

**IDOM**  
INSTITUTUL PENTRU  
DREPTURILE OMULUI

**MOLDOVAN INSTITUTE FOR HUMAN RIGHTS**

# STRENGTHENING THE ENGAGEMENT OF TB AND HIV COMMUNITIES IN THE REPUBLIC OF MOLDOVA IN THE CONTEXT OF THE COUNTRY APPLICATION FOR THE GLOBAL FUND SUPPORT 2021-2023

Technical Assistance Report developed by the Moldovan Institute  
for Human Rights in the framework of the Global Fund Program on  
Community, Rights and Gender

**Chisinau**

**May – June 2020**

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## Executive Summary

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Recognising the role of civil society and communities in the process of developing the National Programmes on Prevention and Control of HIV/AIDS and TB, and the Country Application for the Global Fund (GF) support, the Moldovan National Association of Tuberculosis Patients “SMIT” (Society of Moldova against TB)<sup>1</sup>, in its role of the Secretariat of the KAP Committee (Key Affected Populations), as a joint decision of the members of the KAP Committee, in collaboration with the Country Coordinating Mechanism (CCM) Secretariat<sup>2</sup> and the UNAIDS country office, had submitted in January 2020 a request to the Community, Rights and Gender (CRG) Technical Assistance (TA) Program of the Global Fund (GF)<sup>3</sup>, aimed at strengthening the participation of key groups in the development of the country Application for GF for the years 2021-2023.

The present report is developed within the CRG TA Program of GF. For this purpose, the non-governmental organization “Moldovan Institute for Human Rights” (IDOM) was designated as the national partner for the Republic of Moldova<sup>4</sup> to provide the TA.

## Acknowledgment

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The TA on strengthening the engagement of the TB and HIV communities in the context of the Country Application for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria Support for the years 2021-2023 would not have been possible without the collaboration with partners, such as, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; Country office of the United Nations Program on HIV/AIDS (UNAIDS); Secretariat of Country Coordinating Mechanism of National Programs for the Prophylaxis and Control of HIV/AIDS, Sexually Transmitted Infections and Tuberculosis (CCM TB/AIDS); KAP Committee; Coordinators of the National Programs on Prevention and Control of HIV/AIDS, Sexually Transmitted Infections and Tuberculosis; Principal Recipients of the Global Fund: *Public Institution Unit for Coordination, Implementation and Monitoring of Projects in Healthcare and Centre for Health Policies and Studies (PI PCIMU), SORSOS-Moldova Foundation; Civil Society Organisations: Society of Moldova against TB (SMIT); Act for Involvement (AFI); Speranta Terrei; Casa Sperantelor; Programe Medico-Sociale; Tinerii pentru Dreptul la Viata; Initiativa Positiva; League of People Living with HIV; GENDERDOC-M* and other organisations/community groups working in the field.

## Team of authors

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<b>Sveltana Doltu</b>	Master of Public Health, Member of the Council on the Prevention and Elimination of Discrimination and Ensuring Equality
<b>Ala Iațco</b>	Master of Public Health, Director, Association “Tinerii pentru Dreptul la Viata”
<b>Ana Ciobanu</b>	Master of Public Health, Independent Consultant, World Health Organisation, Regional Office for Europe
<b>Veaceslav Mulear</b>	Coordinator of Health Program, NGO Information Centre “GENDERDOC-M”; President of Eurasian Key Populations Health Network (EKHN)
<b>Oxana Rușineanu</b>	Executive Director, Moldovan National Association of Tuberculosis Patients “SMIT”
<b>Vanu Jereghi</b>	Executive Director, Moldovan Institute for Human Rights

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<sup>1</sup> <https://smitmd.wordpress.com/>

<sup>2</sup> <http://ccm.md/node/1>

<sup>3</sup> <https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>

<sup>4</sup> [http://idom.md/ted-wells/?fbclid=IwAR0vjCSLT66c8smJNkydifoZXPRIz20vp5Q391WZfVu6kNv\\_Ylq4BrvUiXl](http://idom.md/ted-wells/?fbclid=IwAR0vjCSLT66c8smJNkydifoZXPRIz20vp5Q391WZfVu6kNv_Ylq4BrvUiXl)

## Acronyms

<b>ACSM</b>	Advocacy, Communication and Social Mobilization
<b>AFI</b>	NGO “Act for Involvement” (AFI)
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>CSOs</b>	Civil Society Organisations
<b>CRG</b>	Community, Rights and Gender
<b>DOT</b>	Directly Observed Therapy
<b>GF</b>	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund)
<b>HIV</b>	Human Immunodeficiency Virus
<b>HR</b>	Human Rights
<b>IDOM</b>	Moldovan Institute for Human Rights
<b>IDU</b>	Injecting Drug User
<b>KAP</b>	Key Affected Populations
<b>LPA</b>	Local Public Authorities
<b>MDR TB</b>	Multidrug-Resistant Tuberculosis
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MHIF</b>	Mandatory Health Insurance Fund
<b>MHLSP</b>	Ministry of Health, Labour and Social Protection
<b>MSM</b>	Men who have Sex with Men
<b>MTBF</b>	Medium-Term Budgetary Framework
<b>CCM</b>	Country Coordinating Mechanism of National Programs for the Prophylaxis and Control of HIV/AIDS, Sexually Transmitted Infections and Tuberculosis Control (CCM TB/AIDS)
<b>NAP</b>	National Program on Prevention and Control of HIV/AIDS and STIs
<b>NGO</b>	Non-Governmental Organization
<b>NHIC</b>	National Health Insurance Company
<b>NPS</b>	New Psychoactive Substances
<b>NTP</b>	National Tuberculosis Program
<b>OST</b>	Opioid Substitution Therapy /Pharmacological treatment for people with opioid use disorders
<b>PAAR</b>	Prioritized Above Allocation Request
<b>PAS</b>	Center for Health Policies and Studies (PAS Center)
<b>PHC</b>	Primary Health Care
<b>PI PCIMU</b>	Public Institution Unit for Coordination, Implementation and Monitoring of Projects in Healthcare (PCIMU)
<b>PLHIV</b>	Persons living with HIV
<b>PR</b>	Principal Recipient
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>HRP</b>	Harm Reduction Programs
<b>RRP</b>	Risk Reduction Programmes
<b>RR TB</b>	Rifampicin-Resistant Tuberculosis
<b>RSSH</b>	Resilient and Sustainable Systems for Health
<b>SCOs</b>	Civil Society Organisations
<b>SIME TB</b>	Information System for TB Monitoring and Evaluation
<b>SMIT</b>	Society of Moldova against TB
<b>SR</b>	Sub-Recipient
<b>STI</b>	Sexually Transmitted Infections
<b>SW</b>	Sex Worker
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>TG</b>	Transgender People
<b>LTP</b>	Local Tuberculosis Programs
<b>TWG</b>	Technical Working Group
<b>UNAIDS</b>	United Nations Program on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>VOT</b>	Video Observed Therapy

## Introduction and context

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The Republic of Moldova is a country located in South-eastern Europe, with the eastern region of the country, being represented by the self-proclaimed independent territory, informally called the region of the Left Bank of the Dniester River<sup>5</sup>.

The burden of tuberculosis (TB) places the Republic of Moldova among the 30 countries in the world, with the high burden of multidrug-resistant tuberculosis (MDR-TB)<sup>6</sup> and among the 18 high priority countries in the WHO European Region<sup>7</sup>.

The spread of HIV infection in the Republic of Moldova represents one of the major challenge of public health, the disease being concentrated in key-affected groups hard to reach, being determined by (1) continued spread among injectable drug users (IDUs) and their sexual partners, and (2) the spread among men who have sex with men (MSM), contributing significantly to the increase of the number of infections among men.

The primary responsibility for TB and HIV control lies with the Ministry of Health, Labour and Social Protection (MHLSP), which realizes its tasks through the programs coordination units (Institute of Phthisiopneumology “Chiril Draganiuc” and the Dermatological and Communicable Diseases Hospital), in collaboration with other governmental entities, development partners and civil society organizations. In order to implement the TB and HIV/AIDS Programs, the country benefits from non-reimbursable grants from the GF through the Principal Recipients (PRs)/development partners: PIU CIMPH and PAS Centre. The grants related to the community is managed mainly by the PAS Centre through Sub-recipients (SRs) – SOROS-Moldova Foundation and NGO “Act for Involvement” for TB component but for HIV - non-governmental organizations are directly managed by PCIMU.

The civil society organisations (CSOs) provide TB and HIV/AIDS prevention, treatment and care services, advocate for removing the punitive laws and policies that impede the response to TB and HIV, and provide data through community monitoring of health services and systems. Moreover, the active organizations play a significant role in raising HIV and TB issues on the political agenda, hold decision-makers accountable and make sure that human rights are respected, protected and fulfilled. Indeed, the Sustainable Development Agenda 2030<sup>8</sup> recognizes the central role of CSOs in achieving the Sustainable Development Goals (SDGs) and fulfilling their commitment of leaving no one behind. The activities related to strengthening community systems underpin community-based responses. In the context of the application of the Republic of Moldova to the GF, these activities should be included in the Community Systems Strengthening Module under the Resilient and Sustainable Systems for Health (RSSH) component. Depending on the disease, the provision of community-based services must be included in HIV and TB-related modules<sup>9</sup>.

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<sup>5</sup> <http://lex.justice.md/md/312874/>

<sup>6</sup> [https://www.who.int/tb/publications/global\\_report/high\\_tb\\_burden/countrylists2016-2020.pdf](https://www.who.int/tb/publications/global_report/high_tb_burden/countrylists2016-2020.pdf)

<sup>7</sup> <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/tuberculosis-read-more>

<sup>8</sup> <https://cancelaria.gov.md/ro/apc/agenda-de-dezvoltare-durabila-2030>

<sup>9</sup> GF: Modular Framework Handbook, October 2019

# Purpose and objectives

## Purpose

The purpose of the technical assistance is to support the engagement of civil society, community groups, including the key-affected populations, in identifying the priorities and interventions, and assessing to what extent they are presented both in the draft National Programs (NTP and NAP) for the years 2021-2025 and in the Application for the GF for the years 2021-2023.

## Objectives

The technical assistance involved the following objectives:

1. Identify the key challenges and gaps in the national responses to HIV and TB;
2. Outline the role of communities and CSOs in the national response to HIV and TB;
3. Formulate recommendations from the perspective of CSOs involvement;
4. Compare the proposed recommendations with the planned interventions in the interim version of the Application for GF Funding for 2021-2023;
5. Consult the interventions planned in the Country Application for 2021-2023 from the perspective of harmonizing them with the interventions provided in the NTP and NAP for 2021-2025, based on the interim version;
6. Formulate the interventions specific for SCOs aimed at supplementing the Country Application for 2021-2023 in accordance with the activities planned in NTP and NAP for 2021-2025;
7. Quantify the interventions specific for CSOs in conjunction with the activities planned in the Application for the GF for 2021-2023 and NTP and NAP for 2021-2025.

Table 1. Deliverables and outcomes of technical assistance

	Main deliverables	Objectives / Outcomes
1	Desk review	Analysis of relevant documents for identifying challenges
2	Agenda and methodology of consultations with SCOs/community	Development of the methodological concept of consultations
3	Consultations	Facilitation of online consultations in order to collect contribution from different representatives of KAP/SCOs
4	Final Report	Based on consultations, develop a report, which will contain the identified challenges and recommendations. The final report includes: Draft budget consulted and agreed with KAP for CSOs to be considered for the country application to GF and the draft M&E module for CSOs.
5	CRG case study	Development of the case study with regard to the assistance provided in accordance with a model pre-established by CRG TA

## Methodology

Due to the limited terms (the Republic of Moldova plans to apply to the GF by 30 June 2020), the activities were carried out for collecting information and presenting the Report before the application was submitted for being examined by the members of CCM TB/AIDS (approximately 15-20 June 2020).

The present assessment was focused on a series of analytical research and empirical investigations. The analysis included the review of available documents, such as, the national and international assessment reports, normative-legislative acts, guidelines, protocols, as well as other informative resources relevant

to TB and HIV fields. Empirical investigations included the organization of informational sessions, focus groups, interviews and the use of questionnaire based on specific questions (Annex).

The assessment included the following stages:

**Stage I. Analysis of documents:** At this stage available documents relevant to the present field were analyzed, challenges were identified, the involvement of communities and SCOs in the HIV and TB prophylaxis and control was assessed, the alignment to the recommendations/ guidelines and the best international practices of involving communities and CSOs working in the fields was realized.

**Stage II. Informational sessions.** There were organized online informational sessions during which the interim versions of NTP and NAP for 2021-2025 were presented together with the draft budgets per components of the Application for Funding for 2021-2023 (disseminated during the TWG-TB and TWG-HIV which took place on 27 May 2020 and 5 June 2020 respectively), from the perspective of CSOs involvement. Representatives of CSOs, community and affected people participated in the meetings.

**Stage III. Carrying out interventions: focus-groups/interviews/questionnaires** (Table 2). The interventions were conducted online in the period 1-5 June 2020 using Zoom application, e-mail, Google Forms, etc. The aim was to ensure a high level of participation from affected groups, community and CSOs representatives. Ethical aspects, such as confidentiality and voluntary participation, were taken into consideration during the interventions.

Table 2. Carried out interventions

Type of intervention	No. of participants	Represented group
Interviews & questionnaires (online)	6 NGO representatives	IDUs, Right Bank of the Dniester River
	4 NGO representatives	SWs, Right bank of the Dniester River
	2 NGO representatives	IDUs Left Bank of the Dniester River
	1 NGO representative	SWs Left Bank of the Dniester River
	1 representative	IDUs community
	1 representative	TG, Right Bank of the Dniester River
	4 representatives	MSM, Right Bank of the Dniester River
	1 representative	MSM, Left Bank of the Dniester River
Focus groups (online)	1 focus group - 11 people	PLHIV
	1 focus group - 7 people (2 people TP and 5 MSM)	MSM/TG
	1 focus group - 22 people (16 women, 6 men)	Representatives of CSOs/community; people with TB; from both banks of the Dniester river
Group discussions and sessions (online)	1 informational session followed by 1 focus group – 20 persons (15 women, 5 men)	Representatives of CSOs/community; people with TB; from both banks of the Dniester river

**Stage IV. Synthesis and the interim report.** Compilation and synthesis of recommendations regarding the involvement of CSOs in implementing the activities within NTP and NAP for the period 2021-2025, including for the components to be included in the Application for Funding. Elaboration of the interim evaluation report (6-8 June 2020).

**Stage V. Presenting and finalizing the report.** Presenting and discussing the interim report during an online meeting with the KAP Committee, NGO Platform active in the field of TB, and other community and CSOs representatives; approving the conclusions and recommendations; adjusting the report according to the provided suggestions, finalizing the report (10 June 2020).

**Stage VI. Holding discussions on the Final Report.** Presenting the Report within TWG for developing the Application to the GF for 2021-2023 and elaborating the NTP and NAP for 2021-2025.

**Stage VII. Presenting the key findings and recommendations during the meetings of TWG-TB, TWG-HIV and CCM.**

## TB COMPONENT

### National Response to Tuberculosis

In order to identify the starting point regarding the potential areas of intervention of CSOs based on statistical data, some aspects and indicators achieved from the perspective of successes and challenges encountered in the achievement of the NTP 2016-2020 were analyzed.

This chapter includes the assessment period 2016-2019, the interval during which the Republic of Moldova carries out the NTP 2016-2020<sup>10</sup>, complemented by activities financed by the GF based on the Applications for funding for 2015-2017 and 2018-2020. The evaluation has followed the NTP 2016-2020 targets, directions of action and specific interventions, including monitoring and evaluation indicators (M&E).

In order to elucidate the opinions and visions of CSOs and communities regarding the implementation of NTP 2016-2020 activities, key indicators were selected for analysis that directly reflect the burden of TB in the country and, indirectly, the cost-effectiveness of the applied interventions.

The achievement of the monitoring indicators was assessed on the basis of the following calculation formula: **Achievement level (%) = achieved indicator value X 100 / expected indicator value**

The achievement of the indicators was assessed according to the following grid:

Not achieved	Partially achieved	Achieved
level <50%	level from 51 to 99%	level = 100%

Table 3. TB control intervention monitoring indicators

Name	Outcome		Achievement rating %
	Expected by NTP years 2019-2020	Obtained year 2019	
RR/MDR TB detection rate	Estimated by WHO 1300 [1200-1400] cases NTP: 83-85%	655 (599) cases or 51%	Partially 60%
Proportion of RR/MDR TB cases among new cases	16-15%	25%	Partially 64%
TB incidence (new cases and relapses)	Estimated by WHO 3500 [3000-4000] cases 95 [82-110] per 100 000*	2879 cases 72 per 100 000*	Partially 85%
TB notification rate (new cases and relapses)	70-65 per 100 000*	67 per 100 000* Right bank	Achieved 100%
		105 per 100 000* Left bank	Partially 67%
TB notification rate in prisons (new cases and relapses)	400-350 per 100 000	1100 per 100 000* Right bank	Not achieved 36%

<sup>10</sup> Government Decision no. 1160 dated 20 October 2016 on the approval of the National Tuberculosis Control Program (NTP) for the years 2016-2020  
<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367268&lang=1>



		1333 per 100 000* Left bank	Not achieved 30%
Proportion of TB cases detected in prisons upon entering the penitentiary system	14-12%	21% Right bank	Partially 67%
		16% Left bank	Partially 88%
Proportion of new TB cases detected by the physicians	> 90%	52% 1458/2809	Partially 58%
Proportion of examined contacts of the total contacts (including children ≤5 years)	> 90%	94% - total 93% - children	Achieved 100%
Ratio on the number of contacts investigated to new and relapses TB cases	Estimated range 5 - 15	2.8	Partially
Ratio on age group 0-4 to 5-14 years new TB cases	WHO goal 1.5-3.0	0.7	Not achieved 47%
Proportion of TB/HIV co-infection among TB cases (%)	5.5-5%	9% Right bank	Partially 63%
		17% Left bank	Not achieved 32%
Success rate among TB cases (new and relapses)	WHO goal 85%	85% Right bank	Achieved 100%
		74% Left bank	Partially 87%
Success rate among all RR/MDR TB cases, %	WHO goal 75%	57% Right bank	Partially 76%
		50% Left bank	Partially 67%

Source: SIME TB; WHO TB surveillance report 2019-2020,

NB: Republic of Moldova population is estimated at 4.043.258 people at mid-year according to United Nations data<sup>11</sup>

\*100 000 population

The first objective of the NTP 2016-2020 was to detect at least 85% of the estimated total number of RR/MDR TB cases by the end of 2020. According to WHO, it is estimated that in the Republic of Moldova, an average of 1300 cases of RR/MDR TB should be detected annually [range: 1200 – 1400]<sup>12</sup>, and about 3500 [range: 3000 – 4000] new TB cases and relapses should be reported. The latest available results reflect the detection of 655 (599)<sup>13</sup> RR/MDR TB and the notification of 2879<sup>14</sup> of new cases and relapses in 2019 (Table 3).

Thus, by analysing the available statistical data, we can determine that annually **an average of 600-700 TB cases would remain undiagnosed in Moldova, including RR/MDR TB.**

Within the process of identification two aspects were followed, such as detection of TB cases by the family doctor/primary health care and the examination of contacts. Although it was assumed that 90% of TB cases will be identified with the support of primary health care (PHC), only half (52%) were identified by PHC (**Ошибка! Источник ссылки не найден.**).

The health service examined over 90% of the **contacts** registered. At the same time, a person with TB, until being included in treatment, or being lost to follow up, could infect from 5 to 15 persons during one year<sup>15</sup>. Respectively, the ratio between the number of contacts examined (8031) and the number of

<sup>11</sup> United Nations; Department of Economic and Social Affairs Population Dynamics <https://population.un.org/wpp/Download/Standard/Population/>

<sup>12</sup> Tuberculosis surveillance and monitoring report in Europe 2020, Regional Office for Europe <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2020/tuberculosis-surveillance-and-monitoring-report-in-europe-2020>

<sup>13</sup> The WHO Global TB Data collection system, 2020 & SIME TB

<sup>14</sup> SIME TB: <http://simetb.ifp.md:8080/tbreps/IncidentReporting/Report1/Report1.aspx>

<sup>15</sup> <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

new cases and registered relapses (2879) is of 2.8. According to data from the National Bureau of Statistics<sup>16</sup>, the average number of persons per household in the Republic of Moldova is 2.7 in urban and 2.8 in rural areas. Thus, we can conclude that, for the most part, there were registered and examined in particular the contacts within TB families/households (Table 3).

**Tuberculosis in children** is often more difficult to identify and may remain undiagnosed or late diagnosed. Children between 0 and 4 years have the highest risk of contracting TB and therefore, TB cases occur more often in this group compared to the group aged 5-14 years. WHO's standards<sup>17</sup> emphasize that the ratio of these groups (0-4 : 5-14) should vary from 1.5 to 3.0. In the Republic of Moldova this ratio is 0.7 lower than that indicated in the WHO standards and suggests a low level of TB diagnosis among children (Table 3)<sup>18</sup>.

Some groups of people are at higher risk of getting sick and others require increased vigilance for tuberculosis, such as people in detention, people living with HIV or people with diabetes, etc.

NTP data also highlight **the burden of TB in the penitentiary system**, the incidence of new cases and relapses in 2019 being of 1100 cases per 100 thousand in the penitentiaries from the Right Bank and 1333 per 100 thousand prisoners in the penitentiaries situated on the Left Bank of the Dniester River (Table 3).

In order to ensure an **effective collaborative management between NTP and NAP**, WHO recommends HIV testing of all persons with TB, ensuring ARV treatment, systemic TB screening, preventive treatment for PLHIV<sup>19</sup>. In this regard, the target proposed by NTP to reduce TB/HIV co-infection to 5% was partially achieved (9%) on the right bank and not achieved (17%) on the left bank (Table 3) of the Dniester River. Data on **preventive treatment coverage among PLHIV** are limited: 76 PLHIV in 2017 and 812 in 2018<sup>20</sup>. Data on access to Risk Reduction Programmes (RRP) in phthisiopneumological institutions are not available.

Although only about 2% of patients with **TB and diabetes** are reported, a national study conducted<sup>21</sup> in 2016-2017 showed that glycaemic value characteristic of diabetes was recorded in 14% of TB patients. The World Diabetes Foundation<sup>22</sup> claims that in the Republic of Moldova, 43% of the estimated cases of diabetes remain undiagnosed. Therefore, this factor needs to be examined, with the establishment of specific interventions and the involvement of CSOs.

About 14% of new and relapses cases include **migrants**<sup>23</sup>. The migrants, in the most frequent cases, are part of groups of population whose vulnerability to the disease is quite high, and health services are less accessible, being directly or indirectly influenced by isolation, poverty, stigma, discrimination, etc.<sup>24</sup>. The guidelines<sup>25</sup> and national normative acts<sup>26</sup> place the migrants as a group at increased risk of TB disease.

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<sup>16</sup> National Bureau of Statistics of the Republic of Moldova: <https://statistica.gov.md/>

<sup>17</sup>Standards and benchmarks for tuberculosis surveillance and vital registration systems (WHO, 2014); Standard B2.3:

[https://apps.who.int/iris/bitstream/handle/10665/112673/9789241506724\\_eng.pdf;jsessionid=065B5FA96CD7485CBD2F2A3C87DA4742?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/112673/9789241506724_eng.pdf;jsessionid=065B5FA96CD7485CBD2F2A3C87DA4742?sequence=1)

<sup>18</sup> Analysis of the epidemiological impact of tuberculosis in the Republic of Moldova;

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0011/337853/Moldova\\_Epi\\_review\\_final.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0011/337853/Moldova_Epi_review_final.pdf?ua=1)

<sup>19</sup> WHO policy on collaborative TB / HIV activities: guidelines for national programmes and other stakeholders. Who, Geneva 2012;

[https://www.who.int/tb/publications/2012/tb\\_hiv\\_policy\\_9789241503006/en/](https://www.who.int/tb/publications/2012/tb_hiv_policy_9789241503006/en/)

<sup>20</sup> On-site assessment report of the TB grant implemented in the Republic of Moldova, March 2020

<sup>21</sup><https://www.worlddiabetesfoundation.org/sites/default/files/Moldova%20-%20Exploring%20the%20double%20burden%20of%20TB%20and%20DM%20in%20Moldova.pdf>

<sup>22</sup><https://diabetesatlas.org/data/en/country/163/md.html>

<sup>23</sup> SIME TB: <http://sime.tb.ifp.md:8080/tbreps/IncidentReporting/Report1/Report1.aspx>

<sup>24</sup> TB and Migration Portal, Tuberculosis in Migrants and Crisis-Affected Population (IOM, 2014) <http://tbandmigration.iom.int/publication/tuberculosis-migrants-and-crisis-affected-population>

<sup>25</sup> Systematic screening for active tuberculosis. Principles and recommendations (WHO, 2013) [http://www.who.int/tb/publications/Final\\_TB\\_Screening\\_guidelines.pdf](http://www.who.int/tb/publications/Final_TB_Screening_guidelines.pdf)

<sup>26</sup>The Order of the MoHLSP dated October 17th, 2017 on the implementation of the National Tuberculosis Control Programme for the years 2016-2020 [http://ftziopneumologie.asm.md/files/u1/ordin\\_783\\_din\\_11\\_10\\_2017\\_2\\_.pdf](http://ftziopneumologie.asm.md/files/u1/ordin_783_din_11_10_2017_2_.pdf)

The Optima Report estimates that the proportion of migrants has increased over the years, and they form a particularly hard to reach group for being identified and ensuring access to TB treatment<sup>27</sup>.

**Excessive/abusive alcohol consumption** increases the risk of developing TB, as well as the progression of TB. It is worth mentioning that the consumption of alcohol per capita (age over 15 years, in liters of pure alcohol) in the Republic of Moldova reaches the level of 15.5 liters, exceeding the average of the European region (9.8 liters). About 9-10% of TB new cases and relapses confirmed annually are people with chronic alcoholism, who are registered at the narcologist<sup>28</sup>.

In the roadmap for implementing the TB action plan for the years 2016-2020 in the European region<sup>29</sup>, the WHO established a success rate of 85% for TB new cases and relapses and 75% for MDR TB cases. In this regard, the Republic of Moldova obtained a success rate of 85% and 74% for new cases and relapses (drug susceptible TB), and 57% and 50% for cases with RR/MDR TB for the Right and Left banks, respectively (Table 3).

### **Priority directions for potential interventions of CSOs on both banks of the Dniester River**

- 1) TB detection, including RR / MDR in risk groups and increased vigilance;
- 2) Extension of contacts' examination, including children;
- 3) Information activities on vaccination and the importance of preventive treatment in children up to 5 years and PLHIV;
- 4) Treatment adherence programs, including community DOT and support for VOT;
- 5) Integrated detection, treatment, support and social reintegration activities for key groups (homelessness, detainees/former detainees, alcohol disorders, diabetes, migrants)
- 6) Collaborative activities for HIV and TB detection and adherence to HIV/TB treatment;
- 7) Removing stigma, discrimination and other barriers to accessing TB services.

**Focus group: Human Resources component.** Strengthening the capacities of human resources involved in TB control (action provided by Objective 5 of the NTP 2016-2020)

Within focus group discussions, it was mentioned about the lack of medical staff involved in TB control. The comparative analysis between 2016 and 2019 reveals the following aspects:

- Reduction by 15% of phthisiopneumologists, from 207 (0.6 to 10 thousand pop.) to 176 (0.5 to 10 thousand pop.), including the lack of phthisiopneumology doctors in some districts, the services being provided by phthisiopneumology doctors from neighbouring districts, by cumulating.
- Reduction by 8% of family doctors physicians, from 1735 (4.9 to 10 thousand pop.) to 1591 (4.5 to 10 thousand pop.)
- Reduction by 29% of epidemiologists, from 196 (0.6 to 10 thousand pop.) to 140 (0.4 to 10 thousand pop.)

Accordingly, the human resources within the CSOs and the community engagement would provide added value to the NTP interventions in achieving the objectives focused on risk groups and TB increased

<sup>27</sup> Ministry of Health, Labour, Social Protection, Burnet Institute, Chiril Drăganiuc Phthisiopneumology Institute, Center for Health Policy and Analysis, Health Project Implementation and Coordination Unit, SDC and World Bank. 2018. Optimizing investments in response to tuberculosis in the Republic of Moldova <https://www.pas.md/ro/PAS/Studies/Details/122>

<sup>28</sup>SIME TB: <http://simetb.ifp.md:8080/tbreps/IncidentReporting/Report1/Report1.aspx>

<sup>29</sup>Roadmap to implement the tuberculosis action plan for the WHO European Region 2016-2020. Towards ending tuberculosis and multidrug-resistant tuberculosis. Copenhagen: WHO Regional Office for Europe; 2016 <http://www.euro.who.int/en/publications/abstracts/roadmap-to-implement-the-tuberculosis-actionplan-for-the-who-european-region-20162020-towards-ending-tuberculosis-and-multidrug-resistanttuberculosis-2016>

vigilance and the mobilization of community actors (local public authorities (LPA), PHC, community leaders, volunteers, etc.).

### **Focus-group: Intervention component. Objective 7 of the NTP 2016-2020. Strengthening the engagement of community and CSOs in TB control through a patient-centred approach**

Despite the existence of a comprehensive objective in the NTP 2016-2020, its financial coverage was not provided from the public budget as planned, fact mentioned in the group discussions. It should be noted that the estimated budget for these interventions was MDL 101 mln. (about 3% of the total estimated amount for NTP implementation). The financing was carried out only in the amount of 42% of the estimated amount, the remaining 58% - either was not covered from the public budget although it was planned to, or it was initially estimated as a deficit.

It was also emphasised that indicators were also set to measure community involvement and to inform about the epidemiological situation and the needs for community involvement at national and territorial level in the implementation of NTP<sup>30</sup>. The data available for the first three years of implementation of NTP (year 2017<sup>31</sup> and year 2018<sup>32</sup>) outline the continuous decrease of the indicator **the proportion of TB patients assisted by NGOs for adherence to treatment**, which in 2016 was 22.7% (891 people), 2017 – 20, 7% (767 people) and 2018 – 17.2% (613 people). For 2019 and 2020 data are not available, but given the reduction in the number of CSOs implementing Small Grants program from the GF, we can assume a continuous decline.

Also, another mentioned intervention which was partially achieved, is the **elaboration of operational Procedures regarding the involvement of CSOs in TB Control**<sup>33</sup> and **Standards of involvement in TB control for CSOs**<sup>34</sup>. At the current stage, they are in the process of being approved for implementation through a normative act (to be mentioned the existence of a similar normative framework for CSOs involved in NAP).

**The TB patient charter**, necessary to be translated and disseminated during the implementation of NTP, is an intervention left aside, the "TB Charter" being unavailable to patients.

Among the interventions proposed for 2016-2020 is the development of the **Mechanism for monitoring the quality of services in TB in relation to TB patient's rights**. At the moment such a mechanism is not available, as mentioned by the representatives of CSOs. (See the Involvement for Identification Component.) Similarly, the access of the affected persons to legal aid services and/or strategic litigation mechanisms, available in the field of HIV, are not developed in the field of TB.

The implementation of **innovative communication tools through the information technologies to reduce stigma and discrimination** and the expansion of the use of Video Observed Therapy (VOT) for surveillance of anti-tuberculosis treatment, have been mentioned in a randomized study<sup>35</sup>. Thus, the piloting of VOT, through CSOs, as a way of supervision of treatment focused on the needs of the person was carried out in the Republic of Moldova in the period 2016-2017, 2018-2020 from the resources of external donors, being demonstrated the applicability and openness to be taken over, by the State, to ensure subsequent sustainability.

<sup>30</sup> Memorandum of collaboration between IFP IMSP "Chiril Draganiuc", facility responsible for coordinating activities within the NTP and Civil Society Organizations active in Tuberculosis Control, 2016.

<sup>31</sup> <https://msmps.gov.md/ro/content/nota-informativa-cu-privire-la-realizarea-programului-national-de-control-al-tuberculozei>

<sup>32</sup> SIME TB: [https://simetb.ifp.md/Download/tbreps.excel/raport\\_2018.pdf](https://simetb.ifp.md/Download/tbreps.excel/raport_2018.pdf)

<sup>33</sup> Standard operating procedures for involvement of CSOs in TB Control, developed with the support of the KAP Committee, from GF sources, CCM component

<sup>34</sup> CSOs involvement standards, developed from the sources of the regional grant TB-REP 2.0, GF

<sup>35</sup> Video observed therapy (VOT) and medication adherence for TB patients: RCT in Moldova <https://eri.ersjournals.com/content/early/2020/04/20/13993003.00493-2020>

**Stigma and discrimination** were reported as a barrier in accessing TB services, including diagnosis, treatment, but also in the period after completion of anti-tuberculosis treatment, social inclusion and employment/education after the disease. This fact is mentioned in several reports, evaluations and studies carried out in the Republic of Moldova, including those elaborated by the community. Thus, about 1/3 of the participants in a study felt stigmatized or discriminated because of illness and there is very little financial support especially for families where the diagnosed person was the main source of income in the family<sup>36</sup>. The conclusions of another study<sup>37</sup> showed that 23% of the households affected by TB **incurred catastrophic costs**; patients' incomes were reduced to zero during the treatment of TB in stationary conditions and 2.5 times after the completion of treatment; 14% of households lost their income after completing the TB treatment. Thus, the rehabilitation and social reintegration of people affected by TB could be considered an effective tool for reducing stigma and discrimination.

**Advocacy, communication and social mobilization (ACSM) strategy in TB control for the years 2018-2020**<sup>38</sup> was developed, but the proposed interventions with reference to CSOs have largely not been achieved. Data on the assessment of the implementation of the Strategy are not available. Stigma and discrimination continue to be mentioned as barriers to accessing services, completing treatment and social inclusion of those affected. In this regard, it is proposed for the future to carry out ACSM interventions through direct involvement of networks of Human Rights Organizations in partnership with CSOs providing services in the territory (community) by similarity with CSOs working in the field of HIV.

According to an assessment report<sup>39</sup> of TB NGOs from Moldova, it was concluded that **CSOs have an important and unique contribution, in their own way**, to TB control in the Republic of Moldova by working with socially vulnerable groups that the public sector has no possibility to cover otherwise. There are variations in the capacity of NGOs, but their major efforts and role need to be maintained and strengthened.

Once the **mid-term assessment of the NTP 2016-2020 has not been carried out**, these conclusions should be considered in the NTP for 2021-2025 in order to reflect both the planning of interventions, the involvement of CSOs and budgetary allocations.

## Challenges and successes in engaging CSOs in the national response to TB: opinions and visions

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In the Republic of Moldova there is a non-formal platform of TB NGOs (TB Platform) aimed at cooperating and exchanging information between active CSOs, including with the voting representation within the CCM<sup>40</sup>. In 2016, at the beginning of NTP 2016-2020, the **Memorandum of cooperation between NTP and CSOs active** in TB Control was signed. The KAP committee is another platform for dialogue between all affected communities and CSOs in the context of TB and HIV/AIDS. Both platforms tend to ensure that key groups affected by TB and HIV are provided with integrated, accessible, quality and acceptable health services, focused on the needs of the persons, and their interests defended and promoted in decision-making processes.

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<sup>36</sup> <https://smitmd.wordpress.com/2018/05/31/evaluarea-nivelului-de-satisfactie-a-pacientilor-cu-tuberculoza-in-raport-cu-serviciile-medicale-si-cu-suportul-comunitar-pe-perioada-tratamentului/>

<sup>37</sup> Assessment of multidrug-resistant tuberculosis associated catastrophic costs incurred by families/households in the Republic of Moldova

[https://www.researchgate.net/publication/321051278\\_Assessment\\_of\\_multidrug-resistant\\_tuberculosis\\_associated\\_catastrophic\\_costs\\_incurred\\_by\\_familieshouseholds\\_in\\_the\\_Republic\\_of\\_Moldova](https://www.researchgate.net/publication/321051278_Assessment_of_multidrug-resistant_tuberculosis_associated_catastrophic_costs_incurred_by_familieshouseholds_in_the_Republic_of_Moldova)

<sup>38</sup> Advocacy, communication and social mobilization strategy in tuberculosis control <http://pas.md/ro/PAS/Studies/Details/67>

<sup>39</sup> Assessment of non-governmental organizations (NGOs) involvement in TB control in the Republic Of Moldova, Sophie la Vincente Susanne Carai, 2017

<sup>40</sup> The TB field within CCM TB/AIDS is represented by 3 people : 1 Platform, 1 person affected by TB on both sides of the Dniester river <http://ccm.md/membri-cnc-tb-sida>

The GF contribution to the implementation of interventions through CSOs by grants included<sup>41</sup>:

- The support of CSOs in providing TB care services for KAP (PLHIV, IDUs, homelessness), including addressing legal and stigmatization barriers;
- Technical assistance to promote the revision of the framework for state funding of TB control interventions, for implementation by non-governmental actors (CSOs);
- Advocacy workshops at central and district level on the occasion of the World Tuberculosis Day in a number of selected localities, focused on increasing commitment and coordination for tuberculosis control among relevant actors.

Eleven CSOs (9 from the Right and 2 from the Left banks) were active during the years 2016-2017, their number being reduced to 4 (3 from the Right and 1 from the Left banks) by 2020. The amount allocated from the GF to CSOs for activities decreased by 61% towards 2020 compared to 2016 (Figure 1).

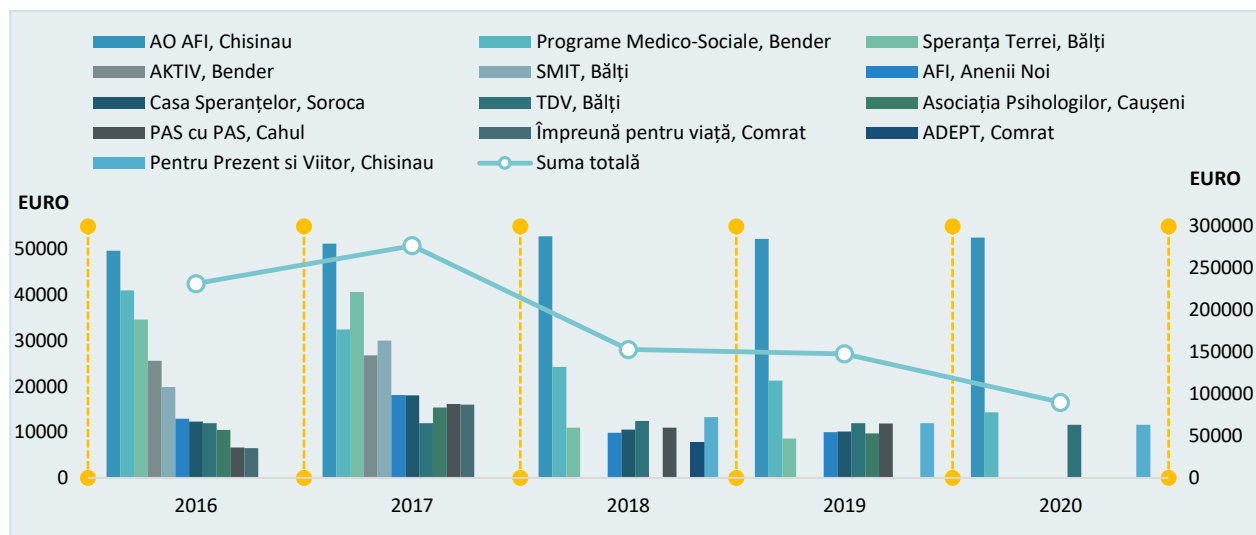


Figure 1. Funding of active TB CSOs, 2016-2020

The **reduction of funding and of the number of CSOs** active in TB was also mentioned during the group discussions.

The reduction in funding for CSOs has substantially affected the identification of cases through these providers. In 2016 and 2017, CSOs were involved in the active identification of TB cases, which resulted in the screening of 3108 people and the detection of 115 TB patients, a rate of 3700 per 100 000 population. In 2018 and 2019 CSOs have been examined 953 persons, diagnosing 23 people with TB – a rate of 2413 per 100 000 population. These data show that investigating fewer people leads to the detection of fewer TB cases with the potential to continue transmission of the disease in the community. The specific results obtained by the CSOs following the activities of active intensification of TB cases is reproduced in Figure 2, and which underlines **the need for activities aimed at TB case finding** in KAP<sup>42</sup>.

<sup>41</sup> On-site assessment report of the TB grant implemented in the Republic of Moldova, March 2020

<sup>42</sup> On-site assessment report of the TB grant implemented in the Republic of Moldova, March 2020

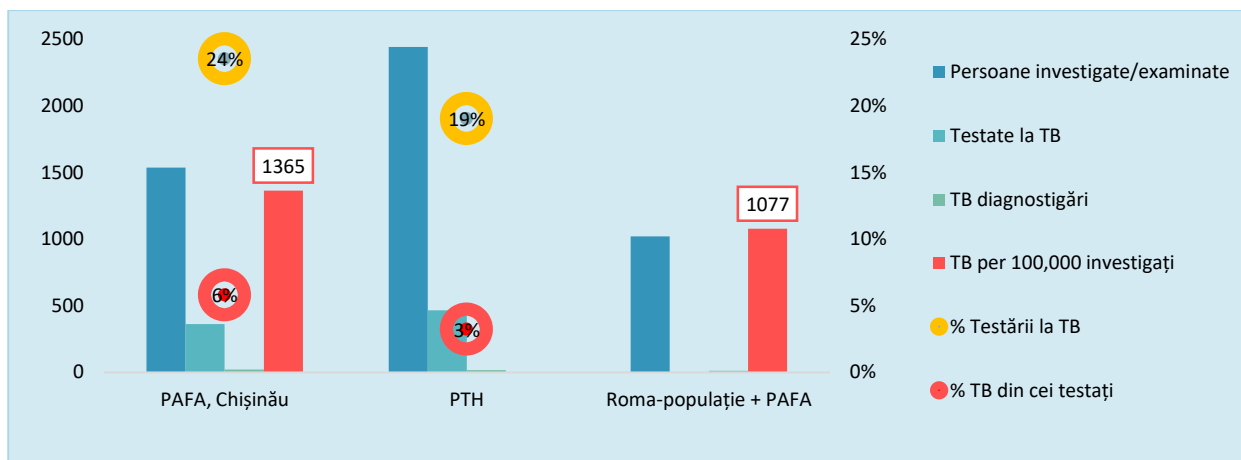


Figure 2. Results of active TB case identification activities in target groups carried out by CSOs

It should be noted that TB patients diagnosed by contacts' investigation made up 8-9%, and detainees, homelessness and IDUs accounted for 4-5% of all cases registered with TB in 2016-2018<sup>43</sup>. Similarly, if comparing with the interventions of CSOs working in the field of HIV, in addition to the basic package included, to improve HIV screening, a bonus/cost motivation system was developed for identifying a positive HIV case (about MDL 900 per case). Thus, TB interventions, including collaborative ones, could be improved by applying a similar stimulation mechanism for confirmed TB and/or HIV cases, thus being applied to both HIV and TB CSOs.

The screening through the mobile clinic 2018-2019, detected 166 TB patients, over 2,000 people were with TB sequelae on radiological examination<sup>44</sup>, which indicates an additional opportunity to identify TB cases and prevent further transmission.

Two CSOs (1 on the Right Bank and 1 on the Left Bank of the Dniester River) work with both detainees in detention and those being released from detention. Before being released from detention, CSOs provide this group with information on the importance of continuing TB treatment. In 2017-2019, 93% of detainees were informed about this issue and 65% could be supervised after being released<sup>45</sup>.

According to the same assessment report, it is mentioned that during their activities, CSOs have demonstrated their value in providing support services to TB patients. However, **current funding is also fragmented and short-term, with considerable risk of losing the capacity built up by CSOs over the years, as well as the relationship with KAP.** It is recommended to provide CSOs with a sustainable and long-term funding framework for TB services: activities in the active identification of TB cases, prevention activities, treatment for patients in KAP, awareness and advocacy to reduce stigma and discrimination, alignment or integration of HIV interventions, where possible and appropriate.

During the group discussions, the representatives of CSOs expressed their views and opinions on the challenges encountered in implementing the activities. The interventions of CSOs over the years have been focused on providing screening services, support for adherence and only fragmented in the field of ACSM, human rights or integration/alignment of HIV interventions. Respectively, it would be an opportunity to explore this aspect.

**Focus group. Communication component:** The representatives of CSOs expressed their opinions related to the challenges in the communication process concerning planning, participation and implementation

<sup>43</sup> Ibidem & SIME TB: <http://simetb.ifp.md:8080/tbreps/IncidentaReporting/Report1/Report1.aspx>

<sup>44</sup> Ibidem

<sup>45</sup> Ibidem

*of NTP 2016-2020 activities with the NTP coordination unit, the Principal Recipient and the Sub-recipients. Access to and participation in decision-making on the distribution and use of financial resources for the implementation of NTP interventions during 2016-2020*

During the discussions, CSOs mentioned the following challenges, such as:

- 1) Reduced involvement at the central level of some TB CSOs in identifying priorities and planning of NTP activities, more often such discussions being organized in collaboration with the PR (PAS Centre), SR (SOROS-Moldova Foundation) and larger CSOs.
- 2) Communication with the NTP Coordination Unit is characterized as different, from an interactive one to a limited one, sometimes formal with the selective involvement in dialogue only of some CSOs.
- 3) Participation of NTP representatives during regional meetings is considered a positive practice, which adds value to the community's efforts. In this context it is required to be continued and carried out regularly.
- 4) NTP jointly with SR (SOROS-Moldova Foundation) set priorities for providing Small Grants, including selection of territories and approval of activities, with little attention to organizational planning and management issues within CSOs, but also human rights in the context of TB.
- 5) Communication with PR (PAS Centre) was uneven. In the perception of CSOs, the orientation on reaching the grant targets, through the implementation and monitoring of some activities specific to governmental sector, such as the GeneXpert diagnostic method, monitoring of Community Centres, has positioned the PAS Centre at the level of implementing agency with some gaps in communication with service-provision CSOs.
- 6) Access to and participation in the decision-making on the availability of financial resources of NTP 2016-2020 was provided only for the co-financing part of the GF, discussions were held within the TWG and the CCM, which include CSOs and community representatives.

**Focus group. Component on involvement in identifying priority interventions.** The representatives of CSOs expressed their opinions on *determining priority areas/interventions for community engagement in the implementation of NTP 2016-2020*

- 1) Involvement of CSOs was determined resulting from the NTP activity priorities in key and hard-to-reach groups and from the availability of financial resources. Thus, the priority areas were: TB detection in risk groups, homelessness, IDUs and referral to PHC and/or phtziopneumology service of people from risk groups and increased vigilance for TB.
- 2) Proposals and the approval of interventions are carried out in particular at the level of the Grant Proposal Jury Committee, organized by the SR (SOROS-Moldova Foundation). The representative of CSOs is not a member of this Committee and/or has not been invited to participate in the process, this being perceived as non-transparent to a large part of the community.
- 3) The possibilities of carrying out activities in the field of TB through co-financing were mentioned. It was emphasized that, in the case of the presence/existence of co-financing (NTP/development partners, GF, CSOs, etc.), it is expressly noted the openness of LPA for contribution in order to achieve common goals.
- 4) Funding interventions for a period of more than one year would provide sustainability to local partnerships and contribute to increasing the trust in CSOs and the whole health system from people affected by TB and other community actors.



**Focus group. Component on involvement in identifying challenges in implementing the activities.** The representatives of CSOs expressed their opinions *regarding their involvement in identifying the challenges they faced in the implementation of NTP 2016-2020.*

- 1) The involvement of people affected by TB and of smaller CSOs needs to be strengthened. The dialogue on the identification of the problems faced by CSOs is carried out in particular at the level of TWG TB and in the light of territorial epidemiological indicators.
- 2) It was noted by some CSOs, the fear of reprisals or later lack of funding (grant) if they directly expose the problems of advocacy, invoking violations related to the rights of people with TB or the work of medical staff (modalities of providing incentives, non-compliance with DOT, interruptions in insurance with medicines, private PHC involvement, etc.)
- 3) The involvement of CSOs in the community DOT remains a challenge, and to date is not institutionalised as a service, although good practices through medical staff in some groups (homelessness) exist.
- 4) VOT was successfully tested with the involvement of CSOs in the Republic of Moldova in partnership with NTP as a method of supervision of treatment focused on the people needs. The expansion and takeover by NTP with the support of GF, creates a good premise for sustainable institutionalization, and the role of CSOs could be found in information, continuous support at community level for medical providers and patients.
- 5) The beneficiaries of CSOs programs (people with TB and their families) often face problems that require legal assistance. The way/opportunity to provide or refer for legal assistance (elaboration of documents, labour disputes, criminal and administrative files, discrimination, employment etc.) is not defined. In the field of HIV there are cases of resonance that through strategic litigation have contributed to media coverage and promotion of PLHIV rights, whereas in TB such interventions were not registered.
- 6) There is a problem of accompanying people with TB released from detention, released directly from the courtroom or those who may disappear due to outstanding fines, and these factors prevent CSOs from ensuring monitoring. Likewise, the capacities of medical and non-medical staff in prisons need to be increased with a view to multidisciplinary approach (screening, treatment, support and preparation for release).
- 7) Stigma and discrimination against people affected by TB and their families, including children, remains a problem and involves long-term interventions to change attitudes at community and societal levels. CSOs interventions to alleviate such situations occur in particular ad-hoc, and long-term/sustainable and measurable actions for CSOs in this direction do not exist.
- 8) Rehabilitation and social integration of people affected by TB remain an unaddressed topic. People often lose their jobs, face poverty and difficulties and could condition the increase in crime rates, and in some cases, the most serious issues might begin after the completion of treatment.
- 9) The problems of homelessness affected by TB are frequently referred by the health system to the CSOs, but support/intervention mechanisms (case management) do not exist, a fact which leads to the loss of patients at the transfer stage from inpatient treatment to outpatient treatment. Temporary placement centres for homelessness with TB are inaccessible due to their disease.
- 10) Roma people from localities with compact domicile continuously require education, information, screening and support for adherence to treatment (including through the involvement of community mediators). There have been some practices in this area, but due to the reduction in funding, activities aimed at this group are not found.

- 11) People from residential institutions, such as Centres for temporary placement of people with disabilities, would require targeted interventions for TB activities, including staff training on infection control measures. Similarly, people with disabilities in the community and elderly people with chronic diseases may have reduced access to TB diagnostic and home-based treatment services.
- 12) Migrants and Centres for Placement of Foreigners could become a new area to improve TB control activities.
- 13) Development and implementation of gender-specific services in TB.

## Challenges identified in TB Control and community engagement opportunities: visions of CSOs

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The TB burden, as well as the impact of stigma and discrimination in the society influence both the individual and the programme level. The analysis based on the multidimensional aspect highlighted a number of current challenges for both sides of the Dniester River, such as:

- 1) **Reserves at the level of TB detection.** Annually in the Republic of Moldova, about 600-700 cases of TB and RR/MDR TB are not detected. The rate of examination of contacts (remote) remains a challenge. Vulnerable groups such as: children up to 4 years old, people living with HIV, people with diabetes, people with alcohol abuse disorders, migrants, homelessness, detainees remain a priority for targeted interventions. In this context, CSOs are well positioned to engage in intensive/active detection activities not only for tuberculosis, but also for the provision of integrated detection services.
- 2) **Limitation in ensuring continuity of treatment** – a challenge that directly influences the burden of TB in the country. CSOs play an important role in providing support services for TB patients. An important practice, worthy of praise, is the provision on the Right bank of the Dniester River of the motivational support for adherence to treatment through National Health Insurance Company (NHIC) (public budget). Unfortunately, such support is not available to patients on the Left bank (of the Dniester River) and it is necessary to ensure through the GF application and continuous advocacy, taking over the intervention from, the de facto budget, of the self-proclaimed region. Similarly, the funding of multidisciplinary teams on the Left bank of the Dniester River for the Community Centres needs to be continued in order to provide the necessary support to the affected people in the region.
- 3) **The progress reports of NTP are partially available.** Communication between the central level (NTP, PR, SR) and CSOs needs to be strengthened. The NTP jointly with the SR set priorities for the provision of Small Grants, including the selection of territories and approval of activities. At the same time, such an approach reduces community involvement if there is no CSOs in the territory or the locality is not on the priority list for interventions. It is considered important to identify clear ways of community selection and involvement for interventions. Consistent transmission and consideration of feedback through various channels is also required to ensure a participatory and transparent dialogue.
- 4) Insufficient communication between implementing partners, **decreased funding of the activities of CSOs** in the TB Platform, without establishing alternatives for CSOs, has led to a dramatic reduction of the number of CSOs which provide services, from 11 to 4 in 2020.
- 5) **The NTP support in the development of Local TB Control Programs (LTP)** is crucial. The co-financing of NTP, at the national level, for the implementation of LTP is not outlined, therefore, a limited number of LTP provide for or establish in the LTP co-financing or budgets possibilities for the implementation of interventions. The openness of the LPA to allocate resources/co-financing for the

implementation of TB programmes is much higher in the case of the presence/existence of co-financing (NTP/ development partners, CSOs, etc.). Community mobilisation activities, in this regard, do not include funding from the GF.

- 6) **Urgent need to adopt** and implement the documents (**standards, procedures, mechanisms, etc.**) related to interventions that can be carried out by **CSOs**. They are essential for carrying out activities at community level and funding from the public budget (NHIC or through grants provided by MHLSP).
- 7) **The Incentives System** for medical staff for TB detection, DOT and successfully treated TB people needs to be improved, unified and available to all government and non-governmental service providers, based on qualifications and eligibility criteria (financial incentives directly to the individual, not distribution per team).
- 8) **The mechanism for the provision of integrated TB detection and care services** and other diseases is not developed, the problem being also relevant for CSOs working in the field of HIV, which have integrated TB screening intervention into the package of services. The expansion of the bonus system for TB and/or HIV detected case for all CSOs will add value to collaborative interventions.
- 9) **Preventive treatment of TB** requires to be extended, including through increasing information and education.
- 10) **Community involvement in the deinstitutionalization of children** affected by TB (TB rehabilitation centers/sanatoriums) and **case management** at community level/social assistance/LPA is not developed.
- 11) **The referral system for legal assistance** for people with TB is lacking. **Stigma and discrimination** are reported throughout the entire period of treatment, but also in the post-treatment period and reintegration into society and/or work.
- 12) **Integrated services** for TB and other diseases detection (HIV, diabetes, etc.), treatment and care are not developed.
- 13) The current **funding of CSOs is fragmented, and short-term**, with considerable risks of losing capacity and resources accumulated over the years, with the support of development partners, in particular GF. Funding the interventions of CSOs is key in the implementation of activities, especially in KAP groups often with limited access to TB diagnosis, treatment and care services. The sustainability of the interventions carried out by CSOs, including from the public budget, is vital to ensure continuity of access to services for key groups.
- 14) Identification of a support and financing mechanism for CSOs in the eastern region for the last 2 years of activity NTP 2021-2025 and the programs carried out in the penitentiaries of both banks of Dniester River.

## Engagement of CSOs in the development of the National Tuberculosis Program for the years 2021-2025 and the Country Application for the Global Fund: comments, suggestions, interventions, planning

### **Focus group.** Comments regarding the involvement in identifying priorities for NTP 2021-2025

The participants in the group discussions have mentioned about a transparent dialogue by including the representatives of CSOs in the teams of TB and HIV TWGs responsible for writing the NTP and the Application for Funding to the GF, approved by the order of MHLSP (including during CRG TA). The manner and possibility of presenting the position of CSOs involved in providing the services themselves

and the needs of the communities is established. The dialogue between CSOs to identify gaps and priorities is one that requires continuous and sustainable development, which at the current stage does not equally involve CSOs, either it is underdeveloped, some CSOs are more inactive, or only a small number of CSOs remain active in the field of TB as funding decreases. Stigma and discrimination associated with the disease make the TB community limited (as compared to the PLHIV community).

It was mentioned that there is a good practice of working with CSOs on community involvement in research and development in the implementation of clinical trials, this being found in the intermediate version of the NTP 2021-2025, and this being mentioned as a component of community mobilization and capacity building of CSOs in this area.

With reference to the priorities needed to be included in the NTP 2021-2025, the following views of CSOs were outlined:

- 1) The NTP 2021-2025 project includes specific objectives and interventions regarding the involvement of CSOs in Disease Control and care, as well as the NTP 2016-2020 being based on the End TB Strategy<sup>46</sup>.
- 2) There is openness from NTP and TWG in the development of the new NTP to the interventions proposed by the CSOs, and all proposals received are accepted.
- 3) At the same time, the biggest challenges relate to (1) implementation, (2) expertise on the necessary activities from CSOs and (3) funding to ensure continuity of services for affected persons (4) alignment with interventions and approaches of CSOs in the field of HIV with the maintenance of TB specifics (only 3 key groups in HIV and several risk groups and increased vigilance in TB).
- 4) There is currently a lack of funding practices for CSOs from the public budget, and the Application for Funding to GF remains among the few opportunities to maintain the interventions of CSOs in the field of TB. The dialogue with the NHIC in order to speed up the financing of the activities from the prevention fund needs to be intensified.

**Focus group.** Comments with regard to the activities, additional interventions that need to be included in the NTP 2021-2025

- 1) Adjustment and/or update of performance indicators for the TB detection and treatment within the PHC by offering the direct incentive to the person who has detected the TB case and who has completed the DOT, for both governmental and non-governmental providers.
- 2) Inclusion of rehabilitation and social reintegration activities of TB persons.
- 3) Inclusion in the NTP budget of LTP funding and centralised distribution of resources to the NTP with increasing role of CSOs and LPA at community level.
- 4) Strengthening the capacities of communities and CSOs, including the sustainability and organizational management.

**Focus group.** Comments regarding the involvement in identifying priorities for the Country Application for GF Funding 2021-2023

The priorities for funding under the Country Application are decided within the TWG specially created for this purpose, including with the participation of CSOs, but also during the additional TWG-TB discussions of the CCM. Based on the country approach, the interventions proposed and subsequently included in the Application should be based on the NTP 2021-2025 project. At the same time, the

<sup>46</sup>The End TB Strategy (WHO) <https://www.who.int/tb/strategy/end-tb/en/>

insufficient resources of the public budget create premises for "*competition*" between the priorities of the interventions formulated by the CSOs and the interventions formulated by the NTP Coordination Unit and the decision to be taken for those activities that will be included in the application to the GF.

Below, the preliminary agreed for CSOs interventions within TWG-TB dated 27 May 2020 are listed:

1. Grants for detection and adherence (both banks of the Dniester River);
2. Grants for peer support (both banks of the Dniester River);
3. Grants for homelessness and for follow-up/adherence detainees (both banks of the Dniester River)
4. Incentives for TB patients in treatment (Left Bank of the Dniester River)
5. Support for multidisciplinary teams from 3 Community Centres (Left Bank of Dniester River)
6. Training courses/trainings for CSOs, international events and trainings;
7. ACSM (informational materials, patient's Charter, KAP studies, etc.);
8. Extension of VOT

However, during the group discussions the following was mentioned:

1. The interventions for CSOs are quite limited.
2. There is no clarity regarding the allocated amount and the method of calculating the Grants for CSOs;
3. A risk and a challenge remain the return/revival of CSOs that currently do not implement TB grants.

**Focus group.** Comments regarding the additional activities that are requested to be included in the Application for GF Funding

As a result of the group discussions, a number of interventions requested to be included in the Country Application for GF were outlined, but also suggested to complement the interventions planned in the NTP 2021-2025, including their costing. Therefore, the proposed activities and interventions are the following:

- 1) Continuing the TB detection activities in KAP with the expansion of groups with limited or hard-to-reach access to services** (homelessness, IDUs, detainees/former detainees, migrants, Roma community, people with alcohol abuse disorders, people with disabilities, elderly people and other vulnerable groups) with reduced access to PHC, through the support of CSOs at community level.
  - a) Grants with clear distribution per group, number and territory
- 2) Reducing legal barriers, stigma and discrimination in the context of TB**
  - a) Legal support and strategic litigation;
  - b) Creation/expansion of networks of paralegals and CSOs for reference to legal aid;
  - c) Training of service providers (CSOs, medical staff) in the field of TB and human rights (HR);
  - d) Monitoring and evaluation of access and quality of TB services in relation to HR, including through informational systems;
  - e) Annual campaign (1-10 December) on TB and HR;
  - f) Training of non-medical prison staff in TB control;
  - g) Conducting operational research on barriers, stigma/discrimination, gender related aspects;
  - h) Grants of CSOs in reducing stigma and discrimination. It is proposed for the future to carry out ACSM interventions through the direct involvement of networks of Human Rights Organizations in partnership with CSOs in the territory;
  - i) Grants of CSOs for the rehabilitation and social reintegration of people affected by TB.

### **3) Development of integrated support programs and partnerships at community level with increased role of LPA in TB control**

- a) Methodological support and expertise, including the participation of CSOs, to assess the TB situation at community/regional level and to identify opportunities for the involvement of CSOs in the implementation of NTP 2021-2025 and the selection of pilot territories;
- b) Methodological support and expertise, including the participation of CSOs, in the development of new LTP;
- c) Express inclusion and provision of financial resources in the (state) budget of NTP for the co-financing of NTP and proposal of pilot districts with annual gradual extension;
- d) Grants for LPA in best practices for involvement of TB control;
- e) Training of representatives of LPA in TB control;
- f) Increasing community involvement in the management of children affected by TB and promoting alternatives to their institutionalization;
- g) Implementation of the community DOT through CSOs based on the single costing of the service;
- h) Community-level information/support services for patients and healthcare providers in the implementation of VOT;
- i) Motivation costs (incentives) for identifying TB and HIV cases (experience of HIV CSOs).

### **4) Strengthening the capacities of communities and CSOs, including the sustainability and organizational management**

- a) Carrying out operational, community-based research on the needs of people affected by TB
- b) Carrying out operational, community-based research on the impact of CSOs in providing services to people affected by TB;
- c) Advocacy at local (LPA, public and private PHC etc), national (NTP, MHLSP, Government, Parliament etc.), international (NGO networks, WHO, United Nations organizations etc.) levels;
- d) Capacity-building of CSOs to ensure the sustainability of TB programmes in vulnerable groups, including increasing and diversifying the funding of the activities of CSOs in the TB Platform, both from national and international sources (e.g. community fundraising on the 50% co-financing model of the amount collected) for five CSOs;
- e) Ensuring organisational assessments with recommendations on enhancing sustainability for five CSOs;
- f) Technical support for attaining accreditation for social and medical services in the field of HIV, RRP and for social and medical services in the field of TB (after elaboration);
- g) Capacity building for the development of local TB and HIV control mechanisms (training, working sessions, campaigns, etc.);
- h) Technical assistance in the field of TB control at regional level for five CSOs in identifying the strategic directions of involving the 3-year period (NTP and CSOs and local community interventions).

#### **Focus group. Expectations of CSOs regarding the collaboration with LPA and NTP**

- 1) Understanding and recognition of contribution of CSOs in TB control.
- 2) Openness for conducting advocacy and community mobilization activities at both central and local levels.
- 3) Clear and sustainable funding mechanisms for CSOs activities.

- 4) Assessing the challenges arising in the implementation of interventions and establishing a constructive and participatory dialogue, on a regular basis, with the involved actors, including the community.
- 5) Empower the LPA by providing financial support for interventions in TB control.
- 6) Multidisciplinary approach, proactive and integrated involvement in TB and HIV control, including in detention.
- 7) Transparent, peer-to-peer dialogue with the partners implementing the NTP.

Table 4. NTP activities, which are a priority for CSOs/community

Activity/Intervention	Estimated NTP (MDL)	GF (MDL)	NHIC or LB* (MDL)	Comments	M&E indicators
<b>Education, information and detection activities, interventions for adherence to treatment, accompaniment, etc.</b>					
<p><b>Small grants:</b> Ensuring the detection of persons from the KAP: PLHIV, homelessness, IDUs and other vulnerable groups with limited access to PHC, with SCOs support at the community level</p>	7.500.000 years: 2021-2025	600.000 years: 2021-2023	NHIC 6.600.000 years: 2021-2025	<p><b>NTP:</b> Intervention 1.1.5 At the moment in the budget of NTP it is indicated the amount of 300.000/per year for the period financed from GF sources.</p> <p><b>Proposals:</b> 1) 1) It is requested the redistribution through the mechanism of passing gradually to funding from MHIF/NHIC sources: - for 2021 – 750,000 (GF) and 750,000 (NHIC) - for 2022 – 500,000 (GF) and 1,000,000 (NHIC) - for 2023 – 300,000 (GF) and 1,200,000 (NHIC) 2) To include the TB and/or HIV case detection bonus. 3) Estimated cost = (cost per case ~ 900 MDL) * (150 TB cases + 50 HIV cases) *3 years = 540.000 MDL 4) Small grants will be for both banks of the Dniester River.</p>	- no. of implemented grants - % of patients detected with the support of SCOs per groups (PLHIV, IDUs, homelessness adult, etc.)
<p><b>Small grants:</b> Ensuring the detection of persons from the KAP: Roma, migrants, persons with disabilities and other vulnerable groups with limited access to PHC, with SCOs support at the community level</p>	0	0	0	<p><b>NTP:</b> In NTP this intervention is missing</p> <p><b>Proposals:</b> 1) It is requested the delimitation of Roma and migrant populations in separate intervention. 2) Taking into consideration approximately 3000 beneficiaries per group, it is requested to include 3 Grants of about 10.000-15.000 Euro per grant (or ~ 200.000-300.000 MDL) 3) Estimated cost = (cost per case ~ 900 MDL) * (150 TB cases + 50 HIV cases) *3 years = 540.000 MDL 4) Small grants will be for both banks of the Dniester River.</p>	- no. of implemented grants - % of persons detected with the support of SCOs per groups (Roma, migrants, etc.)
<p><b>Small grants:</b> Carrying out activities through small grants for education, information, interventions for increasing the adherence to treatment, accompaniment and support to persons who completed the treatment</p>	7.442.290 years: 2021-2025	3.478.714 years: 2021-2023	NHIC 3.963.576 years: 2024-2025	<p><b>NTP:</b> Intervention 6.5.2.1 <b>Proposals:</b> It is requested that in the present intervention the DOT Service provided by CSOs to be provided with costing, to be approved and integrated, as well as the CSOs support for VOT. Including local advocacy activities</p>	- no. of implemented grants - % of persons assisted for adherence from the total number of patients-cohort in the territory



in order to prevent relapses (Right Bank of the Dniester River)					
<b>Small grants:</b> Carrying out activities through small grants for education, information, interventions for increasing the adherence to treatment, accompaniment and support to persons who completed the treatment in order to prevent relapses (Left Bank)	2.153.704 years: 2021-2025	965.061 years: 2021-2023	LB*/Left bank  1.188.642 years: 2024-2025	<b>NTP:</b> Intervention 6.5.2.1 <b>Proposals:</b> It is requested that in the present intervention the DOT Service provided by CSOs to be provided with costing, to be approved and integrated, as well as the CSOs support for VOT. Including local advocacy activities	- no. of implemented grants - % of patients assisted for adherence from the total number of patients-cohort in the territory
<b>Small grants:</b> Strengthening TB control in penitentiary institutions, accompanying and supporting the persons released from detention with a view to ensuring continuity of treatment, including through the involvement of CSOs	6.413.996 years: 2021-2023	6.413.996 years: 2021- 2023	0	<b>NTP:</b> Intervention 6.6.1.1 <b>Comments:</b> In NTP budget there is no clarity regarding the left bank. <b>Proposals:</b> It is requested to clarify whether the estimated amount includes the Left Bank of the Dniester River too.	% accompanied former detainees
<b>Reducing legal barriers, stigma and discrimination in the context of TB</b>					
<b>Operational Research</b> Operational research "Documenting the access barriers (financial, stigma, human rights, gender)"	256.000 year: 2022	256.000 year: 2022	0	<b>NTP:</b> Intervention 6.5.3.1. A sociological company will be contracted for developing the operational research "Documenting the access barriers (financial, stigma, human rights, gender) and estimating the quantity of KAP" <b>Proposals:</b> do not exist	Operational research developed
<b>Trainings/events:</b> Round table aimed at discussing the results of operational research on access to services and establishing an action plan	49.600 year: 2022	49.600 year: 2022	0	<b>NTP:</b> Intervention 6.5.3.2 <b>Proposals:</b> do not exist	Event realized
<b>Consultancy/services:</b> Revising the normative acts for removing barriers to accessing services found in the framework of operational research	71.700 year: 2022	71.700 year: 2022	0	<b>NTP:</b> Intervention 6.5.3.3. 3 national consultants will be contracted (MHLSP, lawyer, NGO representative) <b>Proposals:</b> do not exist	Consultancy report developed
<b>Consultancy/services:</b> Carrying out the exercise of estimating the quantity of KAP	47.800 year: 2022	47.800 year: 2022	0	<b>NTP:</b> Intervention 6.5.3.4. 2 national consultants will be contracted <b>Proposals:</b> do not exist	Consultancy report developed KAP estimated

<b>Small grants:</b> CSOs in reducing barriers and ensuring key groups' access to TB services	1.766.223 years: 2021-2023	1.766.223 years: 2021-2023	0	<b>NTP:</b> Intervention 6.5.4.1. 588,741 MDL per year are estimated (2021-2023) <b>Proposals:</b> Small grants will be for both banks of the Dniester River	- no. of implemented grants - % of TB patients detected per key groups
<b>Small grants:</b> CSOs for rehabilitation and social reintegration of people affected by TB; reducing stigma and discrimination	0	0	0	<b>NTP:</b> it is not included <b>Comments:</b> potential beneficiaries – about 2000 people <b>Proposals:</b> It is required to be included at least 3 small Grants per year for the implementation of NTP with a value amounting 15.000 - 20.000 EURO per grant (or ~ 300.000-400.000 MDL) Small grants will be for both banks of the Dniester River	- no. of implemented grants - % of reintegrated persons (out of the no. of assisted persons)
<b>Consultancy/services:</b> Legal support and strategic litigation	0	0	0	<b>NTP:</b> it is not included <b>Proposals:</b> It is required to include in the budget 20.000 EURO for strategic litigation (1 case = 2000 Euro; in 3 years = 10 cases) and 72.000 EURO for legal support (2 lawyers X 1000 Euro/per month X 3 years). Total amount: 92.000 EURO (~1.840.000)	- no. of litigated cases - % of TB patients offered legal support
<b>Consultancy/services:</b> Consultancy for the elaboration of the methodology of identification and reference to legal assistance. Creation / extension of legal networks and CSOs for reference to legal aid	0	0	0	<b>NTP:</b> it is not included <b>Comments:</b> 2 national consultants for developing the methodology of identification and reference (1 lawyer, 1 doctor); <b>Proposals:</b> Consultancy 3000 EURO (100 EURO *2*5 days*3 years) (or ~ 60.000 MDL)	- Methodology elaborated - Existing network of para-lawyers
<b>Trainings/events:</b> Training of service providers (CSOs, medical staff) in the field of TB and human rights	0	0	0	<b>NTP:</b> it is not included <b>Comments:</b> 3 events (1 initial training; 2 annual round tables for monitoring) <b>Proposals:</b> trainings/events = 4.500 EURO (1500 EURO*3 events) (or ~ 90.000 MDL)	1) no. of conducted events
<b>Consultancy/services:</b> Developing and implementing mechanisms for monitoring the quality of TB services in relation to the respect of patient's rights	70.540 years: 2021-2023	70.540 years: 2021-2023	0	<b>NTP:</b> Intervention 6.7.3.2. It is assumed 1 national consultant and 1 annual training course = 23,513/per year <b>Comments:</b> It is requested to complete the activity with joint monitoring visits and the writing of the annual report with public presentation close to the period of Human Rights days (1-10 December) <b>Proposals:</b> (15 EURO per visit *45 territories * 1 person) *2 visits per year *3 years = 4000 EURO (or ~ 81000 MDL)	- Mechanism elaborated - no. of common visits conducted - Annual Report developed
<b>Trainings/events:</b>	0	0	0	<b>NTP:</b> it is not included	Event realized

Annual campaign (1-10 December) on TB and human rights				<b>Comments:</b> one event per year <b>Proposals:</b> 5000 EURO * 3 = 15000 EURO (~ 300.000 MDL)	
<b>Consultancy/services:</b> Translation and printing of TB Patient's Charter and Declaration of the Rights of People Affected by Tuberculosis	30.600 year: 2021	30.600 year: 2021		<b>NTP:</b> Intervention 6.7.1.1. - 7500 copies <b>Proposals:</b> do not exist	TB Patient's Charter and the Declaration of the Rights of People Affected by Tuberculosis edited and disseminated
<b>Consultancy/services:</b> Development of collaborative partnerships at community level through the involvement of CSOs and LPA	47.413 year: 2021	47.413 year: 2021	0	<b>NTP:</b> Intervention 4.1.2.1 and 4.1.2.2: 1) Developing a collaborative partnership mechanism at community level through the involvement of CSOs and LPAs, costing MDL 23,900. In fact, the present intervention includes national consultancy for elaborating the mechanism. 2) Meetings on the multisectoral accountability mechanism, costing 23,513 MDL. <b>Comments:</b> With reference to the second intervention – the detailed costing reflects that only one round table is budgeted here with the participation of 20 persons (including the national consultant) for the presentation of the elaborated mechanism. <b>Proposals:</b> to replace with: 1) Methodological support and external expertise, including the participation of CSOs, for assessing the implementation of NTP 2016-2020 and the selection of pilot territories for Small Grants. 2) Methodological support and external expertise, including the participation of CSOs, for developing new LTPs. 3) Estimated cost = 1 consultant * 15 EURO * 3 days * 45 no. of territories = 2025 (~ 40.500 MDL)	- Mechanism elaborated - NTP Assessment Reports developed - no. of NTP assisted with methodological support
<b>Trainings/events:</b> Competitions at LPAs level for the best plan for informing the population about TB	102.000 years: 2021-2023	102.000 years: 2021-2023	0	<b>NTP:</b> Intervention 5.2.1.4. 34.000MDL/annually <b>Comments:</b> Expressly providing and offering financial resources in the NTP (public) budget for co-financing the LTP and proposing pilot programs being annually extended.	no. of winning LPA
<b>Small grants</b> For LPA with best practices in TB control engagement	0	0	0	<b>NTP:</b> not included <b>Proposals:</b> It is required to be included at least 3 small Grants per year for the implementation of NTP with a value amounting 8.000 - 10.000 EURO (~ 160.000 – 200.000). Small grants will be for both banks of the Dniester River	no. of LPAs that implement Grants

<p><b>Consultancy/services:</b> Development of a data exchange algorithm between NTP and CSOs</p>	23.900 year: 2022	23.900 year: 2022	0	<p><b>NTP:</b> Intervention 6.7.3.3. 1 national consultant is supposed to be involved <b>Comments:</b> It is requested to adjust SIME TB, SCOs training, events which would include validation/round tables) <b>Proposals:</b> 1) Starting developing the algorithm from 2021 2) Trainings/events = 4.500 EURO (1500 EURO*3)</p>	<p>- Algorithm developed - Trainings/events conducted - Validation Reports elaborated</p>
<p><b>Consultancy/services:</b> Providing integrated prevention and support service platforms for persons affected by TB with other co-morbidities at CSOs and community levels</p>	0	0	0	<p><b>NTP:</b> For this activity there are 3 interventions included 1) Ensuring the platform of integrated prevention and support services for IDUs at CSOs and community levels. 2) Ensuring the platform of integrated prevention and support services for PLHIV at CSOs and community levels. 3) Ensuring the platform of integrated prevention and support services for HA at CSOs and community levels. <b>Proposals:</b> It is requested to be included at least 3 small Grants per year for the implementation of NTP with a Grant value amounting to 10,000-12,000 EURO (~ 200,000-240,000 MDL)</p>	<p>1) no. of implemented Grants 2) % of persons with integrated services per groups (PLHIV, HA, IDUs)</p>
<p><b>Strengthening the capacities of communities and CSOs, including the sustainability and organizational management</b></p>					
<p><b>Trainings/events:</b> Training on TB control activities for staff who provide non-medical services: CSOs, outreach and peer-to-peer, psychologists and case managers, supporters through trainings, exchange of experience, participation in conferences, duty trips, etc.</p>	141.080 years: 2021-2023	141.080 years: 2021-2023	0	<p><b>NTP:</b> Intervention 6.3.5.1. 2 training courses per year are supposed to be conducted (2021-2023) * 23513 (cost for one course) <b>Proposals:</b> 1) Increasing the number of training by including LPAs representatives and the staff of penitentiary system 2) It is proposed to organize 3 courses/per year 3) Amount = ~ 70.050 MDL (23513*3)</p>	<p>no. of trainings conducted</p>
<p><b>Trainings/events:</b> Training on TB control activities for staff who provide non-medical services: CSOs, outreach and peer-to-peer, psychologists and case managers, supporters through trainings abroad</p>	181.293 years: 2021-2023	181.293 years: 2021-2023	0	<p><b>NTP:</b> Intervention 6.3.5.2. It is proposed to conduct one training/per year * 60430 (cost for one training) <b>Proposals:</b> to include one international training per year Amount = ~ 181.300 (60430 * 3)</p>	<p>no. of conducted trainings</p>
<p><b>Research:</b> Conducting community-based operational research regarding the needs of persons affected by TB</p>	0	0	0	<p><b>NTP:</b> it is not included <b>Proposals:</b> Estimated cost of research = 20.000 EURO (~400.000 MDL) to be included for 2021</p>	<p>Study developed</p>

<b>Research:</b> Conducting community-based operational research regarding the impact of SCOs in providing services to persons affected by TB	0	0	0	<b>NTP:</b> it is not included <b>Proposals:</b> Estimated cost of research = 20.000 EURO (~400.000 MDL) to be included for 2022	Study developed
<b>Consultancy/services:</b> Development and implementation of contracting mechanisms within state funds or other funding mechanisms relevant to CSOs to ensure offering psychosocial support and active TB detecting services	47.800 year: 2022	47.800 year: 2022	0	<b>NTP:</b> Intervention 6.5.1.1. Consultancy services are supposed to be offered (2 consultants) <b>Proposals:</b> do not exist	Mechanism developed
<b>Small grants:</b> <b>Community fundraising</b>	0	0	0	<b>NTP:</b> it is not included <b>Proposals:</b> 2000 EURO * 5 SCOs * 3 years = 30.000 EURO (~600.000 MDL) Small grants will be for both banks of the Dniester River	- no. of SCOs co-financed; - no. of implemented Grants
<b>Consultancy/services:</b> <b>Providing organizational assessments with recommendations on increasing sustainability for 5 CSOs</b>	0	0	0	<b>NTP:</b> it is not included <b>Proposals:</b> 1 audit report annually 1000 EURO per report * 5 SCOs * 3 years = 15.000 EURO (~300.000 MDL)	- no. of SCOs which were assessed organizationally; - % of implemented recommendations
<b>Consultancy/services:</b> Technical support for obtaining accreditations for social and medical services in the field of HIV, Risk Reduction Programs (RRP) and social and medical services in the field of TB (after elaboration)	0	0	0	<b>NTP:</b> it is not included <b>Proposals:</b> 1000 EURO * 5 SCOs * 3 years = 15.000 EURO (~300.000 MDL)	no. of consultations; % of SCOs accredited in TB and/or HIV
<b>Other comments:</b>					
<b>NTP:</b> Line of Action 5.2. Provision of information regarding the respect of infection control measures with a view to reducing the risk of TB transmission in the society / 5.2.2. Development and editing of educational and informative materials about TB for key groups provides 5.2.2.3 <b>Development of a Guide-recommendation for CSOs regarding the basic information about TB and the working methods with key groups, and the estimated amount for this intervention = 52,800 MDL;</b> (GF source). <b>Proposals:</b> It is requested to re-evaluate the intervention on the grounds that Operational procedures with regard to CSOs involvement in TB control and the CSOs Involvement Standards have been developed, and to redistribute to other interventions (requested above).					
<b>NTP:</b> Line of Action 5.2. Provision of information regarding the respect of infection control measures with a view to reducing the risk of TB transmission in the society / 5.2.2. Development and editing of educational and informative materials about TB for key groups provides 5.2.2.3 <b>Round tables for discussing and training on the implementation of the Guide-recommendation for CSOs on the basic information about TB and the working methods with key groups, and the estimated amount for this intervention = 167,722 MDL (total amount for 3 years 2021-2023; 55,907 MDL per year);</b> (GF source).					

**Proposals:** It is requested to re-evaluate the intervention on the grounds that Operational procedures with regard to CSOs involvement in TB control and the CSOs Involvement Standards have been developed, and to redistribute to other interventions (requested above) and, moreover, because it doubles with Intervention 6.3.5. Training on TB control activities for staff who provide non-medical services: CSOs, outreach and peer-to-peer, psychologists and case managers, supporters through trainings, exchange of experience, participation in conferences, duty trips, etc.

**NTP:** Line of Action 5.2. Provision of information regarding the respect of infection control measures with a view to reducing the risk of TB transmission in the society / 5.2.3. Carrying out interventions for education and information (IEC materials, media interventions, etc.) provides 5.2.2.5. **Volunteers will organize informational sessions on the topic TB for various population groups, including the involvement of CSOs active in the fields of TB and HIV working with key groups, and the estimated amount for this intervention = 540,000 MDL (total amount for 3 years 2021-2023; 180,000 MDL per year)** (GF source).

**Proposals:** It is requested to include the present intervention in small Grants with integrated activities and to reallocate the amounts to other interventions, including CSOs.

**NTP:** Line of Action 3.3. Ensuring the adherence to treatment, including through the use of innovative, person-centered methods / 3.3.3. Expanding the use of VOT at national level provides 3.3.3.5. **Enabled supervision visits of multidisciplinary teams = 339,528 MDL for the years 2021-2023 (113,176.00 per year and it includes 2 visits per year in 47 VOT centers)** (GF source).

**Proposals:** This activity is required to be part of the routine M&E visits of the NTP Coordination Unit and it is requested also to reallocate the amounts to other interventions, including CSOs.

LB – local budget

Table 5. NTP estimated costs for involving CSOs (2021-2023)

NTP, estimated budget CSOs involvement	Additionally, estimated CSOs (minim)	Additionally, estimated CSOs (maxim)	Amounts that can be redistributed
<b>14.293.720 MDL</b>	7.423.300 MDL	9.233.300 MDL	1.100.050 MDL
<b>714.686 EURO</b>	372.985 EURO	461.664 EURO	55.003 EURO
*exchange rate EURO = 1 EURO ~20 MDL			

## HIV COMPONENT

### National Response to HIV

The evidences and analysis carried out demonstrate that the HIV epidemic in the Republic of Moldova remains concentrated among the injecting drug users (IDUs) and their sexual partners (mostly women, including the ones from the sex workers (SWs) group), and among men who have sex with men (MSM). However, according to the data available for 2019, the coverage of these groups through prevention interventions of the National Program on Prevention and Control of HIV/AIDS and STIs (NAP) is 42.3% in IDUs (estimated number 36,900); 34.4% in SWs (estimated 21,300) and 25.5% in MSM (estimated 17,100).

At the same time, in the draft NAP for the years 2021-2025, the targets for covering with basic services are ambitious and they are established for IDUs – 75%, for SWs – 70% and for MSM – 70%.

#### HIV Testing

In the recent years, the HIV testing services access of KAP has increased considerably. This fact was determined by the implementation of testing through CSOs in 2013 and the provision of tests to all units involved in implementing the activities of NAP, based on an approved national instruction and training of service providers. Although the level of coverage is not equally distributed on the territory of the Republic of Moldova, there is an increase in the number of the beneficiaries of prevention services being tested in the period 2017-2019 (Table 6).

Table 6. HIV testing in risk groups, 2017, 2019

Risk group	HIV Testing (%)	
	2017	2019
Men who have sex with men (MSM)	2.00 %	14.1%
Injecting drug users (IDUs)	5.40%	21.5%
Sex workers (SWs)	3.90%	23.4%

#### Opioid Substitution Treatment / Pharmacological Treatment for people with Opioid Use Disorders

The administration of opioid substitution therapy (OST/OPT) is currently covered by the state and it is available in 7 locations of civil sector and in 13 penitentiary institutions from the Right Bank of the Dniester River. At the beginning of 2020, there were 522 persons registered in OST, including 72 persons from prisons. 33 persons out of the total number are taking buprenorphine and the others – methadone.

Enrolment in OST is associated with some barriers, such as, narcological record, low coverage and quality of psychosocial assistance, restrictions in exercising certain professions, in traveling abroad and the employers' discriminatory attitude.

#### Pre-Exposure Prophylaxis

The piloting of pre-exposure prophylaxis (PrEP) started as a community activity, implemented by CSOs within NAP in 2019, and by the end of the year, 81 persons, mostly MSM, were included in this program. In May 2020, their number reached 125 persons, being continuously increased. The specific task is to increase the number of MSM enrolled in treatment, but also to increase the enrolment of other groups,

such as IDUs and SWs. 90% of persons who use PrEP in the Republic of Moldova are enrolled due to the effort of CSOs, and in 2018, only 6 persons were enrolled through medical institutions.

## Antiretroviral Treatment

In the Republic of Moldova, the universal access to antiretroviral therapy (ART) is ensured in 8 administrative territorial medical units. There are no waiting lists for ART and all PLHIV can receive ART, regardless of the availability of the health insurance policy. Thus, in 2018 – 1054 persons initiated the ART and the other 1074 – in 2019. By the end of 2019 - 6689 people were on ARV treatment.

According to the cascade analysis, the Republic of Moldova has made progress in achieving the 90-90-90% targets, at the end of 2019, the cascade rates constituted 64-71-84%.

In order to increase the adherence to treatment in 2019, 77.5% of PLHIV benefited from services. Barriers to improving the adherence include (1) lack of a regulatory framework for psychosocial support services, and (2) limited funding of CSOs from internal resources.

In 2019, the adherence to ART after 12 months from the beginning of the treatment constituted 85%, after 24 months – 81%, and after 60 months – 74%. This indicator was improved during the implementation of NAP 2016-2020. Other barriers to increasing the adherence are (1) centralization of antiretroviral (ARV) services, (2) transport costs of PLHIV coming for receiving ART, (3) volume of doctors' work, perceived as enormous, in territorial medical centers, etc.

## TB preventive treatment and TB Screening in Key Groups

Based on the national TB protocols, the preventive tuberculosis treatment with Isoniazid should be provided to children up to 5 years and PLHIV. In the context of the present report, we are interested in PLHIV group. The preventive treatment for PLHIV is conducted by the infectious disease physician in collaboration with the phthisiopneumologist, and it involves also a considerable effort to inform, educate and prepare the eligible persons for this additional medication. On the other hand, the initiation of treatment requires the appropriate attitude of the persons. With difficulties from both sides, at present, a small number of PLHIV undergo the preventive TB treatment, even if the incidence of TB cases in the PLHIV environment in the Republic of Moldova has high values, and TB is the main cause of PLHIV deaths. In the period 2018-2019, in Balti municipality, within an operational research carried out by the Association "Tinerii pentru Dreptul la Viata" from Balti, with a view to integrating TB/HIV services, it was initiated the preventive treatment of OST patients living with HIV at the narcological unit. This action implied the collaboration of the narcological service with the ARV Territorial Center, the phthisiopneumology service and the NGO providing psychosocial assistance. 11 patients initiated and completed the prophylactic treatment until the moment when the reserves of isoniazid for prophylactic treatment finished. This positive practice should be extended.

Among the groups at high risk of HIV infection, the injecting drug users are part the most vigilant groups that require monitoring of active TB cases in their environment. These provisions of TB clinical protocols can be achieved through the activity of harm reduction programs associated with drug use, which currently (starting with 2020), according to the Quality Standard of prevention services, in the basic service package it includes also the TB screening. In the context of these programs, TB screening will be conducted at least once per year, based on the application of a standardized survey and with prior training of the staff on how to use this survey, and in the case of a positive screening result, it will be applied the referral and support mechanism for investigations, establishment of diagnosis and initiation



of the phthizopneumology service treatment. In 2019, only three NGOs providing services for IDUs carried out active TB screening in the framework of projects funded from the GF resources through Grants managed by SOROS Foundation-Moldova – Association “Tinerii pentru Dreptul la Viata” from Bălți, Association “PAS cu PAS” from the south region of Moldova, and the Association “Pentru Prezent și Viitor” from Chisinau, the value of Grants amounting on average 12,000 MDL. Several other NGOs have implemented activities on active informing and detecting TB among people without shelter, homeless and detainees, including in the eastern region of the country.

**Stigma and discrimination** related to PLHIV, the disclosure of HIV status and the refusal to provide medical services, despite the improvements of the situation in the recent years, still remain an obstacle in accessing HIV services.

The first NAP was developed in 1995, and, at the present moment, the NAP for 2016-2020 is being implemented. Since 2003, the Republic of Moldova gets support of the GF and the World Bank. This fact has contributed to improving the planning and implementation of NAP, as well as the accessibility and quality of activities and services. Thanks to this support, the country response was activated, laboratory systems were fortified, rapid diagnostic methods were introduced, and ART became more accessible.

At present, the Republic of Moldova is in the transition period, when the external financing is reduced, and efforts are being made to mobilize internal sources, including the development and improvement of the funding mechanisms.

NAP 2016-2020 includes 3 main strategic directions, the objectives being provided in accordance with UNAIDS “90-90-90” Strategy:

- I. Reducing HIV and STIs transmission, in particular, among KAP;
- II. Ensuring universal access to HIV and STIs treatment, care and support;
- III. Ensuring efficient management of NAP.

NAP 2021-2025 is in the elaboration process with the efforts of national and international experts’ group, and, basically, it follows the strategic directions of NAP of 2016-2020. At the same time, the Republic of Moldova is in the process of drafting the Application for Funding from the GF for the years 2021-2023, based on the objectives and priorities of NAP.

## Engagement of SCOs in NAP for 2016-2020 – successes and challenges

The CSOs are involved in achieving the objectives of NAP through managing and providing directly prevention services in the civil sector for all key groups, through the implementation of psychosocial support services for PLHIV and persons with OST, but also through capacity building of CSOs in the implementation of NAP.

At present, most of the CSOs work with IDUs. The activities are implemented on the both banks of the Dniester River. It is important to note that activities are mainly carried out in big cities and the small localities are less covered, as a result of the reduction of funds under 2018-2020 GF Grant. The level of resources and development of CSOs-partners of NAP is different. NAP through the current GF Grant does not have sufficient resources for training and capacity building of non-governmental service providers. However, through cooperation with international agencies (UNAIDS, UNFPA, UNODC), carried out in the

framework of the NAP, CSOs benefit from technical assistance, training, exchange of experience and mutual support in the effort to strengthen the implementation capacities.

Under methodological aspect, the HIV/STIs services of CSOs is regulated by developed and approved Standards and Regulations, including the effort and participation of civil society, such as:

- Mechanism/regulation for contracting harm reduction services from the sources of NHIC, approved.
- Regulation of the functioning of HIV prevention services in population with high risk of infection.
- Standards of evaluation and accreditation of HIV prevention service providers.
- Framework regulation on the organisation and functioning of the integrated social service for consumers of psychoactive substances and OST patients and minimum quality Standards.
- The national laboratory diagnostic guide of HIV infection and the epidemiological surveillance of HIV infection Standard, reviewed and approved by the orders of MHLSP.
- Methodological norms for the application of the unique Program of mandatory medical insurance for providing with OST, including the persons who do not have insurance, revised in 2018.

For making the use of resources more efficient, methodologies for costing of HIV prevention and psychosocial support services have been developed, which have not yet been applied within the funding realized in the framework of NAP for NGOs, following the funding modality based on the historical budgets of the projects. In 2018, "per client" financing was initiated, with cost perceived as unjustified from a methodological point of view. It is noted that this funding did not take into account the calculations of the costing exercises carried out, but also the complex needs of the programmes and their beneficiaries.

CSOs in the field are organised in national networks, in regional and international partnerships and their activities are based on international and regional good practices. However, organisations report that, due to financial constraints, in particular due to the cost of the package of services for a beneficiary under the current programme, they cannot motivate the target population to access services in a complex and consistent manner.

CSOs make efforts to provide beneficiaries with a diversity of services in order to meet approved quality standards, including information and counselling services on HIV, STIs, viral hepatitis, HR modalities, OST, mental health, sexual reproductive health and human rights. At the same time, the package of prevention and support services offered can vary from one organization to another and from one locality to another, because its complexity depends on the available budget that is formed from the number of beneficiaries covered by services and validated by the NP. Thus, CSOs with a large number of beneficiaries have large budgets and complex service packages, while CSOs with a smaller number of beneficiaries have smaller budgets and reduced possibilities. The beneficiaries of CSOs themselves mention the significant differences between the sets of materials and services distributed by different organisations that sometimes do not respond to the needs.

The staff report that the distribution of the set of materials alone is not attractive and does not motivate potential beneficiaries to use services of CSOs and perform HIV testing. In their opinion, the procurement of syringes is not a problem, and the existence of specialized medical or legal services, peer-to-peer support services, safe spaces with activities for various age would be of interest and would increase the attractiveness and efficiency of both HRP (harm reduction programs) and psychosocial support.

In the recent years, the drug scene has changed in Moldova. Following the results of a study on the use of new **psychoactive substances** (NPS)<sup>47</sup>, the proportion of clients who passed from opium and amphetamines to the use of NSP by smoking or inhalation is increasing. For the HRP, **the main difficulty in working with non-injecting NPS users is the inability to register them as program clients, because, according to the regulations of NAP 2016-2020, the injection is a basic criterion for inclusion in the program** (despite the increased risk of unprotected sexual contact). If a person is not registered as a client, it is impossible to access prevention and assistance services, which leaves them behind any public health intervention. Often these people are part of groups of young drug users. NAP following the arguments from service providers includes activities aimed at conducting a study and identifying solutions.

It is worth mentioning that **the package of psychosocial support services addressed to PLHIV is not financially supported**, which has significantly influenced the quality and sustainability of the activities of CSOs working in the field.

It should be emphasized that **the treatment program of viral hepatitis, as well as OST is not available on the Left Bank of the Dniester River**, which decreases the motivation of IDUs for participating in prevention programs.

It is also important that **the activities with KAP do not include specific interventions for transgender people (TG)**. CSOs are trying to cover this group, but nevertheless, the specific needs of TG people are not foreseen in the NAP and there are no national studies to support the planning of such programmes.

Another important aspect is that **there are no initiative groups or active community organizations in the Republic of Moldova**. There are separate initiative groups for IDUs, but their involvement in HIV prevention programmes is insufficient, limited resources, leadership and activism in relation to community members, generally, require psychosocial support. There is no system that would target the empowerment of these groups and organisations and focus on leadership development and capacity building. There are CSOs that position themselves as community-based, however this is not enough to talk about the active involvement of the community in policy formation and planning of HIV services.

In the Republic of Moldova, SWs of HIV prevention programs are represented by women, although CSOs working with MSM separate this group from the group of men SWs, and provide them with needs-specific services. SWs are concentrated, especially in large cities, however, in smaller localities there are also smaller groups with members of SWs community.

Prevention programs targeting MSM were implemented in 4 localities, including on the Left Bank of the Dniester River. Activities for MSM population are relatively structured; the division of the group into separate segments (young MSM, older MSM, sex workers MSM, etc.) allows the personalization of services and the interventions are oriented to meet specific needs.

CSOs working with MSM population follow a relatively structured and diverse approach, emerging from renewed international recommendations and regional practices. The programme interventions are implemented on the basis of specific needs distributed by subgroups of beneficiaries, e.g.: elderly MSM, young MSM, sex workers MSM, MSM living with HIV, transgender MSM. For attracting potential

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<sup>47</sup> <https://harmreductioneurasia.org/harm-reduction/new-psychoactive-substances/nps-moldova/>

beneficiaries of services, peer-to-peer programs, outreach, internet interventions, various events, etc. are implemented.

**The level of development of CSOs working with KAP, as well as the scope, specificity and quality of services provided are different.** The motivation of beneficiaries to participate in programmes and receive services is determined by the approaches and guiding principles applied. CSOs are involved in advocacy processes and actively participate in programme planning and coordination. Beneficiaries report that organisations providing services are friendly and trustworthy. It should be noted that the complex activities of some CSOs are the result of active fundraising engagement and they are not limited only to the funding from the GF and NAP.

## Conclusions and recommendations regarding the engagement of CSOs in HIV prevention and control

In order to present the conclusions and recommendations, a series of assessment reports and national processes, referring to the involvement of CSOs in the implementation of NAP, have been synthesized, as follows (**Ошибка! Источник ссылки не найден.**):

Table 7. Summary of conclusions from assessment reports and processes

	Source	Main conclusions/recommendations	Status
1	<b>Assessment report based on capacity building needs of NGOs working with KAP and healthcare providers in the Republic of Moldova,</b> developed in the framework of Joint UN Plan on AIDS, 2018; PAS Centre 2018, <b>Assessment of capacity building needs of NGOs working with KAP and healthcare providers in the Republic of Moldova,</b> conducted under the auspices of MHLSP, in the framework of Joint UN Plan on AIDS, based on UBRAF funds, under the partnership between UNAIDS, UNFPA, PAS Centre	The level of development of NGOs is very different, and the mutual use of resources based on partnerships is not frequent.	Current NAP
		The existing funding scheme for projects targeting KAP does not ensure sustainability for the provision of the recommended complex service packages.	Current NAP
		The existing funding scheme for projects targeting KAP does not focus on the quality of services provided.	Current NAP
		The existing monitoring schemes cannot assess the actual performances of the organisation and, in particular, cannot provide a qualitative assessment of this performance.	Current NAP
		The health needs of the transgender population have not been studied by the NAP, and therefore, for this category, customized health services are not designed.	Current NAP
		The main quantitative performance indicators (e.g. coverage through service) are reduced to the provision of two services. This reduces the motivation for the provision of extended service packages, and the quality parameters are ignored in the chase for figures.	Current NAP
2.	<b>Mid-term assessment report of the Sustainability Plan of NAP 2016-2020,</b> developed by SOROS-Moldova Foundation, jointly and at the request of the KAP Committee	Capacity building of civil society organisations for providing advocacy, communication and social mobilization services.	Partially achieved, Current NAP
		Adjusted regulatory framework for ensuring the provision of harm reduction services in penitentiary system.	Partially achieved, Current NAP
		Medium-Term Budgetary Framework provides budget lines for NAP.	Partially achieved, current NAP

<p><b>Objective 1:</b> Improvement of policies, practices, capacities to ensure the sustainability of NAP, ensuring the sustainability prevention of HIV transmission and sexually transmitted infections, especially in KAP, is achieved - 75%.</p> <p><b>Objective 2:</b> Improvement of policies, practices, capacities to ensure the sustainability of NAP, ensuring universal access to treatment, care and support for PLHIV and STIs is achieved - 50%.</p> <p><b>Objective 3:</b> Improvement of policies, practices, capacities to ensure the sustainability of NAP, ensuring effective management of NAP is achieved - 37%.</p>	<p>All organisations providing basic harm reduction services participated in training on accreditation criteria<sup>48</sup>.</p>	<p>Partially achieved, current NAP</p>
	<p>Maintaining and expanding the activity of opioid substitution therapy centers including in the penitentiary system.</p>	<p>Partially achieved, current NAP, including the initiation on the Left Bank of the Dniester River</p>
	<p>Accreditation of providers of psychosocial services for PLHIV was approved by Government Decision no. 1010 dated 26 August 2016.</p>	<p>Partially achieved, current NAP. No psychosocial service provider for PLHIV has been accredited.</p>
	<p>Development and approval of a mechanism for integration of HIV, TB, OST, psychosocial services (Ob. 2)</p>	<p>Not achieved, current NAP</p>
	<p>Capacity building of CSOs for providing advocacy, communication and social mobilization services (Ob. 3)</p>	<p>Partially achieved, current NAP</p>
	<p>Development/adjustment and implementation of the protocol on HIV/TB co-infection. (Ob. 3)</p>	<p>Not achieved, current NAP</p>
<p><b>3</b> <b>Assessment of Moldova HIV Grant</b> (APMG HEALTH), March 2020. The Republic of Moldova was selected for a field assessment in the first quarter of 2020. The visit took place in the period 10-21 February 2020 and it included: - Visits to Chisinau, Tiraspol, Ribnita and Balti; - Discussions within eight focus groups with 80 representatives of PLHIV, IDUs, MSM, and SWs - 112 informative/key interviews with the PR of GF Grants and the SRs, MHLSP, Ministry of Finance (MF), National Social Insurance House, National Procurement Agency, Republican Narcological Dispensary (RND), National Administration of Penitentiaries, hospitals and ART centers, NGOs.</p>	<p>Component RSSH: recognising and realizing the role of community systems response to the national response. No elements of RSSH were included in the current Grant. Minor funding has been provided for NGOs, focused on community monitoring and social responsibility at local level.</p>	<p>Score – 3. Justification - The role of NGOs is increasingly recognised by MHLSP and the NHIC, but still remains largely funded by donors.</p>
	<p>Updating the Sustainability Plan for the next 3 years, based on a roadmap, with the contribution of all partners and NGOs working with all KAP and PLHIV, including Left Bank of the Dniester River for ensuring: (1) assistance to NGOs for providing prevention and testing services with a view to increasing coverage to 90% of KAP; (2) assistance to NGOs, referring and supporting the persons having positive HIV testing results, for initiating and maintaining in support for ART; (3) assistance to PLHIV through NGOs or government structures to increase adherence to ART and suppression of viral burden; 3) maintaining these services through long-term social contracting, as well as standardisation, accreditation of the involvement of NGOs in these tasks.</p>	<p>Current NAP</p>
	<p>Continue increasing the prevention and testing efforts among key groups and sexual partners: (1) Increasing funding for HIV prevention and testing among IDUs and SWs, including in small cities (using mobile units and innovative interventions, especially in peer-to-peer services). (2)</p>	<p>Current NAP</p>

<sup>48</sup>2 out of 6 NGOs working in this field received accreditation for HIV prevention services, and 3 out of 6 NGOs working with drug users received accreditation for psychosocial services.

	Designing a new approach for HIV prevention and testing among MSM.	
	Improving referral on ART initiation and adherence by (1) Addressing stigma and discrimination, (2) Developing a reference study between prevention/assistance and treatment services, and (3) Placing some clinical services within NGOs.	Current NAP

Once the **mid-term assessment of the NAP for 2016-2020 has not been carried out**, the present conclusions should be considered in NAP for 2021-2025 in order to reflect both the planning of interventions, the involvement of CSOs and the budgetary allocations. Thus, the best practices developed will be used to strengthen the NAP efforts.

### Assessing the engagement of CSOs in the process of elaboration the NAP for 2021-2025 based on the analysis of the minutes of TWG-HIV of the CCM TB/AIDS

During January-June 2020, several meetings of the TWG of CCM have been conducted in order to develop the NAP for 2021-2025. Each meeting was attended by 11 persons having the right to vote (4-5 representatives of CSOs) and 9-14 invitees (2-4 representatives of CSOs). The representatives of CSOs had the possibility to express the interests and needs of the affected communities. At the same time, in March a TWG was formed additionally for the elaboration of NAP for 2021-2025, which included the representatives of civil society (network of organizations – the Union for HIV prevention and Harm Reduction, Association “Positive Initiative”, Ligue of PLHIV; representatives of service providers – AFI Association, NGO Information Centre GENDERDOC-M and the KAP Committee). The meetings of TWG were intense and consolidated, taking into account the limited period for the elaboration of the NAP, and, respectively, for the Application for Funding from the GF for 2021 - 2023.

At the beginning of June, an online meeting was organized in order to present the interim version of the NAP for 2021-2025, including the budget with funding sources. As a result of the meeting, the documents of the NAP have been adjusted, including the review of funding sources. At the proposal of the civil society representatives, a series of new activities and interventions for the key groups have been prioritised.

### Assessment of the engagement of CSOs in planning and implementation of NAP for 2021-2025 (focus groups, individual interviews, online questionnaires)

The assessment of the engagement of CSOs started from determining the views and experiences of CSOs engagement in the elaboration of the NAP for 2016-2020. It is important the fact that the representatives of CSOs expressed different experiences and opinions – from the very good ones to the less good ones (see please details below), including in relation to different stages of the process – development, implementation, funding, M&E.

The majority of the participants mentioned that they are involved in providing services and less in the decision-making processes related to the implementation of the NAP, with the exception of those who are members of the CCM TB/AIDS and TWG. The engagement has often been ensured through networks, which include the service-providing CSOs, which later disseminate the information to its members, and should collect feedback for being presented in the framework of platforms for discussions, either through the KAP Committee (MSM/IDUs).

In general, the communication process with the Coordination Unit of the NAP and the PR of the GF Grant is considered a transparent, constructive and participatory one, although sometimes it is perceived as a formal one and with continuity gaps, which generates the appearance of uncertainties regarding some decisions taken (IDUs/SWs). The language barrier and the lack of translations into Russian language during the meetings or the documents discussed present a challenge, particularly with a view to involving representatives of the affected communities, many of whom are Russian-speakers.

It was mentioned that the modality of monitoring and evaluation (M&E) of the activities of CSOs by the Coordination Unit of the NAP and the PR is not always clear, referring to the experience when the lists containing personal data of beneficiaries have been requested for being contacted and interviewed in person (MSM/TP/IDUs/SWs).

Some CSOs note difficulties in the use of the electronic card recording system, difficulties related to both the perception of beneficiaries on them, and the procedures for their activation and management (e.g. card loss and recovery procedure (MSM/PLHIV). It was also mentioned the lack of flexibility in purchasing supplies and adjusting activities during implementation based on the evolution of the epidemic – the impossibility to fill in the list of supplies purchased based on the needs of the beneficiaries, the refusal to review the criteria of the beneficiary (e.g. in the case of non-injecting drug use or assistance to transgender people, etc.), the change of validation indicators in the middle of the year and the penalization of CSOs by PR through deducting resources from the budget of CSOs for the next year (IDUs).

Also, at the implementation level, CSOs qualifies the current HRP funding model as one based on quantitative results, which does not support advocacy and community strengthening activities. The efforts to combat stigma and discrimination in the context of HIV/AIDS are not consistent and there are no relevant data on their effectiveness in improving the situation and changing perceptions regarding the PLHIV.

The participants in focus groups and individual interviews consider that the interim version of the NAP for 2020-2025 is a complex one with relevant interventions, requiring full funding to achieve the proposed objectives and to minimise the deficit, which at the moment is found to be an enormous one. The following activities found in the draft NAP for 2021-2025 and the Application to GF are welcomed:

- Training the HRP staff, activities that in the recent years have not been carried out, due to the lack of funding;
- Innovative prevention interventions;
- Advocacy and community mobilization;
- Strengthening the capacities of affected communities.

Some CSOs perceive a number of activities of the draft version of the NAP for 2021-2025 as insufficiently substantiated, with excessive involvement of external experts and associated high costs, which burden the budget, in the detriment of the component focused on the provision of services.

The limited contribution from internal sources (MHLSP, NHIC, local budgets) and the high share of CSO activities included in the deficit (e.g. extended packages of services, services for Trans People, operational research) are seen as *weaknesses* of NAP. At the same time, there are activities that have been requested, but they have not been included in the draft version of the NAP, for example, Grants for communities/initiative groups.

The opinions of the participants were absolutely uniform regarding the need for a more consistent and transparent involvement of all CSOs in decision-making regarding the availability, distribution of financial resources of NAP and savings, depending on priorities, including those expressed by CSOs and communities.

CSOs from the Left Bank of the river Dniester noted that they are involved in the process fragmentary, as the CCM platforms and those for dialogue between civil society and state structures in the region are not fully functional. Fewer representatives from this region are aware of and understand the processes associated with the development of the NAP and the Application to the GF, mentioning that their involvement is ensured in particular by the structures and platforms from the Right Bank of the Dniester River. At the same time, good, efficient and transparent collaboration with the AIDS Centre was highlighted.

Many of the CSOs participating in the in the evaluation processes insisted on the need to strengthen collaboration with LPA, including at the level of the NAP Coordination Unit, both to allocate resources and to promote good practices, integrated models of assistance and efficiency of efforts.

### Planning the engagement of CSOs in NAP 2021-2025 – provided aspects (interventions, resources) and in the elaboration of the Application for Funding to the Global Fund, 2021-2023

NAP is the fundamental policy document related to the national interventions in the field, establishing guidelines and priorities for action. All programmes and interventions regarding the HIV and STIs control, financed from public resources or international programmes to which the Republic of Moldova is part of, achieve the objectives set out in NAP. The NAP is designed as a complex, cross- sectorial framework to guide the activities of organizations involved in the national response to reducing the transmission and negative impact of the HIV epidemic. Due to these considerations, the main focus of Moldova's efforts is on preventing HIV transmission among the population at high risk of infection; providing treatment, care and psychosocial support.

CSOs and affected communities play an active role in the implementation of the NAP, being engaged in prevention and support activities, community mobilization, advocacy and promotion of human rights. Annex 2<sup>49</sup> of the present document describes the list of the current NAP activities (2016-2020) and the planned ones (2021-2025) implemented by the CSOs, as well as the funding amounts by indicating the specific sources. Based on the information presented in the mentioned Annex, it is concluded that NAP for 2020-2025 has strategic objectives similar to those of NAP for 2016-2020, with some reformulations. In this way, they are synergistic and ensure the continuity of efforts and the sustainability of the financial resources invested.

The comparison of costing is difficult, once in the draft version of NAP for 2021-2025 the activities have been disaggregated by more specific interventions included separately (e.g. HIV testing). Overall, the budget for CSOs' interventions in the proposed NAP is in a slight increase, and the costs of interventions are developed based on the methodology of costing for HIV prevention services in KAP and support for PLHIV, carried out by UCIMP in 2017<sup>50</sup>, a fact being motivated and agreed with the service providers. It

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<sup>49</sup> The data from the table of Annex 2 for the period 2021-2025 may be subjected to changes, taking into account that the process of developing the NAP is not finalized.

<sup>50</sup> [http://ucimp.md/index.php?option=com\\_content&view=article&id=110&Itemid=210](http://ucimp.md/index.php?option=com_content&view=article&id=110&Itemid=210)



should be noted that in the current NAP, the costs were formed based on the availability of financial resources of the GF Grant, without methodological justification of costing.

At the same time, in the list of NAP activities being under development, new activities and interventions appear, as a reaction to the updated epidemiological situation, to the needs of KAP and due to the advocacy efforts of CSOs supported by international organizations. Thus, the list of activities includes new interventions for the Republic of Moldova, as well as new target groups, as follows:

- extended service packages for groups at high risk of infection (MSM, IDUs, SWs) – included, but present a deficit;
- operational research regarding the estimation of the group using new psychoactive substances (NPS);
- interventions for Trans People;
- community PrEP;
- supporting and developing innovative prevention services;
- monitoring and advocacy with the effort of communities.

### Lack of funding for NGO activities under NAP

However, as part of the new interventions included in the NAP are marked by total budget deficit, is the case of extended service packages listed in the PAAR (above allocation prioritized as medium) which provide opportunity for funding only for the period of the first 3 years of the NAP (2021-2023), period that will coincide with funding from the resources of the GF– for example, mobilization and community advocacy, services for Trans People, psychosocial assistance for OST patients, mobile prevention units, prevention interventions through pharmacies. In a vulnerable financial situation are the interventions of CSOs from the Left Bank of the Dniester River, which cannot receive funding from the NHIC and do not have a similar structure in the Left Bank of the Dniester River. Therefore, in the last 2 years of implementation of the NAP (2024-2025), according to the current draft version, a number of services will be in severe deficit of financial resources, which could lead to the interruption or of services in this region.

Even if in the last years of the NAP the effort of governmental institutions, but also of those nongovernmental ones, is noticeable with regard to taking over the financing of prevention and support activities for key groups, especially by the Prophylaxis Fund of NHIC, their sustainability is fragile<sup>51</sup>:

1. The prevention programmes are financed from the Prophylaxis Fund of NHIC, but in a smaller amount than the one provided in the Sustainability Plan (3% in 2017, 38% in 2018).
2. The continuity and sustainability of this funding mechanism is uncertain for several reasons:
  - a) The Prevention Programs' funding depends on the priorities of Prophylaxis Fund of NHIC of established by MHLSP; Lack of coordination of the current needs by the NHIC with the NAP when establishing the criteria for offering funding for HRP;
  - b) Unsuitability of terms/periods for granting HIV prevention projects from NHIC with those offered by the Global Fund, as well as the variation of the periods for granting projects from year to year, which makes difficult to plan activities; The amount of funding for these programs is lower than the estimated needs in the NAP and in the sustainability plan.

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<sup>51</sup> Mid-term assessment report of the Sustainability Plan of the NAP for the years 2016-2020.

3. The aspects of OST began to be financed fully from NHIC sources according to the needs, including for persons who do not have medical insurance. However, psychosocial support services for IDUs, including those under OST, as well as the support for IDUs in penitentiary institutions, were not covered from local funding, as provided in the transition plan.
4. The supporting activities of PLHIV are financed from local resources (state budget), only in the framework of the Regional Social Centers, while the activity of CSOs that work in support of the Social Centers and which work with patients in the territories remains financed from the external sources.

### Additional interventions for being included in the Application for Funding from the Global Fund and NAP 2021-2025, including costing

As a result of the data and analysis performed, the following recommendations are suggested:

(1) The involvement of CSOs and communities in the implementation of the NAP; (2) The financing of activities and interventions of CSOs in the framework of NAP and the GF Grant.

#### **(1) The engagement of CSOs and communities in the implementation of the NAP**

- 1) Within the elaboration of the NAP, the Coordination Unit shall ensure a consistent and transparent dialogue with CSOs which are active in the implementation of the NAP, by:
  - a) organization of analysis and dialogue meetings on the draft version of NAP by involving widely CSOs and affected communities;
  - b) application of tools, including online needs assessment, collection of proposals both in the process of developing the Application for Funding from GF 2021-2023 and subsequently in the implementation process;
  - c) development and distribution of Information notes on processes carried out, the activities and planned costs.
- 2) Implementation and consideration by the Coordination Unit, jointly with the PR, of the recommendations received following the evaluation of international teams in the process of elaboration, budgeting and implementation of the NAP for 2021-2025 and the Application to GF 2021-2023.
- 3) Consideration by the Coordination Unit, jointly with the TWG for the elaboration of the NAP, of the recommendations of CSOs and affected communities in their reflection in the list of interventions, ensuring adequate budgeting from internal or external resources.
- 4) The involvement and vociferation by active CSOs- service providers and of those active in advocacy activities, and the affected communities, through the KAP committee of their needs from the grassroots necessary to be included in the NAP and the Application to the GF is important. To this end, the civil society should take active and enhanced participation within the platforms and, in the case of limited access, to submit requests for involvement within those platforms.
- 5) Ensuring equitable and transparent access of CSOs and affected communities from the Left Bank of the Dniester River to decision-making processes regarding the NAP, including through dialogue platforms in that region.
- 6) Ensuring the continuity of essential services (basic packages) in the Left Bank of the Dniester River for 2024-2025 by ensuring the identification of appropriate mechanisms for financing from local resources.

- 7) Creating and funding a sustainable system for the provision of training and TA to service providing organisations within the NAP, in order to increase the quality of services and the level of qualification of staff.
- 8) Supplement the current list of quantitative performance indicators with qualitative indicators for the services provided to the KAP. This supplement could be done as part of ensuring the provision of the extended package of services.
- 9) Practical application of the integrated HIV/TB services by ensuring consistent TB screening, referral/follow-up and psychosocial support for TB treatment adherence and prevention programs addressed to KAP and assistance programs for PLHIV, together with ensuring active HIV testing in TB prevention and control programs conducted by active CSOs in the field of TB. Increasing the potential of CSOs in carrying out these tasks by providing the necessary training and equipment (screening surveys, HIV tests, viable referral mechanisms).
- 10) Discussion and agreement between the coordination units of NPTB and NAP, CSOs, joint TWG of the collaborative actions and indicators based on them, ensuring their coverage at the level of NAP and the Application to GF. Ensuring synergy with other NAP (e.g. Hepatitis, sexual reproductive health, etc.)

## **(2) Funding the activities and interventions of CSOs in the framework of the NAP and the GF Grant**

- 1) Reducing the financial deficit for the service components addressed to high risk infection groups, OST and PLHIV patients – ensuring the financing according to the costs included in the NAP (throughout the period) from internal or external sources of the following interventions:
  - a. extended packages for IDUs, SWs, MSM;
  - b. prevention interventions through mobile units and pharmacies;
  - c. interventions for Trans People;
  - d. psychosocial assistance to OST patients;
  - e. psychosocial assistance to PLHIV;
  - f. operational research in the context of estimating the group using NSP.
- 2) Identification of a support and financing mechanism for CSOs on the Left Bank of the Dniester River for the last 2 years of activity for NAP for 2021-2025.
- 3) Increasing the collaboration of the Coordination Unit of the NAP with the LPA in order to identify resources within the district/municipal budgets for the activities of the NAP.
- 4) Strengthening the Coordination Unit's dialogue with MHLSP and NHIC with a view to increasing the financial allocations for NAP, including the activities of CSOs.
- 5) Identifying the modalities of assisting the initiative groups of the affected communities with a view to involving them in the implementation of the activities of NAP, by offering small grants for community mobilization, and reducing stigma and discrimination.
- 6) Full coverage of local contributions in the draft budget of the NAP, e.g., financing PLHIV Social Centers from the state budget resources, but also the contribution of international organizations (UNAIDS, UNODC, UNFPA, UNICEF, etc.) or the ongoing regional projects existed in the Republic of Moldova.
- 7) Application of methodologically motivated costing for NAP for 2021-2025 activities – consistent use of available costing tools and their updating.

- 8) Allocation of financial resources, within the framework of the NAP, to motivate CSOs in carrying out screening, referral and supporting activities in the initiation of TB treatment for RRP beneficiaries and those of support in the context of HIV. Vice versa, the allocation of resources for HIV testing and support in initiating ART in the programmes of active CSOs in the field of TB (e.g. for the HA group). The recommended funding mechanism – the one similar to the motivation for identifying HIV cases and including/maintaining them in treatment.
- 9) Prioritizing the activities of the NAP and planning of funding in relation to the hierarchy of priorities. The current situation reflects a budget deficit for the provision of services. At the same time, the advocacy activities with considerable budgets are planned to be funded from the GF resources. It is suggested the active involvement of the affected communities in the advocacy component and additional fundraising for these activities by maintaining them within the programme, including the regional projects/ initiatives, in favour of funding the services provided by CSOs.
- 10) Planning the financial resources for collaborative TB/HIV actions included in the NAP and the Application to the GF, including those necessary for CSOs contribution and involvement.

Below it is presented the table of NAP for 2021-2025 including the priority activities for CSOs and affected communities, specifying the sources of funding, the deficit and the recommendations/ suggestions of CSOs (Table 8).

Table 8. Activities of NAP 2021-2025, which are priority for NGOs and affected communities

Priority interventions for CSOs	NAP estimated budget (MDL)	MHLSP (MDL)	LPA Left bank (MDL)	GF Right bank (MDL)	GF Left bank (MDL)	NHIC (MDL)	Deficit (MDL)	M&E Aspects/Indicators Comments SCOs
Basic prophylactic package for MSM, TG	40,332,915	0	0	9,731,955 <b>24%</b>	4,414,777 <b>10.9 %</b>	11,398,432 <b>28%</b>	13,736,572 <b>34%</b>	Costing calculated based on the methodology of 2017/ PCIMU, formed on the basis of the Quality Standard approved by MHLSP of 2020. <b>The indicators are defined in the Standard' document</b>
Basic prophylactic package for IDUs	77,531,990	0	0	20,560,160 <b>26%</b>	12,170,928 <b>15.7%</b>	19,764,571 <b>25.5%</b>	25,036,331 <b>32.3%</b>	
Basic prophylactic package services SWs and TG	59,944,590	0	0	17,769,384 <b>29.6%</b>	5,017,950 <b>8.4%</b>	18,241,974 <b>30.4%</b>	18,915,282 <b>31.5%</b>	
Extended package for MSM	8,731,260	0	0	0	0	0	8,731,260 <b>100%</b>	Elaborated based on the Quality Standard approved in 2020. The financing deficit will influence the quality of the groups' assistance, the addressability, the impossibility of applying the quality indicators in activity. <b>Indicators</b> - no. of fulfilled activities/services based on the extended/complex package described in the Quality Standard - satisfaction degree of the beneficiaries of services
Pilot projects for TG	635,580	0	0	317,790 <b>50%</b>	0	0	317,790 <b>50%</b>	
Attractive services for MSM/TG	1,354,320	0	0	301,644 <b>22.3%</b>	129,276,00 <b>9.5%</b>	0	923,400 <b>68%</b>	
Extended package for IDUs	10,306,330	0	0	0	0	0	10,306,330 <b>100%</b>	
Gender sensitive services	122,220	0	0	73,332 <b>60%</b>	0	0	48,888 <b>40%</b>	- no. of fulfilled activities/services based on the extended/complex package described in the Quality Standard - satisfaction degree of the beneficiaries of services
Extended service package for SWs	12,869,460	0	0	0	0	0	12,869,460 <b>100%</b>	
Attractive services for new beneficiaries	5,503,920	0	0	375,732 <b>6.8%</b>	161,028,00 <b>2.9%</b>	0	4,967,160 <b>90.3%</b>	
Distribution of naloxone	386,000	252,000 <b>65.3%</b>	53,600 <b>13.9%</b>	0	80,400 <b>20.8%</b>	0	0	Planning the procurements from the budgetary resources of the left bank of the Dniester River presents risks; alternative funding source is required <b>Indicators:</b> no. of distributed ampoules; no. of cases of reported overdoses/used ampoules

<b>Advocacy for expanding OST (Right Bank of the Dniester River)</b>	160,900	0	0	96,540 <b>60%</b>	0	0	64,360 <b>40%</b>	Advocacy is recommended, including for the psychosocial assistance component <b>Indicators:</b> no. of CSOs, including initiative communities/groups, involved in advocacy actions
<b>Psychosocial support for OST</b>	3,438,488	0	0	1,056,384 <b>30.7%</b>	421,296 <b>12.3%</b>	0	1,960,808 <b>57%</b>	In order to avoid the deficit, it is suggested the elaboration of the financing mechanism from NHIC <b>Indicators:</b> - no. of patients enrolled in OST for a period more than 6 months/12 months; - % of patients receiving psychosocial support
<b>Advocacy for expanding OST (Left Bank of the Dniester River)</b>	44,360	0	0	0	44,360 <b>100%</b>	0	0	In the recent years UNODC has been promoting OST on the left bank; to take into consideration the UNODC resources <b>Indicators:</b> - no. of CSOs in the eastern region involved in advocacy initiatives
<b>Ensuring r PrEP access</b>	3,950,000	0	0	1,015,000 <b>25.7%</b>	435,000 <b>11%</b>	0	2,500,000 <b>63.3%</b>	It is suggested the analysis of funding from the NHIC resources/Prophylaxis Fund <b>Indicators:</b> - no. of CSOs involved in PrEP; - no. of beneficiaries of PrEP; - no. of beneficiaries of mobile services; - no. of localities covered with mobile services; the composition of service package reported to the basic and extended ones (according to the Quality Standard)
<b>Mobile services for risk groups</b>	2,961,000	0	0	1,184,400 <b>40%</b>	592,200 <b>20%</b>	0	1,184,000 <b>40%</b>	<b>Indicators:</b> - no. of beneficiaries of services; - intensity of addressing/accessing services; - the composition of service package <b>Recommendations:</b> implementation by local CSOs/their active participation
<b>Preventive services via pharmacies</b>	8,060,105	0	0	0	1,242,112 <b>15.4%</b>	5,642,073 <b>70%</b>	1,175,919 <b>14.6%</b>	

<b>Training on providing services for IDUs (1.2.5.1.)</b>	24,444	0	0	21,444 <b>100%</b>	0	0	0	<b>NO comments</b> <b>Indicators:</b> - no. of trained service providers
<b>Advocacy for organizing safe consumption spaces (1.2.5.2.)</b>	88,720	0	0	88,720 <b>100%</b>	0	0	0	It requires the involvement of the Ministry of Internal Affairs, development and approval of activity regulation, costing <b>Indicators:</b> - no. of elaborated and approved normative, methodological and legislative acts
<b>Providing the package of services for IDUs (1.2.5.3.)</b>	14,652,240	0	0	0	0	0	14,652,240 <b>100%</b>	<b>Indicators:</b> - no. of provided services to non-injecting drug users; - level of satisfaction of the beneficiaries of services. In case of decrease in the number of IDUs in programs, it is proposed to reallocate resources to non-injecting drug users.
<b>Implementation of self-testing in general population (2.1.4.1.)</b>	106,050	0	0	106,050 <b>100%</b>	0	0	0	<b>Indicators:</b> - % of self-testing out of total testing. It requires the involvement of medical community and community in promotion
<b>Stimulation index testing in order to develop innovative approaches in the early identification of HIV (2.1.5.1.)</b>	6,000,000	0	0	2,310,000 <b>38.5%</b>	990,000 <b>16.5%</b>	1,890,000 <b>31.5%</b>	810,000 <b>13.5%</b>	<b>Indicators:</b> - no. of new positive cases detected; - no. of detected cases included/maintained in treatment (3 months) Supported by NGOs; it needs to be accessible to all service providers, including those with TB
<b>Stimulating index testing in order to develop innovative approaches in the early identification of syphilis (2.1.5.2.)</b>	1,500,000	0	0	630,000 <b>42%</b>	270,000 <b>18%</b>	420,000 <b>28%</b>	180,000 <b>12%</b>	<b>Indicators:</b> - no. of positive cases detected; - no. of treated cases. Supported by NGOs. It requires the development of the referral mechanism to NGOs (medical institutions)

Providing psychosocial support services with an emphasis on adherence and treatment (2.3.1.1.)	18,576,000	0	0	7,791,000 41.9%	3,339,000 18%	0	7,446,000 40.1%	Supported by NGO (30% of those who are treated benefit of psychosocial support)
Piloting and supporting projects for the provision of complex services to PLHIV and risk groups based on Social Centers (2.3.2.3.)	8,744,400	3,747,600 42.8%	0	2,498,400 28.6%	0	0	2,498,400 28.6%	It requires the development of a clear concept of complex services and the elaboration of activity principles, quality and quantitative indicators.
Development of a differentiated model for the provision of psychosocial services, including costing of service packages (2.4.1.)	413,080	0	0	413,080 100%	0	0	0	Supported by NGO. <b>Indicators:</b> - developed model; - service packages provided with costing - CSOs involved in the process
Elaboration of normative act regulating the ARV issuance/courier mechanism by NGOs staff (2.4.2.3.)	10,000	0	0	0	0	0	10,000 100%	<b>Indicators:</b> - normative act elaborated; - courier mechanism elaborated Supported by NGO. It requires costing, mechanism and financial resources.
Developing and piloting innovative approaches to ensure adherence to treatment (2.4.3.1.)	30,000	0	0	30,000 100%	0	0	0	According to indicators of NAP. Supported by NGO.
Implement research on estimating the no. of non-injecting drug users	600,000	0	0	600,000 100%	0	0	0	<b>Indicator:</b> research implemented Supported by NGO.
Research for estimating the no. of TG with a qualitative component to determine the need for services for TG	271,388	0	0	0	0	0	271,388 100%	<b>Indicators:</b> - research implemented; - service packages for TP formed Supported by NGO.



Elaboration and inclusion of changes in the national classifier of professions for the integration of social workers in the staff of medical institutions (3.4.1.3.)	48,888	0	0	48,888 100%	0	0	0	<b>Indicators:</b> - normative acts updated and approved. Supported by NGO.
Strengthening the capacity of the staff of penitentiary institutions from Left Bank of the Dniester River regarding the procurement system (3.5.1.8.)	108,163	0	0	0	108,163 100%	0	0	<b>Indicator:</b> no. of trained staff There are no other comments.
Strengthening the institutional potential of NGOs involved in implementing NAP (3.6.1.)	470,000	0	0	470,000 100%	0	0	0	<b>Indicator:</b> - no. of NGOs benefiting from activities aimed at strengthening the institutional potential; - no. of initiative community groups benefiting from activities aimed at strengthening institutional potential. Supported by CSOs (following CSO needs assessments).
Support in the implementation of NAP through community monitoring and advocacy (3.6.2.)	3,783,780	0	0	2,393,133 63.3%	0	0	1,390,648 36.7%	<b>Indicators:</b> - no. of involved NGOs; - the degree of involvement of affected communities and initiative groups; - no. of available and applied community monitoring and advocacy tools; - no. of applied human rights monitoring tools/mechanisms. Supported by NGOs. It requires the involvement of all parties concerned.
Promoting public health approaches, HIV prevention and treatment with scientifically argumentation (3.7.1.)	3,600,000	700,000 19.4%	300,000 8.3%	1,380,000 38.3%	450,000 12.5%	770,000 21.4%	0	

<b>Strengthening HR component aimed at protecting PLHIV and KAP (3.7.2.)</b>	8,380,813	0	0	3,252,488 <b>38.8%</b>	2,353,000 <b>28%</b>	0	2,776,325 <b>33.2%</b>	
<b>Community mobilization and reducing HIV-related stigma (3.7.3.)</b>	1,166,600	0	0	80,000 <b>6.8%</b>	0	543,300 <b>46.6%</b>	543,300 <b>46.6%</b>	
<b>Support for PLHIV and KAP leadership (3.7.4)</b>	1,480,100	0	0	888,060 <b>60%</b>	0	0	592,040 <b>40%</b>	
<b>Small grants for initiative groups to conduct community mobilization activities</b>	Estimated cost = 120,000  (3 Grants *40,000 MDL)	0	0	0	0	0	120,000	The activity is not included in the draft NAP 2021-2025. <b>Recommendation</b> – to be included in the components 3.7.3 and 3.7.4 by defining clearly the grant allocation mechanisms for initiative groups. <b>Indicators:</b> - no. of Grants offered to initiative community groups; - the degree of satisfaction/involvement of communities in implementing NAP/GF
<b>Stimulation TB detection in the framework of HIV prevention and support programs (100 cases)</b>	Estimated cost = 10,000 (1,000 MDL per case *100 TB new cases)	0	0	0	0	0		The activity was proposed within the TWG HIV dated 10 June 2020 and was accepted by the members of TWG to be included in the draft NAP with funding from GF resources for 2021-2023. It is proposed to stimulate for 100 new TB cases detected and included for TB treatment. <b>Indicators:</b> - no. of new TB cases detected; - no. of new TB cases included and maintained for TB treatment.

## Strengthening the involvement of TB and HIV communities in the implementation of national programs

The IDOM team of consultants appreciates the openness of the TWG, National Program Managers, the recipient and the sub-recipient in the process of discussing the activities proposed in the CRG TA consultancy. Thus, the vast majority of interventions on both components were partially or totally accepted and included in the application to FG. PAAR includes interventions that are commonly agreed upon accepted as important, being prioritized by consensus. The ongoing dialogue has resulted in the unification and integration of existing CSO practices in the field of TB and HIV, contributing to a person-centered approach.

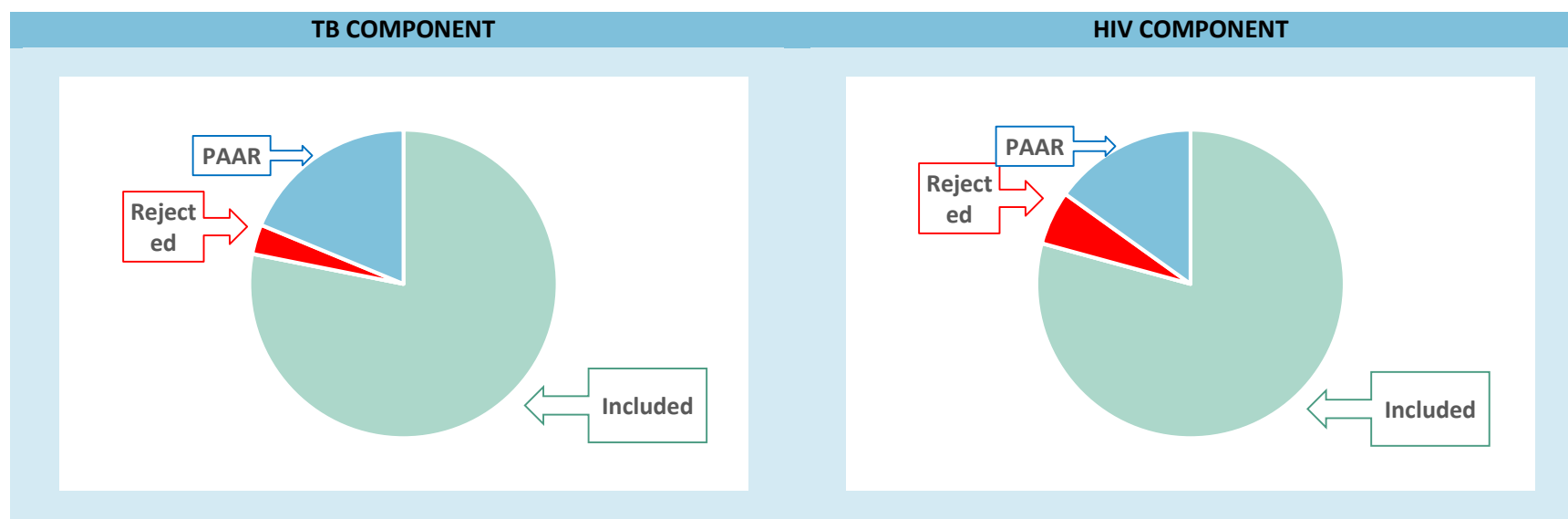


Figure 3. Status of interventions in relation to their inclusion in the Country Application for GF for 2021-2023

Table 9. Interventions on the involvement of TB and HIV communities in the Republic of Moldova included in the Country Application for GF for 2021-2023

Suggestions for the Country Application for GF	Included in the Country Application for GF	Comments as a result of negotiations
<b>TB COMPONENT</b>		
Adjustments to the existing intervention	1.1.4.5. Ensuring the examination of persons from key populations –	<ul style="list-style-type: none"> <li>It was estimated the costing of one case/beneficiary = 613 MDL;</li> </ul>

<ul style="list-style-type: none"> <li>• It was requested to include Roma population and migrants in the already estimated Grants for homelessness/PLHIV/IDUs (600,000 MDL).</li> <li>• Taking into consideration the approximately 3000 beneficiaries per group (Roma, migrants), it was requested to include 3 Grants of about 10,000-15,000 Euro per year (or ~ 200,000-300,000 MDL).</li> <li>• To include also the costs for services integrated in the key populations of people without shelter, PLHIV, IDUs.</li> <li>• Small Grants will be provided for both banks of the Dniester River</li> </ul>	<p>PLHIV, people without shelter, drug users and other vulnerable groups with reduced access to PHC, with the support of CSOs (including NGO Grants</p>	<ul style="list-style-type: none"> <li>• Grants are planned for 3 years (2021-2023) and include key populations of people without shelter (3400 beneficiaries per year) and IDUs (3000 beneficiaries per year).</li> <li>• Grants involving Roma population, migrants and persons with disabilities are included from 2022 (after carrying out the exercise of estimating the KAP) and will continue in 2023.</li> <li>• Grants include both banks of the Dniester River</li> <li>• Implementation period: 2021-2023; financial coverage for the Right bank: (70/83/83% from GF sources and 30/17/17% from NHIC sources. Left bank –100% coverage from GF sources.</li> <li>• Estimated for implementation = 21,756,402.24 MDL (1,108,623.26 EURO)</li> </ul>
<p><b>New intervention</b> It was proposed to include a bonus for one detected TB case; cost for one detected case ~ 900 MDL) * (150 TB cases + 50 HIV cases) * 3 years = 540,000 MDL</p>	<p>1.1.4.6. Bonus for detecting tuberculosis through CSOs</p>	<p>It was estimated the costing for one detected case = 1000 MDL;</p> <ul style="list-style-type: none"> <li>• No. of estimated beneficiaries (215; 225; 235) for both banks;</li> <li>• Implementation period: 2021-2023</li> <li>• Estimated for implementation = 675,000 MDL (34,395.42 EURO)</li> </ul>
<p><b>Adjustments to the existing intervention</b></p> <ul style="list-style-type: none"> <li>• It was proposed for the already existing interventions (Development of collaborative partnership mechanism at community level through the involvement of CSOs and LPAs [23,900 MDL] and Conducting meetings on the multisectoral accountability mechanism [23,513 MDL]) to be supplemented with methodological support and external expertise, including the participation of CSOs, for the assessment of implementation/development of NTP and the selection of pilot territories for Small Grants.</li> <li>• Estimated costing = 1 consultant * 15 EURO * 3 days * 45 no. of territories = 2025 (~ 40,500 MDL)</li> </ul>	<p>4.1.2.1. Development of collaborative partnership mechanism at community level through the involvement of CSOs and LPAs</p> <p>4.1.2.2. Meetings on collaborative partnership at community level through the involvement of CSOs and LPAs</p> <p>5.2.1.6 Assessment of the situation at territorial level and the possibility of integrating NGOs in the activities within the framework of the territorial tuberculosis control programs</p>	<ul style="list-style-type: none"> <li>• National consultancy regarding the development of the multisectoral accountability mechanism;</li> <li>• Implementation period: 2021</li> <li>• Estimated for implementation = 20,000 MDL (1,019.12 EURO)</li> <li>• Meetings will be organized on the multisectoral accountability mechanism;</li> <li>• Implementation period: 2021</li> <li>• Estimated for implementation = 17,548 MDL (894.18 EURO)</li> <li>• Consultancy services for the annual assessment of NTP in 5 territories;</li> <li>• Implementation period: 2021-2023</li> <li>• During the negotiations, the costing for consultancy per day and no. of territories have been adjusted;</li> <li>• Estimated for implementation = 90,000 MDL (4,586.06 EURO)</li> </ul>
<p><b>Adjustments to the existing intervention</b> Providing co-financing mechanism for the existing intervention [34,000 MDL/annually] and proposing pilot programs being annually extended</p>	<p>5.2.1.4. Competitions at LPAs level for the best plan for informing the population about TB</p>	<ul style="list-style-type: none"> <li>• The intervention was not included in the Basic Application, but in PAAR (with high priority)</li> <li>• Estimated for implementation = 30,000 EURO</li> </ul>

<p><b>Adjustments to the existing intervention</b> Regarding the intervention which included 2 training courses per year [(2021-2023) * 23513 MDL (costing of one course) = 141,080 MDL] it was requested to increase the number of trainings by including LPAs representatives and non-medical staff from the penitentiary system.</p> <ul style="list-style-type: none"> <li>• Conducting 3 courses per year</li> <li>• Estimated costing = ~ 70,050 MDL (23513 * 3)</li> </ul>	<p>6.3.5.1. Training on TB control activities for staff who provide non-medical services: CSOs, outreach and peer-to-peer, psychologists and case managers, supporters through trainings</p>	<ul style="list-style-type: none"> <li>• There were provided 4 trainings annually (1 training ~20 people);</li> <li>• From the existing comments, in the financial estimates file it is not clear if there are representatives of LPAs and non-medical staff from the penitentiary system;</li> <li>• Implementation period: 2021-2023</li> <li>• Estimated for implementation = 210,576.00 MDL (10,730.15 EURO)</li> </ul>
<p><b>Adjustments to the existing intervention</b> Regarding the intervention which included one training per year * 60430 (costing for one training) = 181,293 MDL, it was requested to be supplemented with one international training per year</p> <ul style="list-style-type: none"> <li>• Amount = ~ 181,300 (60430 * 3)</li> </ul>	<p>6.3.5.2. Training on TB control activities for staff who provide non-medical services: CSOs, outreach and peer-to-peer, psychologists and case managers, supporters through trainings abroad</p>	<ul style="list-style-type: none"> <li>• International trainings/events (participation in one training and one event annually);</li> <li>• Implementation period: 2021-2023</li> <li>• Estimated for implementation = 12,380.49 EURO</li> </ul>
<p><b>No proposals</b></p> <ul style="list-style-type: none"> <li>• The intervention involved consultancy services (2 consultants) [47,800 MDL]</li> <li>• There were no additional proposals</li> </ul>	<p>6.5.1.1. Consultant for the development and implementation of contracting mechanisms within state funds or other funding mechanisms relevant for CSOs</p>	<ul style="list-style-type: none"> <li>• Consultancy services (2 consultants)</li> <li>• Implementation period: 2022</li> <li>• During the negotiations, the costing for consultancy per day and the number of territories has been adjusted;</li> <li>• Estimated for implementation = 40,000 MDL (2,038.25 EURO)</li> </ul>
<p><b>Adjustments to the existing intervention</b></p> <ul style="list-style-type: none"> <li>• It was requested to include in the interventions the DOT Service provided by CSOs, but also the CSOs support for VOT.</li> <li>• Including advocacy activities at local level (LPAs, public and private PHC)</li> </ul>	<p>6.5.2.1. (Right Bank) and 6.5.2.2. (Left Bank of the Dniester River). Carrying out activities through small grants for education, information, interventions for increasing the adherence to treatment, accompaniment and support to persons who completed the treatment in order to prevent relapses, including the peer-to-peer support</p>	<ul style="list-style-type: none"> <li>• Costing for sensitive TB beneficiary = 2042.02 MDL;</li> <li>• Costing for MDR TB beneficiary = 5483,635.00 MDL;</li> <li>• Services provided to beneficiaries include DOT/VOT assistant, consultation of psychologist, social worker;</li> <li>• Grants include both banks;</li> <li>• Implementation period: 2021-2023</li> <li>• Estimated for implementation = 5,042,530.88 MDL (334,393.29 EURO)</li> </ul>
<p><b>No proposals</b> Development of the operational research (256,000 MDL)</p>	<p>6.5.3.1. Contracting a sociological company for developing the Operational research "Documenting the access barriers (financial, stigma, human rights, gender) and estimating the quantity of KAP"</p>	<ul style="list-style-type: none"> <li>• Development of the operational research;</li> <li>• Implementation period: 2021</li> <li>• Estimated for implementation = 256,000 MDL (13,044.78 EURO)</li> </ul>
<p><b>No proposals</b> Conducting the round table (49,000 MDL)</p>	<p>6.5.3.2. Round table aimed at discussing the results of operational</p>	<ul style="list-style-type: none"> <li>• The intervention was cancelled;</li> <li>• During the negotiations, it was mentioned that the research will be presented in the framework of other events or online;</li> </ul>

	research on accessing services and establishing an action plan	<ul style="list-style-type: none"> <li>• There is no need for additional resources</li> </ul>
<p><b>No proposals</b> National consultancy (representatives of MHLSP, CSOs, lawyer) [71,700 MDL]</p>	6.5.3.3. Reviewing the normative acts for removing barriers to accessing services found out in the framework of operational research	<ul style="list-style-type: none"> <li>• Consultancy services;</li> <li>• Implementation period: 2021</li> <li>• During the negotiations, the costing for consultancy was adjusted;</li> <li>• Estimated for implementation = 60,000 MDL (3,057.37 EURO)</li> </ul>
<p><b>No proposals</b> Consultancy (47.800 MDL)</p>	6.5.3.4. Carrying out the exercise of estimating the quantity of key populations	<ul style="list-style-type: none"> <li>• Consultancy services;</li> <li>• Implementation period: 2021</li> <li>• Estimated for Implementation = 40.000 MDL (2,038.25 EURO)</li> </ul>
<p><b>Adjustments to the existing intervention</b> It was proposed to extend the Grants (of 588,741 MDL per year in the period 2021-2023) including for the left bank as well</p>	6.5.4.1. Small Grants – CSOs in reducing barriers and ensuring the access of key groups to TB services	<ul style="list-style-type: none"> <li>• Grant activity;</li> <li>• Implementation period: 2022-2023</li> <li>• During the negotiations, the estimated costs have been adjusted;</li> <li>• Estimated for implementation = 981,236.00 MDL (50,000 EURO)</li> </ul>
<p><b>New intervention</b> It was requested to include strategic litigation services (1 case = 2000 Euro; in 3 years = 10 cases) = 20,000 EURO and legal support (2 lawyers * 1000 Euro per month * 3 years) = 20,000 EURO. Total: 92,000 EURO (~1,840,000 MDL)</p>	6.5.4.2 Legal assistance and counselling services (NGO Grants)	<ul style="list-style-type: none"> <li>• The proposed interventions will be carried out in the framework of a Grant managed by CSO with experience in the legal field;</li> <li>• During the negotiations, costing has been adjusted;</li> <li>• Intervention for both banks of the Dniester River</li> <li>• Implementation period: 2021-2023</li> <li>• Estimated for implementation = 2,590,461.00 MDL (132,000.01 EURO)</li> </ul>
<p><b>New intervention</b> Consultancy for the development of the methodology for identification and reference to legal assistance. Creation/extension of paralegal and CSOs networks for reference to legal aid. Estimated costing = 2 consultants * 100 EURO * 5 days * 3 years) (or ~ 60,000 MDL)</p>	6.5.4.6. Development of the methodology for identification and reference to legal assistance	<ul style="list-style-type: none"> <li>• Consultancy services;</li> <li>• Implementation period: 2021</li> <li>• Estimated for implementation = 20,000 MDL (1,019.12 EURO)</li> <li>• The estimated costing for this activity does not provide training activities for creating the network of paralegals and CSOs</li> </ul>
<p><b>Adjustments to the existing intervention</b> Regarding the intervention that provides consultancy and annual training course [23,513 MDL per year] for developing and implementing mechanisms for monitoring the quality of TB services in relation to the respect of patient's rights, it was requested to supplement with joint monitoring visits, development of annual report and public presentation of the report close to the period of human rights days (1-10 December) Estimated costing =</p>	6.7.3.4. Developing and implementing mechanisms for monitoring the quality of TB services in relation to the respect of patient's rights (sessions to present the information collected)	<ul style="list-style-type: none"> <li>• Consultancy services;</li> <li>• Implementation period: 2021-2022</li> <li>• Estimated for implementation = 52644.00 MDL (2,682.54 EURO)</li> <li>• The interventions were not supplemented with joint monitoring visits, development of annual report and public presentation of the report close to the period of human rights days (1-10 December)</li> </ul>

(15 EURO per visit * 45 territories * 1 person) * 2 visits per year * 3 years = 4000 EURO (or ~ 81000 MDL)		
<b>No proposals</b> Consultancy services	6.7.3.5. Development of OST for CSOs on monitoring the quality of TB services in relation to the respect of patient's rights	<ul style="list-style-type: none"> <li>• Consultancy services</li> <li>• Implementation period: 2021</li> <li>• Estimated for implementation = 26.300 MDL (1,340.15 EURO)</li> </ul>
<b>New intervention</b> Training of service providers (CSOs, medical staff) in the field of TB and human rights. It was proposed to organize 3 events (1 initial training, 2 round tables for monitoring). Estimated costing for Training/events = 4,500 EURO (1500 EURO * 3 events) (~ 90,000 MDL)	6.7.3.6. OST Training course for CSOs on monitoring the quality of TB services in relation to the respect of patient's rights	<ul style="list-style-type: none"> <li>• Training course (1 course for 20 persons);</li> <li>• Implementation period: 2022</li> <li>• Estimated for implementation = 17,548.00 MDL (894.18 EURO)</li> <li>• It was not fully agreed on the number of trainings;</li> <li>• It was mentioned the possibility of being compiled with other trainings or online events</li> </ul>
<b>New intervention</b> Annual campaign (1-10 December) on TB and HR. Estimated costing = 5000 EURO * 3 = 15000 EURO (~300,000 MDL)		During the negotiations, in comments, it was stated that a part of the funding from 24 March event will be reallocated, but the statement was not found.
<b>New intervention</b> It was proposed to stimulate the Grants through co-financing mechanism. Estimated costing = 2000 EURO * 5 CSOs * 3 years = 30,000 EURO (~600,000 MDL) for both banks of the Dniester river	6.5.4.3 Grant for Fundraising	<ul style="list-style-type: none"> <li>• The intervention was not included in the Basic Application, but in PAAR (with high priority)</li> <li>• Estimated for implementation = 5,197 EURO</li> </ul>
<b>New intervention</b> It was proposed to allocate Grants to LPAs that have demonstrated best practices in TB control engagement. It was requested to include at least 3 small Grants per year for the implementation of the NTP, one Grant amounting to 8,000-10,000 EURO (~ 160,000-200,000). Small Grants will be provided for both banks of the Dniester river.		
<b>New intervention</b> It was proposed to conduct one annual audit report. 1000 EURO per report * 5 CSOs * 3 years = 15,000 EURO (~ 300,000 MDL)	6.5.4.4. CSOs audit, including through the use of personal data and their preparation for accreditation	<ul style="list-style-type: none"> <li>• Audit services (audit report)</li> <li>• Implementation period: 2021</li> <li>• Estimated for implementation = 100,000 MDL (5,095.62 EURO)</li> </ul>
<b>New intervention</b> Technical support: 1000 EURO * 5 CSOs * 3 years = 15,000 EURO (~300,000 MDL)	6.5.4.5. Providing advisory support for the accreditation procedure	<ul style="list-style-type: none"> <li>• Training course</li> <li>• Implementation period: 2021</li> <li>• Estimated for implementation = 41,088 MDL (2,093.69 EURO)</li> </ul>
<b>New intervention</b> Reintegration and rehabilitation. Potential beneficiaries ~ 2000 persons.	6.5.4.7. Reintegration and Rehabilitation Grant for TB patients with CSOs support	<ul style="list-style-type: none"> <li>• The intervention was not included in the Basic Application, but in PAAR (with high priority)</li> <li>• Estimated for implementation = 180,000 EURO</li> </ul>

<p>It was requested to include at least 3 Grants per year. Estimated costing: Grant value = 15,000-20,000 EURO (or ~300,000-400,000 MDL)</p>	<p>6.5.4.8. Mapping the services available in the community for employment</p> <p>6.5.4.9. Elaboration of OST for case management for reintegration and employment</p>	
<p><b>Adjustments to the existing intervention</b> It was requested to clarify whether the estimated amount [MDL 6,413,996] includes also the left bank.</p>	<p>6.6.1.1. Small grants – Strengthening TB control in penitentiary institutions, accompanying and supporting the persons released from detention with a view to ensuring continuity of treatment, including through the involvement of CSOs</p>	<ul style="list-style-type: none"> <li>• Beneficiaries/detainees following to be released (costing for sensitive TB beneficiary = 2108.02 MDL and for RR/MDR TB = 3195.23 MDL);</li> <li>• Beneficiaries/detainees who will not be released (costing for sensitive TB beneficiary = 888.22 MDL and for RR/MDR TB = 1470.83 MDL);</li> <li>• Services provided to beneficiaries include DOT assistant, consultation of psychologist, social worker;</li> <li>• The Grant includes the right bank. For the left bank, the costing for the beneficiaries following to be released is included in Intervention 6.5.2.2., and for the beneficiaries being in detention, this was not included, the reason being the right of CSOs to have access in the penitentiary institutions.</li> <li>• Implementation period: 2021-2023</li> <li>• Estimated for Implementation = 59,961.16 EURO</li> </ul>
<p><b>No proposals</b> Translation and printing of TB Patient’s Charter and Declaration of the Rights of People Affected by Tuberculosis (7500 copies)</p>	<p>6.7.1.1. Translation and printing of TB Patient’s Charter and Declaration of the Rights of People Affected by Tuberculosis</p>	<ul style="list-style-type: none"> <li>• It is included in the section regarding the informational/educational materials</li> </ul>
<p><b>Adjustments to the existing intervention</b> Regarding the existing intervention (national consultancy [23,900 MDL]), it was requested to adjust SIME TB by adding “CSO module”, training, events that would include validation/round tables). Estimated costing for Training/events = 4,500 EURO (1500 EURO * 3)</p>	<p>6.7.3.3. Development of a data exchange algorithm between NTP and CSOs</p>	<ul style="list-style-type: none"> <li>• Consultancy services;</li> <li>• It was motivated that “CSO module” will be included;</li> <li>• It was mentioned that CSOs will be trained in the framework of training for medical staff, and events that would include validation (during M&amp;E visits or through online platforms)</li> <li>• Implementation period: 2022</li> <li>• Estimated for implementation = 20,000 MDL (1,019.12 EURO)</li> </ul>
<p><b>New intervention</b> Conducting community-based operational research regarding the needs of persons affected by TB. Implementation period – 2021. Research costing = 20,000 EURO (~400,000 MDL)</p>		<ul style="list-style-type: none"> <li>• Rejected intervention</li> </ul>
<p><b>New intervention</b></p>		<ul style="list-style-type: none"> <li>• The intervention was not included in the Basic Application, but in PAAR (with high priority)</li> </ul>



Conducting community-based operational research regarding the impact of CSOs in providing services to persons affected by TB. Implementation period – 2021. Research costing = 20,000 EURO (~400,000 MDL)		<ul style="list-style-type: none"> <li>Estimated for implementation = 210,000 EURO</li> </ul>
<b>New intervention</b> Strengthening CSOs community systems: organization, leadership, sustainability, fundraising		<ul style="list-style-type: none"> <li>The intervention was not included in the Basic Application, but in PAAR (with high priority)</li> <li>Estimated for implementation = 45,000 EURO</li> </ul>
<b>New intervention</b> Supporting the CSOs Platform active in TB		<ul style="list-style-type: none"> <li>The intervention was not included in the Basic Application, but in PAAR (with high priority)</li> <li>Estimated for implementation = 45,000 EURO</li> </ul>
<b>HIV COMPONENT</b>		
Ensuring the access of groups at high risk of infection to essential and comprehensive HIV prevention services and associated assistance in order to increase the coverage of interventions in a proportion of not less than 70% of the estimated number, HIV testing of 90% of beneficiaries provided with services, as well as the prevention of HIV infection transmission in the general population	1.1.1.1. Basic prophylactic package for MSM and TG	It was agreed to hold combined funding for the basic packages – NHIC, GF.
	1.1.2.1. Basic prophylactic package for IDUs	
	1.1.4.1. Basic prophylactic package services SWs and TG	
	1.1.2.3. Gender sensitive services	<ul style="list-style-type: none"> <li>The extended packages and attractive services included in the deficit following to be included in PAAR.</li> <li>The costing of packages was agreed based on the methodology of 2017/PCIMU. Both packages are formed on the basis of the Quality Standard approved by MHLSP.</li> </ul>
	1.1.1.2. Extended package MSM	
	1.1.1.3. Conducting pilot projects for TG	
	1.1.1.4. Attractive services for MSM/TG	
	1.1.2.2. Extended package for IDUs	
	1.1.4.2. Extended service package for SWs	
1.1.4.3. Attractive services for new beneficiaries		
Ensuring access to specific support and assistance services for injecting drug users (opiates)	1.1.2.4. Distribution of naloxone	Planning procurements from budgetary resources of the authorities from the left bank presents risks; identification of alternative funding sources for the Left Bank of the Dniester River is needed.
	1.1.3.1. Advocacy for expanding OST (right bank)	It is planned to open 18 new OST points; advocacy was recommended, for the psychosocial assistance component
	1.1.3.6. Psychosocial support for OST	In order to avoid the deficit for the last 2 years of the NAP it is suggested to elaborate the funding mechanism from NHIC.
	1.1.3.7. Advocacy for expanding OST (Left Bank of the Dniester River), CSOs engagement, offering psychosocial support	In the recent years, UNODC has been promoting OST on the left bank; to take into consideration the UNODC resources. It is recommended to identify the funding mechanism from the resources of the left bank authorities.

Ensuring PrEP service package, including community PrEP, ensuring CSOs engagement	<p>1.2.1.1. Providing PrEP service package, including community PrEP, ensuring CSOs engagement;</p> <p>1.2.1.2. Elaboration of the normative basis for providing the PrEP service in medical institutions and at community level, and costing of PrEP service;</p> <p>1.2.1.3. Public discussion of the PrEP program and its results;</p> <p>1.2.1.6. Conducting information campaigns to promote PrEP</p>	<p>It is suggested:</p> <ul style="list-style-type: none"> <li>• analysis of the funding opportunity from NHIC/Prophylaxis Fund resources for the last 2 years of NAP activity;</li> <li>• CSOs engagement in the implementation of PrEP.</li> </ul>
Supporting and maintaining the functionality of additional services for groups at high risk of HIV infection	<p>1.2.3.1. Mobile services for risk groups</p> <p>1.2.4.1. Preventive services via pharmacies</p>	It is recommended to identify alternative methods for ensuring the access to services, for example, fixing automatic consumables dispensers. It is required the documentation and analysis, including cost-effectiveness and perception of risk groups with regard to the methods identified.
	1.2.5.2. Advocacy for organizing safe consumption spaces	he funding request proposes setting up two sites on in Balti and one in Chisinau for Harm reduction services based on the safety drug consumptions facilities
Strengthening the capacity of providing prevention services for non-injecting drug users (1.2.5.1.)	<p>1.2.5.1./1.2.5.2. Strengthening the capacity of providing prevention services for non-injecting drug users – training &amp; advocacy</p> <p>1.2.5.3. Providing prevention service package for non-injecting drug users in accordance with the provisions of the Standard for the organization and operation of HIV prevention services in key populations, including young people from these groups</p>	Accepted due to common discussions, arguments and analyses provided within the TWG
Strengthening the role of the collaborators of the Ministry of Internal Affairs in the effort to prevent HIV and the assistance of groups at high risk of infection, and PLHIV	1.2.5.4. Modelling a commitment for safe and non-discriminatory behaviour by the employees of the Ministry of Internal Affairs when working with representatives of the groups at high risk of infection	Proposed at the last TWG-HIV meeting for approving the NAP. Accepted by being included partially in the deficit/PAAR, after common discussions, arguments and analyses provided within the TWG-HIV

	<p>and PLHIV (ToT), and increasing the police officers' knowledge regarding the Post Contact Prophylaxis (PCP)</p> <p>1.2.5.5. Improving the knowledge and skills of the employees of the Ministry of Internal Affairs working with representatives of the groups at high risk of infection and PLHIV (TOT), and in PCP issues</p> <p>1.2.5.6. Providing the staff of the General Police Inspectorate with personal protective equipment aimed at preventing HIV infection and tuberculosis at work</p>	
Increasing the access to syphilis and HIV testing, including for the general population	2.1.4.1. Implementation of self-testing in general population	The engagement of medical community and the general community in promoting self-testing is recommended and argued. The activity requires separate costing.
	2.1.5.1. Stimulation of index testing in order to develop innovative approaches in the early identification of HIV	Each new identified case to be remunerated with 1000 MDL. The opportunity of testing general population by NGOs, but also the NGO engagement in testing the risk groups, respectively it is necessary to identify a remuneration/funding mechanisms.
	2.1.5.2. Stimulation of index testing in order to develop innovative approaches in the early identification of syphilis	
	2.1.5.3. Stimulation of index testing in order to develop innovative approaches in the early identification of HIV	
Providing psychosocial support services with an emphasis on adherence and ARV treatment	<p>2.3.1.1. Providing service package for increasing adherence</p> <p>2.3.1.2. Providing service package for PLHIV in ART, who needs psychosocial support</p>	From the service package must benefit the persons initiating the treatment + 500 repeated + 200 pregnant women + 130 children + 200 persons with TB/HIV co-infection & 50% PLHIV in ARV, more than 2 months requiring psychosocial support.

	<p>2.3.2.1. Reviewing the normative basis for restructuring of social centres for PLHIV in medical-social centres ART and TB treatment, OST.</p> <p>2.3.2.3. Piloting and supporting projects based on social centres in order to provide the complex package for PLHIV and risk groups</p>	<p>It requires the development of a clear concept regarding the complex services and the development of activity principles, quality and quantitative indicators.</p>
	<p>2.4.1.2. Development of a differentiated model for the provision of psychosocial services, including costing of service packages</p>	<p>Funding planned from NHIC – it is recommended to identify alternative internal funding mechanisms, for example, NHIC</p>
	<p>2.4.2.3. Elaboration of the normative act regulating the ARV issuance/courier mechanism by NGOs staff</p>	<p>It requires costing and a sustainable funding mechanism</p>
	<p>2.4.3.1. Developing and piloting innovative approaches to ensure adherence to treatment</p>	<p>It is recommended to take into consideration the DOT for ART</p>
	<p>3.2.4.10. Research to estimate the number of TG with qualitative component for determining the service needs for TG persons</p>	<p>As a result of more negotiations, it was prioritized for the inclusion in PAAR</p>
	<p>3.2.4.4. Implement research on estimating the number of non-IDUs</p>	<p>Approved for funding from GF resources</p>
<p>Ensuring the sustainability of services for risk groups and PLHIV</p>	<p>3.3.4.2. Continuous training of persons from Public Health Institution, CSOs, etc. by participating in training programs (counselling, methods, new medical staff, HIV/NGO laboratory GF</p> <p>3.4.1.3. Development and inclusion of changes in the national classifier of professions for the integration of</p>	<p>No comments</p>

	social workers in the staff of medical institutions	
Strengthening the institutional potential of NGOs involved in implementing NAP	3.6.1.1. Providing methodological and technical support to CSOs and formal initiative groups for updating strategic plans and their implementation	Negotiated regarding the inclusion in the list of organizations receiving initiative group assistance from affected communities
Support in the implementation of NAP through community monitoring and advocacy	3.6.2.1. Ensuring community monitoring of the process of implementing the NAP to ensure the transition to domestic funding and to assess the implementation 3.6.2.2. Advocacy and social mobilization of communities aimed at ensuring funding for risk reduction programs, support and care from internal resources (national budget, local budgets, NHIC) – round tables 3.6.2.3. Enhancing the community potential to ensure effective advocacy for the implementation of the national program – training	The need for small Grants including initiative groups for carrying out community mobilization activities was suggested and argued.
Promoting public health approaches, HIV prevention and treatment with scientifically argumentation	3.7.1.1. Development and support for educational and information campaigns to increase HIV and STIs testing, risk reduction, modern prevention and treatment methods	No comments
Strengthening the respect of human rights for protecting PLHIV and risk groups	3.7.2.2. Ensuring the systematic collection and documentation of cases of discrimination and violation of HR, including through the network of paralegals – consultancy; 3.7.2.3. Strengthening the capacity of the network of peer-to-peer consultants and paralegals, and lawyers of the National Legal Aid	No comments

	Council (NLAC) in the assistance of GRSI and PLHIV (training)	
<b>New intervention:</b> It was suggested to support the activity of specialized paralegal network; the costing to be included in the budget.		It is not included in the final version of the budget; it was not accepted
Community mobilization and reducing HIV-related stigma	3.7.3.3. Developing and piloting the program/interventions for providing services aimed at overcoming self-stigmatization of PLHIV and risk groups	It is necessary to determine the costing and the design of interventions by including the participation of CSOs, until conducting the interventions
	3.7.4.1. Conducting activities for commemorating the International AIDS Day and the World AIDS Day; 3.7.4.2. Engagement of the representatives of affected communities in the activity of the working groups, committees, national and international bodies with a view to participate in decision-making processes, development of reports and policy documents	
<b>New intervention:</b> It was consistently recommended to support the activity and leadership of initiative groups from vulnerable community environment and PLHIV, by offering small Grants to increase community mobilization, PLHIV and key groups activism/leadership		The proposal was not accepted in the form as it was presented, being motivated by the fact that the activity is tacitly included in other lines.

Legend: Included in GF Application Partially included in GF Application Included in PAAR Rejected from the GF Application

## Annex: Questions for focus groups, individual interviews and online questionnaires

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Dear colleagues, partners and friends! We would like to ask you to spend 30-45 minutes of your valuable time in order to answer the questions of the present questionnaire, which aims to:

- identify the key challenges in involving CSOs in the implementation of the National Program on Prevention and Control of HIV/AIDS and STIs or Tuberculosis (NP) 2016-2020 and to assess the involvement of CSOs in the development of NAP 2021-2025;
- Assess the role of affected communities in the response to the TB and HIV epidemic, and the financial coverage of the priorities determined by these communities in the framework of the new National Program for the years 2021-2025, and their inclusion in the Country Application for the GF.

The summarized evaluation results of this questionnaire will be part of the assessment realized by a team of national and international experts, contracted by the Moldovan Institute for Human Rights (IDOM) at the request of the KAP Committee (Key Affected Populations) in the framework of the CRG (Community, Rights and Gender) Technical Assistance Program of the Global Fund, having the mission to support the meaningful engagement of civil society and communities in the development of the Country Application for the GF for 2021-2023 and the elaboration of the new National Programs for the period 2021-2025.

It should be mentioned that your personal opinions are extremely important! At the same time, we assure you that your answers will not be included separately in the report, but will be integrated in the general context of the conclusions and recommendations. Moreover, we express the obligation to ensure the confidentiality of the data collected in relation to the source of origin.

*Respectfully,*

*Members of the consultants' team*

### *Acronyms:*

**GF** – Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund);

**NTP** - National Tuberculosis Control Program

**NAP** - National Program on HIV/AIDS and STIs

**SCOs** – Civil Society Organizations, including both NGOs and Initiative Groups;

1. Name
2. Organization/initiative group
3. Do you participate, directly or indirectly, in any form, in the national effort to counteract the TB (HIV/AIDS) epidemic in the Republic of Moldova?
4. What difficulties, as CSO, do you encounter/have you encountered in the process of:
  - implementing the activities of NAP 2016-2020?
  - implementing the activities in the framework of the GF projects during 2018-2020?
  - communicating with NTP/NAP coordination unit?
  - communicating with the Principal Recipient or Sub-recipients of the GF Grant on TB or HIV/AIDS component?
  - accessing to and participating in decision-making regarding the distribution and use of NTP/NAP financial resources?
5. How were the gaps regarding the CSOs involvement in the NTP/NAP for 2016-2020 assessed?
6. What measures have been taken, including the supporting ones for CSOs from NTP/NAP during the years 2016-2020, in order to increase the involvement of CSOs in the implementation of NTP/NAP activities?
7. What kind of support have you requested in order to solve the problems you faced and to increase the efficiency of your organization's involvement in the implementation of NP?
8. In your opinion, which are the priority areas and interventions for the involvement of CSOs in the implementation of the new NTP/NAP2021-2025?
9. How were you involved in identifying the priorities related to CSOs involvement and the activities for the new NTP/NAP2021-2025?
10. How were you involved in identifying the priorities regarding the activity and involvement of CSOs in the process of drafting the Country Application for the GF for the period 2021-2023?
11. Describe or list the activities/interventions proposed by CSOs, which were not accepted in the new NTP/NAP and in the GF Application for 2021-2023 respectively? In case that you know the reason, please, explain why they were not included!
12. Do you consider the CSOs activities/interventions included in the Application for the GF sufficient/complete?
13. Do you think that the CSOs activities/interventions included in the GF Application will provide solutions for the affected communities and will they improve the epidemiological context of TB (HIV/AIDS)? Please, explain!
14. In your opinion, are there any additional activities/interventions, which are necessary to be included in the NTP/NAP for 2021-2025 and in the Application for the GF 2021-2023? Specify the funding sources for them!
15. Which are the main outcomes that you expect from cooperation with local/municipal public authorities?
16. What specific outcomes do you expect from cooperation with the NTP/NAP Coordination Unit?