

CCM TB/AIDS Secretariat Report on field visits (2) of CCM members to oversight Global Fund (FG) grants offered to the Republic of Moldova to fight TB and HIV / AIDS and managed by Principal Recipients (PR) – IP UCIMP RSS and PAS Center

Date of visits & locations visited:

- ARV treatment Department and the laboratory of the Hospital for Infectious Diseases “Toma Ciorba” (project supported by RP UCIMP) - 25/11/11;
- Community Center to support TB patients and their families from Orhei (project supported by PAS Center) - 22.12.11.

Participants:

Visit to the Department for ARV treatment and the laboratory of Toma Ciorba Hospital:

1. Igor Chilcevschi, Chair of the League of PLHVA
2. Alexander Curaşov, CRPC
3. Veaceslav Mulear, GenderDocM
4. Veronica Baractari, League of PLHVA
5. Vasile Cernenchi, Red Cross Moldova
6. Dorina Focsa, AIDS Network
7. Victor Volovei, Executive Director, UCIMP
8. Svetlana Plamadeală HIV Coordinator, UCIMP
9. Victor Deatişen, director T. Ciorba Hospital
10. Angela Nagâţ, head of the TARV Department
11. Violeta Teutu, Communication/Stakeholder Coordination Advisor, CCM Secretariat

Visit the TB Community Centre in Orhei:

1. Cornel Rascanu EU delegation in Moldova
2. Nelea Prodan, Medical Department of the MIA
3. Valentin Beleavschi, Medical Department of the MIA
4. Diana Pascal, MLSPF
5. Veaceslav Albina MLSPF
6. Andrei Moşneaga, Director, PAS Center
7. Community Center staff Orhei (4 people)
8. Andrei Stratulat, deputy director of the District Hospital Orhei
9. Department of Infectious Phtiziopneumology - doctors from the District Hospital
10. Violeta Teutu, Communication/Stakeholder Coordination Advisor, CCM Secretariat

Objective of the visit:

Oversight the process of TB and HIV grants implementation managed by Principal Recipients - UCIMP and PAS Center (grants provided to Moldova by the GF to support national TB and HIV/AIDS response activities).

Background information:

To ensure a better quality of monitoring at the local level of GF grants allocated to beneficiary countries, the GF developed and proposed for implementation in 2011 a new oversight mechanism for the supervision of the funds disbursed. The application in practice of this mechanism is put in charge of the CCM as a central mechanism for the oversight of national programs and grants allocated to fight TB and HIV/AIDS in Moldova. The mechanism includes the creation of a National Commission of Experts (CNE) to review financial and management progress and programmatic issues, registered by PRs and visiting sites/projects supported by them.

It should be mentioned here that CNE assessed/evaluated the programmatic progress registered by the two PRs in the process of grants implementation at the meeting on October 21 2011. The assessment was made on the basis of programmatic dashboards developed by GF and filled out by the RPs. The evaluation results were presented at the CCM meeting of 11/11/11.

Locations/projects recommended for the two (2) monitoring visits were selected based on a questionnaire developed by the CCM Secretariat and filled out by the CCM members in September 2011. Questionnaires showed that most CCM members had chosen to visit:

- a) The Department of ARV treatment and the laboratory of T. Ciorba Hospital,
- b) The Community Center to support TB patients and their families from Orhei

The visit to the Department of ARV treatment and the laboratory of T. Ciorba Hospital,

which implements the HIV grant allowed participants to: 1) find out what are the results and problems recorded by the beneficiary institution, and 2) address/clarify some technical issues and problems faced by PLWHA when applying for Department's support/services.

Open discussions at the TARV Department and lab revealed the following general state of things:

- the GF grant implementation allowed to considerably renovate the ARV Department and improve the quality services and assistance to PLWHA;
- thanks to the renovation, the laboratory became a performance one;
- creation of a palliative care section, functional and well equipped;
- further measures are taken to increase capacity / staff qualifications.

However, at the time of the visit, there have been also voiced specific technical problems:

- Certain deficiencies in operation and repair of PCR testing device. That affected, for some time, the test promptness and asks for the approval of a legal regulation framework for the testing device's maintenance, and insurance and repair of technical equipment. On the date of the visit, though, the problem was resolved. Moreover, the RP informed the participants that UCIMP was concluding negotiations to purchase system tests needed for the evaluation of immunity indicators and CD4 concentration for the whole year of 2012.
- Eventual shortage of ARV drugs starting with 2013. For, even with the support from the FG (if it allows the use the savings available from rounds 6 and 8), these drugs will be possible to procure at a rate of 70 percent. Therefore, additional efforts are required to identify alternative means to fill the missing funds amounting to 30%.
- The practice of communicating test results via telephone, carried by the laboratory on Fridays, attest certain disruptions, caused by the shortage of specialists in the laboratory and personnel turnover in the system. The TARV Department chief assured the participants that this practice will be maintained and taken further steps to streamline it.
- Problems in the process of reorganization of the entire system of HIV / AIDS control (conducted in accordance with the Health Ministry Decree). The reorganization endeavor aims at empowering centers operating at the district level and concentrating all services available nationally into a single national center of performance. This initiative will help to avoid overloading of national institutions, but also raises questions about the activity of doctors in the field, personnel turnover, and their motivation.

At the end of the meeting, Executive Director UCIMP Mr. Victor Volovei said that, upon request, RP can provide all information on procurement of equipment and furniture for the two structures involved in controlling HIV/AIDS.

The visit to the Community Centre to support TB patients and their families in Orhei

offered participants the opportunity to: learn the history of the creation of the center (one of the total

number of 10 established throughout the country in 2011 by the PR PAS Center), the necessity and utility of such a center, the legal framework for its operation, and the operating achievements and perspectives.

On the way to Orhei, the Executive Director of the Centre PAS - Mr. A. Mosneaga, informed participants about the efforts made to establish these 10 community centers. The selection of districts/regions to set up these centers depended on the burden and incidence of TB infection in the region. GF/ PR will support the activity of these centers over a period of five years and ensure their technical and information endowment. PR facilitated the recruitment of five specialists per center (remunerated by PAS) to ensure the disease control at the district level.

During the Q&A session, participants were informed about the following aspects:

- The incidence of new TB infection in Orhei reaches on average 130 cases per year. About 35% of cases are recorded in the town of Orhei, and 65 % - in rural communities.
- The main activities of the Community Center include: a) facilitating healthcare for people with TB, b) informing and educating population about TB disease, c) cooperation with local governments on sustainable management of TB cases.
- In the short period of activity of the center, employees have: made 18 field/rural area visits, to inform population on TB; organized numerous trainings for the medical personnel in the villages of the district; monitored recorded cases; and established constructive relations of cooperation with a number of municipalities in the district.
- Community Center is an independent entity, but under the subdivision of the Orhei District Hospital.
- The Centre does not overlap activities of the existing Phthisiopneumology service, but supplements and supports it, adopting a combined approach, medical and social, to the disease control. An important asset in this case is that the team of employees includes a psychologist. Accordingly, treatment includes counselling patients.
- The Center is a bridge for the medical service and LPA in the process of treatment and monitoring of cases.
- Thanks to the Center, identification and monitoring of TB cases is done more quickly, while the incentive support provided by the sub-recipient, NGO “Carlux” (1400 lei- as food incentive, and 300 lei - monthly support for transportation costs) allow a greater motivation for patients not to abandon treatment. This was confirmed by patients whom we met at the center.

Representatives of the center and district hospital Orhei put high hopes in the community center, counting on it to significantly improve the success rate of TB treatment.

However, both, the center and the Phthisiopneumology Department from Orhei, face considerable problems in terms of TB control:

- In recent years the number of MDR TB cases increased 3 times, reaching now 60 cases.
- Representatives of the district hospital argue that TB drugs are obsolete.
- The policy pursued more actively now, both nationally and internationally, of outreach treatment of TB is seen as theoretically possible. In practice, though, they envision a whole range of operational and human resources issues, which could possibly fall on the shoulders of family doctors. But they are not yet ready to solve them.
- LPA do not yet show full responsibility to solve cases of TB treatment in rural communities. Although LPA must be the initiator of solving cases and request assistance from the Phthisiopneumology service and the community center, currently the situation is reversed.
- Work with family doctors centers is not fully viable, given the fact that these structures are under ongoing reforming.
- The status and activity of the community center is uncertain after five years of support provided by the FG / PAS Center.

At the end of discussions, participants suggested the CC staff to reflect on:

- Analysis of information available on patients identified and monitored by the center (when, how, and where do they come from), which later on may be used/become part of pilot studies in the field.
- Sustainability of the center and identification of alternative financial resources to ensure continuation of its activity in 5 years.

On the way home, representatives of the Ministry of Internal Affairs appreciated the participation in the field visit of specialists directly interested in the TB epidemiology and involved in TB control activities.

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