The HIV Transition and Sustainability Plan

Transition from Global Fund support
Republic of Moldova, 2027–2030

	HIV
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CONTENTS

Summary 4

Purpose of the Plan 5

Epidemiological and programmatic context 6

Summary of the transition to date and GC7 progress 8

Analysis of Global Fund-supported interventions and the transition pathway to domestic funding 8

1. Component 1: Prevention services for key populations and integrated prevention approaches 9

1.1 Prevention services for MSM and transgender people 9

1.2 Prevention and harm reduction services for people who use drugs 13

1.4 Prevention services for sex workers 17

1.4 Procurement of consumables for HIV testing and prevention programmes implemented by CSOs 20

1.5 Pre-exposure prophylaxis (PrEP), including community-based PrEP and long-acting injectable PrEP 21

1.6 Alternative access to prevention and testing via vending machines 26

1.7 Promoting hepatitis B vaccination and strengthening the capacities of civil society organisations 29

1.8 Community participation in specific prevention and online campaigns 31

Component 2: Screening and laboratory monitoring for HIV, STIs and viral hepatitis 36

2.1 HIV self-testing via pharmacies and rapid self-tests for vulnerable groups 36

2.2 Provision of calibration kits 38

2.3 Laboratory monitoring of HIV treatment on the left bank: HIV RNA and CD4 testing 40

2.4 National Reference Laboratory for HIV/STIs/viral hepatitis 41

Component 3: Treatment, adherence and support for people diagnosed with HIV, STIs and viral hepatitis 46

3.1 Access to HIV and syphilis treatment products subject to small-volume procurement constraints 47

3.2 Ensuring treatment adherence among people living with HIV, STIs and viral hepatitis B, C and D 49

3.3 Ensuring the technical and methodological conditions for the provision of treatment for HIV and viral hepatitis B, C and D 51

Ensuring the technical and methodological conditions for the provision of treatment for HIV and viral hepatitis B, C and D 53

3.4 Civil society involvement in treatment sustainability 53

Component 4: Strengthening programme management by ensuring a coordinated response, high-quality strategic information and intersectoral collaboration 55

4.1 Ensuring the management of the HIV, STIs and viral hepatitis B, C and D programme 55

4.2 Operational studies and research 57

4.3 Community-led monitoring, legal and community systems, and digital interoperability 60

4.4 Implementation of information and education campaigns on HIV and viral hepatitis 63

4.5 Ensuring the implementation, operationalisation and sustainable functioning of the HIV Monitoring and Evaluation Information System (SIME HIV) 64

Summary of transition risks and mitigation measures 67

Transition support activities to facilitate nationwide take-over 71

Monitoring, responsibilities and annual review 73

Abbreviation	Definition
AIDS	Acquired Immunodeficiency Syndrome
ANSP	National Public Health Agency
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAPCS	Centre for Centralized Procurement in Health
CCM	Country Coordinating Mechanism/ National Coordination Committee on Tuberculosis and AIDS (CNC TB/SIDA)
CLM	Community-Led Monitoring
CNAM	National Health Insurance Company
CNAS	National Social Insurance House
CSO	Civil Society Organization
GCA	Key Affected Populations (KAPs)
GC7	Global Fund Grant Cycle 7 (2024–2026)
GC8	Global Fund Grant Cycle 8 (2027–2029)
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GAM	Global AIDS Monitoring
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDV	Hepatitis D Virus
HIV	Human Immunodeficiency Virus
HIV TSP	HIV Transition and Sustainability Plan
IBBS	Integrated Bio-Behavioral Survey
IEC	Information, Education and Communication
MLSP	Ministry of Labour and Social Protection
MoH	Ministry of Health
MSM	Men Who Have Sex with Men
M&E	Monitoring and Evaluation
NB	National Budget
NP	National Programme on HIV, STIs and viral hepatitis B, C and D for the years 2026–2030
NAP	National AIDS Programme; National HIV Programme
OAT	Opioid Agonist Therapy
OST	Opioid Substitution Therapy
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs

Abbreviation	Definition
SIME HIV	HIV Monitoring and Evaluation Information System
SIME TB	Tuberculosis Monitoring and Evaluation Information System
SR	Sub-Recipient
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
TG	Transgender People
UCIMP	Unit for Coordination, Implementation and Monitoring of Health Projects

Summary

This HIV Transition and Sustainability Plan (hereinafter the HIV TSP) describes how the Republic of Moldova will maintain and progressively fund critical interventions on HIV, STIs and viral hepatitis during and after the final transition allocation from the Global Fund for the period 2027–2029 (hereinafter GC8).

The plan accompanies the budget extract for the National Programme on HIV, STIs and viral hepatitis B, C and D for the years 2026–2030 (hereinafter the National Programme, NP) and should be considered in conjunction with the HIV Transition Plan Budget, which identifies the activities of the National Programme that still require support from the Global Fund and outlines the anticipated transition to domestic funding by 2030.

The transition model reflected in the budget is not a separate categorisation. It is an activity-based transition pathway: each activity of the National Programme supported by the Global Fund is determined by annual funding from domestic sources, Global Fund resources and, where applicable, special arrangements for the left bank region. Consequently, this plan follows the structure of the National Programme, rather than imposing a parallel typology.

By 2026, Moldova had already reached important milestones in its transition. The procurement of ARVs for adults is funded domestically; oral PrEP products are procured from the state budget; and the medical component of opioid agonist therapy is covered by domestic systems on the right bank of the Dniester. At the same time, several essential functions remain dependent on support from the Global Fund, including community-based prevention services, community support for PrEP, psychosocial and adherence support, small-volume procurement of paediatric ARVs and syphilis treatment, laboratory quality systems, community-led monitoring, legal/community systems, strategic information and the operationalisation of the HIV SIME.

Consequently, the aim of GC8 is twofold: to safeguard the continuity of services during the period 2027–2029 and to fund the transition support measures required for full domestic funding, management and accountability by 2030. These actions include costs, standards and package approvals, adjustments to the contracts of the National Health Insurance Company (hereinafter CNAM), public procurement reforms, programme management arrangements, laboratory funding mechanisms, maintenance of the HIV SIME, and an explicit mechanism for the left bank region.

Purpose of the Plan

This plan sets out the operational pathway to support the Republic of Moldova's national response to HIV during and after the award of the Global Fund's final transition grant for the period 2027–2029 (hereinafter GC8). It complements the National Programme 2026–2030, explaining how the activities supported by the Global Fund, as identified in the programme budget, will be progressively transferred to domestic funding and management.

The plan has four practical objectives:

- to clarify which activities of the National Programme still require support from the Global Fund;
- to explain the annual transition pathway from the Global Fund to domestic funding;
- to identify the policy, budgetary, procurement, contracting and institutional actions required to make this trajectory feasible;
- to identify residual risks that require monitoring and mitigation by 2030.

The sustainability plan outlines the transition objectives, as explicitly set out in the Global Fund's allocation letter for the period 2027–2029 (GC8), with Moldova being encouraged to draw up "a transition plan that will enable the HIV and TB response to be fully funded from domestic resources", with a focus on the following objectives:

- increasing the share of domestic funding for prevention services targeting key populations, with the aim of achieving full domestic funding by the end of GC8, by utilising national health mechanisms.
- investing in differentiated service delivery models in the first two stages of the HIV cascade (testing and linkage to treatment), including through community-led responses, to remove structural barriers and strengthen treatment.
- introduce and integrate injectable pre-exposure prophylaxis (PrEP) into the national service model, with full domestic funding for all PrEP interventions by the end of GC8.

The Plan thus reflects the alignment between the commitments made by the Government in the draft National Programme 2026–2030 and the Global Fund's requirements regarding sustainability, transition and co-financing. The draft National Programme outlines the policy framework, epidemiological objectives and intervention architecture, including ambitious 95–95–95 targets and coverage rates of 74 per cent for MSM, 70 per cent for PWID and 60 per cent for SW among key groups requiring prevention services. The GC8 allocation letter specifies, however, that 25 per cent of the allocation for Moldova is conditional upon credible co-financing commitments amounting to at least 3.5 million euros (for both components), directed entirely towards sustainability and transition activities, with a particular focus on key groups. The sustainability plan sets out these requirements in a 'roadmap', identifying the relevant programme costs and indicating future sources of funding (state budget, compulsory health insurance funds, local budgets, other sources), outlines a phased approach to taking over expenditure currently covered by Global Fund grants, and defines institutional responsibilities.

At the same time, the Plan also serves as a risk management tool for the HIV transition. Although the draft National Programme devotes a separate chapter to the analysis of implementation risks, explicitly mentioning risks such as: failure to ensure continuity of funding and insufficient takeover of interventions funded by the Global Fund, a reduction in external funding, difficulty in reaching key populations due to stigma, limited access to the Transnistrian region, insufficient budgetary resources, limited human capacity, etc. The Plan examines these risks in greater detail, interpreting them through

the lens of financial and institutional transition: what happens if allocations for prevention do not increase sufficiently over time; how the continuity of antiretroviral (ARV) treatment is ensured in the context of market fluctuations; and how community-based services are protected against financial instability. In this regard, the report is not merely descriptive; it also serves a preventative purpose by proposing measures to mitigate risks specific to the transition (multi-annual budgetary commitments, the explicit inclusion of HIV services in contracts with the National Health Insurance Company, diversification of service providers, strengthening of community-based monitoring, etc.).

The aim of this Plan is to ensure a gradual transition of the main HIV interventions – which currently still depend on support from the Global Fund – to full public budget funding by the end of 2030. The Plan is aligned with the National Programme, which aims to transform the final HIV grant into a mechanism for strengthening national sustainability, rather than a mere continuation of external funding.

The plan does not aim to duplicate the content of the National Programme. It focuses solely on the activities included in the budget breakdown of the Global Fund's Funding Application and the associated transition conditions.
The funding figures and annual trajectories are taken from the HIV Transition Plan Budget.

Epidemiological and programmatic context

Moldova is entering the Global Fund's 2027–2029 transition period with a concentrated HIV epidemic, a maturing national response and an increasingly urgent need to safeguard programme functions that remain dependent on external funding.
The country has made substantial progress in expanding access to treatment, decentralising HIV services, strengthening prevention among key populations and increasing domestic funding. At the same time, the epidemic continues to disproportionately affect key populations and their partners, including people who inject drugs (PWID), men who have sex with men (MSM), sex workers (SW), transgender people (TG), prisoners and other vulnerable groups.
By the end of 2025, the Republic of Moldova had recorded 18,730 cumulative cases of HIV, with approximately 12,512 people living with HIV, 10,705 people under medical supervision and 9,376 people receiving antiretroviral treatment. The country recorded 816 newly diagnosed HIV cases in 2025, compared with 880 in 2024, continuing a long-term decline in the number of new infections. The Republic of Moldova has also made significant progress in terms of HIV impact indicators, including estimated reductions in new HIV infections and AIDS-related deaths compared with 2010 levels. However, the average age of newly diagnosed people has increased, rural areas continue to account for a substantial proportion of new diagnoses, and late diagnosis remains a persistent concern.
Progress towards achieving the 95–95–95 targets highlights the key challenges of the programme transition. By the end of 2025, approximately 74% of people living with HIV knew their HIV status, 55% of those diagnosed were receiving antiretroviral therapy (ART), and 40% of those on treatment had achieved viral suppression. These results indicate that the Republic of Moldova performs relatively well once people are diagnosed and linked to treatment. However, the first two stages of the HIV care cascade remain insufficient. Therefore, the Transition Plan must protect and strengthen the interventions that support earlier HIV diagnosis, timely linkage to treatment, retention in care, and sustained adherence to ART.
Testing and diagnosis remain a critical concern during the transition. HIV testing has been scaled up through health facilities, community-based organisations, self-testing, mobile outreach services and

other tailored approaches. However, the 2023 HIV Programme Review identified under-diagnosis among key populations and late diagnosis as persistent challenges. This means that the transition cannot focus solely on maintaining the overall volume of testing. It must also safeguard differentiated and community-led testing models, laboratory confirmation, quality assurance and rapid linkage to treatment and prevention services.

Prevention among key populations remains essential for maintaining control of the epidemic. In 2025, HIV prevention services reached 15,493 PWID, 7785 SW and 7,594 MSM These services are delivered through a mixed model involving public institutions, the prison system, civil society organisations, communities and development partners.

Coverage has expanded but remains below national targets for some populations and continues to be affected by structural, legal, financial and social barriers. The transition plan must therefore ensure that domestic funding through the National Health Insurance Company (CNAM) and other public sources can support not only service coverage but also the differentiated, community-based and rights-based delivery models needed to reach hidden and underserved populations.

Several programme areas require particular attention during the transition, as they combine epidemiological importance with continued reliance on support from the Global Fund. These include prevention packages for key populations, community-based testing and counselling, PrEP support and the forthcoming introduction of injectable PrEP, the expansion of opioid agonist therapy and psychosocial support, treatment adherence and peer support for people living with HIV, laboratory surveillance and diagnostic products for the left bank of the country, community-based surveillance, stigma reduction and strategic information systems. These areas are analysed in greater detail in Chapter 3, together with their funding trajectories and the conditions for domestic adoption.

The differences between the right bank and the left bank are particularly important for transition planning. On the right bank, HIV services are more integrated into national funding and delivery systems, including public procurement, National Health Insurance Company (CNAM) funding and decentralised treatment services. On the left bank, prevention, testing, laboratory monitoring and some service delivery functions remain more fragile and more dependent on special arrangements and support from the Global Fund. Consequently, the transition plan includes specific measures to prevent service disruptions on the left bank and to ensure that the national transition does not lead to territorial inequalities.

Human rights, reducing stigma and community-based systems are also key issues for sustainability. Persistent stigma and discrimination, the reliance of prevention and support services on external funding, and the absence of a fully integrated HIV information management system remain significant risks for the next phase of the response. The 2023 review of the HIV programme highlighted the need to safeguard the role of civil society and community-based systems, to strengthen strategic information, to improve procurement and the commissioning of services, and to address human rights-related barriers to access. These issues are not separate from the transition; they represent enabling conditions for sustaining the programme's impact after Global Fund support is phased out.

Overall, the epidemiological and programmatic context points to a clear set of transition priorities: maintaining domestic funding for prevention among key populations; safeguarding the provision of differentiated, community-led services; improving the first 95 through targeted testing and linkage; maintaining continuity of treatment whilst strengthening support for adherence; expanding PrEP and OST (Opioid Substitution Therapy); ensuring a dedicated approach for the left bank of the Dniester; institutionalising community systems and human rights functions; and strengthening strategic information systems. These priorities provide the basis for the analysis of the intervention's transition in the following chapter.

Summary of the transition to date and GC7 progress

By 2026, the Republic of Moldova had achieved a substantial transition of part of its HIV response to domestic funding and management. The procurement of antiretroviral (ARV) treatment for adults and children on the right bank has been fully covered by the state budget since 2021 and will continue during the period 2024–2026, with an explicit commitment to cover all ART costs for the left bank as well, with the exception of small quantities of paediatric formulations, where the Global Fund (GF) is temporarily covering the needs, pending regulatory adjustments for procurement via international platforms. Similarly, opioid agonist therapy (OAT) programmes for the right bank have been effectively secured on a sustainable basis: the medicines (methadone and buprenorphine) are funded from the state budget, whilst medical services are contracted by the National Health Insurance Company (CNAM) for the civilian sector; in the prison sector, medical services are funded from the prison system's budget, although the psychosocial component remains outside the scope of the CNAM package provided for the civilian sector and continues to be supported by the GF. The costs of syphilis treatment, PMTCT and the treatment/monitoring of patients on PrEP are also undertaken by the national authorities as a co-financing objective, whilst oral PrEP products are funded from the state budget, with the GF primarily providing community support and ensuring the implementation of the intervention.

Under GC7 (2024–2026), the transition commitments mainly target core prevention services for men who have sex with men (MSM), sex workers (SWs) and people who inject drugs (PWID), as well as prevention in prisons. For these programmes, a mixed funding model has been established: the core package is co-funded by the CNAM (with an annual increase in the funding share) and the GF on the right bank, using the same service package and the same cost per beneficiary as in GF funding, whilst on the left bank, prevention services are covered exclusively by GF resources using the same costing. Progress under GC7 indicates a gradual increase in domestic funding for HIV prevention and risk reduction among PWID, SW and MSM from CNAM sources; however, coverage remains below – albeit consistently – the national programme targets, with risks of funding shortfalls for the left bank, leaving this component structurally dependent on the GF. In prisons, the Ministry of Justice co-funds part of the prevention needs, but the exact share and growth trajectory are not clearly quantified, which limits the assessment of the transition risk.

With regard to the GC7 objectives, there are several areas where progress has been only partially achieved. In particular, the planned expansion of Opioid Agonist Treatment (OAT), including the establishment of six new methadone and buprenorphine dispensing sites on the right bank, was not implemented within the planned timeframe due to the ongoing reform of the narcology service, which required a revision of the organizational approach to the expansion of the OAT network. Likewise, the planned introduction and expansion of OAT services on the left bank could not be implemented because of the existing political and administrative constraints in the region. As a result, coverage of people who inject drugs with opioid agonist treatment remains below the planned level, despite the ongoing transition of the medical component of OAT to domestic public financing.

Analysis of Global Fund-supported interventions and the transition pathway to domestic funding

This section follows the structure of the National Programme's HIV Transition Plan Budget. For each intervention, the plan summarises what the activity entails, how it is currently implemented, what is funded by the Global Fund and what by domestic sources, the planned funding trajectory for the period 2027–2030, the facilitation measures required to ensure the trajectory is feasible, and the residual risk.

The funding trajectory is summarised from the HIV Transition Plan Budget and corresponds to the final budget of the National Programme and the co-financing commitments.

1. Component 1: Prevention services for key populations and integrated prevention approaches

1.1 Prevention services for MSM and transgender people

This intervention supports the continuation and transition of HIV prevention services for men who have sex with men and transgender people. This includes the core prevention package, prevention services specifically for transgender people, and additional STI testing designed to increase the appeal and uptake of services. The intervention is essential because HIV prevalence amongst MSM remains high, and the group continues to face significant barriers to accessing services, including stigma, discrimination, limited visibility of hidden subgroups and uneven geographical coverage.

Description and current delivery model

Activity	Reference Full Budget	Delivery modality/scale/performance	Funding arrangement in 2025
Provision of the core package of prevention services for men who have sex with men (MSM)	1.1.1[1]	Services are provided in accordance with the National Standard for the organisation and operation of HIV prevention services among key affected populations, including young people in these groups. The core package includes condoms and lubricants, information/education/communication, HIV and syphilis testing, hepatitis B and C testing, TB screening, counselling and referral to various medical and non-medical services. The services are mainly provided by civil society organisations (CSOs) through fixed locations, outreach services, community-based approaches, online outreach services and referrals to relevant medical and social services. In 2025, 7,594 MSM benefited from prevention services, covering 52% of the estimated number across all geographical regions.	Prevention services for MSM in 2025 were funded to the total amount of 8,191,215 MDL/ 405,907 euros. Services on the right bank are funded through a mixed model. In 2025, the National Health Insurance Company (CNAM), engaged four civil society organisations and approximately 1,500 beneficiaries – 20% of the annual coverage. The amount allocated to the CNAM from Prophylaxis Fund in 2025 was 1.803,200 MDL/ 91,500 EURO,

[1] Budget activity references correspond to the numbering used in the HIV Transition Budget and therefore do not necessarily match the numbering of the sections in this narrative.

			representing 22% of the annual financial coverage. UCIMP contracts 6 CSOs using resources from the Global Fund; in 2025, 5,861 beneficiaries were covered (80.00% of annual coverage), including 100% of prevention services provided on the left bank.
Provision of the core package of prevention services for transgender people	1.1.2	Services for transgender people are delivered through the same mechanism as described in Activity 1.1.1, with minor adjustments to meet their specific needs. The package includes HIV/STI prevention, counselling, testing and support. The number of transgender people who received services in 2025 was 80.	Funding for the provision of services to this group is channelled through the same mechanism as for the MSM, with the addition of a few services specific to this group at high risk of infection. The monitoring criteria are the same as for the MSM group. Funding for prevention services for transgender people is currently covered in full by GF sources.
STI testing among men who have sex with men (MSM) and transgender people	1.1.3	This service adds an STI testing component to the basic package to enhance the appeal and public health value of the prevention package. It consists of up to two medical consultations per beneficiary per year and testing for four selected STIs, carried out through the same contracting and referral mechanisms as the basic prevention package. The number of people who	To date, STI testing has been funded exclusively from GF sources.

		benefited from this service in 2025 was 357 MSM.	

Funding trajectory from the budget extract

Year	GF funding source MDL	National Budget (NB) funding source MDL	Funding source: Local government (Left Bank)	% GF	% National Budget (NB) + Local authority (Left Bank)
2026	8,222,050.7	3,575,899.7	0	69.7	30.3
2027	6,288,732.6	5,468,628.7	54,118.8	53.2	46.8
2028	4,422,175.7	7,468,126.2	94,707.9	36.9	63.1
2029	2,019,418.0	9,616,176.1	202,945.5	17	83
2030	0	11,446,178.3	405,891.0	0	100

Key transition enablers (sustainability factors)

Activity / facilitator	Budget activity reference	Description of the sustainability factor	Timeline	Implementer(s)
Development of the standard for the attractive package for MSM and calculation of service costs	1.1.4	Development of the enhanced prevention package for MSM, including testing for STIs and other elements of the package designed to improve participation and retention rates in services. This requires the engagement of consultants to cost the services.	2028	The funding arrangement by the National Health Insurance Company (CNAM) will be developed, finalised and costed by the national team (Ministry of Health, CNAM, National HIV Programme, CSOs). Ultimately, this activity will be included as an annex to the Prevention Standard, subject to approval by joint order of the

				Ministry of Health and CNAM.
Approval of the revised service package and funding costs	Related to 1.1.1–1.1.4	The revised package and unit cost must be analysed and approved through the relevant MoH/CNAM mechanism, so that the service can be procured using internal resources from 2029/2030 onwards.	2028–2029	MoH/CNAM/National HIV Programme / CSOs
Further review of options for establishing a funding and procurement mechanism for the Left Bank of the Dniester		As services on the left bank remain wholly or largely dependent on support from the Global Fund, a dedicated mechanism is required to avoid disruption following the phasing of funding from the Global Fund. Options may include contracting registered civil society organisations, procurement and distribution via institutions on the right bank, or another agreed operational mechanism.	2027–2029	MoH/NAP/CNAM/ UCIMP/CSOs/relevant counterparts in the left bank region

Residual transition risk

The principal residual risk relates to the timely approval and implementation of the planned increase in domestic financing in line with the 2027–2030 budget schedule. The Transition Plan includes a range of enabling activities aimed at mitigating this risk, including policy and regulatory work, advocacy, development of sustainable financing mechanisms, and support for the revision of service packages and costing. These activities are designed to facilitate the adoption of multi-year domestic financing commitments, the timely inclusion of agreed service packages and cost lines in the CNAM tariff schedule, and the establishment of contingency financing arrangements for the initial years of transition. Quarterly financial reviews and a formal escalation mechanism to senior government decision-makers will support timely corrective actions should implementation deviate from the planned

trajectory. Another residual risk concerns the sustainability of service delivery on the left bank of the Dniester following the end of Global Fund support. The Transition Plan addresses this risk through activities aimed at developing sustainable financing and contracting arrangements for the region. These include the design of contingency financing mechanisms, special contracting arrangements for civil society organizations operating on the left bank, and, where required, cross-border procurement and distribution arrangements, supported by a clear operational framework and the necessary legal and administrative agreements. Transitional financing under GC8, combined with targeted technical assistance, will help minimize service disruptions while sustainable mechanisms are being established. A further residual risk relates to maintaining adequate visibility of the needs of transgender people throughout the transition process. The Transition Plan addresses this through measures to ensure that targeted interventions are explicitly costed, budgeted, and monitored. Service packages and budgets will disaggregate targets and expenditures by population group, including transgender people, include dedicated coverage and outcome indicators, and require annual reporting by CNAM and implementing partners.

1.2 Prevention and harm reduction services for people who use drugs

This intervention supports the continuation and transition of prevention and risk-reduction services for HIV, sexually transmitted infections and viral hepatitis for people who use drugs, including people who inject drugs (PWID), people who use new psychoactive substances and their sexual partners. The intervention is essential because HIV prevalence amongst IDUs remains high, the prevalence of new, highly potent drugs is increasing, and traditional harm reduction models need to be adapted to address the risks posed by mixed patterns of drug use. The intervention also includes psychosocial support for people receiving opioid agonist therapy/opioid maintenance treatment, which remains essential for treatment uptake and retention but is not yet fully integrated into domestic funding mechanisms.

Description and current delivery model

Activity	Budget activity reference	Delivery modality/scale/performance	Funding arrangement in 2025
Provision of the core package of prevention services for injecting drug users (PWID)	1.2.1	Services are provided in accordance with the national standard for the organisation and operation of HIV prevention services among key populations, including young people within these groups. The core package includes sterile injecting equipment, condoms, lubricants, disinfectant wipes, information/education/communication, counselling, HIV testing, syphilis testing, hepatitis B and C testing, tuberculosis screening, and referral and connection to medical and social services. Services are mainly provided by civil society	In 2025, HIV prevention services for people who inject drugs (PWID) were funded with a total allocation of MDL 15.978,904/ EURO 791,818. Services on the right bank are delivered through a mixed financing model. The National Health Insurance Company (CNAM) contracts HIV prevention services

		organisations through fixed locations, outreach services, mobile teams, vending machines and referral mechanisms. In 2025, 15,471 PWID benefited from prevention services, covering 56.3 per cent of the estimated number across all geographical regions.	annually through the Prophylaxis Fund. In 2025, CNAM contracted four civil society organizations, providing services to approximately 4,483 beneficiaries, representing 37% of the annual coverage target. The total amount allocated by CNAM for these services in 2025 was MDL 5.391,800/EURO 273,700. Through Global Fund resources, UCIMP contracted nine civil society organizations, which provided prevention services to 10,988 beneficiaries, representing 63% of the annual coverage, including 100% of prevention services delivered on the left bank. Naloxone is included in the State Budget procurement programme; however, procurement has repeatedly been unsuccessful because the required quantities are too small to attract suppliers. Consequently, procurement through the Ministry of Health has been constrained by the lack of bids in national tenders. Global

			Fund resources will therefore be used to procure naloxone only when all attempts to complete procurement through national procedures have been exhausted. This challenge is expected to be resolved through the introduction of a legal mechanism allowing direct procurement from international procurement platforms for small-volume medicines.
Providing psychosocial support to people undergoing pharmacological treatment with opioids	1.3.1	People receiving pharmacological treatment receive psychosocial support to improve acceptance, retention and adherence to treatment. Services are mainly provided by civil society organisations and include counselling, peer support, accompaniment, links to medical and social services, crisis support and retention support. The number of beneficiaries who received psychosocial support in 2025 was 740.	The medical component of the Opioid Agonist Treatment (OAT). on the right bank is funded from the State Budget: methadone and buprenorphine are procured from the state budget, and medical services are contracted by the National Health Insurance Company (CNAM). However, psychosocial support continues to be funded by the Global Fund through civil society organisations (CSOs). The funding allocation for 2025 for psychosocial support was 331,007.00 MDL/ 17,030.52 EURO.

Funding trajectory from the budget extract –PWID prevention services

Year	Global Fund funding source MDL	Funding source: NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	14,953,399.6	5,831,915.4		71	29
2027	7,991,694.5	7,661,586.1	162,495.2	54	46
2028	5,606,725.2	9,629,441.7	579,609.0	35	65
2029	2,954,744.2	11,411,369.6	1,449,662.2	18.7	81.3
2030	0	13,206,895.8	2,608,880.1	0	100

Transition trajectory from the budget extract – OAT psychological support

Year	Funding source GF MDL	Funding source: NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank
2026	366 934.0	0	0	100	0
2027	632,690.0	0	0	100	0
2028	216,800.0	141,462.0	0	60.5	39.5
2029	0	404 332.0	0	0	100
2030	0	418,424.0	0	0	100

Key transition enablers

Activity / facilitator	Budget activity reference	Description of the enabling factor	Timeline	Implementer(s)
Psychosocial support for initiating and adhering to pharmacological treatment for	1.3.1	Integration of psychosocial support services provided by CSOs into the institutional package of healthcare facilities funded by the National Health Insurance Company (CNAM), to ensure that patients remain on pharmacological treatment	2027–2029	Ministry of Health / National Health Insurance Company / National HIV Programme / addiction services /

opioid dependence		for a sufficient duration, in accordance with patient needs, WHO recommendations and the provisions of National Clinical Guideline No. 225, currently in force. Expanding coverage of OAT by linking it to social, mental health or addiction services.		mental health services / CSOs
Approval of the internal funding mechanism for psychosocial support related to OAT	1.3.2	The package will be costed and linked to an internal funding mechanism, such as the inclusion of these services in the CNAM's contracts with mental health centres.	2028–2029	Ministry of Health / National Health Insurance Company / relevant service providers

Residual transition risk

While there is a risk that domestic funding may not rise exactly as projected—especially if the Ministry of Labour and Social Protection, CNAS and other public funders delay establishing dedicated mechanisms—there are realistic and actionable pathways to secure continuity and even strengthen services for people who use drugs. By proactively integrating psychosocial support into the formal service package reimbursed by CNAM, and by piloting contractual arrangements or earmarked line items in CNAS budgets, programs can preserve the essential adherence and retention components that make OAT effective. The planned nationwide psychiatric system reform led by the Ministry of Health (to be launched by end-2026) offers a timely opportunity to expand community mental health centres and embed OAT-related psychosocial care within those structures, improving geographic coverage and sustainability. Short-term bridge financing from GC8, combined with targeted technical assistance for costing, contracting and capacity-building of providers, will further reduce transition risk and create a solid foundation for longer-term domestic financing and higher quality, more resilient services.

1.4 Prevention services for sex workers

This intervention supports the continuation and transition of HIV, sexually transmitted infections (STIs) and viral hepatitis prevention services for sex workers and their clients/sexual partners. This is important because sex workers remain one of the key populations affected by HIV, and access to services is influenced by stigma, discrimination, legal vulnerability, police harassment, mobility and the need for confidential, community-based and low-threshold services. Although HIV prevalence among sex workers is lower than among men who have sex with men and people who inject drugs, maintaining prevention coverage is essential to prevent further transmission, sustain progress and ensure the accessibility of services for hidden and underserved subgroups.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Provision of the core package of prevention services for SW	1.4.1	Services are provided in accordance with the national standard for the organisation and operation of HIV prevention services among key affected populations, including young people in these groups. The core package includes condoms and lubricants, information/education/communication, counselling, HIV testing, syphilis testing, hepatitis B and C testing, TB screening, referral and linkage to health and social services. Services are mainly provided by civil society organisations through fixed centres, information services, mobile services, online/web services and referral mechanisms. In 2025, 7,785 sex workers benefited from prevention services, covering 49.2 per cent of the estimated need.	HIV prevention services for sex workers in 2025 were funded to the tune of 7.901,985 MDL / 391,575 EURO. Services on the right bank are funded through a mixed model. The National Health Insurance Company (CNAM) contracts prevention services for SW annually from the prophylaxis measures fund, engaging 4 CSOs and approximately 1,375 beneficiaries in 2025 – representing 18.00 per cent of annual coverage. The amount allocated to the CNAM in 2025 was 1.679,400 MDL / 85,200 EURO, constituting 21.00% of the annual allocation. In 2025, UCIMP contracted 6 CSOs using resources from the Global Fund, covering 6,337 beneficiaries (82 per cent of the annual coverage), including 100 per cent of the prevention services provided on the left bank.

Funding trajectory from the budget extract

Year	Source of funding: GF MDL	NB funding source MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank
2026	8,015,943.9	2,006,908.6	0	80	20
2027	3,640,841.7	3,116,400.2	0	54	46
2028	2,312,166.6	4,185,281.3	259,794.0	34	66
2029	1,240,516.4	5,256,931.6	259,794.0	18	82
2030	0	6,327,282.9	429,959.1	0	100

The budgetary trajectory envisages a gradual transition from Global Fund financing to domestic financing, with full domestic financing by 2030. Domestic financing is expected to come mainly through the National Health Insurance Company (CNAM), with a contribution from the local administration in the Transnistrian region reflected in the budget statement from 2028 onwards.

The sustainability pathway and the factors needed to facilitate the transition

Activity / facilitator	Reference for budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Review and confirmation of the unit cost and CNAM contracting parameters for HIV prevention services for SW	1.4.1	The current unit cost used for social vulnerability prevention services was approved in December 2025 and remains appropriate for the period 2027–2030. The next review will assess eligible costs, prevention products, information and online information costs, testing and referral costs, beneficiary validation criteria, reporting requirements and quality standards.	2027–2028	Ministry of Health / National Health Insurance Company / National HIV Programme / technical working group
Clarification of funding agreements for SW services on the left bank	1.4.1	The budget extract includes a planned contribution from the local administration of the Transnistrian region from 2028 onwards. This is an agreed commitment, as there is a	2027–2029	MOH / CNAM / UCIMP / CSOs / relevant counterparts on the left bank

		national programme for the Left Bank region for the years 2024–2029 which includes funding for prevention services from local budget sources; however, it will still be a matter for negotiation. However, it cannot be ruled out that a clear operational mechanism to prevent service disruptions following a reduction in funding from the Global Fund is unlikely to be established. In this situation, we do not rule out the possibility that NGOs from the region on the left bank of the Dniester may relocate their offices to the right bank of the Dniester and be funded from the National Health Insurance Company's (CNAM) budget for preventive measures.		

Residual transition risk

Although there is a possibility that domestic funding will not increase exactly as planned, the Funding Request includes measures to mitigate this risk (multi-annual budget of CNAM, CLM), so that coverage for sex workers and other key groups does not suffer. For the left bank of the Nistru, just as in the case of other target groups, a contingency mechanism, insistence on the contribution of the local administration, combined with specific technical assistance, will prevent the interruption of services and create a path towards institutionalization. To prevent under-consideration of this target group and under-funding, the evaluation based on the IBBS results will continue to be necessary. CNAM must ensure costs corresponding to the rigors of the Quality Standard approved by the Ministry of Health, multi-annual grants awarded to CSOs, to ensure that the services are attractive to beneficiaries. All these measures should be monitored through the transition monitoring cycle, with annual assessments, so that any deviation from the planned trajectory triggers rapid corrective actions - thus transforming potential risks into opportunities to strengthen sustainability and quality.

1.4 Procurement of consumables for HIV testing and prevention programmes implemented by CSOs

Supplies used in HIV testing and prevention programmes targeting high-risk groups, implemented by civil society organisations (CSOs), are planned and distributed in accordance with national prevention standards and the content of each service package. Currently, their procurement is carried out through a mixed mechanism. For projects funded by the Global Fund, prevention products are procured and distributed to CSOs by UCIMP. For projects funded by the National Health Insurance Company (CNAM),

consumables are procured directly by each CSO and are included in the total cost of the contracted services. Rapid tests for HIV, syphilis, HBV and HCV are procured centrally from the State Budget, based on requests from CSOs for projects implemented on the right bank, and are distributed through the National HIV Programme, which acts as the coordinator of prevention activities at national level.

In 2025, as part of HIV prevention projects for MSM, sex workers and people who inject drugs, the following supplies were distributed: 2,071,558 syringes, of which 1,412,236 (68.2%) were funded by the Global Fund/UCIMP and 659,322 (31.8 per cent) from local/CNAM resources; 2,185,121 alcohol wipes, of which 1,525,724 (69.8 per cent) were funded by the Global Fund/UCIMP and 659,397 (30.2 per cent) from local/CNAM resources; 2,532 doses of naloxone, purchased entirely from Global Fund/UCIMP resources; 2,017,548 condoms, of which 1,478,761 (73.3%) were funded by the Global Fund/UCIMP and 538,787 (26.7%) from local resources/CNAM; and 305,435 lubricants, of which 295,056 (96.6 per cent) were funded by the Global Fund/UCIMP and 10,379 (3.4 per cent) from local resources/CNAM.

The cost of procuring consumables for HIV prevention projects will therefore follow the same financial transition trajectory as the entire package of prevention services contracted through CSOs. As the proportion of domestic funding increases, the mechanisms for planning, procurement, distribution and reporting on consumables will need to be strengthened to ensure service continuity, avoid stock-outs and ensure the efficient use of resources. For programmes implemented on the left bank, the organisation of consumables supply remains a critical element of the transition process and must be integrated into the identification of a viable mechanism for funding, contracting and the gradual handover of responsibilities.

1.5 Pre-exposure prophylaxis (PrEP), including community-based PrEP and long-acting injectable PrEP

This intervention supports the continuation and transition of PrEP as part of the combined HIV prevention package in the Republic of Moldova for people at substantial risk of HIV infection, including MSM, SW, PWID, serodiscordant couples and other vulnerable groups. PrEP is important for this transition because it is a high-impact prevention tool, but its sustainability depends on more than just the procurement of medicines: it requires a funded package of services, the creation of community demand, counselling, testing, follow-up, linkage to clinical services, and clear arrangements for the future roll-out and domestic funding of long-acting injectable PrEP.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Provision of the PrEP service package	1.5.1	PrEP services have been available in Moldova since 2018 and are delivered through a mixed clinical and community-based model. Clinic-based initiation and continuation are provided through HIV Diagnosis and Treatment Centres by medical staff. Community-based PrEP is provided through civil society organisations and includes counselling, support for HIV/STI testing and other	Oral PrEP medicines are procured from the state budget/Ministry of Health. PrEP clinical services are provided through HIV treatment centres, but there is no separate payment allocated specifically for these services.

		necessary investigations, treatment education, adherence support, follow-up, demand generation and referral to clinical services. By the end of 2025, 731 people were enrolled in PrEP, the majority being men who have sex with men (MSM) across all geographical areas, but predominantly in the central region of the country. The budget allocation provides for service coverage of 770 beneficiaries in 2027, 850 in 2028, 910 in 2029 and 940 in 2030.	Community support for PrEP has been funded from Global Fund resources, using a historical cost of approximately 916 lei per beneficiary per year, which has not yet been officially calculated and approved for domestic funding. The amount for 2025 for this component is 32,275 euros from the Global Fund.
Procurement of ARVs for PrEP (injectable lenacapavir)	1.5.2	Oral PrEP currently uses emtricitabine/tenofovir disoproxil and is procured from the state budget. The revised PrEP clinical protocol, approved in 2025, includes long-acting injectable PrEP with Lenacapavir, but this has not yet been implemented. For the coming period, it is planned to procure Lenacapavir for 70 beneficiaries in 2027 and 140 in 2028 from GC8 sources. From the State Budget, it is planned to procure the drug for 128 beneficiaries in 2029 and 128 in 2030. From local authority sources (left bank), the drug will be procured for 32 beneficiaries in 2029 and for a further 32 beneficiaries in 2030.	In 2025, oral PrEP medicines were fully funded from the state budget/Ministry of Health. Long-acting injectable PrEP was included in the PrEP clinical protocol approved in 2025, but has not yet been implemented.

Funding trajectory from the budget extract

Year	Source of funding GF MDL	Funding source NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	787,200.0	0	0	100	0
2027	1,503,200.0	0	0	100	0
2028	2,216,000.0	0	0	100	0
2029	48,000.0	2,105,600.0	320,000.0	2	98

2030	0	2,134,400.0	368,000.0	0	100

The budgetary trajectory assumes that Global Fund resources will finance the PrEP service package and the initial procurement of Lenacapavir during the first part of GC8, whilst responsibilities relating to the service package and the procurement of ARVs will be transferred to domestic funding from 2029 onwards. In 2029, only a small contribution from the Global Fund remains, whilst domestic funding is expected to cover almost the entire cost. By 2030, PrEP is projected to be fully funded domestically.

Key transition enablers

Activity / facilitator	Budget line reference	Description of the enabling factor	Timeline	Implementer(s)
Costs of community-based PrEP services	1.5.3	Formal calculation of the costs of the community-based PrEP service package, replacing the historical cost of approximately 916 Moldovan lei per beneficiary per year.	2027	Ministry of Health / National Health Insurance Company / National HIV Programme / social care service providers / community representatives
Approval of the community-based PrEP package for domestic funding	1.5.1 / 1.5.3	Approval of the community-based PrEP service package, with costs determined through the relevant mechanism of the Ministry of Health/CNAM, so that community-based PrEP can be procured from internal resources by the CNAM from 2029 onwards.	2027–2028	Ministry of Health / CNAM / National HIV Programme
Clarification of the internal funding mechanism for the clinical monitoring of PrEP	1.5.1	PrEP clinical consultations, follow-up, laboratory monitoring and related services are included in existing payments for HIV services. Once community-based PrEP is costed, this service will be procured by the CNAM through the drafting and approval of a joint order by the Ministry of Health and the CNAM.	2027–2028	Ministry of Health / CNAM / National HIV Programme / community representatives

Roll-out of long-acting injectable PrEP	1.5.2	Development of the operational model for the introduction of long-acting injectable PrEP, including eligibility criteria and service delivery sites, as specified in the National Programme. Procurement and storage requirements, as well as pharmacovigilance, will comply with current legislation. The existing follow-up programme and monitoring indicators will be utilised. Community demand will be assessed through the implementation of Quantity PrEP. LENACAPAVIR must be registered in the Republic of Moldova and must meet all procurement and import requirements.	2027–2028	Ministry of Health / National HIV Programme / Centre for Centralized Procurement in Health (CAPCS) / National Health Insurance Company / HIV diagnostic and treatment centers / CSOs
Annual domestic funding for the PrEP service package from 2029	1.5.1	Inclusion of the community-based PrEP service package in domestic funding from 2029, with CNAM funding reflected in the budget statement. The funding mechanism will enable the continuation of community support, the creation of demand and adherence/follow-up services.	2029–2030	CNAM / Ministry of Health / CSO providers / National HIV Programme
Clarification of the implementation arrangements for PrEP on the left bank of the country	1.5.1–1.5.2	PrEP on the left bank of the Dniester is available at HIV Diagnosis and Treatment Centres. Medicines are procured from the local budget on the left bank of the Dniester. The majority of beneficiaries are serodiscordant couples, and their numbers are very small (10–15 people annually). Beneficiaries from at-risk	2027–2029	Ministry of Health/National Health Insurance Company/UCIMP/Transnistrian local administration/CSOs

		groups (particularly from the MSM group) prefer to access this service at GenderDoc-M in Chișinău. We anticipate that, in the case of injectable Lenacapavir too, they will turn to Chișinău, particularly as it is administered once every six months. Procurement of Lenacapavir from 2029 onwards will be taken over by the Ministry of Health.		
Creating demand and training suppliers for the expansion of PrEP	1.5.1–1.5.2	Strengthening demand generation among key populations and improving providers' knowledge, including regarding community-based PrEP and injectable PrEP. This will include targeted communication, community engagement, training for clinical providers and staff of civil society organisations, as well as measures to reduce stigma and misconceptions about PrEP. Awareness-raising measures will include targeted communication (including through the use of specialised social media), community engagement, training for clinical providers and staff of civil society organisations , as well as measures to reduce stigma and misconceptions about PrEP.	2027–2029	CNAM / National HIV Programme / CSOs / HIV treatment centres

Residual transition risk

The main residual risk is that the potential of PrEP could remain untapped if domestic funding only covers the necessary medicines, but not the full package of services needed for effective support, adherence and monitoring. Community-based PrEP is essential for increasing uptake among key

populations, but currently relies on a conventional, unofficial cost estimate and funding from the Global Fund. If the community-based PrEP package is not costed, approved and included in a domestic funding mechanism by 2029 (e.g. in the core prevention package), community-based services, including advocacy, will suffer in terms of quality.
Another risk relates to long-acting injectable PrEP. Although injectable PrEP is included in the revised clinical protocol, it has not yet been implemented. Cost may also be a barrier, as Lenacapavir is currently estimated at 10,000 MDL per patient per year, so injectable PrEP could remain in policy without being operationalized in practice.
Another risk relates to equity of access: without a clear implementation and financing arrangement for the left bank, PrEP implementation could remain concentrated on the right bank and among already covered populations, especially among men who have sex with men in large urban areas. This would limit the public health impact of the intervention. These risks, to be mitigated, will be reviewed annually through the transition monitoring process and with the efforts of the CLM, with the Ministry of Health, the National Health Insurance Company and the CCM/CNC TB/AIDS being informed if financing, implementation or coverage deviates from the planned trajectory.

1.6 Alternative access to prevention and testing via vending machines

This intervention supports alternative, confidential and low-threshold access to HIV prevention and testing products for affected key populations via vending machines. It is important because vending machines complement outreach services, at both fixed and mobile locations, enabling beneficiaries to access prevention products outside standard opening hours and with greater confidentiality. This is particularly relevant for people in hidden or underserved groups, including those who may avoid direct contact with services due to stigma, discrimination, mobility, legal vulnerability or privacy concerns.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Provision of prevention and testing services for groups at high risk of infection via self-service facilities	1.6.1	Vending machines provide alternative access to prevention and testing products for key affected populations. Products may include condoms, lubricants, syringes, HIV self-test kits and other prevention materials, depending on the approved packaging and the machine's configuration. The machines are installed in accessible locations, including healthcare facilities, public health centres, community-based venues and within the prison system. Operational responsibility lies with civil society organisations and/or the relevant institutions. By the end of 2025, Moldova had 30 vending machines, including one installed within the prison system. The 2025 GAM report indicates that the vending machines had dispensed over 378,000	The maintenance and operation of the vending machines are currently funded entirely from Global Fund resources under GC7, amounting to approximately 1,100,660 lei / 55,033 euros in 2025.

		prevention products to 3,179 unique beneficiaries.	

Funding trajectory from the budget extract

Year	Global Fund funding source MDL	NB funding source MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	1,659,980.0	0	0	100	0
2027	1,659,311.0	0	0	100	0
2028	1,755,311.0	0	0	100	0
2029	0	1,397,314.6	261,996.5	0	100
2030	0	1,397,314.6	261,996.5	0	100

The budgetary trajectory assumes that Global Fund resources will cover the maintenance of dispensing machines and related standardisation/costing work during the period 2027–2028, with full internal funding from 2029 onwards. Internal funding for the period 2029–2030 is allocated in the budget breakdown between the National Health Insurance Company (CNAM), the Ministry of Justice and the local administration of the Transnistrian region. These internal contributions are agreed to be taken over by the CNAM from 2029 on the right bank, whilst those with the local administration of the Transnistrian region are to be negotiated.

Key transition enablers

Activity / facilitator	Reference for budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Development of the standard for prevention and testing services provided via vending machines and calculation of service costs	1.6.2	Development of the regulatory framework and cost structure for prevention and testing services delivered via vending machines. The budget statement provides for the development of the regulatory framework and cost structure. This should define the service model, eligible products, operating standards,	2028	MOH / CNAM / National HIV Programme / UCIMP / CSOs / Ministry of Justice

		maintenance requirements, providers' responsibilities, reporting indicators, quality assurance and unit cost.		
Approval of the service delivery model and unit cost for domestic funding	1.6.1–1.6.2	Approval of the standard and costs through the relevant Ministry of Health/National Health Insurance Company and institutional mechanisms, so that the maintenance and provision of vending machine services can be funded internally from 2029 onwards. This clarifies that the National Health Insurance Company will fund the maintenance of these vending machines linked to community services, with a corresponding commitment from the Ministry of Justice. The funding of these vending machines on the left bank by the Transnistrian local administration will prove more problematic.	2028	MOH / CNAM / Ministry of Justice / Transnistrian local administration / National HIV Programme
Clarification of responsibilities for procurement, storage and maintenance	1.6.1	The CSOs responsible for managing the vending machines will be responsible for the procurement and distribution of products, subject to the availability of consumables. No additional quantities of consumables will be procured. The cost estimate to be calculated for the maintenance of these machines, and which	2027–2028	UCIMP / CNAM / CSOs / Ministry of Justice / Transnistrian local administration

		will be approved by the CNAM/MOH, will include the maintenance of these machines. Monitoring will be carried out via the prevention services monitoring application, which allows real-time viewing of how many beneficiaries have used these machines and the quantity of products requested.		

Residual transition risk

The main risk relates to the fragmentation of responsibilities – the budgetary approach involves the budget being managed internally by several institutions, including the CNAM, the Ministry of Justice and the local administration of the Transnistrian region. Responsibilities will depend on the location of the vending machines and the target population. However, gaps may arise between community distribution services, those in prisons and, in particular, those on the left bank of the Dniester.

A further risk relates to the distinction between maintenance costs and product costs. Internal funding will need to cover both the costs of maintaining and servicing the machines, as well as the supply of prevention consumables, HIV self-testing kits and other materials, which require timely storage and restocking. These risks need to be assessed annually through the transition monitoring process (including CLM) and reported to the Ministry of Health, the National Health Insurance Company, the Ministry of Justice and the CCM/CNC TB/AIDS if funding, functionality or usage deviates from this scenario. Thus, the mechanism for managing and maintaining the machines should not be viewed merely as a technical or operational cost, but as part of the core model for the provision of prevention services. If internal funding will not be secured and operationalised from 2029 onwards, the machines may remain installed but become inoperable due to a lack of maintenance, repairs, restocking or monitoring.

1.7 Promoting hepatitis B vaccination and strengthening the capacities of civil society organisations

This intervention supports capacity building for civil society organisations involved in the prevention of HIV, sexually transmitted infections and viral hepatitis, with a specific focus on promoting prevention, testing and hepatitis B vaccination services among key populations and other high-risk groups. This is important because the National Programme identifies hepatitis B vaccination among people at high risk as part of the broader prevention response, whilst the National Programme's project document states that civil society organisations require ongoing capacity building to effectively promote integrated hepatitis B prevention, vaccination and testing services.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025

Development and revision of online training modules on hepatitis B prevention, testing and vaccination	1.7.1	CSOs are not currently contracted to carry out testing and vaccination promotion activities for hepatitis B. Information and prevention are delivered as part of a package with similar interventions for HIV within the GCA.	Historically, these activities have not received dedicated funding for implementation amongst the National Programme's key groups, neither from the GF nor from the CNAM.

Funding trends from the budget extract

Year	Funding source GF MDL	NB funding source MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	64,000.0	0	0	100	
2027	64,000.0	0	0	100	0
2028	64,000.0	0	0	100	0
2029	0	0	0	0	0
2030	0	0	0	0	0

The budget extract shows funding for the Global Capacity-Building Fund only in 2027 and 2028, as a one-off activity following the integration of services.

Key transition enablers

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Development and revision of online training modules on hepatitis B prevention,	1.7.1	Development and promotion of training modules on the online platform **www.formare.md** for CSO staff involved in the prevention of HIV, STIs and viral hepatitis. The modules	2027–2028	National HIV Programme / ANSP / CSOs

testing and vaccination		will cover integrated prevention, promotion of hepatitis B vaccination among key populations, testing for HIV/STIs/viral hepatitis, counselling and reporting.		
Clarification of domestic funding for the continuation of training for civil society organisations after 2028	1.7.1	Maintaining the functionality of the www.formare.md platform remains the responsibility and commitment of the public association that owns the platform, which aims to raise funds, including from domestic sources such as the National Health Insurance Company (CNAM), to ensure the sustainability of training and education activities	2028–2030	CSO
Maintenance and updating of the training content on formare.md	1.7.1	Online training modules will be updated periodically to reflect current standards, clinical protocols, vaccination guidelines, testing algorithms and reporting requirements.	2028–2030	OSC

Residual transition risk

The main residual risk is that, given the global crisis and the shrinking scope for CSO activity, fundraising for the online training platform may yield few or no resources. An alternative internal mechanism could be the integration of new training modules, including for medical and social care staff, whilst also incorporating the training tool into projects funded by the CNAM Prevention Fund.

1.8 Community participation in specific prevention and online campaigns

This intervention supports the involvement of community representatives and civil society organisations in the transition of HIV prevention services and does not constitute stand-alone prevention services, but rather a set of activities to facilitate and support the transition, designed to ensure that prevention services remain relevant, accessible, funded as planned and responsive to the realities of key populations, as Global Fund support winds down. The intervention includes community

participation in adjusting regulatory, funding and service delivery frameworks, as well as a specific pilot online campaign to test approaches for reaching hidden groups in the digital environment.

Description and current delivery model

Activity	Budget activity reference	Delivery modality/scale/performance	Funding arrangement in 2025
Involvement of community representatives in adjusting the regulatory framework within the context of prevention activities	1.8.1	This activity supports the participation of community representatives in adapting the regulatory, funding and service delivery frameworks necessary for the transition of HIV prevention services. The detailed activities are described in the **CLM** factsheet and include community input into the review of clinical protocols, service standards, costing, contracting mechanisms, funding channels, key performance indicators (KPIs) and remuneration arrangements, integrated service models, accreditation of peer counsellors, community-based PrEP funding, harm reduction funding, and mechanisms for funding prevention through the National Health Insurance Company (CNAM), the Ministry of Justice and arrangements for the left bank. These contributions are intended to ensure that the transition is not only financially planned but also operationally feasible and acceptable to communities.	In 2025, related activities involving community participation and support for the transition were funded under the Global Fund grant.
Piloting an online public perception change campaign through the involvement of community representatives	1.8.2	This activity supports a pilot online campaign implemented with the active involvement of community representatives. As outlined in the CLM factsheet, the activity includes the development of a communication concept, targeted digital outreach, and media content. The pilot aims to assess whether targeted, community-led digital communication can improve outreach, generate demand for HIV prevention and testing services, and better connect hidden or underserved populations with available services. The activity includes the development of a communication concept and digital audience map; configuration of contextual and behavioural targeting to	The activity is funded through resources from the Global Fund in 2027, as a pilot project.

		deliver relevant messages based on users' general online behaviour, interests, search queries, and content interactions; implementation of retargeting strategies to re-engage audiences; development of communication messages and media materials; monitoring of campaign reach and audience engagement; and ongoing optimization of the campaign based on performance. The campaign will be implemented in full compliance with confidentiality requirements and will not identify individuals' HIV status or membership in key populations.	

Funding trajectory from the budget extract

Year	Global Fund funding source MDL	NB funding source MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank
2026	320,320.0				
2027	1,890 200.0	0	0	100	0
2028	668,800.0	0	0	100	0
2029	668,800.0	0	0	100	0
2030	0	0	0	0	0

The budgetary trajectory indicates that this intervention will be fully funded by the Global Fund during the period 2027–2029, in the form of specific, programme-linked campaigns.

Key transition enablers

Activity / facilitator	Reference for budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Community participation in the review of prevention	1.8.1	Supporting community input into the revision or development of regulatory	2027–2029	Representatives of the GCA / CSOs / National HIV

standards and related regulatory and documents		documents affecting prevention and harm reduction services, including standards for HIV prevention services among key populations, PrEP, opioid agonist therapy, integrated services for people who use drugs, and other relevant protocols or operational documents.		Programme / CNAM / technical working groups
Community input into cost calculation and funding mechanisms for prevention services	1.8.1	Supporting community participation in defining realistic service packages, costs, validation criteria, quality standards and contracting parameters for services funded by the CNAM, the Ministry of Justice, local authorities and arrangements to support activities on the left bank.	2027–2029	Representatives of the GCA, CSOs, the National Health Insurance Company (CNAM), the Ministry of Health (MOH), the Ministry of Justice and local public authorities (APL)
Community support for the transition to domestic funding in key areas of prevention	1.8.1	Utilising community expertise to support the transition of key prevention components, including harm reduction, community-based PrEP, prevention services on the left bank, prevention in prisons, local and municipal funding mechanisms, the work of specialist paralegals, and integrated community services.	2027–2029	Representatives of the GCA / CSOs / Ministry of Health / National Health Insurance Company / National Social Insurance Fund / Ministry of Justice / Local Public Administration
Accreditation and institutionalisation of community roles	1.8.1	Supporting the development of the curriculum, accreditation and institutional integration of peer counsellors involved in prevention, support, adherence and issues	2027–2028	MOH / MEC, CSOs / community representatives

		relating to HIV, STIs, viral hepatitis , and drug use		
Pilot online campaign, targeted at the community	1.8.2	Development and implementation of an online campaign. The campaign will be designed as a pilot project, with clear objectives, a target audience, expected outcomes and monitoring indicators.	2027	CSOs / National HIV Programme / communications specialists
Documentation and integration of lessons learnt from the online campaign pilot project	1.8.2	Documenting the results of the pilot project, including reach, engagement, referrals, testing or service utilisation. Integrating the experience into future prevention packages, communication strategies and internal funding mechanisms.	2027–2028	CSOs / National HIV Programme / Ministry of Health / National Health Insurance Company
Integrating community participation into the monitoring of the transition and the annual evaluation	1.8.1	Community participation in the annual review of the transition plan, including the assessment of funding levels, service continuity, barriers to access, quality issues and early warning signs from communities.	2027–2030	Community representatives / CSOs

Residual transition risk

The main risk is that community participation could be treated as a short-term consultation activity funded by the Global Fund, rather than as a central function of epidemic control and transition governance. If community representatives are not meaningfully involved in reviewing standards, costs, contracting models and the annual monitoring of the transition, domestic implementation may be technically well-planned but poorly aligned with the realities of service delivery and community access. Community organisations and CSOs are key actors in the provision of prevention services to key populations (MSM, PLHIV, SW). They deliver combined packages (condoms/lubricants, information materials, needle exchange, rapid testing, referral to services), operate outreach services, fixed service points, mobile clinics and vending machines, and ensure access to gender- and age-sensitive interventions. The community also leads innovative prevention models (community-based PrEP, vending machines), ensuring access in hard-to-reach areas and population groups (through the work of mobile units). CSOs contribute to adapting prevention packages to local realities, to developing

standards and to costing services, and are indispensable for achieving coverage targets and for maintaining the attractiveness and acceptability of services.
Another risk is that the results of this intervention may not be incorporated into formal decision-making processes. The National Programme supports key interventions for the organisation and funding of prevention, contracting with the National Health Insurance Company (CNAM), support arrangements for the left bank, services in the prison system, PrEP, harm reduction and the roles of peer counsellors, but these contributions will only be sustainable if they are reflected in approved standards, contracts, budgets, protocols and monitoring mechanisms.

Component 2: Screening and laboratory monitoring for HIV, STIs and viral hepatitis

2.1 HIV self-testing via pharmacies and rapid self-tests for vulnerable groups

Over the last three years, self-testing kits for the left bank of the Dniester have been procured from GC7 sources and distributed solely through the three NGOs operating on the left bank of the Dniester. On the right bank, rapid self-test kits were procured from the State Budget (Ministry of Health). However, packaging and distribution took place via two methods: a) through CSOs operating on the right bank and b) through the ”Farmacia Familiei” pharmacy network, which has the widest national coverage. These tests are distributed alongside information leaflets and other useful information. Distribution via ”Farmacia Familiei” is arranged through a contract for the provision of free social services. Every quarter, ”Farmacia Familiei” submits reports on the number of tests distributed and current stock levels.

Description and current delivery model

Activity	Budget line	Delivery method/scale/performance	Funding arrangement in 2025
Provision of HIV self-testing	2.1.1	HIV self-testing kits are distributed in two ways: firstly, through the ‘Farmacia Familiei’ pharmacy network, and secondly, through CSOs working in the field of HIV, in a 1:1 ratio. The distributed self-tests are accompanied by HIV prevention information and guidance on the next steps according to the test result. Two national consultants (3 working days each) will be engaged to develop the information package accompanying each self-test, design a QR code providing access to comprehensive information on HIV prevention, interpretation of test results, and referral pathways, and ensure that the QR code is affixed to each self-test kit prior to distribution.	On the right bank, approximately 15,000 tests, worth 566,142.0 MDL, are procured annually from the state budget

	2.1.2	On the left bank, they are distributed by CSOs working in the field of HIV on the left bank.	For the left bank, self-testing kits are procured from GC7 sources (800 tests annually, totalling 21,612 MDL)

Funding trajectory from the budget extract

Year	Funding source GF MDL	NB funding source MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	76,940	0	0	100	0
2027	76,940	0	0	100	0
2028	49,938	15,680	11,322	78	22
2029	42,390	15,680	18,870	55	45
2030	0	39,200	37,740	0	100

The budgetary trajectory assumes that Global Fund resources will cover the costs of distribution through the ”Farmacia Familiei’”network, with full domestic funding from 2030 onwards. Domestic funding for the period 2028–2030 will be gradually taken over by SCBI ”Toma Ciorbă” from CNAM sources. Negotiations will take place with the local administration of the Transnistrian region regarding the procurement of tests from the local budget on the left bank of the Dniester. These internal contributions are agreed to be taken over by the CNAM from 2028 on the right bank; negotiations with the local administration of the Transnistrian region are to follow.

Key transition enablers

Activity / facilitator	Reference for budgetary activity	Description of the enabling factor	Timeline	Implementer(s)

Implementation of self-testing for GRSI and other groups vulnerable to HIV through pharmacies	2.1.1	Gradual roll-out of awareness-raising and test distribution activities within the ”Farmacia Familiei” network.	2028	CNAM / National HIV Programme / UCIMP / CSOs
Rapid test_Self-testing GCA	2.1.2	Negotiations with the authorities on the left bank of the Dniester regarding the gradual takeover of the procurement of rapid tests.	2028	Transnistrian local administration / National HIV Programme / UCIMP

Residual transition risk

The gradual implementation of self-testing through the ”Farmacia Familiei” network and the planned negotiations for the transfer of responsibility for rapid test procurement on the left bank are important steps towards sustainable, client-centered HIV detection; however, there remains a residual transition risk if the CNAM commitment, local procurement agreements, or administrative confirmations are delayed. To minimize this risk, implementers will synchronize concrete procurement commitments. For the left bank, parallel technical negotiations should be complemented by a contingency procurement channel (managed by the National HIV Program or a contingency fund designated by the Ministry of Health) and formal memoranda of understanding with the Transnistrian authorities to ensure uninterrupted supply. Robust monitoring of test availability, usage, and returns, combined with community-led monitoring mechanisms and quarterly review triggers, will enable rapid corrective action and turn this residual risk into an opportunity to strengthen supply resilience and local ownership.

2.2 Provision of calibration kits

This activity is intended to ensure the supply of calibration cartridges for GeneXpert machines on the left bank of the Dniester. Over the last three years, tests for calibrating GeneXpert modules on the left bank of the Dniester have been procured from GC7 sources.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Laboratory monitoring of HIV treatment on the left bank: HIV RNA and CD4 testing	2.3.1–2.3.2	Tests for monitoring ARV treatment and immune status were procured from GC7 sources and delivered to the local administration on the left bank of the Dniester.	In 2025, 4,840 tests were procured at a total cost of 1,008,133.50 MDL

Funding trajectory from the budget extract

Year	Funding source GF	NB funding source	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)

	MDL	MDL			
2026	1,218,795.0	0	0	100	0
2027	1,243,010.9	0	0	100	0
2028	953,251.8	0	247,795.0	80	20
2029	581 169.6	0	637 236.2	48	52
2030	0	0	1,258,764.8	0	100

The budgetary trajectory assumes that Global Fund resources will cover procurement costs for the years 2027–2029. Procurement of these tests from the local budget on the left bank of the Dniester is planned for 2030.

Sustainability pathway and factors required to facilitate the transition

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Provision of tests for calibrating GeneXpert modules	2.2.1	The budget includes the procurement of XPERTCHECK quality control panels for routine calibration verification and quality assurance of GeneXpert modules in accordance with the manufacturer's recommendations. The procurement of these tests is envisaged under the draft National Programme 2026–2030 through a joint procurement mechanism with the right bank, an approach already proven effective for antiretroviral medicines.	2028	Local administration on the left bank of the Dniester / UCIMP

Residual transition risk

The main risk is the funding gap for GeneXpert calibration tests on the left bank once Global Fund support ends in 2029, which could weaken diagnostic capacity and undermine national testing targets. To mitigate this, responsible parties will ensure the application of intermediate mechanisms (GC8 contingency procurement or centrally managed transitional procurement). Parallel measures include

negotiating a memorandum of understanding with the left bank authorities to confirm procurement responsibilities for 2030, strengthening local procurement capacity and forecasting within the UCIMP/local administration, and integrating calibration tests as a special line in the local budget for 2030. Technical assistance for procurement harmonization, a short-term stock to cover any time gaps, and quarterly supply chain monitoring with community feedback will minimize disruptions and support a smooth transition to sustainable domestic procurement.

2.3 Laboratory monitoring of HIV treatment on the left bank: HIV RNA and CD4 testing

This activity was directed exclusively at the left bank of the Dniester and funded from GC7 sources. The takeover of these procurements by the local administration on the left bank of the Dniester is a precondition of GC7, as was the case when the procurement of ARV medicines was taken over. Technical and methodological support is set out in the PN 2026–2030 project, which provides for the procurement of these tests jointly with the right bank. This mechanism is feasible and has proven its effectiveness for the joint procurement of ARV medicines.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Laboratory monitoring of HIV treatment on the left bank: HIV RNA and CD4 testing	2.3.1–2.3.2	Tests for monitoring ARV treatment and immune status were procured from GC7 sources and delivered to the local administration on the left bank of the Dniester.	In 2025, 4,840 tests were procured at a total cost of 1,008,133.50 MDL

Funding trajectory from the budget extract

Year	Funding source GF MDL	Funding source: NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	1,218,795.0	0	0	100	0
2027	1,243,010.9	0	0	100	0
2028	953,251.8	0	247,795.0	80	20
2029	581,169.6	0	637 236.2	48	52
2030	0	0	1,258,764.8	0	100

The budgetary trajectory assumes that Global Fund resources will gradually decline by 2029. The gradual procurement of these tests from the local budget on the left bank of the Dniester is planned to begin in 2028, with full funding from 2030.

The sustainability trajectory and the factors needed to facilitate the transition

Activity / facilitator	Reference for budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Laboratory monitoring of HIV treatment on the left bank: HIV RNA and CD4 testing	2.3.1–2.3.2	Technical and methodological support is set out in the PN 2026–2030 project, which provides for the procurement of these tests jointly with the right bank. This mechanism is feasible and has proven its effectiveness for the joint procurement of ARV medicines.	2028–2030	Local administration on the left bank of the Dniester / UCIMP

Residual transition risk

The main risk is that the funding gap for ARV monitoring tests on the left bank of the Nistru could disrupt viral load and treatment monitoring, eroding clinical outcomes and the integrity of national surveillance. To mitigate this, stakeholders should secure short-term funding (GC8 or centrally managed stand-by procurement), while formalizing a long-term procurement commitment with the left bank authorities or a designated implementing partner. Practical measures include integrating ARV monitoring tests into the national procurement forecast, establishing a buffer stock to cover supply gaps, providing technical assistance to strengthen local procurement and supply chain capacity, and formalizing a memorandum of understanding clarifying roles, timelines, and budget lines for 2030. Regular supply chain monitoring, community feedback on access to testing, and quarterly joint assessments will enable rapid corrective action and turn this risk into an opportunity to strengthen diagnostic resilience and local ownership.

2.4 National Reference Laboratory for HIV/STIs/viral hepatitis

This activity aims to ensure laboratory operations relating to equipment maintenance, the procurement of new equipment, external quality control, staff training and other activities.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Maintenance of the Quality Management System within the LNR	2.4.1	The budget covers national consultants to prepare and periodically update the MOLDAC accreditation documentation, including laboratory standard operating	In 2025, 57,104 MDL was spent on this activity

HIV in accordance with ISO 15189		procedures and the Quality Manual, as well as the costs of MOLDAC accreditation and surveillance audits required to maintain the HIV National Reference Laboratory Quality Management System in compliance with ISO 15189. Activities are implemented in accordance with the national accreditation cycle.	
Participation in External Quality Control Programmes (international and national) for the NRL	2.4.2	Participation in external quality control for 11 types of tests at varying intervals of 2–4 checks per year	In 2025, external quality control tests were procured to the value of 117,985.8 MDL
Procurement of additional equipment for the LNR and HIV LR	2.4.3	Provides for the procurement of several laboratory devices, including 30 laptops for the GeneXpert machines, 5 systems for measuring CD4 cell counts in blood, replacement modules for the GeneXpert machines, a refrigerator and multichannel pipettes	In 2025, laboratory equipment worth 355,830 MDL was procured
Comprehensive maintenance of laboratory equipment for the NRL and HIV Regional Laboratories	2.4.4	Provides for the maintenance of 12 items of laboratory equipment	In 2025, 717,277.7 MDL was allocated from GC7 sources for the maintenance of laboratory equipment
Laboratory assessment and quality assurance	2.4.5	The budget covers an external laboratory quality assessment, including the development of the assessment tools by an international consultant, site visits to laboratories, and the preparation of the assessment report and recommendations by national consultants. The assessment will cover all 42 laboratories performing HIV testing and HIV treatment monitoring, as these laboratories are part of the integrated laboratory network supporting both HIV and	

		tuberculosis diagnostics. The assessment is also required due to recent organizational changes in the laboratory network following the transfer of the phthisiopulmonology service to primary health care under a Ministry of Health order. As a result, some GeneXpert instruments have been transferred to laboratories within Family Doctors' Centres, making it necessary to reassess the laboratories that will continue to provide these services.	
Regular auditing of HIV/STI/HCV Testing Centres to ensure the quality of the tests carried out is maintained	2.4.6	This activity involves drawing up an evaluation form for HIV testing centres, implementing it and carrying out field visits to conduct on-site evaluations. Training of NRL staff in the use of these evaluation questionnaires. Preparation of an audit report on the evaluation of testing centres.	In 2025, 24,404 lei was spent on fuel for field visits
Implementation of the National Quality Control Programmes for HIV/STIs/HV	2.4.7	Implementation of the National Quality Control Programme for the HIV/STI/HV Testing Service. Data collection, analysis and reporting of results. Procurement of reference materials and consumables for their preparation. Sample preparation.	
Maintenance of the GeneXpert system, including the coordination of technical interventions, the management of modules and support for beneficiary institutions	2.4.8	Recruitment of a certified expert to carry out maintenance and support work. This role is necessary in the context of modernising the national laboratory network and integrating diagnostic services for TB, HIV and viral hepatitis onto the GeneXpert platforms. During the transition period, new software solutions will be implemented and the interoperability of laboratory information systems will be strengthened, which requires centralised technical coordination.	In 2025, a certified specialist in GeneXpert system maintenance was contracted, working 7 days per month, at a cost of 204,866 MDL per year.

		From 2029, following the completion of the laboratory service reform, this role will be fully funded from the state budget.	
Procurement of rapid HIV/syphilis/HBV and HCV tests	2.4.9	Procurement of rapid HIV/syphilis/HBV and HCV tests for the left bank of the Dniester	In 2025, the following were procured: 26,000 TRD HIV/syphilis tests at a cost of 376,515.4 MDL TRD HBV – 1,800 tests at a cost of 27,443.8 MDL TRD HCV – 1,800 tests at a cost of 21,428.6 MDL
Ongoing training for staff at the National Reference Laboratory (NRL) and Regional Reference Laboratories (RRLs) through participation in external training programmes (laboratory methods, biosafety, equipment, management)	2.4.10	Continuous training of staff at the NRL and RRL through participation in external training programmes (laboratory methods, biosafety, equipment, management). Continuous training for staff at the IMSP and NGOs working on HIV/STIs and viral hepatitis.	In 2025, 25,595 MDL was spent on external training and 321,124 MDL on internal training
Assessment of HIV/VH genotypes and resistance to ARV/AV drugs using the HIV genotyping method	2.4.11	For patients who have failed second-line ARV treatment. HIV genotyping is an essential component of antiretroviral drug resistance surveillance, playing an important role in the Republic of Moldova, where antiretroviral therapy (ART) has been implemented since 2003. It enables the rapid identification of resistance mutations in patients who have failed treatment, supports the selection of an optimal treatment regimen and helps to maintain the effectiveness of the	In 2025, 80,545 MDL was spent

		National Programme, in accordance with WHO recommendations. The Moldovan Government funds the laboratory infrastructure, equipment and staff required to carry out genotyping tests. Support from the GF is requested exclusively for the procurement of genotyping kits and laboratory consumables.	

Funding trajectory from the budget extract

Year	GF funding source MDL	Source of funding NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	3,282,740.2	0	0	100	0
2027	7,886,870.0	159,000.0	0	98	2
2028	2,985,489.0	662,880.0	0	79	21
2,029	1,251,997.5	2,157,941.0	79,063.0	35	65
2030	0	3,073,307.00	175,263.0	0	100

The budgetary trajectory assumes that Global Fund resources will gradually decrease by 2029 from 98% to 35%, with 100% funding being taken over by the National Budget Programme from 2030. The gradual procurement of these tests from the local budget on the left bank of the Dniester is planned to begin in 2028, with full funding from 2030.

The sustainability pathway and the factors needed to facilitate the transition

Activity / facilitator	Reference for budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
National Reference Laboratory for HIV/STIs/viral hepatitis	2.4.1–2.4.10	The gradual takeover of funding for these activities will be possible because the National Health Insurance Company (CNAM) has switched to a new funding model, namely from a block grant to	2028–2030	CNAM / National HIV Programme (LNR)

		payment per test carried out, which will significantly increase the NRL's budget. This increase in the NRL's budget will enable all expenses relating to this activity to be covered. The costs per test are due to be approved in 2026–2027 and included in the single price catalogue.		

Residual transition risk

The main residual transition risk relates to the possible discontinuation of the CNAM test-based financing model and a return to block budget financing for laboratory services. In such a scenario, the available funding may become insufficient to cover the recurrent costs associated with equipment maintenance, quality assurance activities, external quality control, staff training, and other essential laboratory functions. If this occurs, the National HIV Programme and the National Reference Laboratory will engage with CNAM to negotiate an increase in the overall laboratory budget to ensure the continuity of these services.

Overall, the residual transition risk is considered low to moderate. The successful transition of the National Reference Laboratory functions depends on the timely implementation and continued application of the new laboratory financing model by the National Health Insurance Company (CNAM), including the approval of updated reimbursement tariffs and their incorporation into the national catalogue of laboratory service prices.

The risk is mitigated by the Government's commitment to laboratory reform, the progressive implementation of test-based financing, the phased transfer of recurrent costs to domestic financing during 2028–2030, and the continued institutional responsibility of the National Reference Laboratory for maintaining quality standards and coordinating the national laboratory network. By 2030, these activities are expected to be fully integrated into the routine financing and operation of the national laboratory system.

Component 3: Treatment, adherence and support for people diagnosed with HIV, STIs and viral hepatitis

The central objective of Component 3 of the Sustainability Plan is to ensure access to treatment for at least 95 per cent of people diagnosed with HIV, sexually transmitted infections and viral hepatitis B, C and D. Within this framework, activity package 3.1 comprises the procurement of antiretroviral drugs (ARVs) for prophylaxis and paediatric treatment, the procurement of specific antibiotics for the treatment of syphilis, the provision of medical consultations and clinical supervision, the coverage of ongoing treatment costs, and the operational support necessary for the continuous provision of therapy.

3.1 Access to HIV and syphilis treatment products subject to small-volume procurement constraints

This activity is intended to address the difficult situation arising in the procurement of ARV medicines and syphilis treatment due to a lack of bids from suppliers following 4–5 public tenders. This situation has arisen because of the very small quantities requested for procurement.

Description and current delivery model

Activity	Budget line reference	Delivery method/scale/performance	Funding arrangement in 2025
Procurement of ARV medicines for the prevention of mother-to-child transmission and for ARV treatment in children under 10 years of age	3.1.1	During the GC7 period, these small quantities of medicines were procured only where at least 3–4 public tenders had been held and no bids had been received from economic operators. These medicines were also distributed on the left bank of the Dniester, as the procurement of medicines is joint.	In 2025, 169,182.48 MDL was spent on this activity
Procurement of benzathine benzylpenicillin for the treatment of syphilis	3.1.2	The problem of procuring benzathine benzylpenicillin arose over the last 5–6 years when this preparation disappeared from the pharmaceutical market in the Republic of Moldova. Attempts to procure it have repeatedly failed. In 2020, there was a single bid at an exorbitantly high price, but the procurement was ultimately rejected because the proposed benzathine benzylpenicillin had a shelf life of only 6 months at the time of delivery. Since then, 3–4 public tenders have been held annually, but no bids have been received. It was procured alongside ARV medicines during the Covid-19 pandemic. The last two procurements, in 2023 and 2026, were also sourced from GC7.	In 2025, no procurement took place due to the previous procurement in larger quantities and therefore the existence of sufficient stock for 2025
Changes to procurement mechanisms	3.1.3	An alternative option for direct procurement from international platforms will be promoted to address the issue of a lack of tenders in public procurement.	The possibility of procuring from international platforms is to be identified and approved by legislation.

Funding trajectory from the budget allocation

Year	Source of funding GF MDL	Funding source: NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	169 182.5	0	0	100	0
2027	1,124,987.4	0	0	10	0
2028	882,227.0	0	0	100	0
2029	1,124,987.4	0	0	100	0
2030	0	636,319.2	168,668.0	0	100

Under the National Programme, the procurement of both paediatric ARV formulations and benzathine benzylpenicillin for the treatment of syphilis is provided for in the State Budget. Their inclusion in the HIV PST is a contingency measure in the event that procurement through national mechanisms fails, until a sustainable solution is found without jeopardising the continuity of essential services.

The budgetary trajectory therefore involves including the total amounts in each year of the GC8 grant, with the handover taking place by 2030 at the latest. For the left bank, it is envisaged that the same mechanism will be used as for the procurement of ARVs.

The sustainability pathway and the factors required to facilitate the transition

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Access to HIV and syphilis treatment products subject to small-volume procurement constraints	3.1.1–3.1.3	An alternative procurement method is to be developed and legislatively approved for medicines that cannot be procured on the local market due to small procurement quantities. This legislative provision for alternative procurement must be developed exclusively for procurement within the National Programme.	2028–2030	Ministry of Health / Ministry of Finance / National HIV Programme / Centre for Centralized Procurement in Health (CAPCS) / Medicines Agency

Residual transition risk

The main risk is that the Ministry of Finance may not authorize the direct procurement of small quantities of pediatric antiretroviral (ARV) formulations and benzathine benzylpenicillin through international procurement platforms, which could jeopardize the timely availability of these essential medicines and the continuity of treatment. To mitigate this risk, this Funding Request includes dedicated activities to review and strengthen procurement mechanisms by addressing existing regulatory and procedural barriers, as well as supporting the development and implementation of a sustainable, legally compliant procurement mechanism. In addition, the Funding Request provides financing for advocacy, policy dialogue, and technical assistance to facilitate coordination among the Ministry of Finance, CAPCS, the Medicines Agency, and the National HIV Programme, and to build consensus on the adoption of an alternative procurement mechanism. At the same time, GC8 bridge financing will help address any temporary procurement gaps, while maintaining buffer stocks will prevent interruptions in treatment. Together with quarterly procurement monitoring, pilot implementation of the alternative procurement mechanism with appropriate quality assurance and transparency safeguards, and an agreed transition plan among the responsible institutions, these measures will minimize the risk of supply disruptions and support a smooth transition to a fully domestically financed procurement system by 2030

3.2 Ensuring treatment adherence among people living with HIV, STIs and viral hepatitis B, C and D

This activity is intended to provide psychosocial support to patients undergoing antiretroviral (ARV) treatment, with a focus on those starting or restarting ARV treatment, as well as pregnant women throughout their pregnancy and children receiving ARV treatment. The second category of patients comprises those who have been on treatment for more than 12 months but require psychosocial support based on a case management model. To date, services for these two categories of patients have been funded from GC7 sources. Psychosocial support services represent one of the most challenging areas for the transition to full public funding, as responsibility for them is shared between the Ministry of Health and the Ministry of Labour and Social Protection. At the same time, these services play a vital role in ensuring treatment adherence and retaining patients in care, particularly in the context of persistent stigma and discrimination against people living with HIV.

The Transition Plan includes activities to develop funding and procurement mechanisms, cost the services, draw up standards and carry out the advocacy work necessary for the gradual integration of these services into national funding systems. Until this process is completed, support from the Global Fund remains essential to ensure the continuity of services.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Provision of psychosocial support services to increase adherence to antiretroviral (ARV) treatment	3.2.1	During GC7, these services were fully funded from the GF grant. During GC8, will be negotiate with the Ministry of Public Health and Social Protection (MLSP) to take over the funding of these activities or to integrate them into the services of	In 2025, 3,908,203.8 lei was spent on this activity

		existing regional social centres (Bălți, Chișinău and Comrat).	
Providing support for PLHIVs who have been on ART for more than 12 months, with the aim of increasing adherence to ARV treatment (additional package)	3.2.2	During GC7, these services were fully funded from the GF grant. During GC8, will be negotiate with the Ministry of Public Health and Social Protection (MLSP) to take over the funding of these activities or to integrate them into the services of the existing regional social centres (Bălți, Chișinău and Comrat).	In 2025, 2,193,764.4 lei was spent on this activity
Provision of methodological support for the Ministry of Labour and Social Protection (MLSP) to take over psychosocial services	3.2.3	From 2027, five consultants – one of whom will be from civil society – are to be engaged to discuss and develop a mechanism for the continued funding of this service.	The possibility of funding these services is to be identified and approved by a ministerial decision.

Funding trajectory from the budget extract

Year	Source of funding GF MDL	Source of funding NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	4,452,714.0	0	0	100	0
2027	4,198,390.0	0	0	100	0
2028	3,655,116.0	550 848.0	0	85	15
2,029	1,660,928.0	2,142,900.0	482,724.0	39	61
2030	0	3,203,406.0	1,048,800.0	0	100

The budgetary trajectory assumes that Global Fund resources will gradually decrease by 2029 from 100 per cent to 39 per cent, with 100 per cent funding being taken over by the National Budget Programme (NBP) from 2030. The gradual procurement of these services from the local budget on the left bank of the Dniester is planned to begin in 2029, with full funding from 2030.

The sustainability pathway and the factors required to facilitate the transition

Activity / facilitator	Reference for budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Ensuring treatment adherence among people living with HIV, STIs and viral hepatitis B, C and D	3.2.1–3.2.3	A method for funding these psychosocial support services for people on antiretroviral (ARV) treatment is to be developed and approved at ministerial level MLSP (Ministry of Labour and Social Protection).	2028–2030	MLSP /National HIV Programme/CSOs

Residual risk of transmission

The main risk is that the Ministry of Labour and Social Protection (MLSP) will not take over the funding of these psychosocial support services for people on antiretroviral (ARV) treatment. Ensuring the long-term retention of people living with HIV on treatment is one of the greatest programme-related challenges. After the first year of ART, many patients face treatment fatigue, socio-economic difficulties, stigma, mental health problems and other barriers that affect adherence and increase the risk of treatment interruption, virological failure and the development of resistance. Support is needed for people learning to live with HIV and lifelong treatment (psychosocial counselling, case management, peer-to-peer interventions, support in navigating the system) and is essential for strengthening retention and viral suppression.

During the GC7 period, this supplementary package was fully funded by the Global Fund, covering services that are not systematically included in the core ARV treatment package but which have a direct impact on treatment outcomes and the quality of life of people living with HIV. The gradual integration of these services into national funding mechanisms – through the MLSP and/or by including them in the service package of regional social centres (Bălți, Chișinău, Comrat) – will ensure the continuity of support for patients on long-term treatment.

A lack of funding for this support following the withdrawal of the Global Fund will lead to reduced adherence, an increase in the proportion of patients lost to follow-up, a rise in HIV-related morbidity and mortality, and an increased risk of transmission. From this perspective, the inclusion of the supplementary support package for PLHIV in the National Programme's sustainability plan is critical to safeguarding the investments made in expanding ARV treatment and strengthening the network of decentralised services.

3.3 Ensuring the technical and methodological conditions for the provision of treatment for HIV and viral hepatitis B, C and D

This activity is intended to support the recently decentralised HIV diagnostic and treatment centres in providing HIV diagnostic and treatment services.

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Strengthening the capacities of specialists in regional clinics regarding the clinical management of people living with HIV	3.3.1	This activity involves organising four training sessions per year with the aim of improving the quality of healthcare provision for HIV patients and discussing the latest provisions of national and international guidelines. All expenditure for this activity was covered by GC7 funds.	In 2025, four training sessions were held for this activity, at a cost of 176,477.0 MDL
Monitoring and evaluation visits to regional HIV diagnosis and treatment centres	3.3.2	During the GC7 period, these services were fully funded from the grant and GF sources. During GC8, these fuel costs for carrying out monitoring and evaluation visits to all HIV diagnosis and treatment centres are to be gradually covered from 2028 onwards.	In 2025, 35,395.0 MDL was spent on this activity

Funding trajectory from the budget extract

Year	Source of funding GF MDL	Funding source NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	105,620.0	0	0	100	0
2027	170,620.0	0	0	100	0
2028	144,620.0	26,000.0	0	82	18
2,029	125,120.0	45,500.0	0	64	36
2030	0	170,620.0	0	0	100

The budgetary trajectory assumes that Global Fund resources will gradually decline by 2029 from 100% to 64%, with 100% of funding coming from the National Budget Programme (NBP) from 2030 onwards.

The sustainability trajectory and the factors needed to facilitate the transition

Activity / facilitator	Reference for	Description of the enabling factor	Timeline	Implementer(s)

	budgetary activity			
Ensuring the technical and methodological conditions for the provision of treatment for HIV and viral hepatitis B, C and D	3.3.1–3.3.2	Training activities for medical staff at the HIV diagnostic and treatment centres are to be taken over by the NB from 2030, and fuel costs will be covered from 2028.	2028–2030	UCIMP /National HIV Programme/CNAM

3.4 Civil society involvement in treatment sustainability

CSOs and communities facilitate the expansion of testing by promoting self-testing, offering rapid testing in the community and increasing demand for early detection and treatment uptake. They support partner testing, index testing and the use of mechanisms such as vending machines for the distribution of consumables. In the left bank, CSOs ensure access to testing and sterile supplies, helping to prevent late diagnosis and maintain adherence. CSOs provide the necessary community support for referral and accompaniment to treatment, restarting and retention on treatment (ART) through psychosocial services, case management, peer support and activities to reduce barriers. For specific services (community-based PrEP, OAT), CSOs manage operational and support components that complement the state-funded healthcare package. The community helps to identify needs (children, pregnant women, marginalised people), adapt services and demonstrate the effectiveness of the support packages required for the national system to include them in its funding.
This component is critical to achieving treatment coverage targets and controlling the epidemics of HIV, STIs and viral hepatitis. Without a clear and time-bound commitment from the National Health Insurance Company (CNAM) and the Ministry of Health (MoH) regarding the Action 3.1 lines, services risk significant disruptions when Global Fund funding is withdrawn. The immediate measures required include formalising the takeover of the key budget lines for each component, implementing a procurement plan, establishing mechanisms to ensure the provision of services and medicines for the left bank, and setting up a contingency fund for the transition.

Description and current delivery model

Activity	**Budget activity reference**	**Delivery method/scale/performance**	**Funding arrangement in 2025**
Strengthening the financial regulatory framework and ensuring the sustainability of treatment services for people living with	3.4.1	This activity involves community and civil society experts assisting in the drafting of the Standard for the Provision of Psychosocial Services for people living with HIV. Amending regulatory documents to enable the use of international procurement mechanisms	This funding is intended to support CSOs in implementing GC8, but not as services or activities that

HIV through the involvement of civil society		for medicines and diagnostic tests, by analysing legislation and preparing arguments. Assisting in the development and revision of cost estimates for care and support services for people living with HIV, with the involvement of civil society experts. Preparing arguments, conducting social impact assessments and undertaking lobbying activities to ensure the inclusion of the core package of care and support services for people living with HIV in funding from the National Health Insurance Company (CNAM). Conducting technical consultations, preparing arguments and analysing the social impact for lobbying for the funding of the expanded package of care and support services in the context of HIV from the National Social Insurance Fund (CNAS).	will continue after GC8 has ended

Funding trajectory from the budget extract

Year	Funding source GF MDL	Funding source NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	102 180.0	0	0	100	0
2027	721,600.0	0	0	100	0
2028	176,000.0	0	0	100	0
2029	176,000.0	0	0	100	0
2030	0	0	0	0	0

No budgetary trajectory is provided for this activity. Community systems and CSO-led services are a critical enabler of the Transition Plan, as they provide the operational platform through which key transition activities will be implemented and sustained. Strengthening and progressively integrating these services into nationally financed systems is therefore essential for achieving the transition milestones outlined in this Plan and ensuring the continuity and effectiveness of HIV, STI and viral hepatitis responses beyond Global Fund support.

Sustainability trajectory and factors necessary to facilitate the transition

The activities relate to the contribution of CSOs and affected communities to the development and updating of standards for psychosocial services for people living with HIV, the legal and programme-based analysis of Regional Social Centres (CSR), the revision of regulatory documents governing the national procurement of medicines and diagnostic tests, as well as the preparation of budgetary justifications for the inclusion and maintenance of medical, social and psychosocial services within the CNAM/CNAS packages. These have so far been funded almost entirely from Global Fund sources and do not need to be classified as" direct services"; rather, they represent CSOs' contribution to establishing the sustainability of the national response through the application of CLM tools to processes of regulatory reform, economic analysis and budgetary impact assessment, and advocacy with decision-makers.

Component 4: Strengthening programme management by ensuring a coordinated response, high-quality strategic information and intersectoral collaboration

4.1 Ensuring the management of the HIV, STIs and viral hepatitis B, C and D programme

The funding of M&E specialists is essential to ensure the effective implementation, monitoring and management of the National HIV, STI and Viral Hepatitis Programme throughout the transition period. These specialists are responsible for generating and analysing strategic information, monitoring programme performance and transition milestones, supporting evidence-based decision-making, and fulfilling national and Global Fund reporting requirements. They also coordinate epidemiological analyses, programme forecasting, target setting and resource planning, providing the analytical foundation required for the gradual transition to sustainable domestic financing. Maintaining this capacity during GC8 is critical to ensuring continuity of programme oversight and the successful implementation of the Transition Plan until these functions are fully integrated into the nationally financed system.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Provision of strategic information to support the implementation of the National HIV/AIDS/STI/Hepatitis Programme, with support for M&E activities	4.1.1	This activity provides for the funding of two M&E specialists who will work within the National Programme's coordination unit. To date, expenditure on this activity has been covered by GC7 funds.	In 2025, 455,841.5 MDL was spent on this activity
Technical support for HIV estimates, forecasting and programme modelling, including the annual Spectrum update, GAM reporting, forecasting of prevention and treatment needs, Quantity PrEP/PrEPit/other estimates, validation of epidemiological	4.1.2	During GC7, these services were fully funded by UNAIDS. During GC8, these costs are to be gradually taken over from 2028 by the National Health Insurance Company (CNAM) through the 'Toma Ciorbă' Infectious Diseases Hospital, within which the	

parameters and scenario analysis for setting programme targets		National Programme Coordination Unit operates.	

Funding trajectory from the budget extract

Year	Funding source GF MDL	NB funding source MDL	Funding source: Local e administration (Left Bank)	% GF	% NB + Local administratio n (Left Bank)
2026	610,756.188	0	0	100	0
2027	1,438,488.0	0	0	100	0
2028	599,244.0	839 244.0	0	41.6	58.4
2029	0	1,438,488.0	0	0	100
2030	0	1,438,488.0	0	0	100

The budgetary trajectory assumes that Global Fund resources will gradually decrease by 2029 from 100% to 0%, with the National Health Insurance Company (CNAM) gradually taking over 100% of the funding from 2028.

Sustainability trajectory and factors required to facilitate the transition

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Ensuring the management of the HIV, STIs and viral hepatitis B, C and D programme	4.1.1–4.1.2	M&E is of paramount importance to the implementation of the National Programme; Expenditure on these activities will be gradually taken over by the National Health Insurance Company (CNAM) through the funding of the unit coordinating the implementation of the National Programme.	2028–2030	UCIMP /National HIV Programme/CNAM

4.2 Operational studies and research

This component is fundamental to the national HIV response and its long-term sustainability because robust, locally generated evidence underpins smart policy, efficient resource allocation and improved patient outcomes. Integrated bio-behavioural surveys, audits of late diagnosis and investigations into treatment dropout identify who is being missed, why they are missed and which programmatic changes yield the greatest impact; they therefore guide prioritization of prevention, testing and retention interventions and justify the absorption of activities into routine domestic financing. By transferring these studies into national institutions (for example, the National Public Health Agency) and embedding them in regular planning cycles, Moldova can ensure continuous, timely intelligence to adapt service delivery, demonstrate cost-effectiveness to budget holders, and sustain gains achieved with external support while strengthening the quality of care for people living with HIV.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Conducting an integrated biobehavioural study among groups at high risk of infection, with an estimate of the size of key groups	4.2.1	This activity involves conducting an integrated bio-behavioural study among groups at high risk of infection. The previous study was carried out and funded under GC7. It is planned that this activity will be taken over by the National Public Health Agency as it constitutes second-generation epidemiological research.	In 2023–2024, 3,957,000 MDL was spent on this activity
Audit of the detection of late-diagnosed HIV cases	4.2.2	This audit will enable us to identify the causes of late diagnosis of HIV-positive patients and, consequently, to develop measures to increase the detection of HIV-positive patients and their inclusion in antiretroviral (ARV) treatment. Late diagnosis of HIV infection remains one of the main causes of HIV-associated morbidity and mortality and results in higher treatment costs. The study will identify the barriers leading to late diagnosis and provide evidence to optimise testing strategies, improve early detection and ensure a more efficient use of resources. This is an operational study conducted once every five years, necessary to inform policy and programme decisions. Currently, there is no national funding mechanism for this type	

		of research, and support from the Global Fund is essential for generating the evidence needed to strengthen the national response and facilitate the transition to sustainable domestic funding.	
Audit of dropout cases	4.2.3	This audit will enable us to identify the causes of ARV treatment dropout among HIV patients and, consequently, to develop measures to reduce the number of HIV patients who drop out of ARV treatment.	

The funding trajectory from the budget extract

Year	Source of funding GF MDL	Funding source: NB MDL	Funding source: Local e administration (Left Bank)	% GF	% NB + Local e administration (Left Bank)
2026	0	0	0	0	0
2027	1,036,896.0	0	0	100	0
2028	6,163,378.0	0	0	100	0
2029	0	0	0	0	0
2030	0	0	0	0	0

No domestic expenditure is currently reflected in the 2027–2030 budget trajectory; however, GC8 will support the institutional and budgetary preparations required for future domestic financing of recurrent priority studies.

The financing pathway will differ by activity. While IBBS will continue to be conducted as a periodic survey, future financing will be determined through the national planning process and, where necessary, complemented by external technical and financial support. The absence of domestic budget allocations for 2029–2030 does not indicate that these studies will be discontinued; rather, it reflects their periodic nature, as the next rounds are scheduled beyond the current planning period and will be financed through the relevant future budget cycles. In contrast, the late HIV diagnosis study and the treatment interruption (loss-to-follow-up) audit are expected to become part of the routine monitoring and evaluation functions of the National HIV Programme, with their recurrent implementation costs gradually incorporated into the operational budgets of the responsible national institutions.

The sustainability trajectory and the factors required to facilitate the transition

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Operational studies and research	4.2.1–4.2.3	Operational studies and research are essential tools for generating the evidence required to evaluate programme performance, assess the size and characteristics of key populations, and inform strategic planning. They provide critical information on epidemiological trends, service coverage and programme effectiveness, supporting evidence-based policy and resource allocation. While these activities will continue to rely on external support during GC8, preparations will be undertaken to progressively institutionalize priority studies within the national health system, with recurrent research activities incorporated into the routine planning and budgeting processes of the responsible national institutions as domestic resources become available.	2027–2029	UCIMP /National HIV Programme

Residual transition risk

A key residual risk is that operational studies and research (IBBS, audits of late diagnoses and treatment abandonment) could fail if sustainable national funding is not secured, leaving programmatic decisions blind to crucial, context-specific evidence. To mitigate this, stakeholders will develop an implementation mechanism and secure a dedicated funding line from the National Agency for Public Health (ANSP) resources, while using GC8 resources as a time-limited catalytic bridge to institutionalize

capacity. Practical measures include developing an ANSP funding proposal and budget package now, integrating studies into the PN monitoring calendar, establishing a joint group (ANSP, National HIV Program, UCIMP) to safeguard technical quality, and developing a multi-year, costed research plan that the CNAM/Ministry of Health can refer to in the budget justification. Short-term mitigation - such as conducting priority studies through GC8, partnering with academic institutions, and creating a contingency pool for urgent operational research - will ensure the flow of evidence to policy without interruption, turning the transition into an opportunity to strengthen national governance, including in the field of research.

4.3 Community-led monitoring, legal and community systems, and digital interoperability

This component is vital to the national HIV response and its sustainability because civil society and community actors are the primary guardians of rights, access and accountability: by documenting abuses, providing legal aid through specialist paralegals, and operating community-led monitoring (CLM), CSOs identify systemic barriers to care, generate real-time evidence from the frontline and hold institutions to account. Institutionalizing CLM through public funding, standard operating procedures, interoperable digital registers and routine methodologies not only preserves these watchdog and rapid-response functions, but also strengthens trust, reduces stigma, and improves service quality and uptake. Embedding community expertise in budgeting, legal reform and digital integration ensures that interventions remain responsive, cost-effective and equitable—turning community oversight into a durable pillar of a resilient, domestically financed HIV programme.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Ensuring the sustainability of the community response through the participation of civil society experts in the development of public funding mechanisms for CLM, supporting strategic legal cases, removing legislative barriers and establishing standard operating procedures to guarantee access to essential services	4.3.1	Development of the public funding mechanism for CLM services. Legal support and guidance for strategic cases. Development of the methodology and tools for routine monitoring. Rapid intervention and response to critical cases (key cases). Auditing and improving the quality of recorded data. Institutionalising and ensuring the sustainability of the service register. Civil society participation in the national digital reform process.	
Facilitating community dialogue and cross-sectoral cooperation	4.3.2	Regular multi-stakeholder dialogues (quarterly national and bi-monthly regional), specific thematic workshops (legal, health, social protection), joint working groups on priority issues and to	

		coordinate activities between civil society organizations, health authorities, justice and social services. Activities include structured consultation agendas, minutes and CLM tools, development of memoranda of understanding for intersectoral referrals, etc.	
Ensuring the technical interoperability of digital systems and registers	4.3.3	The objective of this activity is to ensure interoperability between the HIV prevention, care and support services registry, the MyLife+ application, and other digital solutions used by organizations providing services to people living with HIV and key populations. This will enable secure data exchange between different information systems, reduce data duplication, improve data quality and consistency, and strengthen client management and continuity of care. In addition, the activity will establish the technical foundation for the future integration of these systems with national health information systems, without supporting the development of the national systems themselves.	

Funding trajectory from the budget extract

Year	Source of funding GF MDL	Funding source NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	0	0	0	0	0
2027	3,262,815.0	0	0	100	0
2028	2,753,415.0	0	0	100	0
2029	2,437,015.0	0	0	100	0

2030	0	0	0	0	0

The budgetary trajectory for these activities does not foresee a financial transition during GC8, as they represent strategic investments rather than routine service delivery. Their purpose is to establish the legal, institutional and financing foundations required for the long-term sustainability of community-led monitoring (CLM), legal support and community engagement. During 2027–2029, GC8 will support the development of domestic financing mechanisms, costing, contracting models and advocacy, while continuously assessing the effectiveness and organizational model of CLM. Based on the results of GC8 implementation, a sustainable post-2030 model for the governance, financing and implementation of CLM will be developed and agreed with the relevant national stakeholders, enabling its gradual integration into nationally owned systems.

The sustainability trajectory and the factors required to facilitate the transition

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Community-led monitoring, legal and community systems, and digital interoperability	4.3.1–4.3.3	These activities are enabling investments required to establish sustainable financing, institutional and accountability mechanisms for community-led monitoring, legal support and community participation beyond GC8.	2027–2029	UCIMP / National HIV Programme

Residual risks

Key risks include the potential collapse of funding after GC8 (2027–2029), which could disrupt community monitoring (CLM), paralegal and dialogue functions; failure to institutionalize public funding mechanisms for community monitoring and legal aid; weak interoperability or data governance, which prevents CLM evidence from informing policy; and insufficient institutional capacity (CSOs and public agencies) to support rapid response and legal work. To mitigate these risks, GC8 is designed as a catalytic, time-bound investment that funds the maintenance of results achieved and the strengthening of CSO capacities, while national authorities are expected to take responsibility for sustainability. Practical measures will include: establishing memoranda of understanding and contractual mechanisms and a common transition monitoring framework, which ensures timely corrective actions and ensures progressive internal financing and operational sustainability.

4.4 Implementation of information and education campaigns on HIV and viral hepatitis

Information and education campaigns are a very effective tool for communicating and reporting on the current situation regarding HIV and HIV-related issues. Traditionally, these campaigns have been funded through GF grants.

Description and current delivery model

Activity	Budget activity reference	Delivery method/scale/performance	Funding arrangement in 2025
Implementation of information and education campaigns on HIV and viral hepatitis	4.4.1	Under GC8, communication efforts will be strategically reoriented towards highly targeted, audience-specific digital campaigns focused on populations at increased risk of HIV. These campaigns will primarily support the scale-up of HIV testing and PrEP by using targeted online communication to increase awareness, generate demand for services, and reach individuals who are not currently engaged with prevention programmes.	In 2025, 581,551.5 MDL was spent on these activities

Funding trajectory from the budget extract

Year	Funding source GF MDL	NB funding source MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	1,000,000	0	0	100	0
2027	1,000,000	0	0	100	0
2028	0	1,000,000	0	0	100
2029	0	1,000,000	0	0	100
2030	0	1,000,000	0	0	100

The budgetary trajectory for these activities involves a financial transition, with the National Health Insurance Company (CNAM) taking over full funding from 2028.

The sustainability trajectory and the factors required to facilitate the transition

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Carrying out information and education campaigns on HIV and viral hepatitis	4.4.1	This activity involves the National Health Insurance Company (CNAM) assuming full funding from the prevention fund from 2028.	2027–2029	UCIMP / CNAM / National HIV Programme

Residual transition risk

A residual risk is that CNAM may not assume full funding for HIV and viral hepatitis information and education campaigns on schedule, which could cause a sudden drop in outreach, reduced testing and PrEP uptake, and loss of momentum around key awareness moments. To mitigate this, the transition should be managed as a phased, jointly agreed handover: CNAM should formalize a dedicated line item in the prevention fund now and adopt a multi-year communications plan co-owned with the National HIV Programme and UCIMP. GC8 funding should be used catalytically to pilot high-impact digital campaigns (targeted to MSM and other key groups), build CNAM and CSO capacity for campaign design and M&E, and establish clear performance indicators (reach, testing referrals, PrEP inquiries) that trigger funding release. A short-term contingency (bridge) allocation from GC8 for the handover period, combined with documented SOPs, ready-to-use campaign toolkits for local implementers (including left bank arrangements) and quarterly joint reviews, will minimize service interruption and ensure that public funding can sustainably pick up proven, cost-effective communications activities.

4.5 Ensuring the implementation, operationalisation and sustainable functioning of the HIV Monitoring and Evaluation Information System (SIME HIV)

The SIME-HIV information system is a cornerstone of an effective and sustainable national HIV response, providing the strategic information required for patient monitoring, programme performance assessment and evidence-based decision-making. Significant progress has already been achieved under GC7, including the development of the system architecture and core functional modules, preparation of technical and interoperability specifications, initial system testing, and the development of a comprehensive Action Plan for the completion, national roll-out and long-term institutionalization of SIME-HIV within the Ministry of Health and the National HIV Programme.

Although, the governmental approval and accreditation process for national health information systems has been lengthy, the development of SIME-HIV is now in its final phase. Deployment of the system on the Government Cloud Platform (MCloud), including cloud infrastructure configuration, implementation of the required software licences, interoperability services and other technical components necessary for production operation, is already underway. With targeted support, SIME-HIV is expected to be fully operational and ready for nationwide user training by the end of 2026. However, experience from similar national digital health initiatives demonstrates that full implementation, user adoption and integration into routine practice typically require an additional one to two years.

Therefore, the catalytic investment requested under GC8 for 2027 is essential to complete the implementation process. It will support nationwide deployment, data migration, cybersecurity assessment, user training, full interoperability with the national eHealth ecosystem and other government information systems, as well as short-term technical maintenance and help-desk services during the transition to government ownership.
Following completion of the implementation phase, SIME-HIV will become an integral component of the national digital health infrastructure. Responsibility for system operation, maintenance, further development and financing will be fully transferred to the Ministry of Health and the responsible national institutions, with recurrent costs covered through the state budget as part of the national eHealth system. This phased approach will ensure the long-term sustainability of the system, its full integration into the national health information architecture, and a complete transition to domestic financing.

Description and current delivery model

Activity	**Budget activity reference**	**Delivery method/scale/performance**	**Funding arrangement in 2025**
Completion of the development, documentation, testing, implementation and operationalisation of the HIV Monitoring and Evaluation Information System (SIME HIV)	4.5.1	Completion of the development, documentation, testing, implementation and operationalisation of the HIV Monitoring and Evaluation Information System (SIME HIV), including integration with other relevant information systems, the preparation of technical and operational documentation, training for users and administrators, and ensuring the monitoring of operations and post-implementation maintenance services.	In 2025, 1,227,186.50 MDL was spent on these activities
Procurement of IT services for the development, implementation, integration, testing, documentation, maintenance and provision of technical support for SIME HIV	4.5.2	Procurement of IT services for the development, implementation, integration, testing, documentation, maintenance and provision of technical support (Help Desk) for the HIV Monitoring and Evaluation Information System (SIME HIV), based on the estimated number of expert-days.	In 2025, 805,323.12 MDL was spent on contracting IT services for the development, implementation, integration, testing, documentation, maintenance and provision of technical support for the HIV Monitoring and

			Evaluation Information System (SIME HIV).
Conducting a security audit of the HIV Monitoring and Evaluation Information System (SIME HIV).	4.5.3	Conducting a security audit of the HIV Monitoring and Evaluation Information System (SIME HIV).	n/a

Funding trajectory from the budget statement

Year	Source of funding GF MDL	Source of funding NB MDL	Funding source: Local government (Left Bank)	% GF	% NB + Local authority (Left Bank)
2026	3,790,105	320,000	0	92.2	7.8
2027	2,855,490	320,000	0	90.0	10.0
2028	0	536,699	0	0	100
2029	0	536,699	0	0	100
2030	0	536,699	0	0	100

The budgetary trajectory for these activities involves investment in monitoring and evaluation capacity, followed by a financial transition, with the National Health Insurance Company (CNAM) taking over full funding of the operational and maintenance costs of the SIME HIV from 2027.

The sustainability pathway and the factors required to facilitate the transition

Activity / facilitator	Reference for the budgetary activity	Description of the enabling factor	Timeline	Implementer(s)
Ensuring the implementation, operationalisation and sustainable functioning of the HIV Monitoring and	4.5.1–4.5.3	This activity involves the National Health Insurance Company (CNAM) taking over funding from the funds allocated to the	2027–2029	UCIMP / CNAM / National HIV Programme

Evaluation Information System (SIME HIV)		'Toma Ciorbă' Hospital from 2027.		

Residual transition risk

The principal residual risks for SIME-HIV are delays in government accreditation, gaps in server procurement or handover, and insufficient domestic budget absorption by CNAM after GC8—any of which could delay go-live, reduce data completeness or interrupt maintenance and help-desk support. To mitigate these risks, GC8 funding should close remaining technical gaps, finalize security audits and procure government-hosted servers so the system is ready for user training by end-2026; a formal handover plan with clear CNAM budget lines (from 2027) must be agreed now, including multi-year commitments for operations and maintenance. Practical safeguards include a short-term GC8 bridge for post-implementation help-desk services, phased roll-out with regional pilots to manage adaptation, targeted training and user-support packages, routine security and data-quality audits, and quarterly transition reviews with escalation triggers if milestones slip. Complementary measures—pre-positioned contingency funds, documented SOPs and integration roadmaps with other national systems—will convert short-term investment into durable national ownership and resilient, timely HIV surveillance.

Summary of transition risks and mitigation measures

The Sustainability Plan must simultaneously serve to safeguard expertise, strengthen partnerships and ensure the continuity of vital services for the most vulnerable communities, including prevention, treatment and support services.

The success of this plan will be measured both by financial indicators (the amounts allocated from the state budget for HIV) and by impact indicators: how many people from key populations are covered by prevention services; how many people living with HIV know their status, are enrolled in, and remain on treatment and care; how many lives are saved; and to what extent we have succeeded in reducing stigma and discrimination.

Risk	**NSP objective/intervention referred to**	**Affected population**	**Probability**	**Severity/Impact**	**Mitigation measures**	**Responsible institution**
Reduced capacity for coordinated management of the HIV response due to the loss of functionality of the National Coordination Centre for TB/AIDS	Specific objective 4 – management, M&E, studies and research	The entire HIV system; decision-makers, partners, communities	Medium	High	Alternatively, the secretariat of the National Coordination Committee on TB/AIDS could be granted the status of a department within the Ministry of Health, whilst simultaneously expanding the remit and responsibilities of the National Coordination Committee on TB/AIDS to include the other National Programmes.	Requires a firm commitment from the Ministry of Health
Limited technical and administrative capacity of the Programme Coordination Unit and the Secretariat of the National Coordination Committee on TB/AIDS, due to reduced funding for human resources	Specific Objective 4 – management, M&E, studies and research	The entire HIV system; decision-makers, partners, communities	Medium	High	Conceptualising the new architecture of the National Programme from the perspective of the sustainability of the response and the necessary financial and human resource investments.	Requires a firm commitment from the Ministry of Health
Failure to ensure continuity of funding and insufficient take-over of prevention services for key populations (CSOs) following the withdrawal of the Global Fund	Specific Objective 1 – HIV/STI/HCV prevention service packages for PWID, SW, MSM, and people in detention	PLHIV, PWID, SW, MSM, prisoners, young people in GRSI	Medium	High – rising incidence, loss of coverage	-Planned annual increase in resources from the CNAM Prophylaxis Fund to fully cover the costs of prevention packages by 2030. -Multi-year contracting of CSOs for prevention services based on approved appropriate cost estimates (joint order from the Ministry of Health and the CNAM). -Design and implementation of a funding	Ministry of Health, National Health Insurance Company, Coordination Unit of National Programm;

					mechanism for CSOs on the left bank (contingency fund / mechanism similar to that used for refugees, etc.).	Local Public Administratio n
Inability to procure paediatric ARV treatment regimens	Specific Objective 2 – HIV/STI/hepatitis testing and diagnosis, operation of the National Reference Laboratory (NRL) and territorial laboratories	PLHIV, children born to HIV-positive mothers	High	High	Planing to work actively on developing and approving this alternative procurement mechanism, with clear roles, timelines and GC8 bridge support to minimize treatment interruption and ensure sustainable national ownership.	MOH; CNAM; ANSP; IMSP SCBI ”Toma Ciorbă”
Inability to fund M&E requirements, IBBS studies and programme coordination	Specific Objective 4 – Management, M&E, supervision, studies and research	The entire HIV system: decision-makers, partners, communities	Medium	High – decisions made without evidence, inefficient resource allocation, poor monitoring of the transition	– Gradual absorption, through the state budget, of the full operating costs of the Coordination Unit, SIME HIV and IBBS studies; annual allocation in the budget of resources for 1–2 priority studies (IBBS, Optima). – Integration of NSP indicators into national data systems (ANSP, BNS).	MOH; ANSP; BNS; IMSP SCBI ”Toma Ciorbă”
Difficulties in maintaining service coverage and quality in the Transnistrian region following GC8	Specific Objectives 1 & 3 – Harm reduction services, ARV/HIV treatment and support for the population in the left bank	PLHIV, PWID, SW, MSM and the general population on the left bank of the Dniester	High	High – increase in late diagnoses and mortality in the region; epidemiological risk for the whole country	– Strengthening risk reduction programmes in the region through CSOs and special funding mechanisms (contingency fund, National Health Insurance Company (CNAM) contracting of CSOs on the left bank through registration on the right bank). – Strengthening ARV and diagnostic services at the border of the security zone (Varnita, Rezina, etc.), in collaboration with CSOs. – A multisectoral crisis plan for scenarios involving supply disruptions.	MOH; IMSP SCBI ”Toma Ciorbă”; CNAM; APL; CNC TB/AIDS
Insufficient human resource capacity and the migration of	Specific Objectives 3 & 4 – Treatment, care, psychosocial	Infectious disease specialists,	High	Medium to high – decline in quality, inability	- Implementation of the annual continuing professional development plan, including for community staff.	MOH; CNAM; USMF; IMSP; CSOs

specialists (including peer counsellors and CSO staff) against a backdrop of increasing pressure on the public system	support, peer counsellors, integrated medical and social services	TB/HIV specialists, laboratory staff, peer counsellors, outreach workers		to absorb new financial and service responsibilities	– Accurate remuneration for work (salaries, allowances for night work/hazardous conditions) to address the Court of Auditors' observations and reduce staff turnover. – Expanding the integration of "peer counsellors" into IMSP facilities and, where possible, into the mental health and substance abuse system.	
Lack of stable funding mechanisms for community services, advocacy and community-based monitoring (CLM)	Specific Objectives 1 & 4 – Civil society engagement, reducing stigma and discrimination, community-led monitoring	PLHIV, GCA, CSOs and affected communities	High	High – increased stigma, reduced trust and access, diminished control and stunted transition	– Development and adoption of a "National Programme M&E Manual", clear criteria and transparent funding mechanisms (grants, procurement of services, results-based funding). – Integration of CLM and stigma reduction into the Programme's M&E Manual and into the budgets of the Ministry of Health (MoH), the National Health Insurance Company (CNAM) and local public authorities (APL).	MoH; CNAM; CNAS; CNC TB/AIDS; local authorities
Underfunding and delays in scaling up PrEP (including injectable PrEP) following a lack of support from the GF	Specific Objective 1 – PrEP for GRSI	MSM, SW, PWID, young people and women from GCA	Medium	Medium-high – loss of a key prevention tool in the context of stable but high incidence	Integration of all forms of PrEP (oral and injectable) into the package of services covered by the National Health Insurance Company (CNAM), with a separate tariff and updated costing. – Setting annual targets for increasing the number of beneficiaries. – Use of GC8 as catalytic funding for the roll-out, training and cost-effectiveness analyses of injectable PrEP implementation, with full internal funding by 2030.	Ministry of Health (MOH), CNAM; IMSP SCBI "Toma Ciorbă"; community-based CSOs

Transition support activities to facilitate nationwide take-over

This section defines the catalytic activities required to make the budgeted transition pathway feasible and not repeat all the service delivery activities included in the budget. Instead, it identifies cross-cutting actions without which domestic funding cannot be implemented or institutionalised.

Transition Support Area	Purpose	Budgetary activities likely to be involved	Information still required	Proposed role for GC8
Funding and contracting with the National Health Insurance Company (CNAM) for prevention packages	Updating service packages, costs, tariffs and contractual arrangements for prevention services provided by CSOs.	1.1–1.8, in particular 1.1, 1.2, 1.4, 1.6	Final unit costs, contract terms, annual CNAM ceilings, treatment of goods, feasibility of multi-year contracts.	Technical assistance, bridging finance and transitional phases.
Funding mechanism and continuity of services on the eastern/left bank	To be determined: how prevention, testing, treatment monitoring and community services will be funded and delivered in the left bank following the withdrawal of the Global Fund.	1.1, 1.2, 1.4, 1.5, 1.6, 2.1–2.3, 3.1–3.2	Responsibility for the budget; possible contingency fund; contracting options for CSOs; procurement and distribution arrangements.	Bridge funding plus the design of a special funding/implementation mechanism.
Public procurement reform for small-scale projects	Facilitating the procurement of paediatric ARVs, PMTCT-related ARVs, benzathine benzylpenicillin and other products in small quantities through international mechanisms/platforms.	3.1.1–3.1.3	Legislative amendments, responsible procurement body, platform options, quality assurance requirements, annual demand forecasts.	Catalytic technical assistance and short-term procurement for bridging purposes, if necessary.
Institutionalisation of PrEP services	Cost, approval and funding of community-based PrEP and the introduction of	1.5.1–1.5.3	Clinical and community delivery model, cost calculations, CNAM/MOH cost-sharing,	Support for pilot projects/roll-out, cost calculations and integration into internal budgets.

	long-acting injectable PrEP.		procurement plan and implementation targets.	
Institutionalisation with psychosocial and adherence support	Define internal funding for psychosocial support in OAT/TSOs and support for treatment adherence for people living with HIV.	1.3, 3.2	Definitions of service packages, provider eligibility, responsibilities of the Ministry of Health and Ministry of Labor and Social Protection (MLSP)/National Health Insurance Company (CNAM)/ referral pathways, and rules for transport reimbursement.	Bridge funding and technical assistance for defining service packages and internal mechanisms.
Funding for laboratories and quality systems	Finalisation of domestic funding for the National Reference Laboratory (NRL), quality of the laboratory network, EQA, maintenance, genotyping and treatment monitoring.	2.2–2.4	The CNAM payment/tariff mechanism, the role of the Ministry of Health/ANSP, the equipment maintenance plan, and the results of the laboratory network assessment.	Supporting the transition to domestic contracting and quality assurance.
SIME HIV and strategic information systems	Completion of implementation, interoperability, maintenance, technical support, security and accountability for the HIV SIME.	4.1, 4.2, 4.4	System owner, recurrent cost determination, cybersecurity requirements, data governance, interoperability roadmap.	Catalytic support for development/operationalisation with costs funded from internal resources.
Community-led monitoring,	Institutionalisation of CLM,	1.8, 3.4, 4.3, 4.4	Institutional headquarters,	Bridge funding plus the design of

legal/community systems and reduction of stigma	community-participation, legal support and feedback mechanisms within the programme architecture.		funding mechanism, reporting/escalation rules, relationship with the National Coordination Committee on Tuberculosis and AIDS (CNC TB/SIDA) and annual evaluations.	sustainable public/community accountability and mechanisms.
Research and evidence generation	Regular monitoring of IBBS, late-diagnosis audits, treatment discontinuation audits and modelling functions.	4.1–4.2	Which studies are essential, the future role of NSAs, the source of funding after GC8, the timetable up to 2030/2032.	Funding for critical studies and the transfer of capacity to domestic institutions.

Monitoring, responsibilities and annual review

The transition plan should be monitored annually as part of the implementation of the National Programme and the oversight of the GC8 grant. Monitoring should focus not only on the implementation of Global Fund expenditure, but also on whether the trajectory of domestic funding and institutional support measures are progressing as planned.

The Ministry of Health should lead the overall management of the transition plan, with the National Health Insurance Company (CNAM) responsible for funding and contracting services under the compulsory health insurance schemes; the Ministry of Justice for services in the prison system, where applicable; the Ministry of Labour and Social Protection for social and psychosocial support functions, where assigned; the National Public Health Agency (ANSP) and relevant laboratories for laboratory and surveillance functions; and representatives of civil society and the community for feedback on services, careful health management (CLM) and accountability. For the left bank, the plan must specify the responsible technical and financial mechanism, through:

– Strengthening harm reduction programmes in the region through CSOs and special funding mechanisms (contingency fund, National Health Insurance Company (CNAM) contracting of CSOs on the left bank through registration on the right bank);

– Strengthening ARV and diagnostic services at the border of the security zone (Varnita, Rezina, etc.), in collaboration with CSOs;

– A multisectoral crisis plan for scenarios involving supply disruptions.

An annual transition review should be organised prior to each budget cycle. This should examine: internal allocations versus the planned trajectory; expenditure by source; contracts signed and the status of procurement; service coverage by population and geography; progress made on policy and regulatory decisions; programme performance indicators; feedback from the Local Government Council (CLM) and beneficiaries; and unresolved risks requiring escalation.

A simple transition dashboard should be maintained and updated annually. It should include, at a minimum, for each budget activity: the National Programme activity code; planned and executed funding from the Global Fund and domestic funding; the responsible domestic source; the annual target and the coverage achieved; the necessary policy/contracting/procurement actions; the status of these actions; the residual risk; and the decision required for the next annual cycle.
The National Coordination Committee on Tuberculosis and AIDS (CNC TB/SIDA) and the relevant technical working groups should serve as the primary accountability platform for reviewing progress on the transition and escalating risks. Community-led monitoring and CSO reports should be formally presented during these reviews, so that disruptions, barriers to access and quality concerns are identified before they turn into programme failures.

Monitoring area	**Core evidence**	**Frequency**	**Responsible body**	**Escalation pathway**
Capacity for coordinated management of the national response to HIV	Functionality of the National Coordination Committee on Tuberculosis and AIDS (CNC TB/SIDA); Consistency in the implementation of sustainability measures	Ongoing monitoring	Ministry of Health, CSOs	CNC TB/SIDA
Funding mechanisms and volumes in line with the Sustainability Plan	Budget allocations, expenditure incurred, co-financing records, CNAM contracts	Annual and half-yearly	MOH, CNAM, MF, PR	CNC TB/SIDA; Government budgetary process
Continuity and coverage of services, with particular focus on the left bank	Coverage by population/geography, service reports, procurement status, stock levels	Quarterly/annual	Programme Coordination Units, suppliers, PR	Technical Working Groups (TWG); CNC TB/AIDS
Policy and institutional actions	Approved standards, tariffs, public procurement decisions,	Annual review of key milestones	MOH, CNAM, ANSP, MJ, MLSP	Ministerial/governmental decision-making bodies

	contracts, SIME HIV milestones			
Community accountability	CLM reports, beneficiary feedback, complaints, legal/community monitoring	Half-yearly/annual	CSOs and community representatives	CNC TB/SIDA; Cross-border working groups on human rights and service provision
Sustainability of human resources strengthened in the national response to HIV	Implementation of the annual continuing professional development plan, including for community staff; Fair remuneration for work (salaries, allowances for night work/hazardous conditions); Expanding the integration of human resources trained by CSOs into the public health and social care system.	Continuous monitoring of progress	Programme Coordination Unit, service providers, PR	CNC TB/SIDA), Ministry of Health/National Health Insurance Company, Ministry of Labour and Social Protection
Management of residual risks*	Register of transition risks and measures to mitigate them. Creation of a robust database and analysis to guide budgetary and policy decisions during and after the transition	Updated biannually and whenever necessary	Ministry of Health Secretariat and CNC TB/AIDS, Expert Council	High-level decision-making and oversight of GC8 grants

**A residual risk, in the context of the transition to domestic funding, is the risk that remains after preventive, mitigating or transfer measures (e.g. co-financing, institutional reforms, procurement procedures) have been identified and implemented. Residual risk represents the probability and impact of an issue relating to the continuity or quality of services (financial, operational, institutional, access) that cannot be completely eliminated by the measures planned or implemented during the transition process. In the transition assessment,*

identifying residual risks helps to highlight gaps that require ongoing monitoring and to designate those responsible for a rapid response should these risks materialise.

Conclusions

The sustainability of the HIV response is a shared responsibility that requires the firm commitment of all stakeholders:

- The Government/Ministry of Health/other ministries must demonstrate political will and allocate the necessary resources, recognising that investment in HIV prevention and control is more cost-effective than managing the epidemiological and social consequences of an uncontrolled epidemic.
- Civil society must be supported so that it can continue to deliver high-quality services, innovate, document results and demonstrate added value, whilst maintaining its critical role as an advocate and independent watchdog.
- Development partners, including the Global Fund, must ensure a gradual and responsible phasing out, with ongoing technical assistance and safeguards to protect essential services during the transition period.
- Affected communities must be actively involved at all stages of the process, bringing the beneficiaries' perspective and ensuring that services remain relevant, accessible and non-stigmatising.

Reporting transition risks to high-level decision-makers must be organised as a coherent system, with multiple complementary channels. At the institutional level, the core element is regular reporting: annual progress reports and mid-term reviews of the National Programme and the sustainability plan, which include sections dedicated to transition risks (funding gaps, service disruptions, reductions in coverage, regulatory bottlenecks). These are submitted to the Ministry of Health, the Ministry of Labour and Social Protection, the National Health Insurance Company (CNAM), the Ministry of Finance and the Government, and discussed within the National Coordination Committee on Tuberculosis and AIDS (CNC TB/SIDA) and the High-Level Task Force (GTL), which function as formal platforms for risk escalation.

From a financial perspective, annual and half-yearly analyses of budget implementation (state budget and CNAM) identify discrepancies between internal funding commitments and the resources actually allocated. Reporting these deviations, including in the context of co-financing commitments to the Global Fund, serves as a political and budgetary 'early warning' mechanism for the Government and ministries.

Community monitoring mechanisms and feedback from beneficiaries play a key role: community monitoring reports (CLMs) from CSOs and affected communities will document, on the ground, service disruptions, deterioration in quality and barriers to access; these will be presented to the National Coordination Committee on Tuberculosis and HIV/AIDS (CNC TB/SIDA) and forwarded to the relevant ministries. Complaints and feedback systems at the provider level (public and private/CSOs) will complement this response, providing early warnings of risks that do not immediately appear in financial data.

Together, public and private service providers and CSOs will contribute through performance reports and dialogue platforms with the National Health Insurance Company (CNAM) and the Ministry of Health

(MOH), where they will highlight issues relating to costing and funding, procurement, human resources and service continuity. Together, these mechanisms will transform observations from the field – from public institutions, CSOs and communities alike – into relevant and easily usable information for high-level decision-making.

The sustainability of the response to HIV in the Republic of Moldova cannot be reduced to a simple substitution of funding sources. It represents a complex process of institutional transformation that requires strategic vision, political commitment and recognition of the unique value of the expertise and experience accumulated by civil society.

Capitalising on and maintaining this expertise within the framework of the new Global Fund grant and throughout the transition to non-Global Fund funding is essential for safeguarding epidemiological progress, upholding the rights of those affected, and achieving national and international objectives in the field of HIV/AIDS.

Investing in partnerships with civil society is, in essence, an investment in the effectiveness, sustainability and humanity of our collective response to one of the most complex public health challenges. This investment will shape not only tomorrow's epidemiological indicators, but also the character of the society we are building – one that is inclusive, evidence-based and respectful of every person's dignity.