

**TERMS OF REFERENCES**  
**NATIONAL SHORT-TERM CONSULTANT TO UPDATE CURRICULA FOR**  
**MEDICAL STUDENTS, RESIDENTS AND DOCTORS AND INCLUDE OPIOID**  
**SUBSTITUTION TREATMENT**

<b>Location:</b>	Republic of Moldova
<b>Application Deadline:</b>	December 3, 2014
<b>Type of Contract:</b>	Individual Contract
<b>Languages Required:</b>	Romanian, Russian
<b>Duration of Contract:</b>	Over 2 month (December 2014 and January 2015)
<b>Expected Duration of Assignment:</b>	up to 25 days
<b>Starting Date:</b> (date when the selected candidate is expected to start)	December 8, 2014

## **I. BACKGROUND**

In 2011 UNODC launched a project in Moldova that addresses programmatic aspects and capacity building needs with the ultimate aim to improve availability, coverage and quality of HIV and drug dependence treatment services for injecting drug users and prisoners. One of the project objectives is to strengthen health care and drug dependence treatment professional education systems for improved provision of contemporary, integrated, evidence-based and comprehensive HIV prevention and drug dependence treatment services for people who use drugs and prisoners.

Eastern Europe and Central Asia is the only region where HIV prevalence clearly remains on the rise. The HIV epidemic that is mainly IDU-driven poses one of the most formidable challenges to the development, progress and stability of the countries of the region. Moldova has a significant HIV epidemic which is particularly concentrated among certain sub-populations, such as people who inject drugs. HIV prevalence among the general population is currently 0.37%. As of January 1st, 2014, a cumulative number of 8,667 HIV cases were registered, including 2,997 in the Transnistrian region.

Drug dependence treatment is key to helping people who inject drugs reduce HIV transmission risk. Linking HIV prevention, treatment and care programmes and drug dependence treatment offers considerable potential. The HIV/AIDS prevention capacity of drug treatment services can be strengthened by introducing, linking or improving HIV preventive interventions across different treatment programmes. Some drug dependence treatment providers see major conflicts between HIV prevention and their treatment goals. Professionals who provide drug dependence treatment, HIV services and other services to people who inject drugs vary in their training, experience, attitudes, and approaches. This has led to profound differences of opinion about how to reconcile HIV risk reduction messages with drug dependence treatment. There is a need to find ways to bridge these opposing views for ensuring successful integration of HIV prevention into drug dependence treatment. Drug dependence treatment providers have limited knowledge and expertise in the HIV area. Traditionally, many drug dependence treatment facilities and services have been completely separate from HIV and STI facilities and services. Staff trained in one area may have little or no knowledge or expertise in the other.

Opioid Substitution Therapy (OST) for opioid dependent people who inject drugs proved to be particularly effective for HIV prevention, treatment and care and can serve as a platform for antiretroviral treatment of drug-dependent people with HIV. Despite the fact the OST programmes have been implemented in Moldova since 2004, it is still not widely available in all drug dependence treatment facilities and not applied as a standard drug dependence treatment practice for opioid drug dependent people.

Opioid Substitution Therapy with methadone is part of the NAP for 2011-2015 and is implemented in the Republic of Moldova since 2004 in civil sector in two cities and since 2005 in prisons, currently in 11 sites. OST is not available on the left bank of the Nistru river, Transnistrian region. Although OST programme is implemented over 10 years in Moldova in 2 cities and 11 prisons, OST estimated coverage is less than 1% at the moment (in 2012 304 patients in OST from estimated 31 562 IDU). Geographical availability of the OST in the country is very low, with OST programs available only in Chisinau and Balti and partly in the penitentiary institutions. OST in health care facilities still lacks full multidisciplinary approach to address multiple social needs of patients and the complete package of services does not always include wraparound services, such as employment support or the provision of OST to pregnant women who are active drug injectors. There is a sizeable attrition rate of clients in OST programmes.

In 2011 UNODC has supported Moldovan Medical State University with desk reviewing the current curricula for undergraduate degree, postgraduate degree and continuous education degree of doctors providing drug dependence treatment services. The desk review results found an outdated package of information, poor linkages with treatment services in the field, too many chapters which need update and lack of reference to main national standards and protocols on drug dependence treatment services. Furthermore, in 2013 and 2014 UNODC has supported the MoH and National Narcology Service to revise and update the National Clinical Protocol on Methadone. The latest revised protocol is in the passing currently the last stage of approval by the board of experts from the MoH. Students, residents and doctors need to be up to date with the newly issued protocol and need to be trained on OST methodology in a complex and comprehensive manner.

The best practices based on evidence do not gain duly proliferation. Physicians continue applying outdated approaches and ineffective forms of treatment. Stigma and discrimination toward narcological patients are commonly held. All this taken together do not conduce to elaboration of effective response to contemporary challenges, the continuing HIV epidemic in the first place. Per UNAIDS data, the past decade reveals an increase in the number of new incidences of disease in the region in question, whereas in other parts of the planet the epidemics was made possible to be reverted. Insufficient training of specialists in the area of addictive disorders prevention and treatment plays in it a significant role.

Improving effectiveness of the HIV prevention measure among people who use drugs is inextricably linked with the further improvement of existing educational standards of professional training for health care and social work. Lack of effectiveness of the response is largely caused by a lack of specialists with the state-of-the-art knowledge and skills and capabilities of providing full range of services to contain and control the epidemic. As international experience shows the investments into the modernization of higher professional and postgraduate education can ensure the sustainability of prevention interventions due to the continuous influx of a large mass of trained professionals into the integrated services system.

UNODC promotes diversified and accessible quality drug dependence treatment and care services, including HIV/AIDS prevention and care through providing training on evidence-based drug dependence treatment for health and social service providers, based on the UNODC TREATNET Training Package. This training package was developed by International consortium of clinical experts, researchers, and trainers from international Capacity Building Consortium, led by the University of California Los Angeles/Integrated Substance Abuse Program (UCLA/ISAP) and have been used to train professional in many countries of the world in the last 5 years. Overall the TREATNET capacity building package consists of four volumes:

### **VOLUME A: Screening, Assessment, and Treatment Planning**

Module 1: Screening and Brief Intervention using the ASSIST

Module 2: Addiction Severity Index (ASI)

Module 3: Treatment Planning M.A.T.R.S.: Utilizing the ASI

### **VOLUME B: Elements of Psychosocial Treatment**

Module 1: Drug Addiction and Basic Counselling Skills

Module 2: Motivating Clients for Treatment and Addressing Resistance

Module 3: Cognitive Behavioural and Relapse Prevention Strategies

### **VOLUME C: Addiction Medications and Special Populations**

Module 1: Addiction Basics: Alcohol and Benzodiazepines; Psychostimulants, Volatile Substances, and Cannabis

Module 2: Opioids: Basics of Addiction; Opiate Agonist, Partial Agonist, and Antagonist Therapies

Module 3: Special Populations: Individuals with Co-Occurring Disorders, Women, and Young People

### **VOLUME D: Administrative Toolkit**

Topic 1: Improving Client Access and Retention (NIATx)

Topic 2: Clinical Supervision Techniques

Topic 3: Programme Evaluation Methods

Topic 4: Reducing the Harm of Drug Use and Dependence and HIV Risk Reduction

There is a need to update the existing curricula for 19 academic hours (lectures and seminars) for students; 210 academic hours (lectures, seminars and practical assignments) for narcologists who undergo the post-graduate narcology faculties and 167 academic hours (lectures, seminars and practical assignments) for doctors who undergo continuous training in line with the TREATNET modules. It is also necessary to find ways to bridge information of the training package into the post graduate curricula for primary specialization and professional upgrade courses for narcologists.

This information needs to be coordinated with Comprehensive Package of interventions for the prevention, treatment and care of HIV among people who inject drugs that has been endorsed widely by WHO, UNAIDS, UNODC, the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, the UNAIDS Programme Coordinating Board, the Global Fund and PEPFAR. The Comprehensive Package includes 9 interventions: Needles & Syringe Programmes, OST and other evidence-based drug dependence treatment, HIV testing and counselling, Antiretroviral Therapy, Prevention and treatment of sexually transmitted infections, Condom programmes for people who inject drugs and their sexual partners, Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners, Prevention, vaccination, diagnosis and treatment for viral hepatitis, Prevention, diagnosis and treatment of tuberculosis.

Hence the curricula needs to be updated to improve the quality of HIV prevention in narcological clinics and to effectively implement comprehensive and integrated approach to HIV prevention

in drug dependence treatment services in line with UNODC, WHO and UNAIDS recommendations.

With the aim to include the information provided in TreatNet training package in the teaching of post-graduate Medical Academies, UNODC is seeking to contract a Consultant to update the Narcology primary specialization post-graduate curricula and to have it eventually widely used across educational establishments on Narcology.

## **II. MAIN OBJECTIVES OF THE ASSIGNMENT**

The assignment aims at reviewing and updating the existing education curricula for graduate and post-graduate level of general practitioners and psychiatrists – narcologists (drug dependence treatment specialists) in Moldova in accordance with international education standards on HIV prevention and drug dependence treatment principles. The TreatNet training package including a set of educational plans, training materials, teaching guidelines will be used to revise the existent curricula. This includes updating of standard curricula, modules and materials used for general and continuous education programmes.

After finalization the set of documents should be submitted to Head of relevant department for approval.

UNODC local office will offer support to finalize the review successfully. International expertise will also be provided by UNODC to support the process.

## **III. DUTIES AND RESPONSIBILITIES OF THE CONSULTANTS**

Based on the evaluation report from 2011 conducted with the support of UNODC the consultant and TreatNet Training package consultant will be responsible to revise and update the existent training curricula on opioid dependence treatment.

1. Align the existent curricula for students, residents and doctors to the international standards in opioid dependence treatment and the revised National Clinical Protocol as of 2014;

2. Present and discuss the draft with faculty staff and the MoH;

3. Develop a full set/package consisting of: 1) educational plans, training materials, and teaching guidelines, 2) methodological materials for lectures and seminars, 3) summary of lectures, 4) updated curricula of primary specialization and professional update courses, 4) acts of the updated curriculum implementation, 5) electronic versions of above mentioned documents;

4. Develop OST modules that could be included as part of interdisciplinary training, for other specialist, in particular general physicians.

- 4 The developed draft of the curricula and modules will be further submitted for Department's and University/MoH approval. The set/package to the stakeholders, MOH representatives, Narcology departments' staff and update it following the remarks and proposals received.

## **IV. DELIVERABLES**

The consultant is expected to provide the following deliverables:

1. Detailed implementation work plan, including specific tasks to be performed and responsibilities, applied for respective assignment prepared (to be submitted within the first 5 days of the consultancy);
2. The relevant curricula and modules reviewed/ updated/ developed in accordance with international guidelines (TreatNet) on Opioid Substitution Treatment with Methadone (within 5 weeks);
3. The development draft curricula and modules for the Medical University and MoH are coordinate and submitted for approval to be implemented as of academic year 2015/2016 (within 8 weeks);
4. Final Report on achieved results during consultancy work period presented.

## **V. MONITORING AND REPORTING REQUIREMENTS**

The consultant will report directly to UNODC and to the Medical State University from Moldova and the Ministry of Health.

## **VI. CLIENT'S CONTRIBUTION**

UNODC will facilitate access to any available information, in relation to the assignment. The consultant is expected to carry out all the work in close collaboration with the UNODC and MoH and Medical State University.

## **VII. EXPERIENCE AND QUALIFICATIONS REQUIREMENTS**

The consultant shall meet the following qualifications:

- Master degree in medicine or public health management or other relevant field;
- At least 5 years of teaching experience in higher medical education institutions, post-graduated or professional development institutions;
- Experience of analytical work and medical science research or training on medical issues related to psychiatry and drug dependency;
- Knowledge and understanding of theories, concepts and approaches relevant to drug dependence treatment and HIV prevention and care among people who use drugs;
- Excellent writing and presentation skills and ability to conduct desk research.
- Ability to work in a team and take initiative;
- Good knowledge of Romanian/Russian is required, English proficiency would be an asset.

## **VIII. DURATION OF SERVICE AND TERMS OF PAYMENT**

This consultancy is expected to begin during the December 2014 and January 2015. Estimated period of the services will be up to 25 man/days.

The payment for the assignment will be divided in three parts based on the deliverables plan. An individual plan will be developed commonly with the consultant, establishing both the content of the deliverables and the timeframe.