FINDINGS FROM THE HIV INTEGRATED BIOLOGICAL AND BEHAVIORAL SURVEILLANCE SURVEY AMONG PEOPLE WHO INJECT DRUGS, FEMALE SEX WORKERS, MEN WHO HAVE SEX WITH MEN AND PRISONERS, REPUBLIC OF MOLDOVA, 2024/2025.

Republic of Moldova

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CSO	Civil society organizations
EECA	Eastern Europe and Central Asia
FSW	Female sex workers
FPC	Finite population correction
GAM	Global AIDS Monitoring
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counselling
IBBS	Integrated biological behavioral surveillance
KP	Key populations
MSM	Men who have sex with men
MoH	Ministry of Health
NAP	National AIDS Program
NCO	Non-commercial organizations
NPS	New psychoactive substances
NSP	National Strategic Plan
OAMT	Opioid agonist maintenance therapy
PLHIV	People living with HIV
PWID	People who inject drug
PSE	Population size estimation
PEP	Post-exposure prophylaxis
PSU	Primary sampling units
PrEP	Pre-exposure prophylaxis
RDS	Respondent driven sampling
RDS-A	Respondent Driven Sampling Analyst
STI	Sexually transmitted Infections
SS-PSE	Successive sampling population size estimation
UNAIDS	Joint United Nations Program on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary counselling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

BACKGROUND

The Republic of Moldova is considered a low-prevalence country for HIV, with a prevalence rate of 0.9% among adults aged 15 to 49. Specifically, there are approximately 17,000 people living with HIV (PLHIV) in the Republic of Moldova. As in most countries, HIV prevalence is higher among key populations (KP), including people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSW) and prisoners. Efforts to control the spread of HIV and other infections rely on consistent and high-quality surveillance data of populations at higher risk of HIV transmission.

This report presents the results of the Integrated Biological and Behavioral Surveillance (IBBS) surveys conducted during 2024/2025 among PWID in Chișinău, Bălți, Tiraspol, and Râbnița, MSM in Chișinău and Bălți, FSW in Chișinău, Bălți, and Tiraspol, and prisoners in prisons on the right bank of the Dniester River. The main objective of the 2024-2025 IBBS in the Republic of Moldova is to measure HIV seroprevalence and associated risk factors among PWID, MSM, FSW and prisoners, to inform programmatic and policy responses, and to monitor epidemic trends. Other objectives include measuring syphilis, hepatitis B virus (HBV) and hepatitis C virus (HCV), HIV testing, knowledge about HIV transmission, violence, stigma and discrimination, and the AIDS treatment and pre-exposure prophylaxis (PrEP) cascades. The IBBS 2024/2025 study in the Republic of Moldova was implemented by the Public Medical and Sanitary Institution Clinical Hospital for Infectious Diseases (PMSI CHID) "Toma Ciorba" in collaboration with the Center for Health Policies and Studies, with funding from the Global Fund and carried out by the National HIV/AIDS and STI Program of the Republic of Moldova - Ministry of Health in collaboration with non-profit organizations. All sample sizes were calculated using a design effect of 2, a 15% or 10% change from time 1 to time 2, a power of 80% with a two-sided test, and a confidence level of 95%. Eligible PWID, MSM and FSW were ≥16 years of age and had lived/worked or socialized in the study area for at least twelve months. Eligible prisoners were aged ≥18 years. In addition, each participant had to meet the following eligibility conditions:

Table i. Eligibility criteria for IBBS 2024-2025

PWID	SW	MSM	Prisoners
Men or women who injected drugs for non-medical purposes in the last 12 months	Women who received money in exchange for vaginal or anal sex in the last 12 months	Men who had anal sex with a male partner in the last 6 months	Detained in penitentiary institutions of the Republic of Moldova, right bank of the Nistru River, at the time of the study

All respondents from the PWID, FSW, and MSM groups were sampled using respondent-based sampling (RDS), a chain sampling method specifically designed to obtain probability-based samples from “hidden” and hard-to-reach populations that are socially connected. After providing informed consent, respondents completed a questionnaire interview and provided blood samples for testing for infections. Population estimates and corresponding 95% confidence limits were adjusted for respondent recruitment probability and network sizes, using the successive sampling estimator in RDS Analyst.

Prisoners were sampled using random cluster sampling. This method used the available list generated centrally from the electronic database of special records of inmates within the Department of

Penitentiary Institutions. The lists were transmitted to the penitentiary institution and respondents were selected according to the step chosen for each institution. Thus, a list of respondents was established for each sampling point.

KEY FINDINGS

All surveys reached the calculated sample sizes: 313 PWID in Chișinău, 326 in Bălți, 278 in Tiraspol and 213 in Râbnița; 354 FSW in Chișinău, 323 in Bălți and 150 in Tiraspol; 323 MSM in Chișinău and 282 in Bălți; and 364 prisoners from prisons on the right bank of the Nistru River. The results below represent the aggregate estimates of all survey locations for each of the populations and provide only an overview of the data collected.

Figure i. Partner types in the past six months

PWID, FSW and MSM had sexual intercourse with different partner types in the past six months. Up to 14% of MSM had paid partners, and 24% of FSW and MSM had regular partners, while 26% of PWID, 32% of FSW, and over 80% of MSM had casual partners. Few PWID had paid partners.

Figure ii. Condom use by partner types in the past six months

Low percentages of PWID, FSW and MSM used condoms with their regular partners. FSW had the highest condom use with any partner type compared to PWID and MSM. PWID had the lowest percentage of condom use with any partner type.

Over a quarter of prisoners had sexual intercourse during their current imprisonment (not presented in graphic), among which only a third used a condom during their last sexual intercourse, and even fewer used condoms consistently.

Figure iii. HIV testing

Over three-quarters of PWID, MSM, FSW and 96% of prisoners ever had an HIV test. Among those, few FSW (39%), almost half of MSM, 56% of PWID and 86% of prisoners had an HIV test in the past 12 months.

HIV prevalence was highest among PWID (17%) and MSM (13%) and around 4% among FSW and prisoners. HBV was under 5% for all populations. HCV was 43% among PWID and 2% among MSM. Syphilis infection was about 11% for PWID and MSM, 8% for prisoners and 5% among FSW.

Figure iv. Biological test results

Although not presented here, many PWID, FSW and MSM suffer various forms of violence, stigma and discrimination. Only 24% of MSM and 18% of FSW were screened for a sexually transmitted infection (STI) in the past three months. Few PWID, FSW and prisoners are aware of or have ever used PrEP or post-exposure prophylaxis (PEP). Three-quarters of MSM have heard of PrEP, among which 38% ever used it, and 42% of MSM are aware of PEP prophylaxis, among which only 7% have ever used it.

HIV TRENDS AMONG PWID, FSW AND MSM

With no statistically significant difference, HIV prevalence among PWID in Chișinău slightly increased between 2012 and 2024 and decreased in Bălți between 2012 and 2024 and in Râbnița between 2016 and 2024 (Figure v). There was no evidence of a statistically significant change over time for PWID who ever had an HIV test in any of the study sites.

Figure v. HIV Trends among PWID

HIV prevalence among FSW in Chișinău and Bălți decreased between 2012 and 2024 with no statistically significant change. However, there is evidence of a statistically significant increase for ever having an HIV test among FSW in Chișinău. Although there is an overall increase for ever having an HIV test among FSW in Bălți, this trend shows no statistical significance (Figure vi).

Figure vi. HIV Trends among FSW

There is an overall increase in HIV prevalence among MSM in Chișinău and an overall decrease in HIV prevalence in Bălți between 2012 and 2024 (no statistically significant changes). However, there is evidence of a statistically significant increase for ever having an HIV test among MSM in Bălți between 2016 and 2024. Although there is an overall increase for ever having an HIV test among MSM in Chișinău, this trend shows no statistical significance (Figure vii).

Figure vii. HIV Trends among MSM

SUMMARY OF KEY RECOMMENDATIONS FOR ALL KP

- Increase awareness about the importance of being tested and the availability of HIV testing and counselling (HTC) locations, promoting existing services, with additional training for counsellors on how to receive and provide quality HTC services for KP.
- Provide more 'KP friendly' HTC settings.
- Routinely offer voluntary HTC to all KP both in the community and in clinical settings as part of a comprehensive package of HIV prevention strategies.
- Scale up community-based HTC, linked to prevention, care and treatment services.
- Improve advertisements about where KP can go for HIV testing and counselling and enhance strategies to encourage KP to get tested are needed.
- Provide and encourage HIV self-testing as an effective tool to improve access to and frequency of HIV testing to KP, and their partners.
- Work towards eliminating the criminalization of sex work, drug use and same sex behaviors. Criminalization of these behaviors is shown to create barriers to enabling access to and uptake of HIV prevention, testing and treatment, and to sexual and reproductive health services.
- Continue to monitor sexual risk behaviors and HIV and STI prevalence among KP through IBBS and other surveillance and modelling techniques.

- Include comprehensive sexuality education, including information about HIV transmission, in schools to ensure that young people are equipped with the knowledge, skills, attitudes and values that help them to protect their health, develop respectful social and sexual relationships, and to make responsible choices.
- Improve HIV prevention programs, including providing condoms free of charge, conducting wide-scale condom and lubricant distribution, and implementing social marketing campaigns to promote condom use, should be strengthened and scaled up to reduce risky sexual behaviors.
- Widely offer PrEP as an additional prevention choice for KP who are at substantial risk of HIV infection as part of combination HIV prevention approaches. In addition, make PEP available to all eligible KP on a voluntary basis after possible exposure to HIV.
- Integrate and scale up mental health and psychosocial support services, harm reduction, substance dependence treatment, and HIV prevention, testing, treatment and care to prevent new HIV infections and improve the health and well-being of KP.
- Work towards implementing and enforcing anti-discrimination and protective laws derived from human rights standards to eliminate stigma, discrimination, and violence against KP. Violence against KP should be prevented and addressed in partnership with KP-led organizations.
- Improve efforts to encourage the monitoring and reporting of violence, as well as actions to redress actions of violence, should be enhanced.
- Make use of the fact that KP are connected through social networks and that effective HIV related outreach can be delivered through peer driven intervention methods.
- In three years, conduct another IBBS (third round), along with population size estimations (PSE) (available at: https://pas.md/ro/PAS/Studies/Details/460), among these same populations, using the same eligibility criteria and the same sampling method to calculate trends.

PWID

- Expand availability to harm reduction. These programs should provide a comprehensive package of services, including needle and syringe programs, opioid agonist maintenance therapy (OAMT) and naloxone for overdose management, condoms and lubricants, STI, HBV and HCV testing, PrEP for HIV and PEP for HIV and STI.
- Continue to enhance formal guidelines and interventions for hepatitis prevention and management of both hepatitis and hepatitis-HIV co-infection among PWID.
- Conduct in-depth qualitative research among women who inject drugs to better understand their injection behaviors and harm reduction and treatment needs. Ensure that there are spaces for women who inject drugs to comfortably and safely receive counselling and treatment.
- Ensure that drug treatment programs for opiates users should screen and provide treatment for other drug use. Strengthen the prevention and treatment of substance abuse.
- Conduct a repeat IBBS survey among non-injecting drug users, including PSE, and/or conduct in-depth qualitative research to understand new types of drugs used in the Republic of Moldova.
- Ensure easy access to clean needles and syringes and other injecting equipment through many venues, including pharmacies, harm reduction programs, and through mobile clinics and vending machines, is essential to reducing HIV and HCV transmission among PWID.
- Expand programs that distribute naloxone to people who are likely to witness overdose and provide training on the use of naloxone and on the resuscitation of people following an opioid overdose.

FSW

- Expand comprehensive health care for FSW, including access to free condoms and lubricants, PrEP for HIV, PEP for HIV and STI, prevention of vertical transmission of HIV, syphilis and HBV vaccination.
- Implement evidence-informed responses to HIV and sex work that reduce inequalities and protect and promote human rights and public health. Actions to take could include ending the criminalization of sex work, including the purchase, sale and management of sex work, extending Labor protections, protecting FSW against all types of violence, and ending stigma and discrimination.
- It is essential that HIV intervention and prevention programs in the Republic of Moldova not only target FSW but also men who pay for sex.
- Provide a comprehensive package of programs for FSW that include alcohol and drug use assessments, counselling and, if needed, treatment.

MSM

- MSM should routinely be screened and, if needed, treated for Syphilis, especially in HTC settings. Continued systematic screening (including provision of results and treatment) for STI should be maintained and expanded into programs providing services to MSM.
- Increase training for health care workers and other health professionals on the specific needs of the MSM population.
- Organize awareness-raising training for health care workers and other professionals ensure a welcoming and supportive environment that would encourage MSM to access services when they need them.
- Health facility-based services should continue including systematic physical examinations for STI in people known or suspected to be MSM since signs or symptoms may neither be self-recognized nor reported.
- Substance and alcohol abuse screening and counselling on the harms of excessive alcohol and substance use should be offered to MSM in the context of HIV and STI counselling.

PRISONERS

- Continue to provide and monitor prison distribution of condoms, clean needles, and syringes to people in prison to reduce the risk of HIV and other STI.
- Prisoners should benefit from harm reduction services (needles and syringes for those who inject drugs, methods for cleaning tattoo equipment).
- HCV screening and treatment should be available and monitored in prison settings. Easy access to qualified medical and nursing staff, as well as direct-acting antiviral therapies, can make a major contribution to controlling the growing burden of HCV disease.
- Improve prisoners' knowledge about HIV transmission; closed environments, such as prisons, offer excellent opportunities to improve education on reducing HIV and other STI.
- Expand evidence-based HIV prevention interventions in prisons, based on guidelines, including offering PrEP and PEP to high-risk prisoners.
- Integrate mental health services, including substance abuse, into HIV and STI prevention programs targeting prisoners.

- Educate health care providers and other service providers about the specific needs of prison subpopulations (MSM, FSW, PWID, etc.).
- Expand access to skills-building education for prisoners to help them find alternatives to function better in society and avoid returning to prison.
- Form advocacy groups and coalitions in prisons to raise awareness and create a supportive environment.

BACKGROUND

In June 2020, the country coordination mechanism approved the National Strategic Plan (NSP) on HIV for the next five years (2021-2025). The National Program for the Prevention and Control of HIV/AIDS and sexually transmitted infections (STI) for the period 2022-2025, approved by Government Decision no. HG134/2022 of 02.03.2022, is aligned with the progress and lessons learned from the previous program and aims to be robust and timely, aiming to minimize the consequences of the HIV epidemic and reduce its burden in the Republic of Moldova. The allocation for the period 2024-2026 is implemented to help the Republic of Moldova address existing barriers, support the achievement of stability and sustain quality prevention services for key populations (KP). According to the monitoring and evaluation plan of the National Program for the Prevention and Control of HIV/AIDS/STIs for 2022-2025, the Integrated Biological and Behavioral Surveillance (IBBS) surveys in Moldova was to be conducted in four KP in 2024: people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSW) and prisoners. The purpose of the study is to determine the prevalence of HIV, hepatitis B virus (HBV), hepatitis C virus (HCV) and syphilis, to assess the risk behavior of infection, HIV testing and knowledge, stigma and discrimination, and knowledge of and use of pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP). Based on classical methods of HIV and STI serological surveillance, IBBS is a repeated, multicenter, population-based, cross-sectional, questionnaire-based research, linked to qualitative testing of the presence of antibodies against HIV, HCV, HBV and syphilis (Treponema Pallidum). IBBS is also useful and important for tracking trends in behaviors over time in regions where HIV prevention activities are carried out, as a component that contributes to the monitoring and evaluation of interventions for given groups. Following the completion of this research, an exercise was carried out to estimate the sizes of KP and the AIDS treatment and PrEP cascades to better plan interventions in the Republic of Moldova.

CONTEXT

Figure 1. Map of Republic of Moldova

The Republic of Moldova is in south-eastern Europe and borders Ukraine to the north, south and east and Romania to the west (Figure 1). The Republic of Moldova became independent on August 27, 1991, is a parliamentary republic, with a president being elected by the Parliament for a 4-year term. As a result of political conflicts in the 1990s, the territory on the left bank of the Dniester River is not fully controlled by the Government of the Republic of Moldova. The Republic of Moldova currently has an estimated population size of 2.9 million people and is divided into 32 districts, five municipalities (Chișinău, Bălți, Comrat, Bender and Tiraspol) and two regions with special status: the Autonomous Territorial Unit of Gagauzia and the Administrative-Territorial Units from the Left Bank of the Dniester, known more generically as Transnistria.

INTRODUCTION

According to UNAIDS, the Republic of Moldova is considered an HIV low-prevalence country, with a prevalence rate of 0.9% among adults aged 15 to 49. Specifically, there are approximately 17,000 people living with HIV (PLHIV) in the Republic of Moldova. The prevalence rate for women aged 15 to 49 is 0.7%, while for men it is 1.1%, for 2024. Although the epidemic in the Republic of Moldova is concentrated, the country records one of the highest HIV prevalence rates in Eastern Europe and Central Asia (EECA) — approximately 0.3% in the general population, compared to the regional average of about 0.2%. Over the past 10 years, the incidence of new cases (per 100,000 population) has gradually increased, while the proportion of transmission among KP has remained stable, below 10%. However, HIV prevalence is over 10% among PWID and MSM, which underscores the need to maintain prevention and treatment interventions for all groups and the general population.[1] The evolution of HIV infection described above suggests a transition from transmission predominantly through injection drug use to transmission through sexual partners of KP. This hypothesis is also supported by the findings of IBBS studies, which have been conducted regularly in the country since 2009.

In the IBBS conducted in 2020, HIV prevalence ranged from 8.1% to 23.5% (depending on survey location within the Republic of Moldova) among PWID, from 2.1% to 4.4% among FSW, and from 8.6% to 11.6% among MSM. HIV testing was relatively low among all KP. Although the majority of PWID reported having access to HIV testing services, only between one quarter and two thirds had an HIV test and received the results in the past year or were aware of their HIV-positive status. Among MSM, one third in Bălți and half in Chișinău reported that they had an HIV test and received the results in the past year or knew their HIV-positive status. Not all FSW were aware of their HIV status at the time of testing, and some did not know where to access confidential HIV testing.

In 2020, condom use was low or inconsistent among all KP. Between half of MSM in Chișinău and 61% in Bălți used a condom during their most recent sexual intercourse with either a man or a woman. One third or more of PWID had multiple sex partners and did not use condoms consistently with casual sex partners. FSW had multiple sex partners and inconsistent condom use. While MSM had good knowledge of HIV transmission, PWID and FSW had low knowledge. Based on the 2020 population size estimation (PSE) exercise, there are approximately 27,500 PWID, 15,800 FSW, and 14,600 MSM.

The National AIDS (NAP) Program in the Republic of Moldova, in collaboration with non-commercial organizations (NCO), has expanded coverage of prevention services and implemented risk reduction interventions. However, coverage of HIV testing and treatment services for KP is currently lower than the established targets. NAP 2022-2025 data indicate a relatively low use of prevention services among KP, thus increasing the risk of HIV infection and the potential for subsequent transmission to others. In addition, around a quarter of KP face high stigma and discrimination, as well as other human rights barriers, which significantly limit their access to and use of available prevention, treatment and care services.

The 2024/2025 IBBS completes the second round of IBBS among KP in the Republic of Moldova using respondent driven sampling (RDS) and the Gile successive sampling estimator. Previous IBBS surveys were conducted using RDS and analyzed with different estimators in 2009, 2012, and 2016. The 2024/2025 IBBS sampled PWID, MSM, FSW and prisoners. Continued HIV surveillance in these

[1] *Raport de evaluare a realizării Programului Național de prevenire și control HIV/SIDA și ITS 2021-2025.*

populations is essential for monitoring emerging trends and establishing national intervention and prevention priorities. Biological and behavioral data, as well as PSE, provide crucial data for the modes of HIV transmission (MOT), which is able to estimate the annual fraction of new HIV infections acquired by different risk groups, and for Spectrum[2] and the epidemic projection package, which estimates many key indicators, including the number of PLHIV by age, new infections, AIDS-related deaths, the need for antiretroviral therapy (ART), and to produce epidemic projection curves.

As in many countries, PWID, MSM and FSW remain "hidden" and difficult to reach for research purposes due to their illegal behaviors and associated social stigma and discrimination. These factors motivate KP to remain hidden, leading to increased vulnerability to HIV infection and transmission. Globally, including in the EECA region, PWID, MSM and FSW have a disproportionately high HIV prevalence and represent a core group contributing to HIV transmission. PWID, MSM and FSW are highly networked within their populations, making them suitable for sampling through their social networks using RDS.

This report presents findings from the 2024/2025 IBBS among PWID in the municipalities of Chișinău, Bălți, Tiraspol and Râbnița, FSW in Chișinău, Bălți and Tiraspol, MSM in Chișinău and Bălți and Prisoners.

OBJECTIVES OF THE 2024/2025 IBBS

The 2024-2025 IBBS among KP in the Republic of Moldova collected data to inform the Global AIDS Monitoring (GAM)[3] indicators, HIV MOT, AIDS treatment for monitoring progress towards the UNAIDS 95-95-95 targets to end HIV by 2030, the PrEP Cascade and the HIV National strategic plan (NSP) targets. The objectives of the IBBS Moldova 2025 among PWID, FSW, MSM and Prisoners in each of the sampled areas were to estimate:

- The prevalence of HIV, Syphilis, HBV, HCV and associated risk behaviors and multiple and overlapping risks.
- PSE by KP group and by survey site with the aim to derive national estimates (see report at https://pas.md/ro/PAS/Studies/Details/460.
- Number of PWID among prisoners.
- Knowledge about HIV MOT and preventive ways of HIV as well as HIV/STI//Hepatitis/health service use patterns, preferred providers and met/unmet service needs.
- Program coverage, stigma, discrimination and violence, HIV knowledge and testing and STI.
- Sexual risk, including sexual partner types and condom use program coverage and access to counselling and testing services for HIV prevention.

Data collected from the IBBS will be used to:

- Evaluate the effectiveness of implemented program activities.
- Enhance advocacy and policymaking.
- Provide input for the National AIDS Program.
- Model HIV infection and incidence.
- Develop the HIV treatment and PrEP cascades.

[2] *See: www.unaids.org/sites/default/files/media_asset/QuickStartGuide_Spectrum_en.pdf*

[3] *World Health Organization (WHO). Global AIDS Monitoring 2023-2024. Geneva, Switzerland; 2025. Available from: https://www.unaids.org/sites/default/files/media_asset/global-aids-monitoring_en.pdf.*

- Provide the GAM indicators for reporting to UNAIDS and The Global Fund.

METHODS-IBBS

RESPONDENT-DRIVEN SAMPLING (RDS)

All populations in the IBBS Moldova 2024/2025, except for prisoners, were sampled using RDS[4], a link tracing sampling method. RDS reduces biases commonly found in other chain-referral methods by using a restricted peer to peer recruitment system (peers can recruit up to three peers thereby reducing overrepresentation of those with large social networks) that generates long recruitment chains of participants (thereby reducing bias of non-randomly selected initial participants and deeper penetration into the network of the target population). Furthermore, RDS assumes sampling from a network rather than from a population. Analysis involves weighting data by network sizes so that those with larger networks are given less weight and those with smaller networks are given more weight. Each participant provided the size of their social network which is a question developed using all eligibility criteria and a specific time frame during which a participant has seen their peers.

Based on pre-existing contact, and in consultation with local NCO providing services to KP members, survey staff recruited a handful of diverse and well-networked members of each population to serve as seeds (initial study participants). Seeds received a primary incentive for completing the interview and a secondary incentive for recruiting their peers to participate in the survey. Being a recruiter was voluntary and if participants chose not to be recruiters, they were still eligible to receive the primary incentive. A recruited peer who redeemed a coupon attended one of the physical interview sites to enroll in the survey. The coupons provided non-stigmatizing information about the survey location, hours of enrollment and basic objectives. Seeds and subsequent recruited peers who enrolled at a fixed interview site, were screened for eligibility, and completed consent (a detailed explanation of the survey's purpose, possible risks and benefits and anonymity and confidentiality), a questionnaire interview, and biological testing with pre-test counselling. Once these steps were completed, each participant (except for those at the end of the survey) received up to three coupons to use in recruiting their peers. The recruits of seeds created the first wave of recruitment, and the recruits of the first wave created the second wave of recruitment, and so on (Figure 2). Ideally, there should be numerous waves of recruitment (>10) in at least one recruitment chain (i.e., the seeds and his or her recruits).

Figure 2. Example of one recruitment chain with 13 waves.

[4] *Heckathorn DD. Respondent-driven sampling: a new approach to the study of hidden populations. Soc Probl. 1997; 44:174–199. doi: 10.1525/sp.1997.44.2.03x0221m; Johnston LG. Introduction to Respondent Driven Sampling. Introd. to HIV/AIDS Sex. Transm. Infect. Surveill. Geneva Switzerland; 2013. Available from: http://applications.emro.who.int/dsaf/EMRPUB_2014_EN_1686.pdf.*

ENROLMENT AND SELECTION OF SEEDS

Each survey started with approximately one seed for every 100 in the sample size. Seeds were selected through the help of NCO and others who have exposure to KP. Seeds were selected based on the following criteria:

1. Well connected to others in their own social network.
2. Able to recruit people with diverse characteristics as specified by the coupon manager.
3. Well regarded and trusted by peers and likely to influence peers for recruitment in the survey.
4. Enthusiastic about participating in the survey.
5. Willing and able to recruit diverse types of people as identified during the first visit.

Each seed was screened for eligibility, enrolled in and completed all the steps in the survey (same as any other participant) during a time prearranged by survey staff.

NESTED PROPORTIONAL RANDOM SAMPLING

Prisoners were sampled randomly in conventional nests, in two stages. The primary sampling unit (PSU) represented the number of prisoners in a prison. Within the PSU, sampling was by simple randomization. Sampling was proportional to nest size and systematic, ensuring self-weighting of the sample.

SURVEY LOCATIONS

The IBBS Moldova 2024/2025 surveys were conducted in four locations for PWID, three locations for FSW, two locations for MSM and 16 locations for Prisoners (Table 1). The locations were selected based on several criteria, including HIV prevalence as provided from the National AIDS program programmatic data, existence of organizations working with the populations, and whether the HIV IBBS had been carried out previously in 2020. In 2020, the IBBS HIV study was conducted among all KP in Chișinău and Bălți, and in Tiraspol and in Râbnița only for PWID. Tiraspol was added for the IBBS Moldova 2024/2025 surveys for FSW. The final selection of study sites was agreed by consensus at an IBBS HIV planning session, attended by numerous stakeholders, including WHO, UNODC, UNAIDS, NCO and civil society organizations, and NAP.

The sample size of 360 prisoners was calculated based on a sampling list from the National Penitentiary Agency. There were 16 PSUs. For each nest, the number of respondents was predetermined. The step according to which prisoners were recruited was calculated according to the lists of detainees from each penitentiary institution.

Table 1. Geographic areas and populations

PWID	SW	MSM	Prisoners
Chișinău, Bălți, Tiraspol and Râbnița	Chișinău, Bălți and Tiraspol	Chișinău and Bălți	16 PSUs on the right bank of the Dniester River.

INTERVIEW SITES

For PWID, FSW and MSM, physical interview sites were easily accessible and selected based on information from KP obtained through formative research. The study hours were convenient for the sampled populations, based on the results of the formative research. The interview sites were private, comfortable, and located in environments that would not attract unwanted attention from neighbors. There was one interview site in each study city, open five days a week. The coupon contained the addresses and hours of the interview sites, and any person in the target groups with a valid coupon could use their coupon according to the address and hours of operation.

Interview sites had sufficient space and chairs for people to comfortably wait. Each site accommodated at least two simultaneous interviews, a private space for pre and post-test counselling and the collection of blood, and a bathroom. The screener and the coupon manager had sufficient space for separate desks where participants could not be overheard when being screened or learning about the recruitment process.

For prisoners, the interview sites were the medical points of the Penitentiary Institutions. Each potential participant was invited separately, to avoid crowding and not to attract unwanted attention from other prisoners.

CRITERIA FOR INCLUSION INTO THE SURVEY

All participants for the PWID, MSM and FSW surveys were aged 16 years[5] or older, living/working or socializing in the geographic area where the study is being conducted for at least 12 months. Prisoners were aged 18 years and older and detained in penitentiaries in the Right Bank of the Nistru River region. All participants provided their informed consent and were willing to participate in the entire survey, which included completing the behavioral survey and providing a biological sample. Population specific criteria are displayed in Table 2.

Table 2. Eligibility criteria[6] for IBBS 2024/ 2025

PWID	FSW	MSM	Prisoners
Men or women who injected drugs for non-medical purposes in the last 12 months	Women who received money in exchange for vaginal or anal sex in the last 12 months	Men who had anal sex with a male partner in the last 6 months	Men or women detained in penitentiary institutions of the Republic of Moldova, right bank of the Nistru River, at the time of the study

[5] *See section on Ethical Considerations for rationale to include minors in this study.*

[6] *World Health Organization (WHO). Biobehavioural survey guidelines for populations at risk for HIV. WHO. Geneva Switzerland: World Health Organization; 2018. Available from: http://www.who.int/hiv/pub/guidelines/biobehavioral-hiv-survey/en/; Hakim AJ, Johnston LG, Dittrich S, Prybylski D, Burnett J, Kim E. Defining and surveying key populations at risk of HIV infection: Towards a unified approach to eligibility criteria for respondent-driven sampling HIV biobehavioral surveys. Int J STD AIDS. 2018; 29:895–903. doi: 10.1177/0956462418763882.*

For PWID, FSW, and MSM, the eligibility criteria were also used to guide questions to measure the size of each participant's social network (necessary for data analysis).

SAMPLE SIZE

Sample sizes for PWID, FSW and MSM were calculated based on changes in an indicator over time based on the 2020 IBBS findings. The indicator used for PWID was condom use at last sexual intercourse, for FSW was condom use with the last commercial partner, and for MSM was condom use at last anal intercourse.

The sample size was calculated for each locality and target group separately, using the following formula:

$$SS = \frac{\frac{z^2 * p(1-P)}{e^2}}{1 + (\frac{z^2 * p(1-p)}{e^2 N})} * 2$$

Where:
N – is the estimated number of the target group at the data collection site
E – 5% margin of error.
Z – Z-score, which for the 95% confidence interval used has the value of 1.96
P – Percentage of indicator used in decimal value
Design effect - 2.

For PWID in Tiraspol and Râbnița, the population correction factor was applied based on the formula:

$$FPC = ((N-n)/(N-1))^{1/2}$$

Where:
N – population size,
N – sample size

The final calculated sample sizes are displayed in Table 3.

Table 3. Sample sizes for IBBS Moldova 2024-2025

Populations and city	Sample size
PWID	
Chișinău	313
Bălți	326
Tiraspol	278
Râbnița	213
Subtotal	**1130**
FSW	
Chișinău	354
Bălți	323
Tiraspol	150
Subtotal	**827**
MSM	
Chișinău	323
Bălți	282

	Subtotal	**605**
Prisoners		
		364
	TOTAL	**2926**

STAFFING

All staff members received two days of training consisting of their roles and responsibilities, the ethical consent process, administration of the behavioral questionnaire, collection of biological samples, biological sample processing and transport and provision of biological test results and referrals. In addition, for PWID, MSM and FSW staff received training on seed selection, respondent recruitment, the tracking of coupons and respondents, and incentive compensation.

Each survey team was made up of members of KP or those who had experience working with KP. Each site for PWID, MSM and FSW had a screener, two interviewers, lab staff for pre and post-test counselling and blood draw and a coupon manager and a study coordinator.

BIOLOGICAL TESTING

All participants underwent HIV pre-test counselling prior to providing a finger prick blood specimen for rapid HIV, syphilis, HCV and HBV testing. All participants were offered to receive their rapid test results, along with post-test counselling, on the day of enrolment. Each participant with a reactive HIV test was referred to HIV confirmation centers. Participants with reactive results for HIV, syphilis, HCV or HBV were referred to appropriate care and treatment.

DATA MANAGEMENT AND ANALYSIS

Interview assistants were trained question by question for administering the questionnaire via an electronic monitor, in Romanian/Russian. IBBS recruitment was monitored weekly and then daily towards the end of the surveys in an Excel database, with participant coupon numbers, recruitment coupon numbers, enrollment and expiration dates, and seed number. Survey data were entered directly into a tablet during the face-to-face interviews and stored on the PMSI CHID “Toma Ciorba” servers. The data were downloaded into Excel for cleaning and some recoding of variables. From the Excel data database, data were fully cleaned and recoded in STATA or SPSS. A consensus discussion was held with stakeholders to decide on the recoding of variables. For most variables, don’t know and no response were coded as missing. Some variables which had skip patterns resulted in subsequent variables having a reduced denominator, for some variables with skip patterns, the full denominator was added to subsequent variables and coded as no. For instance, anyone reporting never having an HIV test was not included in the subsequent question about having an HIV test in the past 12 months. Therefore, this variable was recoded to include the entire sample in the denominator as well as retaining it with only the denominator of those ever having an HIV test.

For PWID, FSW and MSM, adjusted estimates and 95% confidence intervals and adjusted means and medians were produced with RDS-Analyst (www.hpmrg.org), a specialized software application for RDS

data, using the Gile successive sampling estimator.[7] Data are adjusted for differential recruitment and inverse weighting of social network sizes. Aggregated data were analyzed using a combined weight for social network sizes and population sizes. All analysis is presented at the end of the report in tables. Recruitment graphics for each sample were created by RDS Analyst and data graphics were created in Excel.

For the Prisoners, after entering all the data into the database, cleaning and analysis were performed in SPSS to build national and international indicators according to the analysis requirements.

DATA PRESENTATION AND INTERPRETATION

For PWID, FSW and MSM adjusted estimates of select key variables are displayed in figures in the main section of the report. In the appendices, all tables of categorical and continuous variables, as well as the GAM indicators disaggregated by age, are presented. Tables of categorical variables for each sampled area and for all sampled areas combined include the category size (n), the adjusted estimates and 95% confidence intervals. Statistically significant differences between or within the samples can be assessed by noting whether the confidence intervals overlap. Although the estimates presented here may be considered representative of the network of the population from which respondents were recruited, the small number of values for certain variables may limit the ability to derive accurate estimates. In some cases, confidence intervals are too wide for meaningful interpretation. Further, as analysis in RDS-Analyst depends on the integrity of recruitment chains to determine and adjust estimates for probability of recruitment, missing values may distort adjusted proportion estimates.

ETHICAL CONSIDERATIONS

Survey participation was voluntary, and respondents were informed that they were free to withdraw at any time during the survey process. Following careful explanation of the survey, participants underwent informed consent and were required to verbally state that they understood and agreed to all the steps in the survey process. To enroll in the survey, potential participants agreed to complete the questionnaire interview as well as the biological testing. To minimize discomfort due to the sensitive nature of the questions asked, the questionnaire was administered in a private and confidential setting, and responses were recorded onto a tablet. Respondents could refuse to answer any specific question. All respondents received the name and telephone number of the local survey coordinator should they have any questions about the survey or believe they had been harmed or mistreated as the result of their involvement in the survey.

All survey data, including biological and behavioral information, were kept confidential. The survey team did not record names, addresses or other personal identifiers on the survey questionnaires or on any of the laboratory specimens and results. Coupon identification numbers were assigned to each respondent and used to link questionnaire responses to management forms and laboratory test results. After data collection, questionnaires, forms, and test results were kept in a secure location. The final

[7] *Gile KJ, Handcock MS. Respondent-Driven Sampling: An Assessment of Current Methodology. Sociological Methods, 2010. 40, 1: 285-327.*

protocol and materials were reviewed and approved by the Ethical Review Committee of the Ministry of Health.

STUDY FINDINGS

PEOPLE WHO INJECT DRUGS (PWID)

In 2024, 313 PWID in Chișinău, 326 in Bălți, 278 in Tiraspol and 213 in Râbnița participated in the IBBS. All locations achieved their calculated sample sizes. Recruitment lasted between seven and ten weeks, in Chișinău (17 October -27 December 2024) in Bălți (23 October - 27 December 2024), in Tiraspol (1 November - 23 December 2024) and in Râbnița (29 October - 23 December 2024). The maximum number of waves reached in the recruitment chains in Chișinău was 24 (Figure 3), in Bălți was 12 (Figure 4), in Tiraspol was 11 (Figure 5) and in Râbnița was 10 (Figure 6).

Figures. Network graphic Chișinău (3), Bălți (4), Tiraspol (5), and Râbnița (6), Republic of Moldova 2024-2025

SOCIO-DEMOGRAPHIC CHARACTERISTICS

AGE, EDUCATION AND EMPLOYMENT

The mean age of PWID ranges from 36 in Râbnița to 40 years in Bălți (Figure 7a). Most PWID in all sampled areas are above the age of 25 (Figure 7b) and employed, except for PWID in Chișinău (Figure 7c). The highest percentage job type category for Râbnița (64%), Tiraspol (45%) and Bălți (42%) was for irregular or casual workers or abroad workers (Figure 7d). PWID in Chișinău and Tiraspol have lower

levels of educational attainment compared to those in Bălți and Râbnița. Approximately 40% of individuals in Chișinău and Tiraspol have attained only primary education or less (see Figure 7e). In contrast, around 70% of PWID in Bălți and just under 60% in Râbnița have completed secondary education or higher. The proportion of individuals with a university degree is 28% in Râbnița, 14% in Chișinău, 11% in Tiraspol, and 7% in Bălți.

Figure 7 a-e. Age, employment and education among PWID, Republic of Moldova, 2024-2025

<2% in all cities responded other.

MARITAL STATUS AND LIVING SITUATION

Most PWID in Bălți (61%) and Râbnița (58%) are living with a sexual partner (Figure 8a) and 53% in Chișinău, 40% in Tiraspol, 24% in Bălți and 19% in Râbnița are single, never married (Figure 8b).

Figure 8 a-b. Marital status and living situation of PWID, Republic of Moldova, 2024-2025

SEXUAL BEHAVIORS

SEXUAL INTERCOURSE

Most PWID have engaged in sexual intercourse, among which, 87% in Chișinău and Bălți, 91% in Tiraspol and 99% in Râbnița did so in the past 12 months (Figure 9).

Figure 9. Sexual intercourse among PWID, Republic of Moldova, 2024-2025

PARTNER TYPES AND CONDOM USE AT LAST SEX

PWID in Râbnița (67%) have the lowest percentage and PWID in Bălți (94%) had the highest percentage reporting having a regular partner. PWID in Tiraspol have the highest percentage and PWID in Chișinău have the lowest percentage (24%) having a casual partner in the past six months (Figure 10a). Condom use at last sex with regular partners is only 34% or lower. The highest percentage of PWID using a condom at last sex with a casual partner is in Tiraspol (83%) and the lowest percentage is in Bălți (50%) (Figure 10b).

Figure 10 a-b. Sexual partner types and condom use at last sex in past six months among PWID, Republic of Moldova, 2024-2025

COMMERCIAL SEX

Between 5% of PWID in Tiraspol and 25% in Râbnița ever purchased sex or sold sex for money or goods (Figure 11). Of those who engaged in commercial sex, between 28% in Bălți and 100% in Tiraspol and Râbnița used a condom at last sex with a commercial partner (Figure 11).

Figure 11. Commercial sex among PWID, Republic of Moldova, 2024-2025

MAIN SOURCE FOR CONDOMS

Sixty-six percent of PWID in Bălți, 44% in Tiraspol and Râbnița and 42% in Chișinău purchased a condom from a pharmacy or shop. Over half (54%) in Tiraspol and Râbnița, 43% in Chișinău and 32% in Bălți received free condoms from NCOs or outreach workers. (Figure 12).

Figure 12. Main source of condoms among PWID, Republic of Moldova, 2024-2025

SEXUALLY TRANSMITTED INFECTIONS (STI)

Nearly all PWID are aware of STIs other than HIV (Figure 13a). In most regions, less than 10% reported STI symptoms in the last year—except for Râbnita (16%). Of those with symptoms, 58% in Bălți and 100% in Tiraspol received treatment within the past 12 months. (Figure 13b).

Figure 13 a-b. Sexually transmitted infection (STI) among PWID, Republic of Moldova, 2024-2025

HIV AWARENESS AND KNOWLEDGE

HIV AND AIDS AWARENESS

The vast majority of PWID are aware of HIV and AIDS (Figure 14).

Table 14. HIV and AIDS awareness among PWID, Republic of Moldova, 2024-2025

GENERAL HIV TRANSMISSION AND RISK KNOWLEDGE

The vast majority of PWID in all sampled areas know that the systematic and correct use of a condom during vaginal or anal sex can reduce the risk of HIV transmission (Figure 15a). Whereas more than 80% of PWID in Râbnița and Chișinău know that having an exclusive, faithful seronegative sex partner can protect someone from HIV transmission, 91% in Bălți and 96% in Tiraspol know this. Between 2% in Tiraspol and 38% in Bălți believe that HIV can be transmitted by sharing a toilet with someone living with HIV (Figure 15b). Between 4% in Tiraspol and 35% in Bălți believe that HIV can be transmitted by

sharing a meal with someone living with HIV. Fairly high percentages of PWID in Bălți (40%), Chișinău (23%) and Râbnița (21%) incorrectly believe that HIV can be transmitted by mosquitos.

Figure 15 a-b. Knowledge about HIV transmission, PWID, Republic of Moldova, 2024-2025

HIV TESTING AND RESULTS

HIV TESTING

About 75% of PWID in Bălți and over 90% elsewhere know where to get an HIV test (Figure 16a). Among those aware, 51% in Bălți, 77% in Râbnița, 89% in Tiraspol, and 93% in Chișinău have ever been tested (Figure 16b). Of those tested, 84% in Chișinău, 70% in Râbnița, 52% in Tiraspol, and 40% in Bălți did so in the past year. Overall, 20% (Bălți) to 77% (Chișinău) of PWID had an HIV test in the last 12 months.

Figure 16 a-b. HIV testing among PWID, Republic of Moldova, 2024-2025

HIV RESULTS AND TREATMENT

Of those who had ever had an HIV test, almost all knew the result of their last HIV test. Five percent of PWID in Râbnița, 18% in Chișinău, 20% in Tiraspol and 26% in Bălți reported that their last HIV test was reactive (Figure 17a). Of those with reactive test results, all in Tiraspol and Râbnița, 62% in Chișinău and 87% in Bălți received regular ART in the past 12 months. Among those who received regular ART, 99% in Tiraspol, 85% in Chișinău and Râbnița and 77% in Bălți were undetectable at their last viral load test.

Figure 17 a-b. HIV results and treatment among PWID, Republic of Moldova, 2024-2025

PREP AND PEP

Among PWID, PrEP awareness is highest in Râbnița (54%) and lowest in Bălți (23%), while PEP awareness is highest in Râbnița and Chișinău (47%) and is lowest in Bălți (24%). Actual usage of PrEP and PEP remains very low. Of 1,119 respondents, only 38% knew about PrEP; just 12 (0.03%) had ever used it, and only 4 of those did so within the past year. (Figure 18c).

Figure 18 a-c. PrEP and PEP among PWID, Republic of Moldova, 2024-2025

SUBSTANCE USE

AGE AT FIRST NON-INJECTION DRUG USE AND INJECTION DRUG USE

The mean age at first non-injection drug use is between 18 years (Tiraspol) and 25 years (Bălți), and the mean age at first injection drug use is between 21 years (Tiraspol) and 29 years (Chișinău) (Figure 19). The lowest age of first injection use is 13 in Chișinău, Bălți and Tiraspol and 14 in Râbnița.

Figure 19. Mean age at first non-injection drug use and injection drug use among PWID, Republic of Moldova, 2024-2025

NON-INJECTION DRUG USE IN THE LAST 30 DAYS

In the last 30 days, PWID consumed a variety of non-injection drugs, with the notably highest percentage being new psychoactive substances (NPS) in powder, crystal or tablet form in Chișinău and Bălți and cannabis in Tiraspol and Râbnița. The second most consumed non-injection drug in Chișinău

[8] *The cascade presents the actual number of people included in each step. For the proportions displayed, the denominator of each successive step is derived from the former step. Source: UNAIDS. Creating HIV prevention cascades: Operational guidance on a tool for monitoring programmes. 2021. Available from: https://www.unaids.org/sites/default/files/media_asset/JC3038_creating-hiv-prevention-cascades_en.pdf.*

and Bălți was cannabis, and in Tiraspol and Râbnița was the NPS in powder, crystal or tablet form (Figure 20).

Figure 20. Non-injection drug use in last 30 days among PWID, Republic of Moldova, 2024-2025

**<5% in all cities responded cocaine, Ecstasy, ketamine, LSD, NSP in liquid form, other.*

INJECTION DRUG USE

In Bălți and Tiraspol, most PWID first used poppy derivatives (shirk). In Râbnița, the majority initially injected methamphetamines, while in Chișinău, most began with new psychoactive substances (NPS) in powder, crystal, or tablet form (Figure 21a). Most PWID in Chișinău and Bălți injected NPS in powder, crystal or tablet form in the last 30 days, in Râbnița injected Methamphetamines and in Tiraspol injected Poppy derivatives (Figure 21b).

Figure 21 a-b. Injection drug use among PWID, Republic of Moldova, 2024-2025

**<7% in all cities responded other cocaine, ketamine, desomorphine, tramadol/promedol, diazepam, NSP in liquid form, other.*

INJECTION BEHAVIORS

Almost all PWID (95%) in all cities used a sterile needle and syringe in the past month the last time they injected (Figure 22b). In the past month, under 7% injected with a syringe/needle used by someone else and under 5% shared a needle with someone after the participant had used it. No respondents in Tiraspol and 6% in Chișinău injected with a syringe/needle used by someone in the last month (see tables in appendix). PWID in Chișinău had the highest percentage using nonsterile injection equipment. Between 16% in Chișinău and 41% in Ribnita had indirect sharing of injecting equipment in the past month. PWID in Râbnița had the highest percentage using drugs prepared by others. (Figure 22a).

Figure 22 a-b. Injection behaviors among PWID, Republic of Moldova, 2024-2025

TREATMENT AND OVERDOSE

Only 4% of PWID in Tiraspol, 11% in Râbnița, 16% in Chișinău and 20% in Bălți ever received treatment for injecting drugs, of which 29% in Chișinău, 25% in Bălți, 11% in Râbnița and only 4% in Tiraspol received treatment in the last 6 months (Figure 23a). Over half of PWID in Tiraspol and Râbnița would agree to receive opioid agonist substitution therapy (Figure 23b). Between 8% in Râbnița and 16% in Bălți had a narcotic overdose to the point of losing consciousness in the last 12 months (Figure 23c).

Figure 23 a-c. Treatment and overdose among PWID, Republic of Moldova, 2024-2025

VIOLENCE, STIGMA AND DISCRIMINATION

STIGMA AND DISCRIMINATION

A third or more of PWID in Chișinău, Bălți and Râbnița and 15% in Tiraspol have ever felt excluded from family activities due to injecting drug use (Figure 24a). Over half of PWID in Chișinău and Râbnița have received insults and 22% in Râbnița, 11% in Chișinău, 9% in Bălți and 5% in Tiraspol were blackmailed due to their injection drug use (Figure 24b). Between 6% in Tiraspol and 23% in Râbnița experienced physical aggression in the past 12 months because of their injection drug use.

Figure 24 a-b. Perceived stigma and discrimination in past 12 months among PWID in Republic of Moldova, 2024-2025

ARREST AND INCARCERATION

Arrest rates among PWID range from 24% in Râbnița to 67% in Tiraspol, with 6% to 25% arrested in the past year. Of those arrested, 53%–65% have been incarcerated. Over half injected drugs in prison, and 20% to 25% used shared injection equipment. (Figure 25c).

Figure 25 a-c. ***Ever arrested and arrested in last 12 months/incarcerated/ Used drugs/Shared equipment during incarceration*** **among PWID, Republic of Moldova, 2024-2025**

ACCESS TO HIV RELATED SERVICES

Between 29% of PWID in Bălți and 50% of PWID in Chișinău received condoms or counselling on condom use or safe sex in the past three months (Figure 29c). However, almost all PWID in Bălți, Tiraspol and Râbnița and 75% in Chișinău received new, clean needles and syringes in the past three months. (Figure 26).

Figure 26. Access to and assessment of HIV related services among PWID in Republic of Moldova, 2024-2025

BIOLOGICAL TEST RESULTS

HIV, HBV, HCV AND SYPHILIS PREVALENCE

HIV seroprevalence is highest among PWID in Tiraspol (18.3%), Chișinău (16.9%) and Bălți (16.6%) and lowest in Râbnița (4.4%) (Figure 27). HBV ranges from 2% in Bălți to 5.6% in Râbnița. HCV is 48.7% in Chișinău, 35% in Bălți and Tiraspol and 8% in Râbnița. From 2% in Râbnița to 11.6% in Chișinău are positive for Syphilis.

Figure 27. HIV, HBV, and HCV prevalence among PWID, Republic of Moldova, 2024-2025

AIDS CASCADE

The AIDS cascade shows that PWID in Moldova are far from reaching the 95-95-95 UNAIDS targets to end AIDS by 2035. Of the PWID who had positive test results (n=167) during the IBBS, 87.4% (n=146) are aware of their HIV positive status, among which 83.6% (n=122) are on ART, among which 50.8% (n=62) have undetectable virus levels (based on self-reported viral load testing (Figure 28).

Figure 28. AIDS Cascade (unadjusted), Republic of Moldova, 2024-2025

FEMALE SEX WORKERS (FSW)

In 2024, 354 FSW in Chișinău, 323 in Bălți and 150 in Tiraspol participated in the IBBS. All surveys reached their calculated sample sizes. Recruitment lasted between six and nine weeks: in Tiraspol (November 1 - December 12, 2024), in Bălți (October 22 - December 11, 2024), and in Chișinău (October 25 - December 27, 2024). The maximum number of waves reached in the recruitment chains in Chișinău and Bălți was 12 and 13 waves, respectively (Figures 29, 30), and in Tiraspol was six waves (Figure 31).

Figures. Network graphic Chișinău (29), Bălți (30), and Tiraspol (31), Republic of Moldova 2024-2025

SOCIO-DEMOGRAPHIC CHARACTERISTICS

AGE AND EDUCATION

The average age of FSW is 26 years in Chișinău, 28 years in Tiraspol, and 32 years in Bălți (Figure 32a). In all sampled areas, more than two thirds of FSW are older than 25 years (Figure 32b); approximately one third or fewer in each area are 24 years old or younger. Educational attainment varies among the cities: in Chișinău, 53% have some secondary education and 20% have some university education (Figure 32c). In Tiraspol, 49% of FSW reported incomplete or only primary education.

Figure 32 a-c. Age and education among SW, Republic of Moldova, 2024-2025

SOURCES OF INCOME, FINANCIAL SUPPORT OF OTHERS

Two thirds of FSW in Bălți, 41% in Chișinău and 7% in Tiraspol have alternative or additional sources of income other than selling sex (Figure 33a). Among them, most in Chișinău work in several places/ seasonal jobs/or abroad (40%) and most in Bălți (34%) and Tiraspol (37%) have a permanent job (Figure 33b). Over half of FSW from Chișinău earn a monthly income of about ≥ 9001 MDL, almost half in Tiraspol earn 3001-6000 MDL and one third from Bălți earn 1001-3000 MDL for sex work (Figure 33c).

Figure 33 a-b. Sources of income and financial support of others among FSW, Republic of Moldova, 2024-2025

<10% in all cities responded employee, bar work, illegal activities, other.

MARITAL STATUS AND LIVING SITUATION

Most FSW do not live with a sexual partner (Figure 34a). Between 46% in Bălți and 77% in Tiraspol are single/never married, between 16% in Tiraspol and 30% in Bălți are divorced, widowed or separated, and only 1% in Tiraspol, 3% in Chișinău and 8% in Bălți are married. (Figure 34b).

Figure 34 a-b. Marital status and living situation of FSW, Republic of Moldova, 2024-2025

MAIN VENUE TO MEET CLIENTS AND MIGRATION CHARACTERISTICS OF FSW

The highest percentage of SW in all sites used the internet as their main source for finding clients, only 1% in Bălți and Tiraspol, 18% in Chișinău found clients in the street (Figure 35). Between 14% in Bălți

and 22% in Tiraspol report traveling outside the Republic of Moldova to earn income in the past 12 months, of which over three quarters engaged in sex work abroad (Figure 35b).

Figure 35 a-b. Main venues or channel to meet clients in last 12 months and migration characteristics among FSW, Republic of Moldova, 2024-2025

<5% in all cities responded other.

SEXUAL BEHAVIORS

INITIATION OF SEXUAL INTERCOURSE AND COMMERCIAL SEX

The mean age of first penetrative sex with any partner was between the ages of 16 and 17 years and the age at first selling sex was between 21 years old in Chișinău to 22 in Bălți and Tiraspol (Figure 36).

Figure 36. Mean age of first sex and first trading sex among FSW, Republic of Moldova, 2024-2025

NON-PAYING PARTNER TYPES AND CONDOM USE AT LAST SEX

One fifth of FSW in Chișinău, one quarter in Tiraspol and just under half in Bălți had regular or steady sex partners in the past six months. Between 21% of SW in Tiraspol and 45% in Bălți had casual partners (Figure 37a). Over 90% in Tiraspol, under half in Bălți and one third in Chișinău used a condom at last

vaginal or anal sex with a regular partner. Over three quarters of FSW in Chișinău and over 90% in Bălți and Tiraspol used a condom at last vaginal or anal sex with a casual partner (Figure 37b).

Figure 37 a-b. Non-paying partner types and condom use at last sex among FSW, Republic of Moldova, 2024-2025

PAYING SEX PARTNERS

Over 90% of SW used a condom at last sex with a paying partner (Figure 38a). Over half of FSW in Chișinău, 68% in Bălți and 72% in Tiraspol always used condoms with clients in the past six months (Figure 38b).

Figure 38 a-b. Condom use with clients among FSW, Republic of Moldova, 2024-2025

ANAL SEX

Almost two third of FSW in Bălți, 46% in Chișinău and 41% in Tiraspol engaged in anal sex in the past month, among which FSW in Tiraspol and Chișinău had the highest percentages using a condom at last anal sex; FSW in Bălți had the highest percentage (49%) and Tiraspol had the lowest percentage (32%) using a condom during anal sex in the last 30 days.

Figure 39. Anal sex and condom use among FSW, Republic of Moldova, 2024-2025

ACCESS TO CONDOMS

Only one quarter of FSW in Chișinău, one third in Bălți and three quarters in Tiraspol obtained condoms in the past three months (Figure 40a). Three quarters of FSW in Chișinău, 62% in Bălți purchased condoms from a pharmacy/shop and over two thirds in Tiraspol received free condoms from NCOs/outreach workers (Figure 40b). Few FSW obtained condoms from health centers and family planning centers.

Figure 40 a-b. Condom access in past three months among FSW, Republic of Moldova, 2024-2025

SEXUALLY TRANSMITTED INFECTIONS (STI)

Most FSW are aware of STI other than HIV (Figure 41a). Of those, 65% in Tiraspol, 20% in Bălți and 17% in Chișinău were tested for an STI in the past three months (Figure 41b). Only 1% of FSW in Tiraspol, 25% in Bălți and 20% in Chișinău had signs or symptoms of an STI in the last 12 months and 69% of

those in Chișinău, 81% of those in Bălți and all of those in Tiraspol who reported symptoms of an STI received medical treatment for an STI in the past 12 months (Figure 41c). Fifteen percent of FSW in Chișinău, 56% in Bălți and all in Tiraspol were diagnosed with an STI by a doctor.

Figure 41a-c. Sexually transmitted infection (STI), other than HIV, among FSW, Republic of Moldova, 2024-2025

HIV AWARENESS AND KNOWLEDGE

HIV AND AIDS AWARENESS

Most FSW in all sampled areas have heard of HIV (Figure 42).

Table 42. HIV and AIDS awareness among FSW, Republic of Moldova, 2024-2025

GENERAL HIV TRANSMISSION AND RISK KNOWLEDGE

Eighty-five percent of FSW in Bălți and Tiraspol and 97% in Chișinău correctly know that having one exclusive and faithful seronegative sexual partner can reduce HIV transmission risk (Figure 43a). Nighty-six percent and more of FSW know that the systematic and correct use of a properly fitted condom during vaginal or anal sex can reduce HIV risk (Figure 43b). Higher percentages of FSW in Chisinau, compared to Bălți and Tiraspol, incorrectly believe that someone can get HIV by sharing a meal or a toilet with someone living with HIV, or that someone must appear to be ill for them to be living with HIV. Few FSW believe that mosquitos can transmit HIV.

Figure 43 a-b. Knowledge about HIV transmission, FSW, Republic of Moldova, 2024-2025

HIV TESTING AND RESULTS

HIV TESTING

Almost all FSW in Tiraspol (98%), 92% in Chișinău and 84% in Bălți are aware of venues for confidential HIV testing (Figure 44a). More than three quarters of FSW in all cities ever had an HIV test, among which 52% in Chișinău, 49% in Bălți and 88% in Tiraspol had an HIV test in the past year (Figure 44b).

Figure 44 a-b. HIV testing among SW, Republic of Moldova, 2024-2025

HIV RESULTS AND TREATMENT

Among the FSW who ever had an HIV test, 3.4% in Chișinău, 10% in Tiraspol and 14% in Bălți had a reactive result (Figure 45a). Of those with reactive test results, all in Tiraspol, 96% in Bălți and 70% in Chișinău received regular ART in the past 12 months, of which all in Chișinău and Tiraspol and 88% in Bălți had undetectable viral loads at their last viral load test (Figure 45b).

Figure 45 a-b. HIV results and treatment among FSW in Republic of Moldova, 2024-2025

PREP AND PEP

Awareness of PrEP among female sex workers (FSW) varies by location: it 18% in Chișinău, 28% in Bălți and 43% in Tiraspol. Of those aware of PrEP, 10% in Tiraspol, 5% in Bălți, and one individual in Chișinău have ever used PrEP (Figure 46a). Awareness of PEP ranges between 30% and 40%. Among those aware, 1% in Tiraspol, 4% in Chișinău, and 15% in Bălți have ever used PEP (Figure 46b). Out of 827 FSW surveyed, 26% (n=249) reported being aware of PrEP; of these, 5.2% (n=13) had ever used PrEP, and 85% (n=11) of those had used it within the past 12 months (Figure 46c).

Figure 46 a-c. PrEP and PEP among FSW, Republic of Moldova, 2024-2025

SUBSTANCE USE

Almost one half of FSW in Chișinău, one fifth in Bălți and 17% in Tiraspol ever used drugs. Low percentages of all FSW in Chișinău and Bălți ever injected drugs. FSW in Tiraspol having the highest percentage (8%) ever injecting drugs (Figure 47).

Figure 47. Substance use among FSW, Republic of Moldova, 2024-2025

VIOLENCE AND DISCRIMINATION

VIOLENCE

Between 15% and 24% of FSW experienced physical aggression or threats involving a weapon, and between 16% and 47% reported being deceived or coerced into sex without their consent within the past 12 months (Figure 48).

Figure 48. Abuse received because of sex work in past 12 months among FSW in Republic of Moldova, 2024-2025

DISCRIMINATION

Twenty-six percent of FSW in Tiraspol, 13% in Chișinău and 14% in Bălți ever felt excluded from family activities due to selling sex (Figure 49 a, b). One quarter in Chișinău, 35% in Bălți and 42% in Tiraspol have received insults and 5% in Tiraspol, 11% in Bălți and 42% in Chișinău were blackmailed due to selling sex. (Figure 49 b)

Table 49 a-b. Discrimination due to selling sex among FSW in Republic of Moldova, 2024-2025

ARREST AND INCARCERATION

The highest proportion of FSW arrested for sex work in the past 12 months was reported in Chișinău (16%), with lower percentages observed in Bălți (6%) and Tiraspol (3%) (Figure 50). The percentage of those ever incarcerated ranged from 3% in Tiraspol to 7% in Bălți.

Figure 50. Arrest and Incarceration of FSW, Republic of Moldova, 2024-2025

ACCESS TO HIV RELATED SERVICES

In Chișinău, 25% of FSW received condoms in the past three months, compared to 33% in Bălți and 75% in Tiraspol. Additionally, 25% in Chișinău, 31% in Bălți, and 68% in Tiraspol received counselling on condom use or safe sex. Regarding the primary source of condoms, 75% in Chișinău, 62% in Bălți, and 32% in Tiraspol reported obtaining them from pharmacies or shops/markets (See tables in appendix).

Figure 51. Access to and assessment of HIV related services among FSW in Republic of Moldova, 2024-2025

BIOLOGICAL TEST RESULTS

HIV, HBV, HCV AND SYPHILIS PREVALENCE

HIV seroprevalence among FSW was 11.3% in Bălți, 8.3% in Bălți and 2.7% in Chișinău (Figure 52). HBV was less than 4% in all cities and HCV was 1% in Chișinău, 4% in Tiraspol and 10% in Bălți. Around 2% of FSW in Tiraspol, 5% in Chișinău and 8% in Bălți were positive for syphilis.

Figure 52. HIV, HBV, HCV and Syphilis prevalence among SW, Republic of Moldova, 2024-2025

AIDS CASCADE

The AIDS cascade shows that FSW in the Republic of Moldova are far from reaching the 95-95-95 UNAIDS targets to end AIDS by 2035. Of those who had positive HIV test results (n=59) during the IBBS, 88% (n=52) are aware of their HIV positive status, among which 92% (n=48) are on ART, among which 33% (n=16) have undetectable virus levels (based on self-reported viral load testing (Figure 53).

Figure 53. AIDS Cascade (unadjusted), Republic of Moldova, 2024-2025[9]

[9] *The cascade presents the actual number of people included in each step. For the proportions displayed, the denominator of each successive step is derived from the former step. Source: UNAIDS. Creating HIV prevention cascades: Operational guidance on a tool for monitoring programmes. 2021. Available from: https://www.unaids.org/sites/default/files/media_asset/JC3038_creating-hiv-prevention-cascades_en.pdf.*

MEN WHO HAVE SEX WITH MEN (MSM)

In 2024, 323 MSM in Chișinău and 282 in Bălți participated in the IBBS Study. All surveys reached their calculated sample sizes. Recruitment lasted about six weeks in Bălți (October 28 to December 12, 2024) and eight weeks in Chișinău (October 24 to December 18, 2024). The maximum number of waves reached in the recruitment chains of Chișinău was 11 (Figure 54) and in Bălți was 12 (Figure 55).

Figures. Network graphic Chișinău (54) and Bălți (55), Republic of Moldova 2024-2025

SOCIO-DEMOGRAPHIC CHARACTERISTICS

AGE, EDUCATION AND EMPLOYMENT

The average age of MSM is 31 in Chișinău and 33 in Bălți (Figure 56a). Most are over 25, employed, and have at least secondary education (Figure 56b). Permanent full-time jobs are held by 63% in Chișinău and 60% in Bălți, while unemployment rates are 14% and 9%, respectively (Figure 56c). One third of in Chișinău and over one fifth in Bălți have completed or partially completed university (Figure 56d).

Figure 56 a-d. Age, employment, and education among MSM, Republic of Moldova, 2024-2025

**<3% in all cities responded to other.*

MARITAL STATUS AND LIVING SITUATION

Most MSM live alone (Figure 57a). The majority of MSM in Chișinău (72%) and Bălți (64%) are single, never married (Figure 57b).

Figure 57 a-b. Marital status and living situation of MSM, Republic of Moldova, 2024-2025

MSM SOCIAL CHARACTERISTICS

RELATIONSHIPS AND SEXUAL PREFERENCES AND ORIENTATION

Most MSM in both cities have neither male nor female sexual partner types (Figure 58a). About 10% have stable female partners; 26% in Bălți and 20% in Chișinău have stable male partners. Preferences

for male sexual partners dominate: 70% in Bălți and 82% in Chișinău (Figure 58b). Most identify as homosexual, while 15% in Bălți and 35% in Chișinău identify as bisexual. (Figure 58c).

Figure 58 a-c. Sexual relationships, preferences and orientations among MSM, Republic of Moldova, 2024-2025

SEXUAL ROLES WITH MALE PARTNERS

Just over half of MSM (53%) in both cities were receptive sex partners and just over 60% used a condom at last anal sex (Figure 59a-b). One third in both areas always used condoms and under 9% never used condoms during anal sex in the past six months (Tables in appendix).

Figure 59 a-b. Sexual roles and condom use among MSM, Republic of Moldova, 2024-2025

PLACES TO MEET MALE SEX PARTNERS

Just over three quarters of MSM in Bălți and 57% in Chișinău met male sex partners in the previous 12 months on the internet; 15% of MSM in Chișinău and 17% in Bălți met male sex partners through other MSM (Figure 60).

Figure 60. Places to meet male sex partners in the past 12 months among MSM, Republic of Moldova, 2024-2025

**<2% in all cities responded by phone, at work, abroad, or other.*

SEXUAL BEHAVIORS

INITIATION OF SEXUAL INTERCOURSE

The mean age of first sexual intercourse with a woman was between the ages of 17 and 18 years and the first anal sex with a man was slightly older, at 19 years (Figure 61).

Figure 61. Mean age of first sex with a women and first anal sex with a man among MSM, Republic of Moldova, 2024-2025

PARTNER TYPES AND CONDOM USE AT LAST SEX

In the past six months, Most MSM had casual male partners and 24% in Chișinău and 29% in Bălți had regular male partners (Figure 62a). In the past six months, 10% in Chisinau and 31% in Balti received cash or in-kind payments for sex from a male partner and 4% in Chisinau and 11% in Balti offered cash

or in-kind payments for sex to a male partner. Among those who had casual partners, over 70% in both locations used a condom during their last anal sex (Figure 62b). Among those who received payment for sex, 69% in Chișinău and 79% in Bălți used a condom at last anal sex. The lowest percentage of condom use in Bălți (31%), and Chișinău (37%) was with permanent sex partners (Figure 62b).

Figure 62 a-b. Male sexual partner types and condom use at last sex in the past six months among MSM, Republic of Moldova, 2024-2025

FEMALE SEX PARTNERS

In the past six months, 19% of MSM in Bălți and 13% in Chișinău had sex with a woman; only about one-fifth used a condom during their last encounter (Figure 63b).

Figure 63 a-b. Female sex partners in past six months among MSM, Republic of Moldova, 2024-2025

ACCESS TO CONDOMS

Most MSM know from where/whom to obtain condoms (Figure 64a). More than half of MSM (59% in Bălți and 61% in Chișinău) indicated that NCO or outreach workers were the main source of condoms; under a third in both sites procure condoms from pharmacies/stores or the market (Figure 64b).

Figure 64 a-b. Condom access among MSM, Republic of Moldova, 2024-2025

SEXUALLY TRANSMITTED INFECTIONS (STI)

Nearly all MSM in Chișinău (99%) and Bălți (98%) are aware of STIs other than HIV. About 25% have had an STI test in the past three months, and just over 10% reported STI symptoms in the past year; of those, 61% in Bălți and 86% in Chișinău received treatment. (Figure 65c).

Figure 65 a-c. Sexually transmitted infection (STI) among MSM, Republic of Moldova, 2024-2025

HIV AWARENESS AND KNOWLEDGE

HIV AND AIDS AWARENESS

Eighty-nine percent or more of MSM in Bălți and Chișinău have heard of HIV (Figure 66).

Figure 66. HIV and AIDS awareness and knowing someone with HIV or who has died of AIDS among MSM, Republic of Moldova, 2024-2025

GENERAL HIV TRANSMISSION AND RISK KNOWLEDGE

Most MSM know that consistent and correct condom use during vaginal or anal sex, as well as having an exclusive HIV-negative partner, lowers HIV risk. MSM in Bălți showed more incorrect knowledge compared to those in Chișinău (Figure 67b). Over 70% in both cities correctly know that someone cannot acquire HIV by sharing a meal with or by using the same toilet as a person living with HIV. Fifteen percent in Chișinău and 25% in Bălți incorrectly believe that mosquito bites can transmit HIV.

Figure 67 a-b. Knowledge about HIV transmission, MSM, Republic of Moldova, 2024-2025

HIV TESTING AND RESULTS

HIV TESTING

Over four-fifths of MSM in Bălți and 96% in Chișinău know where to get an HIV test (Figure 68a). Three-quarters of MSM in Chișinău and 70% of MSM in Bălți have ever had an HIV test, of which 68% in Chișinău and 84% in Bălți had an HIV test in the past year (Figure 68b). Of all MSM, 52% in Bălți and 52% in Chișinău had an HIV test in the past 12 months.

Figure 68 a-b. HIV testing among MSM, Republic of Moldova, 2024-2025

HIV RESULTS AND TREATMENT

Of those who ever had an HIV test, 18% in Chișinău and 5% in Bălți had a reactive HIV test, among which 95% in Bălți and 97% in Chișinău received ART regularly in the past 12 months (Figures 69a-b). Of those receiving HIV treatment, 60% in Chișinău and 76% in Bălți had an undetectable viral load based on their last viral test (Figure 69b).

Figure 69 a-b. HIV results and treatment among MSM, Republic of Moldova, 2024-2025

PREP AND PEP

In Chișinău, 76% of MSM and in Bălți 58% know about PrEP; among those just over a third having ever used it (Figure 70a). Fewer than half of MSM know about PEP; among them, only 6% in Chișinău and 40% in Bălți have ever used it. Of 562 respondents, 72.7% were aware of PrEP, 35.4% had ever used it, and 57% of those used it within the past 12 months (Figure 70c).

Figure 70 a-c. PrEP and PEP among MSM, Republic of Moldova, 2024-2025

SUBSTANCE USE

In both locations, over 80% of MSM reported alcohol consumption within the past month, as well as experiencing intoxication during anal intercourse with another man in the previous six months (Figure 71a). Drug use was reported by 18% of MSM in Bălți and 23% in Chișinău; among which 29% in Chișinău and 56% in Bălți engaged in anal sex with men while under the influence of narcotics within the last month (Figure 71b).

Figure 71 a-b. Substance use among MSM, Republic of Moldova, 2024-2025

VIOLENCE, STIGMA AND DISCRIMINATION

VIOLENCE

[10] *The cascade presents the actual number of people included in each step. For the proportions displayed, the denominator of each successive step is derived from the former step. Source: UNAIDS. Creating HIV prevention cascades: Operational guidance on a tool for monitoring programmes. 2021. Available from: https://www.unaids.org/sites/default/files/media_asset/JC3038_creating-hiv-prevention-cascades_en.pdf.*

In the past year, 14% of MSM in Chișinău and 9% in Bălți experienced physical aggression or weapon threats, while 4% in Chișinău and 3% in Bălți were coerced into sex (Figure 72).

Figure 72. Abuse because of sexual attraction to men in past 12 months among MSM, Republic of Moldova, 2024-2025

STIGMA AND DISCRIMINATION

Fourteen percent of MSM in Bălți and one fifth in Chișinău have ever felt excluded from family activities due to sexual attraction to men (Figure 73b). One third of MSM in Chișinău and over one fifth of MSM in Bălți have received negative comments from. Every tenth MSM in Bălți and every fifth in Chișinău were blackmailed due to sexual attraction to men (Figure 73 a)

Figure 73 a-b. Stigma and discrimination because of sexual attraction to men among MSM, Republic of Moldova, 2023-2024

ACCESS AND INTEREST IN HIV RELATED SERVICES

Over half of MSM in both cities received condoms or lubricants and 46% in Chișinău and 33% in Bălți received counseling on condom use or safe sex (Figure 74).

Figure 74. Access to and assessment of HIV related services among MSM, Republic of Moldova, 2024-2025

BIOLOGICAL TEST RESULTS

HIV, HCV AND SYPHILIS PREVALENCE

HIV seroprevalence was higher among MSM in Chișinău (13%) than MSM in Bălți (3%) (Figure 75). HBV was around 5% in both locations. HCV was 0.3% in Bălți and 2% in Chișinău. Syphilis prevalence was 11% in Chișinău and 8% in Bălți.

Figure 75. HIV, HBV, HCV and Syphilis prevalence among MSM, Republic of Moldova, 2024-2025

AIDS CASCADE

The AIDS cascade shows that MSM in the Republic of Moldova are doing much better than PWID or FSW in reaching the 95-95-95 UNAIDS targets to end AIDS by 2035. Of the MSM who had positive test results (n=47) during the IBBS, 95.7% (n=45) are aware of their HIV positive status, among which 93.3% (n=42) are on ART, among which 73.8% (n=31) have undetectable virus levels (based on self-reported viral load testing (Figure 76).

Figure 76. AIDS Cascade (unadjusted), Republic of Moldova, 2024-2025[11]

[11] *The cascade presents the actual number of people included in each step. For the proportions displayed, the denominator of each successive step is derived from the former step. Source: UNAIDS. Creating HIV prevention cascades: Operational guidance on a tool for monitoring programs. 2021. Available from: https://www.unaids.org/sites/default/files/media_asset/JC3038_creating-hiv-prevention-cascades_en.pdf.*

700
600
500
400
300
200
100
0
Number
No
Yes
557
47
95.7%
2
45
93.3%
3
42
73.8%
11
31
Living with (n=47)
Aware of positive HIV status (n=45) (among those living with HIV)
On ART (n=42) (among those aware of their status)
Undetectable HIV (n=31) among those on ART

PRISONERS

In 2025, 364 prisoners from 16 prisons were recruited into the IBBS. Recruitment lasted five weeks, between February 10 and March 11, 2025.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

AGE, EDUCATION AND EMPLOYMENT

The average age of prisoners was 41.9 years (range 21-72 years), with about half having 9th grade education or less (Table 4). Nearly half were single, half had children, over a third earned income from temporary or seasonal work (including jobs abroad or multiple locations) before incarceration, and a quarter were unemployed.

Table 4. Sociodemographic characteristics among prisoners, Republic of Moldova, 2024-2025

INDICATOR	N	%
AGE		
18-24	33	9,1
25-29	49	13,5
30-34	78	21,4
35-39	65	17,9
40-44	45	12,4
45-49	35	9,6
50+	59	16,2
AGE	49	
<24	33	9,1
25+	331	90,9
EDUCATION LEVEL		
NO SCHOOLING	8	2,2
PRIMARY 1-4	14	3,8
SECONDARY 5-9	168	46,2
SECONDARY, VOCATIONAL SECONDARY	146	40,1
INCOMPLETE HIGHER EDUCATION	10	2,7
HIGHER EDUCATION	18	4,9
CIVIL STATUS		
SINGLE	174	47,8
MARRIED	96	26,4
DIVORCED	77	21,2
WIDOWED	8	2,2
HAS CHILD(-REN)		
	177	49,9
SOURCE OF INCOME BEFORE BEING IMPRISONED		
PERMANENT POSITION	74	20,6
SEASONAL WORK / WORK ABROAD / VARIOUS JOBS	136	37,8
PENSIONED / ON DISABILITY OR MATERNITY LEAVE	3	0,8
STUDENT	11	3,1
UNEMPLOYED / HOMEOWNER	93	25,8
DRUG TRAFFICKING	14	3,9
OTHER ILLEGAL ACTIVITIES	10	2,8
OTHER	19	5,3

IMPRISONMENT

Forty-four percent (n=160) of prisoners had prior incarcerations. One-third served 1–3 years; 21% served a year or less. About half were convicted of crimes against life and health, 29% for property crimes, 14% for drug offenses, and 9% for sexual crimes. Most (80%) were permanently convicted.

Figure 77 a-c. Duration of Imprisonment among prisoners/type(s) of crime(s) for which he/she has been convicted at this time/ Legal status, Republic of Moldova, 2024-2025

ALCOHOL AND SUBSTANCE USE

Most prisoners reported using tobacco, strong tea, and alcohol during both current and previous detentions, either obtained externally or made in prison. Repeat detainees used cannabis, amphetamines, methadone, and diazepam more frequently in past detentions than currently. Usage rates for other drugs were under 10% (see annex Table) (Figure 78).

Figure 78. Alcohol and substance use during current detention/during previous detentions, Prisoners, Republic of Moldova, 2024-2025

INJECTION DRUG USE AND OTHER RISKS BEHAVIORS

Of 52 prisoners (14.3%) who injected drugs, around half did so in the past year. Ten percent injected during any imprisonment, 7% during their current term, and 7% for the first time in detention. Among those who injected, seven shared needles/syringes in the last six months and six did so during their current imprisonment; nine shared drug paraphernalia, seven of them during their current term. Nearly half had tattoos, with 65.6% receiving them during their present detention.

Table 5. injection drug use among prisoners and other risks behaviors, Republic of Moldova, 2024-2025

INDICATOR	N	%
EVER INJECTED WITH ANY TYPE OF SUBSTANCE INSIDE OR OUTSIDE PRISON	52	14,3
INJECTED DURING LAST 30 DAYS BEFORE CURRENT IMPRISONMENT	16	4,4
EVER INJECTED IN LAST 12 MONTHS WITH ANY TYPE OF SUBSTANCE INSIDE OR OUTSIDE PRISON	23	6,3
EVER INJECTED WITH ANY TYPE OF SUBSTANCE DURING ANY PERIOD OF DETENTION	37	10,2
EVER INJECTED IN CURRENT DETENTION	26	7,1
THE FIRST INJECTION OF THE SUBSTANCE TOOK PLACE IN A PRISON	25	6,9
SHARED NEEDLES/SYRINGES THE LAST 6 MONTHS	7	17,5
SHARED NEEDLES/SYRINGES THE LAST 6 MONTHS IN ANY PRISON	7	17,5
SHARED NEEDLES/SYRINGES THE LAST 6 MONTHS DURING CURRENT IMPRISONMENT	6	15
SHARED SPOON/COOKER, FILTER, COTTON, ACID/LEMON JUICE, RINSE WATER, ETC., LAST 6 MONTHS	9	22,5
SHARED SPOON/COOKER, FILTER, COTTON, ACID/LEMON JUICE, RINSE WATER, ETC., LAST 6 MONTHS IN ANY PRISON	9	22,5
SHARED SPOON/COOKER, FILTER, COTTON, ACID/LEMON JUICE, RINSE WATER, ETC., LAST 6 MONTHS DURING CURRENT IMPRISONMENT	7	18,9
TATTOOED EVER	164	45,8
TATTOOED IN ANY PRISON	130	79,3
TATTOOED DURING CURRENT IMPRISONMENT	84	65,6

TREATMENT AND OVERDOSE

Thirteen percent of respondents reported being under the care of a narcologist, among which 28% are currently undergoing treatment to quit drug use (Table 6). Only 19% of prisoners know about the drug Naloxone, of which 42% are aware of the availability of naloxone in the current detention center. Only four had suffered a narcotic overdose leading to loss of consciousness in the last 12 months.

Table 6. Treatment and overdose among Prisoners, Republic of Moldova, 2024-2025

INDICATOR	N	%
CURRENTLY REGISTERED WITH NARCOLOGIST/DRUG TREATMENT CLINIC AS PWID		
	46	12,9
CURRENT/PREVIOUS DRUG DETOX/REHAB TREATMENT		
CURRENTLY UNDERGOING	16	38,1
PREVIOUSLY TREATED, BUT NOT CURRENTLY	14	33.3
NEVER UNDERGONE ANY	12	28.6
AWARE OF NALOXONE		
	70	19,4
IS THE NALOXONE AVAILABLE IN THE CURRENT DETENTION		
	37	41,6
EVER OVERDOSED TO POINT OF LOSING CONSCIOUSNESS IN THE LAST 12 MONTHS		
	4	1,2

SEXUAL BEHAVIORS

SEXUAL BEHAVIORS

Most male and female prisoners ever had sex with opposite-sex partners, and 27% of males and 29% of females had sex during their current detention. Of those, only a third of men and four women (out of five) used a condom during their last sexual intercourse. Few male prisoners (n=6) ever had sex with a man, among which three had male sex partners during their current detention, among which only one reported using a condom during sexual intercourse (Figure 79).

Figure 79. Sexual Behavior among prisoners, Republic of Moldova, 2024-2025

MAIN SOURCE FOR CONDOMS

Over three-quarters of prisoners reported their main source of condoms to be the prison's health point project and 16% to be an outreach worker or peer educator (Figure 80).

Figure 80. Main source of condoms among prisoners, Republic of Moldova, 2024-2025

SEXUALLY TRANSMITTED INFECTIONS (STI)

Almost all prisoners (97%) are aware of STI other than HIV. Eight prisoners (<2%) had signs or symptoms of an STI in the past 12 months, of which five received any treatment for an STI in the past 12 months (Figure 81).

Figure 81. Sexually transmitted infection (STI) among Prisoners, Republic of Moldova, 2024-2025

HIV AWARENESS AND KNOWLEDGE

HIV AND AIDS AWARENESS

Almost all (97%) prisoners are aware of HIV and AIDS.

GENERAL HIV TRANSMISSION AND RISK KN OWLEDGE

Nearly all prisoners (97.8%) are aware of HIV/AIDS. Most know that risk can be reduced by being faithful to an uninfected partner or using condoms. However, over a third think HIV can be transmitted by sharing meals, 43% by sharing toilets, and 40% by mosquitoes (Figure 82).

Figure 82. Knowledge about HIV transmission, Prisoners, Republic of Moldova, 2024-2025

HIV TESTING AND RESULTS

HIV TESTING

A high proportion of prisoners are aware of places to obtain an HIV test; 91% are informed about the availability of HIV testing within detention, and 89% believe that confidential testing is possible in detention (Figure 83a). Nearly all prisoners have undergone an HIV test (Figure 83b), with 96% having been tested at their current detention facility and 94% tested within the last 12 months.

Figure 83. HIV testing among Prisoners, Republic of Moldova, 2024-2025

HIV RESULTS AND TREATMENT

Of those who ever had an HIV test, 97% knew the result of their last HIV test, among which 4.4% had a reactive HIV test (Figure 84). Of those with reactive test results, 92% had received regular ART in the past 12 months, with 15% reporting having had interruptions in ARV treatment during detention.

Figure 84. HIV results and treatment among Prisoners, Republic of Moldova, 2024-2025

PREP AND PEP

Only 18% of prisoners are aware of PrEP and 6% have ever used it. Three quarters of prisoners (35.8%) are aware of PEP and only 12% have ever used it. (Figures 85).

Figure 85. PrEP and PEP among Prisoners, Republic of Moldova, 2024-2025

TUBERCULOSIS

TRANSMISSION ROUTES OF TUBERCULOSIS

Most prisoners (97%) have heard of tuberculosis; among them, 93% are aware it is an infectious disease, and 89% know it can be transmitted via airborne particles from coughing. Approximately half report that tuberculosis is treatable, while 37% indicate awareness that timely treatment can lead to a cure (Figure 86).

Figure 86. Transmission routes of tuberculosis, correct answers among Prisoners, Republic of Moldova, 2024-2025

TREATMENT AND CURE

Nearly 60% of prisoners believe tuberculosis is curable, with 23% attributing successful treatment to timely care. Almost all inmates (99%) know where to seek screening, while 97% have seen a phthisis-pneumologist at least once; 98% were screened during detention—22% in 2025 and 64% in 2024. Of those screened, 8% (n=26) were diagnosed with tuberculosis, and 98% of them completed their prescribed treatment (Figure 87).

Figure 87. TB Cascade, Prisoners, Republic of Moldova, 2024-2025

CONTACT WITH THE JUSTICE SYSTEM

Last year, 2% of prisoners reported being beaten by police and 1% by prison staff. Nearly two-thirds saw a doctor in the six months before the interview, and one-fourth between six and twelve months prior. About 75% were held in isolation before their sentence, with an average stay of 10 months (median 3.6). Over three-quarters received lawyer visits while in isolation, averaging 4.5 visits (median 3), and half felt their lawyer dedicated enough time to their case (See Tables in Appendix).

ACCESS TO HIV RELATED SERVICES

More than half (61%) of the detainees were tested for STI in the last three months. One quarter received condoms, 29% were counseled on condom use and safe sex and 14% received new and clean syringes in the last three months (Figure 88).

Figure 88. Access to and assessment of HIV related services in the last 3 months among Prisoners in Republic of Moldova, 2024-2025

BIOLOGICAL TEST RESULTS

HIV, HCV AND SYPHILIS PREVALENCE

The seroprevalence of HIV and HBV was 3.8% among prisoners (Figure 89). The prevalence of HCV was 15% and for Syphilis it was 8%.

Figure 89. HIV, HBV, and HCV prevalence among Prisoner, Republic of Moldova, 2024-2025

LIMITATIONS

SURVEY IMPLEMENTATION

This survey was subject to several limitations listed below.

• As with all IBBS surveys, because behavioral data were self-reported in a face-to-face interview, social desirability bias may have led to the underreporting of risky sexual behaviors.

• A trained screener assessed potential participants for eligibility and prior participation to prevent double enrollment. Ineligible individuals or those already enrolled were asked to leave by staff.

• The survey in Chișinău was implemented by a mixed team of workers from two NCO working with PWID, with the data collection site being the location of one of the NCO. This influenced the composition of the sample, over-representing the sample with beneficiaries from the respective NCO. This contributed to the underestimation of the results of the size estimate.

• The survey of FSW in Tiraspol was conducted for the first time. We initially planned sampling 150 FSW. When arriving at this sample, the possibility of additional recruitment was considered, but the specificity of the uncontrolled region on the left of the Nistru implies an additional period of time for the formalities related to the additional recruitment of people.

• The survey of FSW in Bălți captured Ukrainian refugees, as a result of the Russian-Ukrainian war. The inclusion criteria did not restrict the enrollment of Ukrainian FSW into the study given that they had been in Bălți for more than 12 months. It is not known whether this had a significant impact on the findings.

• Field visits were conducted regularly by the NAP Team. In most cases, the surveys were conducted without problems.

• This survey did not reduce coupons as the sample grew, as sampling produced long recruitment chains.

• Aggregate estimates should not be interpreted as representing the entire Republic of Moldova.

DISCUSSION AND RECOMMENDATIONS

ALL KEY POPULATIONS

LOW HIV TESTING IN THE LAST 12 MONTHS

Three-quarters and more of PWID, over four-fifths of FSW and MSM, as well as over 95% of prisoners know of locations where they can get an HIV test. Over three-quarters of PWID, FSW and MSM and over 95% of prisoners ever had an HIV test. However, only 39% of FSW, 49% of MSM, and 56% of PWID had an HIV test in the last 12 months. WHO and UNAIDS recommend regular voluntary screening and treatment for these populations to improve their health and control the spread of HIV and STI. HIV testing is an essential pathway to HIV prevention and treatment services. Greater efforts are required to raise awareness of HIV testing among KP in the Republic of Moldova. **Recommendations:** Increase

awareness about the importance of being tested and the availability of HIV testing locations, promoting existing services, with additional training for counsellors on how to receive and provide quality HTC services for KP. Provide more 'KP friendly' HTC settings. Voluntary HTC should be routinely offered to all KP both in the community and in clinical settings as part of a comprehensive package of HIV prevention strategies[12]. Community-based HIV testing and counselling, linked to prevention, care and treatment services, should be scaled up. Better advertising of where KP can go for HTC as well as enhanced strategies to encourage KP to get tested are needed. Work with NAP to implement policies about self-testing. Once policies are created, look for any reprogramming opportunities to pilot self-testing. Provide and encourage HIV self-testing as an effective tool to improve access to and frequency of HIV testing to KP, and their partners. Eliminate the criminalization of sex work, drug use and same sex behaviors. Criminalization of these behaviors are shown to create barriers to enabling access to and uptake of HIV prevention, testing and treatment, and to sexual and reproductive health services[13]. HIV and STI prevalence should continue to be monitored among KP through IBBS

HIGH-RISK SEXUAL PRACTICES

Many PWID, FSW and MSM initiate sex while still in their teenage years, have multiple types of sexual partners (including commercial partners among PWID and MSM), and do not use condoms consistently with those partners. Condom use by FSW with clients was inconsistent with only during their last sexual intercourse with a client, with between 72% and 52% of FSW consistently using condoms with clients in the past six months. Unprotected sexual intercourse among KP and their partners is a significant risk factor for HIV and other STI transmission. **Recommendations:** Sexual risk behaviors should continue to be monitored among KP through IBBS and other surveillance activities. Promote comprehensive sexuality education, including information about HIV transmission, including schools to ensure that young people are equipped with the knowledge, skills, attitudes and values that help them to protect their health, develop respectful social and sexual relationships, and to make responsible choices[14]. HIV prevention programs, including providing condoms free of charge, conducting wide-scale condom and lubricant distribution and implementing social marketing campaigns to promote condom use, should be strengthened and scaled up to reduce risky sexual behaviors. Implement combination HIV prevention strategies in addition to raising awareness, especially among high-risk groups.

LOW AWARENESS AND USE OF PREP AND PEP.

Low percentages of PWID, FSW and prisoners are aware of or have ever taken PrEP or PEP. PrEP and PEP help someone remain HIV negative, even if their sex partner might have HIV. PrEP and PEP are essential parts of reducing HIV transmission among high-risk populations. **Recommendations:** PrEP should be widely offered as an additional prevention choice for KP, who are at substantial risk of HIV infection as part of combination HIV prevention approaches. In addition, PEP should be available to all eligible KP on a voluntary basis after possible exposure to HIV.

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[12] *IBID*

[13] *UNAIDS. Accessed at: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/june/20240602_sex-workers*

[14] *WHO. Comprehensive sexuality education. 2023. Accessed at: https://www.who.int/news-room/questions-and-answers/item/comprehensive-sexuality-education*

MENTAL HEALTH PROBLEMS

Although the IBBS did not include questions about mental health, these types of questions should be added to future IBBSs in the Republic of Moldova. According to the Stigma Index 2.0 Study conducted in 2022, alarming proportions of PWID, FSW and MSM rate their mental health as average to poor and have experienced anxiety and depression in the past six months. There is evidence that poor mental health increases the risk of HIV infection, is associated with lower adherence to HIV treatment, increased risk behaviors, and lower engagement with HIV prevention[15]. **Recommendation:** Integrate and scale up mental health and psychosocial support services, harm reduction, substance dependence treatment, and HIV prevention, testing, treatment and care to prevent new HIV infections and improve the health and well-being of KP[16]. Integrate mental health and psychosocial support within the current scope of services, including through NCO outreach and drop-in centers. Explore digital modalities which can help to ensure confidentiality.

VIOLENCE AND PERCEIVED STIGMA AND DISCRIMINATION.

Forty-one percent of FSW were subjected to deception, lies, or threats designed to coerce them into having sex. Many KP have experienced verbal abuse, insults, and physical aggression related to drug use, sex work, or same-sex attraction. Inequalities, punitive laws and policies, stigma, and discrimination towards key populations can impede progress toward achieving HIV-related targets. [17]. **Recommendations:** Partner with existing NCO to provide gender-based violence and legal support while working on broader human rights issues. Work towards implementing and enforcing anti-discrimination and protective laws derived from human rights standards to eliminate stigma, discrimination, and violence against KP[18]. Violence against KP should be prevented and addressed in partnership with KP-led organizations. KP who are victims of forced sex, should be offered PEP to protect them from possible HIV exposure. Efforts to encourage the monitoring and reporting of violence, as well as actions to redress actions of violence, should be enhanced.

IBBS IN REPUBLIC OF MOLDOVA

RDS worked extremely well among the three populations sampled in the Republic of Moldova. The study was able to reach all the calculated sample sizes and a sufficient number of recruitment waves to meet the assumptions of the methodology. This study provides a large amount of reliable data with which informed decisions can be made. **Recommendation:** In three years, conduct another IBBS, along with PSE, among the same KP, using the same eligibility criteria and the same sampling method to calculate trends.

SPECIFIC KEY POPULATIONS

[15] *WHO, UNAIDS. Integration of mental health and HIV interventions. 2022. Accessed at: https://iris.who.int/bitstream/handle/10665/353571/9789240043176-eng.pdf?sequence=1*

[16] *IBID.*

[17] *WHO, UNAIDS. Global partnership for action to eliminate all forms of HIV-related stigma and discrimination. 2023. Accessed at: https://www.unaids.org/sites/default/files/media_asset/global-partnership-hiv-stigma-discrimination_en.pdf*

[18] *The Global Fund. Technical Brief HIV Programming at Scale for and with Key Populations 2022. Accessed at: https://www.theglobalfund.org/media/4794/core_keypopulations_technicalbrief_en.pdf*

PWID

HIGH PREVALENCE OF HIV

PWID in all locations sampled have high prevalence of HIV. HIV seroprevalence was highest among PWID in Tiraspol (18.3%), Chișinău (16.9%), and Bălți (16.6%) and lowest in Râbnița (4.4%). Given that PWID share injection equipment, drugs prepared by others, and non-sterile injection equipment, as well as have inconsistent condom use, further transmission of HIV is likely. The criminalization of drug use and stigma and discrimination against PWID contribute to ongoing HIV epidemic, as well as viral hepatitis. **Recommendation:** Expand existing programs, including widespread availability of harm reduction. These programs should provide a comprehensive package of services, including needle and syringe programs, opioid agonist maintenance therapy (OAMT) and naloxone for overdose management, condoms and lubricants, PrEP for HIV and PEP for HIV and STI[19]. Make use of the fact that PWID are connected through social networks and that effective HIV related outreach can be delivered through peer driven intervention methods. HIV and other STI prevalence among PWID in the Republic of Moldova should continue to be monitored through IBBS.

HIGH PREVALENCE OF HCV INFECTION.

HCV prevalence is alarmingly high in all sampled locations. HCV was 15% in Chișinău, 35% in Bălți and Tiraspol, and 8% in Râbnița. There are many risk factors that continue to put PWID at risk for HCV transmission in the Republic of Moldova, including the sharing of needles, syringes and injecting equipment. **Recommendation:** implement the new NAP for the prevention and control of HIV, STI and HBV, HCV and HDV**.** HCV control requires on-going monitoring, and an expansion of prevention and treatment programs based on the WHO Guidelines for the screening, care and treatment of persons with HCV infection[20]. Continue to enhance formal guidelines and interventions for hepatitis prevention and management of both hepatitis and hepatitis-HIV co-infection among PWID. Increased access to harm reduction and drug treatment is needed.

PWID ARE LONG TERM AND FREQUENT INJECTORS.

PWID across all cities injected drugs for a mean of ten to 18 years and injected a mean of 26 and 32 times in the past month. Long term use and frequency of injecting drugs increases the risk of HIV and/or HCV transmission, as well as increased morbidity and mortality from complications of drug use. **Recommendation:** WHO recommends a comprehensive package of harm reduction which includes the expansion of needle and syringe programs, drug dependence treatment with specific focus on OAMT, HTC, HIV treatment and care Information, education and risk reduction counselling, condom distribution and STI management and management of tuberculosis and viral hepatitis[21].

METHADONE TREATMENT SHOULD BE AVAILABLE TO ALL WHO WANT IT

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[19] *WHO. People who inject drugs. Accessed at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs*

[20] *WHO Guidelines for the screening, care and treatment of persons with hepatitis C infection (updated version). 2016. Geneva, Switzerland. http://apps.who.int/iris/bitstream/10665/205035/1/9789241549615_eng.pdf.*

[21] *WHO. See: http://www.who.int/hiv/topics/idu/about/en/.*

A glaringly low percentage of PWID have received OAMT in the past year. This situation needs to be remedied given the need and the demand. **Recommendation:** The currently available evidence strongly supports OAMT, combined with psychosocial assistance for keeping patients in treatment[22]. Other beneficial treatment modalities include:

- Case management for reducing drug use.
- Methadone maintenance therapy.
- Naltrexone for patients forced to adhere to treatment.
- Opioid assisted withdrawal with buprenorphine.
- Psychosocial interventions in maintenance treatment.
- Psychosocial assistance in addition to pharmacological assistance for opioid withdrawal.

HIGH CONSUMPTION OF DIFFERENT TYPES OF DRUGS.

PWID consume many different types of harmful and addictive drugs. In addition to injecting drug use, PWID use numerous non-injecting drugs including synthetic drugs, non-controlled prescription drugs, amphetamines, methamphetamine and fentanyl. Psychoactive drugs, which include amphetamines and synthetic drugs, can cause significant health risks. **Recommendation:** Drug treatment programs for opiate users should screen and provide treatment for other drug use. Strengthen the prevention and treatment of substance abuse. Conduct in-depth qualitative research among PWID and other drug users to understand the novel types of drugs being used in the Republic of Moldova.

PWID CONTINUE TO SHARE SYRINGES AND NEEDLES AND OTHER INJECTING EQUIPMENT.

Among all locations sampled, about 5% of PWID shared injection equipment, between 11% and 38% injected with a pre-filled syringe, and between 14% and 60% drew the drug from a shared container. PWID who shared their injection drugs, did so with an average of 1.5 to 2.1 people in the past month. Both HIV and HCV can survive for long periods of time on injecting materials allowing for ample opportunities for transmission among those who use materials previously used by others. **Recommendation:** Ensure easy access to clean needles and syringes and other injecting equipment through many venues, including pharmacies, clinics, hospitals and harm reduction programs, to reduce HIV and HCV transmission among PWID.

HIGH RATES OF OVERDOSE

In addition to high morbidity and infection from viral diseases, overdose is a concerning risk for PWID. Between 8% of PWID in Râbnița and 16% in Bălți ever overdosed on narcotics to the point of losing consciousness. Opioid overdose can lead to death. In recent years, a number of programs worldwide have shown that providing naloxone to people likely to witness an opioid overdose, including users themselves, in combination with training on the use of naloxone and on the resuscitation of people following an opioid overdose, could substantially reduce the number of deaths resulting from opioid overdose. **Recommendation:** Continue programs that distribute naloxone to people who are likely to witness overdose and provide ongoing training on the use of naloxone and on the resuscitation of people following an opioid overdose[23].

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[22] *WHO. People who inject drugs. Accessed at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs*

[23] *WHO. Opioid overdose. 29 August 2023. Accessed at: https://www.who.int/news-room/fact-sheets/detail/opioid-overdose.*

FSW

LOW HIV PREVALENCE AMONG FSW

FSW across all sampled locations have HIV prevalence ranging from 3% to 11%. These findings are concerning given that FSW have high risk sexual practices. Modelling studies indicate that decriminalizing sex work could lead to a 46% reduction in new HIV infections in sex workers over 10 years, while eliminating sexual violence against sex workers could lead to a 20% reduction in new HIV infections[24]. **Recommendations:** Expand comprehensive health care for FSW, including access to free condoms and lubricants, PrEP for HIV, PEP for HIV and STI, prevention of vertical transmission of HIV, syphilis and HBV and HBV vaccination, is needed[25]. Ensure that HIV prevention and intervention programs also target the sexual partners and clients of FSW. Make use of the fact that FSW are connected through social networks and that effective HIV related outreach can be delivered through peer driven intervention methods. HIV and other STI prevalence among FSW in the Republic of Moldova should continue to be monitored through IBBS.

POTENTIAL SPREAD OF SYPHILIS.

Active syphilis prevalence across all sampled cities was 4%. Syphilis can be easily spread to clients, other FSW and then other male and female partners. Not all FSW are aware of STI, other than HIV. Of those aware of STI, less than a fifth have been tested for STI in the last three months and 21% of all FSW have experienced signs and symptoms of an STI in the past 12 months. **Recommendation:** Monitor syphilis and other STI closely through surveillance programs. Continue screening for syphilis and other STI through a comprehensive package of services.

FSW FACE NUMEROUS STRUCTURAL BARRIERS.

Many FSW are supplementing their income from other work, are divorced, separated or widowed and do not have health insurance. This profile, as well as structural and societal stigma and discrimination which include punitive laws, policies and practices, create significant inequalities and prevent FSW from being able to protect their health, safety and well-being[26]. **Recommendations:** Expand employment opportunities and income generation opportunities for women. Work towards implementing evidence-informed responses to HIV and sex work that reduce inequalities and protect and promote human rights and public health. Work with local NCO to advocate for ending the criminalization of sex work, including the purchase, sale and management of sex work, extending labor protections, protecting FSW against all types of violence, and ending stigma and discrimination[27]. Specifically, work with the Ministry of Interior and the police force to stop and persecute violence and abuse by their personnel.

MSM

[24] *WHO. Sex Workers. Accessed at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/sex-workers#:~:text=Globally%2C%20female%20sex%20workers%20are,of%2036%25%20among%20sex%20workers.*

[25] *IBID*

[26] *IBID*

[27] *UNAIDS. HIV and Sex work. 2021. Accessed at: https://www.unaids.org/sites/default/files/media_asset/05-hiv-human-rights-factsheet-sex-work_en.pdf.*

HIGH PREVALENCE OF HIV.

HIV prevalence ranged from 3.3% in Bălți to 13.2% in Chișinău, with an overall prevalence of 13% across all locations. Criminalization of consensual adult same-sex behaviors, as well as stigma, discrimination and violence against MSM, create environments that compromises their human rights and makes them less likely to access health services for HIV, viral hepatitis, STI and other essential services[28].
Recommendations: Continued monitoring through IBBS is needed to ensure that HIV prevalence does not increase among MSM in Republic of Moldova. It is also useful to strengthen surveillance systems and to use program and other data to monitor and plan responses to the HIV epidemic through Spectrum[29] and MOT modelling. Continued encouragement of HTC and programs educating MSM about safe sex practices, especially in high prevalence areas, need to be strengthened to ensure that HIV does not increase. Make use of the fact that MSM are connected through social networks and that effective HIV related outreach can be delivered through peer driven intervention methods.

POTENTIAL SPREAD OF SYPHILIS.

Syphilis infection ranged from 8% in Bălți to 11% in Chișinău with an overall percentage of 11% across sampled locations. Continued monitoring of STI among MSM is essential. **Recommendations:** MSM should continue to be screened and, if needed, treated for Syphilis, especially in HIV testing and counselling settings. Continued systematic screening (including provision of results and treatment) for STI should be maintained into programs providing services to MSM. Health facility-based services should continue including systematic physical examinations for STI in people known or suspected to be MSM since signs or symptoms may neither be self-recognized nor reported.

SUBSTANCE USE AND SEXUAL INTERCOURSE WITH MEN WHILE INTOXICATED AND USING DRUGS.

Alcohol use in the past month among MSM in both locations was over 80%. Of these, over 80% reported having had sex with men while intoxicated. Also, about a quarter of MSM had ever used drugs, with higher use among MSM in Chișinău (23%) compared to Bălți (18%). Almost a third of MSM who use drugs had sex with men while under the influence of drugs. Abuse of alcohol and of drugs have been shown to have high morbidity and mortality and affects decision-making about sex.
Recommendation: Substance and alcohol abuse screening and counselling on the harms of excessive alcohol and substance use should be offered to MSM, in the context of HIV and STI counselling.

PRISONERS

HIV PREVALENCE IS 3.8%.

Just under 4% of prisoners are living with HIV, which is much higher than the prevalence in the general population. It is unknown how or when prisoners are being infected. In most closed situations, like prisons, risk of HIV infection is higher since condoms may be unavailable, rape occurs and PWID are forced to share needles. However, not all respondents reported access to condoms in prison, and none reported forced sex while incarcerated and few prisoners reported injecting drugs or sharing

[28] *WHO. Men who have sex with men. Accessed at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men*
[29] *Spectrum. Accessed at: https://www.avenirhealth.org/software-spectrum.php*

equipment. **Recommendation:** All prisons should continue to provide condoms, clean STI transmitted infections.

HIGH PREVALENCE OF HCV INFECTION.

Prisoners have high HCV prevalence (15%). There are many risk factors that continue to put prisoners at risk of HCV transmission in the Republic of Moldova. In most closed settings, such as prisons, the risk of HCV infection is higher because prisoners who inject drugs are forced to share needles and may be subject to rough sexual violence. **Recommendations**: Prisoners who inject drugs should benefit from harm reduction services (needles and syringes for those who inject drugs, methods for cleaning tattooing equipment). HCV screening and treatment should be available and monitored in the prison environment. Easy access to qualified medical and nursing staff, as well as direct-acting ART, can make a major contribution to controlling the growing burden of HCV disease.

PRISONERS ARE HAVING SEX; CONDOM USE IS LOW AND INCONSISTENT.

Few prisoners reported ever having sex with a man. Over a quarter of prisoners had sex during their current imprisonment, among which only a third used a condom during their last sexual intercourse. Low percentages of PWID have consistent condom use. Correct knowledge about HIV transmission was generally poor. **Recommendation**: Although correct knowledge about HIV transmission was generally high, closed settings, such as prisons offer excellent opportunities to enhance education about reducing HIV and other STI.

RECOMMENDATIONS FOR FUTURE SURVEYS

- Data from HIV IBBS, using any sampling method, should be triangulated with other relevant data from sentinel surveillance, HTC centers, NCO working with KP, one-time studies and mapping and other qualitative exercises to build an optimal understanding of how HIV is affecting KP in the Republic of Moldova. In addition, these data should be used, along with other data, to model epidemic trends in the country.
- Ensure that there is sufficient on-site management of recruitment, especially among PWID. In populations that recruit quickly, ensure that coupons are reduced and that validation dates are used.