# TERMS OF REFERENCE

**International consultant to assess the current HIV prevention program for MSM in Republic of Moldova and provide solutions to improve its quality and coverage**

1. **General Background**

The Republic of Moldova, a country with a total population of 4.1 million, including a breakaway region of Transnistria with population of 0.52 million, has a concentrated HIV epidemic, with people who inject drugs (PWIDs) being the main affected group and an increasing prevalence among men who have sex with men (MSM). As of the end of 2013, a total of 8,557 new HIV cases had been registered in the country (including Transnistria), with about 700 newly registered HIV cases per year in 2009-2013. Incidence and prevalence are estimated to be stable, with overall prevalence below 1%. The breakaway region of Transnistria is the most affected region with HIV incidence of 3.5 times higher than in the rest of Moldova (46.9 per 100,000 in Transnistria region versus 13.7 per 100,000 in the rest of Moldova in 2013).

While PWID is the most affected group, the spread of HIV epidemic is characterized by an increased sexual transmission and increasing ratio of HIV infected women. According to 2012/2013 Integrated Bio-Behavioral Surveillance (IBBS), the HIV prevalence among PWID was estimated to be 8.5% in Chisinau, the country capital, compared to 16.4% in 2009, and 41% in Balti, the second largest city, compared to 39.8% in 2009; the HIV prevalence among sexual workers (SW) was 11.6% in Chisinau compared to 6.9% in 2010 and 21.5% in Balti compared to 24.7% in 2010. The HIV prevalence among MSM has been on an increasing trend and was 5.4% in Chisinau compared to 2% in 2010 and 8.2% in Balti compared to below 1% in 2010. While safe injecting practices became the norm among PWIDs, the slow progress in adopting safe sexual behavior in key populations may have contributed to an increase in sexual transmission - out of 706 new HIV cases reported in 2013, 91,9% mentioned sexual route as the main probable route of HIV transmission.

Coverage of anti-retroviral prophylaxis among HIV-infected pregnant women was 95.4% in 2013. At the end of 2013 the number of HIV patients on anti-retroviral treatment (ART) was 2,493 that corresponded to 37.57% of the estimated need according to 2010 WHO guidelines. The twelve-month retention on ART was 81,2% in 2013 (cohort of 2012). While no waiting list for ART in Moldova is reported, almost 40% of cases are detected late, underscoring the need to increase early detection of HIV infection including improved access of key populations and their partners to HIV testing and effective referral between community-based and facility-based services.

Reflecting the concentration of the HIV epidemic among key populations, mostly PWID in civilian and prison sectors, with a smaller proportion of SWs and MSM, the overall goal of the program is to support an effective response to HIV in order to reduce prevalence among key affected populations and decrease AIDS related mortality through improving access of key affected populations to essential HIV prevention, diagnostic, treatment, care and support services.

The program is built on the National Health Policy 2007-2021 and the jointly-assessed National HIV/AIDS Strategy 2011-2015 along with other national strategic and analytical documentation as well as incorporates program lessons learnt. The program is also a step forward towards priorities determined in the newly developed Global Fund EECA Investment Framework for 2014-2016 and program sustainability.

The program will increase access of the key affected populations (KAP) and their partners to evidence-based HIV prevention with a substantial scale up of harm reduction program. The program will also ensure universal access to comprehensive HIV treatment, care and support program and continue ARV prophylaxis treatment for HIV-infected pregnant women to prevent mother-to-child transmission (PMTCT). Reflecting important step towards sustainability, the government will be covering majority of ARV drugs and the program will be mainly focusing on penitentiary sector and Transnistria region, as well as cover second-line (partially) and third-line ARV drugs. An important component of the program is aimed at strengthening community capacity and ensuring the program sustainability.

1. **Specific Background**

Men who have sex with men represent one of the key populations of concern in the epidemiology of the Republic of Moldova. The newest size estimations show a population of 13,500 MSM (9,700 - Moldova excluding Transnistria and 3,800 - Transnistria). According to the last rounds of second generation sentinel surveillance in key populations, conducted in 2009/2010 and 2012/2013 in the three largest cities, the HIV prevalence in MSM was much higher in 2012/2013 in both sites Chisinau (increase from 1.7% to 5.4%) and Balti (from 0.2% to 8.2%). In the youngest age group of MSM of 15-24 years in both Chisinau and Balti, the HIV prevalence shows an important increase from virtually no HIV among MSMs (0.6 [0-1.1] in Chisinau and 0 in Balti) in 2009/2010 to 3.2% [0-5.1] in Chisinau and 6.9% [1.3-13.4] in Balti in 2012/2013.

The key behavioral indicators show slow progress in adopting safer sexual behaviors and reversing trends: condom use MSMs at last anal sex as receiving partner was 44.0% in Chisinau and 90.2% in Balti. Coverage of MSM with HIV testing was 12.1% (Chisinau), 1.1% (Balti) (IBBS 2012/2013).

Men having sex with men are often exposed to stigma, discrimination, and face particular challenges in access to prevention, care and treatment due to internal and outside widespread homophobia, documented as a barrier in accessing MSM-friendly health services.[[1]](#footnote-1)

HIV prevention in MSM is part of the National AIDS Program and since 2003 when thee services started to be implemented in Chisinau by GenderDoc-M (local NGO) they rely almost entirely on Global Fund grants. In 2008 the services have been scaled up to Balti and since 2012 they are intermittently provided in Tiraspol.

Under NFM grant, HIV prevention services for MSM continue to be provided to MSMs in Chisinau Balti and Tiraspol municipalities, and will focus on extending the coverage especially in Balti and Tiraspol (Transnistria) through a grant implemented by GenderDoc-M. Service provision includes outreach work in cruising areas and discos, provision of IEC, condoms and lubricants, counseling services and peer support. A series of capacity building training for service providers, for LGBT parents and information/communication sessions with program staff will be implemented, including for penitentiary staff. To increase the coverage of MSM with preventive services, the project will introduce a new approach in boosting access of key affected populations through peer-driven interventions in Chisinau city. PDI seeds will recruit other new clients, by providing them peer-to-peer educational session and link them to sites to access preventive services. About 500 new beneficiaries are planned to be reached with prevention services in the year 2015, totaling to 2,700 in Year 2015, 2,950 in Year 2016 and 3,195 in Year 2017, which is equal to 38%, 41.5% and respectively 45% from the estimated MSM population in these three sites.

1. **Main objective of the assignment**

With the aim to increase coverage of MSM with quality HIV-prevention interventions, PAS Center issued this call for proposals for an international consultant to undertake a qualitative assessment of the current HIV prevention program for MSM in Republic of Moldova and provide practical solutions to enhance its reach and effectiveness.

1. **Scope of work**

The scope of work includes, but is not limited to the following:

* Review relevant documents related to provision of HIV prevention services to men having sex with men;
* Review current minimum quality standards for HIV-preventive services in KAP and provide recommendations for improvement;
* Assess the relevance, strengths, shortcomings and weaknesses for the current HIV prevention program for MSM and its coverage;
* Analyze current model of HIV interventions for MSM and identify key bottlenecks and barriers in interventions’ design, services provision approaches, targeting ways, service delivery track, services utilization by MSM, and other barriers;
* Assess the capacity of local MSM organizations to provide community-based HIV prevention services to MSM, their experiences, their networks and their ability to connect with diverse sub-groups of MSM and recommend strengthening measure;
* Analyze the existing package of HIV-prevention services for MSM and propose an optimal spectrum of services to support HIV prevention among MSM in both virtual and physical spaces;
* Analyze existing online interventions and provide support for their full integration into the preventive package, tracking systems and linkage to face to face services;
* Identify effective approaches in reaching MSM, and also diverse subgroups of MSM, including non-self-identified MSM with HIV prevention services;
* Identify the most efficient mix of online, community and facility based services to enhance coverage of MSM with HIV-preventive services;
* Provide practical solutions for the community based organizations that provide services to MSM to increase reach of new beneficiaries and extend the target group to diverse subgroups of MSM, including non-self-identified MSM.

For the purpose of the assignment, the consultant will: (i) conduct a desk review to analyze existing documentation regarding prevention activities among MSM, (ii) visit the country for field trips to the sites providing prevention services to MSM, including field/ cruising areas were outreach workers operates, (ii) documents the findings and propose a package of clearly defined and practical solutions for the community-based organizations to improve the coverage and effectiveness of HIV preventive services for MSM.

1. **Expected Deliverables**

The main product expected from the consultant are:

* The Report documenting constraints, shortcomings and weaknesses of the current HIV prevention program for MSM and its coverage and proposed ready to use package of solutions to enhance reach and effectiveness of HIV-preventive services for MSM.
* Briefing for key national stakeholders including CCM TWG on prevention based on the presentation of summary findings and recommendation/solutions.

1. **Institutional arrangements**

The Consultant will work in cooperation with PAS Center, and will report to the PAS Center Program Coordinators. PAS Center will assist the Consultant in relationship with partiers and facilitate access to all necessary persons and services to realize the scope of work. Consultations with the CCM TWG on prevention shall be undertaken.

1. **Required qualifications**

The Consultant will be selected based on its qualifications for the assignment to be implemented:

General qualifications (30%):

* Relevant educational background in public health, epidemiology, sociology, anthropology or closely-related field;
* Demonstrated expertise in HIV prevention, particularly in the continuum of prevention, HIV testing and care;

Relevant experience (60%):

* Minimum 7 years’ experience in evidence-based program design targeting hidden/most-at-risk populations;
* At least 5 years’ experience in evaluation, design and execution of HIV-prevention program for men having sex with men;
* Detailed knowledge of HIV prevention services for MSM in the ECA region and understanding of coverage barriers;
* Demonstrated experience in data collection and analyses;

Other qualifications (10%):

* Fluent English. Working knowledge of Russian or Romanian are an asset;
* Strong interpersonal skills;
* Able to work directly with MSM in a non-stigmatizing and non-discriminatory way.

Interested consultants will submit a CV and a motivational letter describing consultant’s skills and motivation for the consultancy.

1. **Duration of work and terms of payment**

The consultancy is required for an estimated period of 10-15 working days and is expected to begin in July 2015. It is estimated that the external consultant will spend up to one week in country. The consultancy work will tentatively include:

* Desk review/preparations for the mission: 2 working days
* In country mission: June-July from 5 to 7 working days (travel dates not included)
* Post-mission TA and report writing: 5 working days

The Consultant will be paid upon presentation of the Report and other sub-products (technical notes, memos, plans, presentations and other documents) that may be required by PAS Center, according to the TOR, following the receipt and approval of the Report by PAS Center.

The language of the report will be English, or Russian or Romanian if the knowledge of Russian or Romanian is sufficient for the report writing.

1. COWI, Danish Institute for Human Rights (2011). Study on homophobia, transphobia and discrimination on grounds of sexual orientation and gender identity. Sociological report: Moldova. Kongens Lynby, Consultancy within Engineering, environmental Science and Economics& The Danish Institute for Human Rights: <http://www.coe.int/t/Commissioner/Source/LGBT/MoldovaSociological_E.pdf> [↑](#footnote-ref-1)