

5. Recommendations to civil society representatives

5.1. Improve cooperation, and develop a mechanism of interaction, with drug treatment facilities on issues of OAT programme implementation and the sharing of information about the problems faced by OAT clients.

5.2. Organise and ensure social, legal and informational support of OAT clients and support the movement of client communities and initiative groups, in particular those working through the use of the 'peer-to-peer' principle.

5.3. Facilitate and support the development and training of civil society activists working on OAT issues and in building the capacity of client communities and initiative groups.

5.4. Scale-up dvocacy efforts aimed at the decriminalisation of drug use in the country.

6. Recommendations to technical partners and donors

6.1. Provide technical and financial support to ensure sustainability of the OAT programme, in particular to increase its attractiveness and coverage.

6.2. Provide technical support to assess the national drug treatment system with a focus on coverage, quality and the attractiveness of OAT services and to analyse the possibilities to engage primary health care institutions in the implementation of the OAT program.

6.3. Promote the use of international recommendations and provide access to guidelines on OAT implementation, the organisation of drug treatment, and the integration of services

6.4. Provide opportunities for advanced training of OAT personnel (medical and non-medical) at national and international events (workshops, conferences, round tables).

ISSUE AREAS	INDICATORS AND BENCHMARKS			
A. POLICY & GOVERNANCE	*Indicator A1:* **Political commitment** · OAT is included in national drug control, HIV and/or hepatitis strategies and action plans, with a commitment to 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. · Effective governance and coordination oversee the development of OAT in the country. · Civil society, including OAT clients, are consulted in OAT governance and coordination at country level.		*Indicator A2:* **Management of transition from donor to domestic funding** · Country has adopted a plan which defines transition of OAT from donor to domestic funding, including a timeline. · 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 among country representatives. · Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic funding. · There is good progress in the implementation of the OAT-component in the transition plan.	
B. FINANCE & RESOURCES	*Indicator B1:* **Medications** · OAT medicine procurement is integrated into domestic PSM system and benefits from good capacity without interruptions. · Both methadone and buprenorphine are registered and their quality assurance system is operational. · Methadone and buprenorphine are secured at affordable prices.	*Indicator B2:* **Financial resources** · Methadone and buprenorphine are included in the state reimbursed medicine lists and are funded from public sources. · OAT services are included in universal health coverage or state guaranteed package of healthcare, including for 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** · 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** · OAT monitoring system is in place and is used for managing the OAT programme including programme need, coverage and quality assurance. · Evidence-base for OAT effectiveness and efficiency is regularly generated and inform policy and programme planning. · OAT client data is stored in a database; they are confidential, protected and not shared outside of the health system without a client's consent.

ISSUE AREAS	INDICATORS AND BENCHMARKS		
C. Services	*Indicator C1:* **Availability and coverage** · OAT is available in hospitals and primary care; take-home doses are allowed. · Coverage of estimated number of opioid dependent people with OAT is high (in line with WHO guidance: 40% or above). · OAT is available in closed settings (including for initiation onto OAT), during pre-trial detention and for females. · OAT is possible and available in the private and/or NGO sectors in addition to the state sector.	*Indicator C2:* **Accessibility** · There are no people on a waiting list for entering the service. · Opening hours and days accommodate key needs. · Geographic coverage is adequate. · There are no user fees and barriers for people without insurance. · OAT is available and, in general, accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups). · Illicit drug consumption is tolerated (after dose induction phase). · Individual plans are produced and offered with involvement of the service user. · OAT inclusion criteria are supportive of groups with special needs and are not restrictive, i.e. failure in other treatment programmes is not required prior to enrolling into the OAT programme.	*Indicator C3:* **Quality and integration** · Adequate dosage of methadone/buprenorphine is foreseen in national guidelines and practice in line with WHO guidance. · OAT programmes are based on the maintenance approach and have a high retention of 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).

ISSUE AREA	SCORE	DATA SOURCE(S)
Policy and Governance	***68 %*** ***- moderate sustainability***	
Political commitment	***65 %*** ***- moderate sustainability***	
Benchmark A1.1: OAT is included in national drug control, HIV and/or hepatitis strategies and action plans, with a commitment to WHO-recommended targets.	*40 %* *- at moderate to high risk*	National Anti-Drug Strategy, 2019-2026 National HIV/AIDS and STI Prevention and Control Programme, 2016-2020; draft Programme, 2021-2025 With coverage targets from 2.9% in 2019 to 10% in 2025 of the estimated number of opioid drug users in the country (WHO guidelines: not less than 40%).
Benchmark A1.2: Legislation explicitly supports the provision of OAT.	*90 %* *- high sustainability*	National Healthcare Policy, 2007-2021, Chapter 10 covers the importance of OAT for people with opioid dependence National Anti-Drug Strategy, 2019-2020 National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018 Government Resolution No.166 dated 15.02.2005 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*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018.
Benchmark A1.4: Law enforcement and justice systems support implementation and expansion, as needed, of OAT.	*70 %* *- substantial 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, 2018.
Benchmark A1.5: Effective governance and coordination oversee the development of OAT in the country.	*50 %* *- moderate sustainability*	Three key experts Report on Mid-Term Evaluation of the Sustainability Plan of the National HIV/AIDS Prevention and Control Programme, 2016-2020 (implemented by the Soros Foundation-Moldova at the request of the KAP Committee in 2020) Assessment of the HIV component of the Global Fund grant in the Republic of Moldova (APMG HEALTH), 2020.
Benchmark A1.6(a): Civil society is consulted in OAT governance and coordination at the country level.	*70 %* *- substantial sustainability*	Three key experts, including one from the PWUD community Minutes of the CCM Working Group on HIV/AIDS.

Benchmark A1.6(b): OAT clients are consulted in OAT governance and coordination at country level.	*35%* *- at high to moderate risk*	There are no mechanisms to engage OAT clients in the OAT coordination and organisation processes; the only mechanism is the Key Affected Populations (KAP) Committee, although this platform is not sufficiently used in OAT implementation.
Management of transition from donor to domestic funding	***71 %*** ***- substantial sustainability***	
Benchmark A2.1: Country has adopted a plan which defines transition of OAT from donor to domestic funding, including a timeline	*75%* *- substantial sustainability*	The country developed and implements a plan to ensure sustainability of the National HIV/AIDS Programme for 2016-2020, which includes OAT, but mainly covers transition of the medical component from donor to domestic funding. Transition of the psychosocial support component is still not 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 among country representatives	*69 %* *- moderate sustainability*	National HIV/AIDS and STI Prevention and Control Programme, 2016-2020; draft Programme, 2021-2025; Transition Plan, 2017-2020.
Benchmark A2.3: Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic funding	*65 %* *- moderate sustainability*	Report on Mid-Term Evaluation of the Sustainability Plan of the National HIV/AIDS Prevention and Control Programme, 2016-2020 (implemented by the Soros Foundation-Moldova at the request of the KAP Committee in 2020).
Benchmark A2.4: There is good progress in the implementation of the OAT component in the transition plan	*75 %* *- substantial sustainability*	Report on Mid-Term Evaluation of the Sustainability Plan of the National HIV/AIDS Prevention and Control Programme, 2016-2020 (implemented by the Soros Foundation-Moldova at the request of the KAP Committee in 2020).
Finance and Resources	***72 %*** ***- substantial sustainability***	
Medications	***77 %*** ***- substantial sustainability***	

Benchmark B1.1: OAT medicine procurement is integrated into domestic PSM system and benefits from good capacity without interruptions	*75 %* *- substantial sustainability*	Three key experts http://capcs.md/
Benchmark B1.2: Both methadone and buprenorphine are registered and their quality assurance system is operational	*80 %* *- substantial sustainability*	State Register of Medicines, Republic of Moldova .
Benchmark B1.3: Methadone and buprenorphine are secured at affordable prices	*75 %* *- substantial sustainability*	Two key experts.
Financial resources	***79 %*** ***- substantial sustainability***	
Benchmark B2.1: Methadone and buprenorphine are included in the state reimbursed medicine lists and are funded from public sources	*75 %* *- substantial sustainability*	Government Resolution No. 1387 dated 10.12.2007 on approval of the Unified Compulsory Health Insurance Programme https://www.legis.md/cautare/getResults?doc_id=120427&lang=ru
Benchmark B2.2: OAT services are included in universal health coverage or state guaranteed package of healthcare, including for people without health insurance	*85 %* *- high sustainability*	Government Resolution No. 1387 dated 10.12.2007 on approval of the Unified Compulsory Health Insurance Programme https://www.legis.md/cautare/getResults?doc_id=120427&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*	National HIV/AIDS and STI Prevention and Control Programme, 2016-2020; draft Programme, 2021-2025 Psychosocial support is ensured on a small scale.
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*	National HIV/AIDS and STI Prevention and Control Programme, 2016-2020; draft Programme, 2021-2025

Human resources	***70 %*** ***- substantial 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*	Two key experts National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018.
Benchmark B3.2: Capacity building system is adequate for OAT implementation in a sustainable way	*65 %* *- moderate sustainability*	One key expert Attestation/Professional Training Plan for substance use specialists (250 mandatory hours over five years) Training at the National Association of Psychiatrists and Narcologists.
Evidence and information systems	***62 %*** ***- moderate sustainability***	
Benchmark B4.1: OAT monitoring system is in place and is used for managing the OAT programme, including programme need, coverage and quality assurance	*50 %* *- moderate sustainability*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018
Benchmark B4.2: Evidence-base for OAT effectiveness and efficiency is regularly generated and inform policy and programme planning	*50 %* *- moderate sustainability*	Kepuladze K. Assessment of the needs of NGOs and health institutions working with key populations within the context of HIV/AIDS. Chisinau, Moldova; PAS Centre, UNAIDS, , 2018 Subata E. Evaluation of Opioid Substitution Therapy in the Republic of Moldova. Chisinau, Moldova; PAS Centre, UNODC, WHO, 2012.
Benchmark B4.3: OAT client data are stored in a database; they are confidential, protected and not shared outside of the health system without a client's consent	*85 %* *- high sustainability*	Three key experts Law on the rights and responsibilities of patients, No. 263 dated 27.10.2005. https://www.legis.md/cautare/getResults?doc_id=107308&lang=ru Law on personal data protection, No. 133 dated 08.07.2011. http://www.asp.gov.md/ro/node/1305
Services	***57 %*** ***- moderate sustainability***	
Availability and coverage	***37%*** ***- at moderate to high risk***	

Benchmark C1.1: OAT is available in: -hospitals -primary care - take-home doses are allowed.	*Total: 53%* *85% high sustainability* *0 % at high risk* *75% high sustainability*	Five key experts, focus group results.
Benchmark C1.2: Coverage of estimated number of opioid dependent people with OAT is high (in line with WHO guidance: 40% or above)	*0 %* *- at high risk*	Reports on OST programme implementation: coverage of less than 3%. Report on Mid-Term Evaluation of the Sustainability Plan of the National HIV/AIDS Prevention and Control Programme, 2016-2020 (implemented by the Soros Foundation-Moldova at the request of the KAP Committee in 2020) Assessment of the HIV component of the Global Fund grant in the Republic of Moldova (APMG HEALTH), 2020.
Benchmark C1.3: OAT is available in closed settings (including for initiation onto OAT), during pre-trial detention and for females	*95%* *- high sustainabilit*	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 possible and available in the private and/or NGO sectors in addition to the state sector	*0%* *- at high risk*	Two key experts National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018.
Accessibility	***69 %*** ***- moderate sustainability***	
Benchmark C2.1: There are no people on a waiting list for entering the service	*100 %* *- high sustainability*	Five key experts OAT clients: participants of two focus groups.
Benchmark C2.2: Opening hours and days accommodate key needs	*50 %* *- moderate sustainability*	Two key experts OAT clients: participants of two focus groups.
Benchmark C2.3: Geographic coverage is adequate	*40 %* *- at moderate to high risk*	Three key experts National HIV/AIDS and STI Prevention and Control Programme, 2016-2020; draft Programme, 2021-2025 OAT evaluation in Moldova 2012 (E. Subata), 2018 (K. Kepuladze).
Benchmark C2.4: There are no user fees and barriers for people without insurance	*85 %* *- high sustainability*	Two key experts Low geographic coverage with OAT services means the need to travel for those who seek treatment.
Benchmark C2.5: OAT is available and, in general, accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups)	*85 %* *- high sustainability*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018, except underage individuals.

Benchmark C2.6: Illicit drug consumption is tolerated (after dose induction phase)	*50 %* *- moderate sustainability*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018 Two key experts OAT clients: participants of two focus groups.
Benchmark C2.7: Individual plans are produced and offered with involvement of the service user	*50 %* *- moderate sustainability*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018 Two key experts OAT clients: participants of two focus groups.
Benchmark C2.8: OAT inclusion criteria are supportive of groups with special needs and are not restrictive, i.e. failure in other treatment programmes is not required prior to enrolling into the OAT programme	*90 %* *- high sustainability*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018 Five key experts OAT clients: participants of two focus groups.
Quality and integration	***66 %*** ***- 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*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP 2018 Two key experts OAT clients: participants of two focus groups.
Benchmark C3.2: OAT programmes are based on the maintenance approach and have a high retention of users	*71 %* *- substantial sustainability*	National Clinical Guidelines on Opioid Dependence Pharmacotherapy, MHSP, 2018 Reports of the Republican Drug Treatment Centre Reports on implementing the National HIV/AIDS and STI Prevention and Control 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 (in line with WHO guidance: 80% or more of the sites)	*65 %* *- moderate sustainability*	Reports of the Republican Drug Treatment Centre Reports on implementing the National HIV/AIDS and STI Prevention and Control Programme Two key experts OAT clients: participants of two focus groups.
Benchmark C3.4. A high proportion of OAT clients receive psycho- and social support (in line with WHO guidance: 80% or more of the sites)	*50 %* *- moderate sustainability*	Reports of the Republican Drug Treatment Centre Reports on implementing the National HIV/AIDS and STI Prevention and Control Programme Two key experts OAT clients: participants of two focus groups.