

ROMANIA

Country Progress Report on AIDS
Reporting period January 2015 – December 2015

Bucharest, April 2016

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARAS	Romanian AntiAIDS Association
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HVB	Hepatitis B Virus
HVC	Hepatitis C Virus
IDU	Injecting Drug User
INBI	National Institute for Infectious Disease “Prof.Dr.Matei Bals”
LGBT	Lesbian Gay Bisexual Transsexual
MoH	Ministry of Health
MSM	Men having sex with men
NAA	National Antidrug Agency
NEP	Needle exchange programme
NHIH	National Health Insurance House
NGO	Nongovernmental organization
OST	Opiate substitution therapy
PLHIV	People Living with HIV
STI	Sexually Transmitted Infection
SW	Sex Worker
TARV	Antiretroviral Treatment
TB	Tuberculosis

I. Status at a glance

a) Inclusiveness of stakeholders' in the report-writing process

The national report was developed during the period March-April 2016 by the Department of Monitoring and Evaluation of HIV/AIDS Infection HIV/SIDA in Romania (at National Institute for Infectious Diseases “Prof.Dr.MateiBals”) and the Romanian HIV/AIDS Centre. Via e-mail communication, national stakeholders have been invited to contribute to the report. See below a list of the organizations contributing to the development of GARPR 2015.

Table 1. Contributors

No.	Institution	Type
1	National Institute for Infectious Diseases “Prof.Dr.MateiBals”	Governmental
2	Ministry of Health	Governmental
3	National Antidrug Agency	Governmental
4	National Tuberculosis Program	Governmental
5	National Administration of Penitentiaries	Governmental
6	Romanian HIV/AIDS Center in National Institute for Infectious Diseases “Prof.Dr.MateiBals”	Governmental
7	National Institute for Public Health	Governmental
8	Romanian Angel Appeal Foundation	Nongovernmental
9	Romanian AntiAIDS Association	Nongovernmental

b) The status of the epidemic

In 2015, the HIV/AIDS situation shows no major changes in incidence in adults or in children. As in the previous years, the main route of transmission has been heterosexual, followed by injection drug use and homosexual transmission. Most new cases are men, fall in the age group 25-39 years old and about 40% have a CD4 <200 cells/mm³ at the time of the diagnosis. Treatment is available to all those patients irrespective of CD4 value, hence access to ART is universal in Romania, in line with National Treatment Guidelines (2013-2014).

c) The policy and programmatic response

AIDS related objectives are covered in the following policy documents:

- The National Public Health Strategy 2014-2020 - a policy document developed by the Ministry of Health and covering the main strategic objectives from the previous sectorial strategy (e.g. the National AIDS Strategy 2003-2007). The strategy is approved and is partially budgeted.
- The National Antidrug Strategy 2013-2020 – it is elaborated by the National Antidrug Strategy and is the main document describing in detail the harm reduction and HIV prevention objectives targeting IDUs in Romania.
- The National Strategy for Social Inclusion and Poverty Reduction 2014 – 2020 – document elaborated by the Ministry of Labour (available here: http://www.mmuncii.ro/j33/images/Documente/Familie/2016/StrategyVol1EN_web.pdf)

During the reporting year, the **Romanian state spent around 70 million EUR to ensure access to AIDS treatment and care** for all the PLHIV who are eligible according to the national therapeutic guidelines, and about **half a million EURO for prevention activities**. Prevention activities consisted mostly on HIV testing for the general population and pregnant women (funding from the Ministry of Health - MoH), and harm reduction intervention the or IDUs (funding from the National Antidrug Agency, the National Administration of Penitentiaries, the City Council of Bucharest).

As in the years before, in 2015 the AIDS response (especially the prevention activities) has been supported by international donors, the main being:

- the Norwegian Funding Mechanism with a grant of 1.370.470 Euro, as co-funding in the project *Strengthening the prevention and control of HIV/AIDS, HVB and HVC in Romania* planned to be implemented by MOH from 1 May 2014 until 30 April 2016.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, with a grant of 960,000 EUR for TB/HV prevention activities to be implemented by a consortium of nongovernmental organizations, under the programme “**Decreasing the TB burden in Romania through reforming the TB control system and strengthening the management of drug-resistant TB by ensuring universal access to diagnosis and treatment and addressing the needs of population groups at risk**”, from April 2015 until December 2016.

II. Overview of the AIDS epidemic

The following data is reflected in the latest report of the Compartment for Monitoring and Evaluation of HIV/AIDS Data in National Institute for Infectious Diseases “Prof. Dr. Matei Bals” (report at December 31st 2015), available on the website of the Compartment (http://www.cnlas.ro/images/doc/31122015_rom.pdf)

Since 1985, in Romania have been diagnosed 21,263 cases of HIV/AIDS. About 10,000 were children younger than 14 years of age at the time of the diagnosis.

13,766 people are living with HIV/AIDS in Romania as of December 31st 2015. The large majority are men and women from the age group 25-29 years (accounting most probably for the Romanian cohort born in the late ‘80s and early ‘90s).

The HIV incidence in adults registered a decrease in 2015, compared to the previous years, but AIDS incidence did not change much (see Table 2)

Table 2. HIV/AIDS prevalence and incidence in adults in the last 6 years

ADULTS >15 years	HIV INCIDENCE ADULTS/100.000	AIDS INCIDENCE ADULTS/100.000
2010	1.45	1.32
2011	2.22	1.62
2012	2.51	1.54
2013	2.54	1.74
2014	2.38	1.73
2015	1.99	1.76

Source: Department of Monitoring and Evaluation of HIV/AIDS Infection HIV/SIDA in Romania - Coordinator Dr. Mariana Mardarescu, www.cnlas.ro

The number of new cases of HIV/AIDS registered in 2015 was down 8% (N1=689) compared to 2014 (N=755). Almost 2 out 3 cases were male (73%). The same as in 2014, 41% of all cases were in the group age 25-34. Compared to the previous year, less new cases come from the age group 15-24 (18%, compared to 21%), while the proportion of cases in the age group 50+ increased (11%, compared to 7%).

As in the previous years, in 2015 the main route of HIV transmission remains the heterosexual unprotected sexual contact (59% of all new cases), followed by injection drug use (20%) and homosexual transmission (18%). In absolute numbers, compared to previous years, the number of MSM diagnosed with HIV has increased in 2015 (121, compared to 113 in 2014 and 88 in 2013). On the other hand, the absolute number of IDUs among new cases of infection decreased (149, compared to 175 in 2014 and 238 in 2013).

Of all the new cases of HIV/AIDS registered, 41% had a CD4 count of less than 200 cells/mm³ at the time of diagnosis. Also 35% had a count between 200 and 500 cells/mm³. Only 18% were at more than 500 cells/mm³, while 6% have not been assessed in 2015. A similar distribution of these CD4 count categories was present in the population of IDUs diagnosed during the reporting year.

The IDUs diagnosed in 2015 are mostly men and 66% are between 25 and 39 years old. 9% are using just heroine, while 31% use heroine and other substances (e.g. new substances with psychoactive properties). 20% use just substances with psychoactive properties.

HVC, TB and other sexual transmitted infections are the most frequent co-morbidities among IDUs diagnosed with HIV/AIDS in 2015 (N=149). 82% of had also HVC, 31% (compared to 16% in 2015) had pulmonary TB and 8% (compared to 24% in the previous years) tested positive for STIs.

Not all IDU diagnosed in 2015 were new to the HIV/AIDS monitoring system. 16 out of 149 persons have been tested in the previous years.

A Kaplan-Meier analysis conducted among the people who died of AIDS in 2015, indicates that their average survival duration was 45.6 months (C.I. 95% 44.3-46.9), with 25% of them having survived the illness for 100 months or more.

In Romania, tuberculosis is the AIDS defining illness.

III. National response to the AIDS epidemic

In 2014, the Government approved the National Public Health Strategy 2014-2020, a policy document that includes provisions related to the country's AIDS response. A series of strategic objectives have been formulated (MOH, 2014):

1. Improving the policy response (by developing and approving sectorial policies for HIV/AIDS and STIs; reinstating the national AIDS multi-sectorial commission; implementing prevention activities among all populations vulnerable to HIV/AIDS);
2. Improving the management capacity of the AIDS programme (by developing/improving the data monitoring systems and the behavioural surveillance systems; training HIV/AIDS and STI prevention and testing referral to primary health care providers);
3. Strengthening HIV prevention and harm reduction among vulnerable populations (by needle exchange programs, voluntary counselling and testing, PMTCT and education-information campaigns);
4. Providing universal access to treatment to all eligible patients and preventing the exposure to HIV/AIDS in the medical practice.

The policy document envisages that a mix of funding sources will be used in implementation. It is expected that the Norwegian Funding Mechanism, the Global Fund (through the New Funding Model and the European Structural Funds will supplement the domestic funds in order to achieve the first two objectives. However, **the document does not mention for all its objectives the estimated spending from national sources.**

The National Strategy for Social Inclusion and Poverty Reduction (2014-2020) proposes (among others) measures aiming at improving the health of vulnerable groups, by actions such as: improving the provision of prevention services in the areas of reproductive health and infectious diseases (especially TB and HIV/AIDS); increasing their access to primary health care and developing

community services (including mobile services to reach “invisible” populations). By “vulnerable groups”, the Strategy refers also to injecting drug users, sex workers, prisoners, people affected by chronic disease etc. **The Social Inclusion Strategy also acknowledges that vulnerable groups are at risk of contracting HIV and TB.** In this context, the document proposes reducing the risk of TB/HIV infection among these groups by: improving active detection of HIV and TB among these groups; providing treatment support to ensure adherence for TB treatment; strengthening the system that supports TB Directly Observed Treatment. **All the health related measures described in the document have been assigned under the responsibility of the Ministry of Health.**

Actions aiming the control of HIV/AIDS among IDUs are detailed in the National Antidrug Strategy 2013-2020, implemented under the coordination of the National Antidrug Agency (NAA). The Strategy has also Action Plan whose implementation is monitored annually by NAA.

a) Prevention programs targeting population segments including pregnant women, young people, and populations at risk

Prisoners

In 2015, the National Administration of Penitentiaries (NAP) continued its HIV prevention and control programs by providing (out of its own funds) voluntary HIV counselling and testing. According to the NAP, 435 prisoners with HIV/AIDS were in the system in 2015. Their treatment is paid for by MOH and is dispensed through the prison hospitals.

IDUs

2015 registered a slight increase in the availability of needle-exchange programs (NEP) for IDUs in the community (mainly due to funding from the Norwegian fund and the Global Fund). Although NEP is available in theory in some prison units, the National Administration of Penitentiaries reported that the service is not requested or accessed by prisoners, possibly because they fear that by accessing they will be confirming that they are active users and will get unwanted attention from prison staff or other mates. Compared to 2015, the access to OST did not improve (there is still a very low number of treatment slots available, compared to the need).

Under the Global Fund grant (2015-2017), the organizations providing NEP to IDUs in Bucharest added to their package of HIV prevention services a TB prevention set, consisting of: information-education-communication about TB, active identification of TB suspects and referral of TB suspects to diagnostic services.

SWs

SWs have access to HIV prevention and harm reduction at the low threshold clinics or through the outreach services provided by Romanian AntiAIDS Association (ARAS). In 2015, 893 sex workers (number down with 16% compared to 2014) received from ARAS: HIV/HVB/HVC testing, condom distribution, information and referral to other medical or psychosocial services. SWs who also inject drugs (only in Bucharest) benefited also from needle exchange and access to methadone substitution treatment. However, because ARAS’s programs are mainly funded from grants, the coverage and quality of interventions targeting SWs varies with the availability of fund.

MSM

No HIV prevention interventions have implemented in 2015 at a national/regional level for this group. Occasional prevention events have been organized by NGOs (distribution of condoms in gay bars, online discussion groups), however at a very small scale and usually with little or no funding (e.g. using volunteers).

PLHIV

Positive prevention has been one of the main objectives of the Romanian AIDS, given the particular context of HIV/AIDS epidemic in Romania, namely young persons, living with HIV for more than twenty years- *the long term survivors*. In 2015 UNOPA (The National Union of PLWHA) organized several personal development sessions with their beneficiaries (approximately 88 participants/session), the Forum of PLWHA with more than 100 participants, peer support groups in all counties (approximately 400 participants). Another campaign led by UNOPA was: *InspiRed- of people who have or don't have HIV/AIDS* which was centred on motivational activities, deployed in both closed and open spaces, with involvement of students in at least 3 universities in Romania. Last but not least the campaign also comprised an on-line section (<http://unopa.ro/category/proiecte/proiecte-in-derulare/>)

Pregnant women

According to the law, pregnant women have access to antenatal screening for HIV and syphilis. Out of the 135,027 tests performed in 2015 among pregnant women, 0.08% turned out positive for HIV (CNLAS, 2015). Starting with 2014, Romania has been implementing the National Registry of HIV Positive Pregnant Women and of Perinatally Exposed Children that stands as an assessment tool of mother to child transmission phenomenon in Romania. Based on the results obtained annually, Romania will try to improve women's access to HIV counselling and testing.

Young people

The "Education for Health" elective curriculum (coordinated by the Ministry of Education) remains the main instrument for disseminating HIV-related information in a wide population of children and youth. However, this program is not reaching young people who do not attend school and are in vulnerable situations (e.g. street youth, IDUs, SWs, from very poor communities). Other sporadic initiatives have been implemented (e.g. school/local events, outreach information campaigns, Internet communication), but there is no review on their overall impact.

b) Program of treatment and care for the people living with HIV

Universal access to AIDS treatment and care has been introduced in Romania in 2001. The program was considered a model in the region and was based on the political commitment and partnership between public authorities, pharmaceutical companies, patients and other International Agencies. The number of patients benefiting from top quality antiretroviral treatment increased from 3,500 in 2001 to 10,551 at the end of 2015 and 653 people in post exposure prophylaxis (PPE). This was made possible by increasing the budgetary allocations on one hand and on the other hand through negotiated partnerships with pharmaceutical companies, which committed to providing significant price reductions. **In 2015, Ministry of Health distributed, through The National Prevention, Surveillance and Control Programme approximately 70 million EUR (310.527.475lei) for the treatment and prevention programmes.**

The ARV treatment (TARV) in Romania is implemented according to norms approved by the Ministry of Health, under the technical coordination of National Institute for Infectious Diseases „Prof.Dr.MateiBals” in Bucharest. The Guideline has four areas of focus: the treatment of newly diagnosed patients, of women of reproductive age, of patients who develop neuroAIDS symptoms and those who experience therapeutic failure because of exposure to multiple treatment regimens. Two new sections have been added to the Guideline: norms for the treatment of children with HIV and provisions for a national evaluation program targeting patients with neuroAIDS symptoms.

The Management and Technical Assistance Unit (UATM) in INBI "Prof.Dr.Matei Bals" provides assistance for the National HIV Programme. The Unit estimates the annual funding needs for treatment

and prevention. It is coordinated by Ministry of Health and collaborates with the Compartment for Monitoring and Evaluation of HIV/AIDS Infection HIV/SIDA in Romania.

In 2015 too, the civil society organizations reported some treatment interruptions occurring for short periods of time (2-10 days) in a few counties.

c) Care and social support for PLHIV

PLHIV in Romanian have access to specialized and free of charge psycho-social services tailored for PLHIV, provided by Day Clinics and infectious diseases wards in hospitals with the same profile. These services are used by PLHIV when they visit the infectious disease hospital to undergo medical and treatment assessments or to pick up their medication. The rest of the time, PLHIV can access (as all other vulnerable citizens) the general psychosocial services provided free of charge by the local authorities (the municipality, the county council). Besides these, PLHIV can also buy private services, especially psychological counselling and psychotherapy.

There is a system of support and benefits that ensures the social protection of PLHIV. It is administered by the Ministry of Labour, through its local entities, as well as through the community-level institutions in charge with social assistance. The system is stipulated both by Law 584/2002 and Law 448/2006 (regarding the protection of disabled persons). While the nutritional allowance (according Law584) is provided to every PLHIV who requests it, the other social support forms are linked with the recognition of HIV/AIDS as a disability that entitles the person having a disability certificate to benefit from of economic subsidies (double subsidy for HIV positive children, allowance for the people who never worked, a salary for a personal assistant, as well as other facilities as tax exemption). Other rights may also include: meal allowance, disability allowance, free travel tickets, complementary budget, housing or income tax exemption. According to the Ministry of Labour, in 2014, 6444 persons (about 50% of all PLHIV in Romania) were benefiting from disability benefits and the value of almost every benefit was supplemented during this year. However, no aggregated data has been available at the time of this report on the amount spent on social support for PLHIV in 2015.

There is a level of stigma and discrimination towards people living with HIV/AIDS. According to a survey conducted in 2015¹ on a national representative sample (N=1,005) of respondents aged 18+:

- 68% of the sample reported that they would not feel comfortable around a persons living with HIV/AIDS (PLHIV);
- 47% would not have dinner/lunch with PLHIV (41% would);
- 89% would not drink from the same glass as PLHIV (only 7% would);
- 66% would accept to care for a relative if he/she would be PLHIV (18% would not accept);
- 38% would keep the secret of a relative's HIV diagnosis (while 44% would not keep the secret);
- 67% believe that a student PLHIV should be permitted to continue his/her studies (while 22% believe the he/she should not be permitted);
- 57% believe that a teacher who is PLHIV should be permitted to continue teaching (while 32% disagree).

For each item the difference to 100% reflects the category of respondents who answered "I do not know".

The access of PLHIV to all forms of education is guaranteed by law and the discrimination in schools is an exceptional situation. Confidentiality is stipulated in all cases and any infringement may be punished. The National Council for Combating Discrimination, the Ombudsmen as well as different NGOs may provide legal advice for PLHIV who want to defend their rights. According to the Council's 2014 report

¹Report "KAP of the General Population regarding HIV/AIDS, hepatitis B and C", 2015 - National Institute for Infectious Disease "Prof.Dr.Matei Bals", Bucharest

(2015 report will become available in mid-2016), only 3 complaints have been registered with relation to HIV/AIDS-status discrimination.²

Small projects (local) providing care and support for PLHIV have been implemented in 2015 in few counties. No other large scale interventions (national, regional) have been implemented, mainly because the organizations traditionally involved in this area (mainly NGOs) lacked the funding to do it.

IV. Best practices

A new element in the area of HIV prevention is the inclusion of TB prevention actions in the standard package of services delivered to IDUs. The idea is piloted by a consortium of NGOs working in Bucharest (ARAS, PARADA Foundation, ALIAT) with funding from the Global Fund. The TB prevention actions include: information-education-communication about TB, active identification of TB suspects among IDUs and their referral to TB diagnostic services. From September to December 2015, about 700 IDUs in Bucharest had access to this new service. The efficacy of this activity will be assessed in after one year of implementation (after September 2016).

V. Major challenges and remedial actions

Political commitment at the Government level. A National Public Health Strategy 2014-2020 was approved in 2014, including strategic objectives related to the AIDS response. However, the budget estimations are limited to: 1) the costs of treatment and monitoring; 2) the activities planned to be implemented with support from international programs (e.g. Norwegian Funding Mechanism, European Structural Funds, the Global Fund). For example, no estimate was calculated for the domestic contribution with HIV/AIDS prevention activities over the period 2014-2020.

Scaling-up HIV prevention. In 2015, harm reduction services targeting IDUs benefited from the contribution of two grants – the Norwegian Fund and the Global Fund. The services reached their largest coverage since 2009-2010 (when the GF Round 6 grant ended). However, there is no perspective that a further scaling-up will be possible without domestic investment.

Three other areas of prevention are affected by the lack of funding: no prevention activities have been conducted in 2015 for MSM and PMTCT, and limited activities have targeted PLHIV.

HIV surveillance & evaluation systems. The only second generation surveillance study conducted in 2015 targeted IDUs living in Bucharest (funded by the National Antidrug Agency). No other HIV/AIDS related studies (e.g. social research, assessment of interventions' efficacy) were implemented during the reporting period. Funding was not available for studies targeting other risk groups or aspects relevant for the life of PLHIV.

Vulnerable groups' access to HIV diagnosis and treatment. Starting with mid-2015, the National Health Insurance House implemented the “national health card” – an individual instrument, for every citizen insured with NHIH, to monitor the health services received. By the end of 2015, every person who had a card issued and accessed health services reimbursed by NHIH had to present the card for scanning to the service provider. Although the main role of this system is to monitor services provided by health providers, the measure limits in some ways the access to medical services of citizens who do not have identification papers or are not insured. Moreover, even if providers would take in these patients, their expenses with an uninsured case would not be reimbursed by NHIH. According to data from a BSS conducted in 2012, only 21% had health insurance³. During the first quarter of 2016, the

²2014 Activity Report, Nation Council Against Discrimination (available here: http://cncd.org.ro/files/Raport_CNCD_2014.pdf).

³National Institute for Health Development, Estonia (2012) *Assessment of HIV and TB Knowledge and the Barriers Related to Access to Care of Vulnerable Groups. Report on a Cross-Sectional Study among Injecting Drug Users*. Available here: <http://www.tai.ee/et/tubidu/publications>.

NGOs providing services to vulnerable groups have initiated a dialogue with NHIH and MOH, trying to find a solution to this issue.

NGOs working with IDUs also report that their clients have limited access to TARV, mainly because they have problems with treatment adherence. Since the number of drug treatment slots available in the country (especially OST) is much lower than the need, quite often managing the TARV treatment in active drug users becomes a challenge for infection disease doctors. As a result, there are reports that doctors tend to postpone the initiation of TARV in active drug users who do not have prospects of being registered in an OST program.

VI. Support from the country's development partners

With support from the Norwegian Funding Mechanism, starting with May 1st 2014 the Romanian Ministry of Health implements through the National Institute for Infectious Diseases "Prof.Dr.MateiBals" the project **Strengthening the prevention and control of HIV/AIDS, HVB and HVC in Romania** (RO19.02), over a 23 months period (until April 30th 2016). The project expects the following results relevant for the control of HIV/AIDS: 2,000 IDU's to receive integrated harm reduction services, including needle exchange, HIV, HVB and HVC testing; 12,650 people from the general population tested for HIV, HVB, and HVC; 10,000 teenagers receiving information about HIV, HVB and HVC infections. The total budget allocated for the project is € 1,373,470, out of which € 992,332 are co-funding from the Norwegian grants. No report is yet available regarding the status of the project's implementation.

Under the new Global Fund program (April 2015 – December 2017), a consortium of NGOs will implement a project targeting TB/HIV issues among injecting drug users in Bucharest. For a budget of over 900,000 EUR, organizations ARAS, PARADA and ALIAT will reach 2,500 IDUs with HIV prevention services 2,500 IDUs In October 2014, Romanian stakeholders from the areas of TB and HIV/AIDS, assisted by WHO submitted a funding request for the Global Fund's New Funding Model. The goal of the request is to contribute to the reduction in TB incidence and mortality in Romania, through improved high impact interventions (diagnosis, treatment, care and prevention) and a special focus on key affected populations, including IDUs affected by TB-HIV. The estimated sum allocated until December 2018 for TB/HIV activities is around €900,000 (out of over 8 million euros assigned to the entire program).

V. Monitoring and evaluation environment

The main M&E unit in the country is the Department for Monitoring and Evaluation of HIV/AIDS Infection in Romania, within the National Institute for Infectious Diseases "Prof.Dr.MateiBals" in Bucharest. The unit implements a reporting system, receiving data from nine AIDS Regional Centres in the country - 2 in Bucharest (at Institute "Prof.Dr.MateiBals" and Clinic Hospital "Victor Babes") and the other 7 in: Brasov, Cluj-Napoca, Constanta, Craiova, Iasi, Targu Mures, Timisoara. The data is analysed and a report is issued twice a year (in February and June). The M&E Department is responsible with reporting AIDS related data to international bodies (ECDC Stockholm, WHO, UNAIDS- GARP).

Since 2007, active monitoring (second generation surveillance) has been implemented in the country targeting the following vulnerable groups: IDUs, SWs, prisoners, MSM and people living with HIV/AIDS. The surveys were part of projects funded entirely or co-funded by international donors (UNODC, the Global Fund, and European Commission). After the projects ended, no domestic funds have been allocated for follow-up. As a result, the last bio-behavioural surveillance surveys were conducted in 2010 for SWs and prisoners (Global Fund Round 6), in 2011 for PLHIV (Global Fund Round 6) and in 2014 for MSM (SIALON II, European Commission funding). The only standing system supported (also) from national funding has been the one targeting IDUs: the National Antidrug Agency is involved in funding or co-funding repeatedly the behavioural surveillance surveys among IDUs in Bucharest, the last in 2015. Data from the study is expected to be published in mid-2016.

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