



HIV Outcomes Romania

input on the

Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity on the realisation of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3

Please consider the below input from [HIV Outcomes Romania](#).

HIV Outcomes is a voluntary multi-stakeholder initiative established at the European and national level (including in Romanian), . The initiative advocates for policy change to [improve the quality of life of people living with HIV beyond viral suppression](#),

[HIV Outcomes Romania brings together : leading members of the medical and academic environment \(INBI Matei Bals\), clinicians \(from various regional HIV care centres\), representatives of people living with HIV \(UNOPA\), civil society representatives \(ARAS, Baylor Foundation\), as well as industry \(Gilead and ViiV\).](#)

HIV Outcomes aims to address the needs generated by increased life expectancy, by looking to improve health outcomes and quality of life of people living with HIV in the long-term. Outcomes-focused and patient-centred approach to long-term HIV care on patient, eliminating HIV stigma and discrimination from health care settings, are included in a set of [5 recommendations](#) launched in the European Parliament and road-tested in Romania, for which we are advocating at Romanian and EU level. The quality of life of LGTBI populations is one of HIV Outcomes Romania's concerns, as this is [being one of the key populations exposed to HIV](#).

[HIV Outcomes Romania advocates for policy change which would address beyond viral suppression and would like to include the following in the current consultation:](#)

1. Research: understanding the health care needs of LGTBI and GNC people

1.1. Does the State (or other stakeholders) gather data, including data disaggregated by sexual orientation and/or gender identity, on:

- access to and/or delivery of health services

[For the LGTBI population and more precisely those living with HIV, the access to healthcare services is not monitored.. Discrimination and stigma in healthcare settings for people living with HIV are not monitored at national level.](#)

- the number of new HIV infections per 1000 uninfected population?



This is in the responsibility of the Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, from National Institute for Infectious Diseases (INBI) Matei Bals. They collect data on sexual orientation, disaggregating by ways of transmission: <https://www.cnlas.ro/>.

- The suicide mortality rate?

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- Coverage of treatment interventions for substance use disorders?

For injectable drug users (IDUs)- there is data collected by the National Antidrug Agency regarding the number of persons in substitution treatment.

- Harmful use of alcohol?

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- Access to sexual and reproductive health care?

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- Coverage of essential health services?

People living with HIV are at greater risk than the general population for developing comorbidities. Comorbidities contribute to poor health related quality of life for people living with HIV. Discrimination is often reported by people living with HIV in general and by LGBTI specifically, when interacting with medical care personnel, for treating comorbidities- for instance in surgical or dentistry services.

By law, the access to medical care is granted. Despite this, HIV key population including sexual minorities, are confronting HIV related stigma and discrimination in medical settings.

1.2. What steps have been taken to research and understand the health care needs of LGBTI and GNC people of all ages at the national level?

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1.3. Is this data analysed through an intersectional lens, such as by disaggregating data by sexual orientation and/or gender identity, as well as intersecting identities including social or geographic origin, ethnicity, socio-economic status, nationality or migration status, minority, disability, and indigenous or other identity or status?

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2. Inclusion: LGBTI and GNC people in the decision-making process

HIV Outcomes Romania is advocating for upscaling the involvement of the HIV community in priority setting at country level. We called for this in the Action Plan for the 2030 National Strategy for Sustainable Development.



Although formally LGBTI and GNC are part of the agenda setting and are invited to public consultations on national health policies, their views are not included in final documents.

2.1. What measures have been put in place to consult with and include persons affected by violence and discrimination based on sexual orientation and gender identity in law and policy making in relation to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and in relation to realising the SDGs?

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2.2. To what extent are persons affected by violence and discrimination based on sexual orientation and gender identity included in policies and practice around sexual and reproductive health care?

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2.3. What support or technical assistance is needed to ensure that the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity people are comprehensively addressed and included in relevant laws, policies, and practices?

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2.4. What are the main barriers, in law or practice, for persons affected by violence and discrimination based on sexual orientation and gender identity to receive care that meets their physical and mental health needs and rights?

The general legal framework is forbidding all kind of discrimination and stigma. Still, in clinical settings, HIV related stigma /other communicable diseases related discrimination exists. There is in place a national body to combat discrimination-National Council for Combatting Discrimination (CNCD).

Barriers: not enough funding and studies on persons affected by violence and discrimination based on sexual orientation and gender identity.

3. Access: ensuring that LGTBI and GNC people have access to health care

3.1. What measures have been taken to ensure access to affordable non-discriminatory health care services for persons affected by violence and discrimination based on sexual orientation and gender identity?

. When analysing the existence of the concept of quality of life for national medical settings, it is a fact that it is not included yet in health national policies. HIV Outcomes Romania is focussing on the health-related quality of life for the people living with HIV and managed to include the construct in



the . national Action Plan which implements the Sustainable Strategy for Development (SSD 2030)As health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", national policy-makers should recognise the importance of health-related quality of life.

3.2. What policies or programmes exist to address the mental health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity, specifically, around depression and anxiety, suicidal ideation, and substance abuse?

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3.3. What policies or programmes exist to assist the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity following the experience of assault or gender-based violence?

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3.4. Have adequate human and financial resources been allocated to implement those policies and/or programmes?

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4. Training and Education: health care professionals and educational institutions

4.1. Are sexual orientation and gender identity, and the specific health needs of persons affected by violence and discrimination based on sexual orientation and gender identity, included in training and education of health care professionals?

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4.2. What measures are being taken to provide age-appropriate comprehensive sexuality education inclusive of sexual and gender diversity in educational institutions?

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4.3. Are evidence-based and up-to-date guidelines that include SOGI issues available? How are they used to influence health related decisions on policy, programming, services including diagnostic manuals, and practices within the health care institutions?

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5. Sustainable Development Goals

5.1. Where the State measures its progress against SDG3, does it make reference to the health outcomes and needs of persons affected by violence and discrimination based on sexual orientation and gender identity?



The current National SSD2030 is currently not including these measurements. The Action Plan for implementing the SDGs is making some general referrals, but appropriate targets and indicators are not included yet. There are still some consultations to be held on NSSD 2030.

HIV Outcomes provided input on the Action Plan of the National SSD 2030 for health outcomes (calling for the need to adopt an integrated, outcomes-focused and patient-centred approach to long-term HIV care in national policies and quality of life under SDG3, targeting persons living with infectious diseases, as HIV. Following our engagement efforts, quality of life aspects and health outcomes for HIV populations were included in the current draft. However, given that the process has not ended, we need to wait for the final document. . On HIV exposed communities, such as sexual and gender minorities, HIV Outcomes Romania expressed the need of integrating health related quality of life monitoring into clinical HIV care, aiming to provide a person-centred perspective on the effectiveness of treatments and to inform health-related decision making for both patients and care providers. This could provide insight into how well people respond to the challenges associated with complex long-term health conditions and allows for population, health related quality of life to be studied over time.

5.2. Does the State measure progress against any of the following SDG3 indicators for persons affected by violence and discrimination based on sexual orientation and gender identity? If so, please comment on whether health outcomes are improving or declining:

HIV Outcomes Romania recommended to be included in the Action Plan for the National Strategy for Sustainable Development 2030. They are not yet communicated to be included.

- Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations;

The current national strategy for implementing SDGs is not making referrals to any indicators on HIV infections- HIV outcomes Romania provided input on this indicator, but still need to see the Action Plan for the National Strategy for Sustainable Development 2030. The final document (including or not this indicator), is not officially communicated yet.

At national level, the Compartment for Monitoring and Evaluation of HIV/AIDS Data in Romania, from National Institute for Infectious Diseases (INBI) Matei Bals is gathering this data and transmits it to the National Commission for Statistics, but not in as disintegrated data.

- Indicator 3.4.2: Suicide mortality rate;

HIV Outcomes Romania pledged for introducing in the Action Plan for National Strategy for Sustainable Development 2030, targets associated to “ensuring the well-being and quality of life for people living with HIV”, with specific indicators, such as: death rate among people with HIV; suicide rate among people with HIV; 90% of people living with HIV and vulnerable communities benefit from integrated services centred on people and specific to the context for a satisfying personal and health condition, etc. The final indicators are not communicated yet as being included in the final strategy.

- Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders;



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- Indicator 3.5.2: Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol;

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- Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, including lesbian and bisexual women, and trans persons;

Based on the recent UNAIDS Global Strategy, HIV Outcomes Romania provided input in the Action Plan for implementing National Strategy for Sustainable Development. The HIV multi-stakeholder coalition advocated to include under SDG3, indicators and associated targets , on achieving zero new HIV infections by:

- controlling and monitoring HIV situation among women from exposed communities at reproductive age,
- suppressing the viral load among pregnant and lactating women,
- eliminating gender inequalities and violence,
- ensuring the well-being and quality of life for people living with HIV The strategic document is not communicated in a final format.

- Indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women and trans men in that age group, particularly among LBT and GNC young individuals;

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- Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population);

Not yet included in the national strategic document on SDGs.

HIV Outcomes Romania advocated at government level (National Strategy for Sustainable Development 2030) for introducing amendments on reaching the 2030 UNAIDS target: zero new HIV infections by suppression of viral load among pregnant and breastfeeding women, with subsequent indicators.

Also, HIV Outcomes Romania provided input for ensuring the well-being and quality of life for people living with HIV, with all UNAIDS subsequent indicators for children, exposed to violence persons, vulnerable communities, etc (children 0-14 years-75% of all children living with HIV have suppressed the viral load by 2023 (as intermediate target); 90% of people living with HIV and vulnerable communities benefit from integrated services centred on people and specific to the context for a



satisfying personal and health condition, etc). These indicators are not included in the current National Strategy for Sustainable Development 2030.

- Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.

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***Contribution submitted by
HIV Outcomes Romania***

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