

Grant Confirmation

1. This Grant Confirmation is made and entered into by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund") and Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 23 October 2014, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Moldova
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Strengthening Tuberculosis control and reducing AIDS related mortality in the Republic of Moldova
3.4	Grant Name:	MDA-C-PCIMU
3.5	GA Number:	1923
3.6	Grant Funds:	Up to the amount of EUR 18,061,192 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 31 December 2023 (inclusive)
3.8	Principal Recipient:	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects

		18A Toma Ciorba Street MD 2004 Chisinau Republic of Moldova Attention: Ms. Violeta Teutu HIV Program Coordinator Email: vteutu@gmail.com
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	ICS "PricewaterhouseCoopers Audit" SRL 37 Maria Cebotari str., 6th floor MD-2012 Chisinau Republic of Moldova Attention: Mircea Bozga Team Leader Telephone: +40 0212553880 Facsimile: +40 021 255 3600 Email: mircea.bozga@ro.pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Dumitru Laticeschi Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: dimitru.laticeschi@theglobalfund.org

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019 as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

5. **Covenants.** The Global Fund and the Grantee further agree that:

5.1 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

5.2 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee shall:

- (1) progressively increase government expenditure on health to meet national universal

health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Grantee fails to meet these requirements; and

(2) comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of EUR2,709,179 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event the Grantee fails to comply with the Co-Financing Incentive Requirements.

5.3 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

- (a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and
- (b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

- (a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and
- (b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.4 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the

transfer of such information to the Global Fund does not violate any applicable law or regulation.

5.5 The regional Green Light Committee (the "GLC") shall provide technical and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and scaling-up of DR-TB-related in-country services, and the Principal Recipient shall cooperate fully with the GLC to allow the GLC to perform its services. Up to a maximum of the equivalent of USD50,000 in Grant Funds may be used by the Global Fund to pay for GLC services and the Global Fund may disburse such Grant Funds directly to the GLC.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

**The Global Fund to Fight AIDS,
Tuberculosis and Malaria**

**Public Institution - Coordination,
Implementation and Monitoring Unit of the
Health System Projects**

By: Mark Eldon-Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: **Nov 25, 2020**

By: N. Jelamschi

Name: Nicolae Jelamschi

Title: Executive Director

Date: **18. 11. 2020**

Acknowledged by

By: Viorica Dumbraveanu

Name: Viorica Dumbraveanu

Title: Chair Country Coordinating Mechanism of Republic of Moldova

Date: **18. 11. 2020**

By: Lilian Severin

Name: Lilian Severin

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of Moldova

Date: **18. 11. 2020**

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

I. Tuberculosis (TB) epidemiology and context

The Republic of Moldova (Moldova) is among the World Health Organization (WHO) European Region's 18 high-priority countries for TB control and among the world's 30 high multidrug-resistant (MDR) TB burden countries, and TB is a top public health priority in the country. In 2017, the estimated TB incidence and mortality were 95 (the second in the European region) and 6.1 per 100,000 population respectively, both on a decreasing trend since mid-2000s. In 2019, the National TB Control Program (NTCP) stated registration of 2,865 new and relapse cases, a total incidence of 71.7 per 100,000, a 5% reduction compared to 2018, and a 20% reduction compared to 2015.

Resistance to anti-TB drugs is the largest challenge and the main obstacle to effectively addressing the TB epidemic in Moldova. The most recent (2019) data report a 27% MDR-TB resistance in newly diagnosed and 56% in previously treated TB patients.

In Moldova, most TB notifications occur in people aged 18-64 years, while higher notification emerge in specific risk groups, including people in prisons, migrants and TB-HIV co-infected persons. TB is the most prevalent co-infection among people living with HIV (PLHIV), including those who start anti-retroviral treatment (ART) and the main cause of mortality among HIV patients. TB/HIV co-infection rate among new and relapse MDR TB cases in 2019 was 13.2%. There are large geographical variations, with co-infection rates as high as 25% on the Left Bank of the country and 18% in the municipality of Balti.

The Eastern region of the country is characterized by the highest TB notification, MDR TB burden and HIV/TB co-infection rates, compared to other territories/zones of Moldova. The TB incidence on the Left Bank of the Nistru River is 105.5, compared to 67.2 on the Right Bank.

Treatment: In 2018, enrolment into treatment for laboratory confirmed rifampicin-resistant (RR) /MDR TB was 100%, and for extensively drug resistant (XDR) TB was 56%. Moldova is in the process of transition to new drug regimens, and full transition expected by the end of 2020. For drug-susceptible TB cases, the treatment success rates are relatively high: for 2018, 85% of new and relapse cases were successfully treated. However, the outcomes of drug-resistant (DR) TB treatment are still poor and progress slowly. Due to various reasons, in DR TB retreatment cases, the treatment outcomes are less positive: 41.0% success rate. A more systematic review and account of reasons and focused intervention on improving treatment outcomes is a key priority and will be addressed through proposed set of interventions during the NTCP 2021-2025 implementation.

Since 2011, the government has been procuring first-line anti-TB drugs (FLDs), and currently, the government covers full needs for FLDs. Since 2014, authorities have been purchasing a part of the country's second-line anti-TB drugs (SLDs), and that proportion has been gradually increasing within 2018-2020 from 46% to 50% and 63%, respectively. In June 2020, the NTCP has revised the treatment protocol to include the most recent WHO recommendations (*WHO 2019*). Introduction of modified treatment guideline allows patients to receive shorter and all oral regimens, which is expected to contribute to better treatment outcomes. The country participates in the Operational Research which includes administration of "Short, all-Oral Regimens for RR TB".

The current approaches to TB response have been shaped by an evolving understanding of needed actions and overcoming recurrent bottlenecks since 1st National TB Program in 1996. The focus of the national TB response has changed from emergency support to TB core functions (diagnostic and treatment, lab establishment, monitoring and evaluation (M&E)) to a more health systems strengthening response to support the shift from a vertical approach to one more integrated in the health system, i.e. engaging primary care in case detection and treatment monitoring (since 2004), supporting people-centered approaches (starting 2011) and sustainability building.

Relevant authorities and NTCP partners are undertaking considerable efforts to improve active case funding (ACF) and early detection of TB patients, to increase the yield of TB contact investigations, through mobile chest X-ray (CXR) and TB case-finding in communities, to implement an efficient people-centered model of care, aiming at enhancing treatment outcomes, and to better acceptability and compliance to TB preventive treatment programs.

II. HIV/AIDS epidemiology and context

HIV disease burden is among the highest in Europe and second highest after Ukraine. The SPECTRUM tool estimates the HIV prevalence in the adult general population to be 0.6% (0.3 in women and 0.6 in men). The latest estimated number of PLHIV in Moldova is 14,589 (*SPECTRUM* 2020). According to national statistics, since 1987 to date, a total of 13,656 people with HIV, 4,437 AIDS cases and 3,879 deaths were cumulatively registered on both banks of the Nistru River. The readjusted prevalence based on new population data is 310 per 100,000. (*National Agency for Public Health* 2020). In 2019, 922 new HIV cases were registered (31% more compared to 2010) and 206 AIDS-related deaths, of them 58% men, 42% women and 21% young people of 15-24 year age group.

According to four rounds of HIV Biological Behavioral Surveillance Survey (IBBS) and the latest Global Aids Monitoring Report (GAM) from 2019, Moldova continues to experience a concentrated HIV epidemic in three key populations (KPs): people who inject drugs (PWID); men who have sex with men (MSM); and female sex workers (FSWs), their clients, and their sexual partners. The 2020 IBBS estimates the following size populations: 27,500 PWID, 15,800 SWs, and 14,600 MSM. A trend analysis shows an overall changing epidemic, from predominantly transmission through drug injection towards transmission to sexual partners of KPs and an increasing trend among MSM and sex workers (SWs). The majority of people who were newly diagnosed with HIV self-reported sexual transmission as the most probable route. In 2019, among 922 newly diagnosed PLHIV, 69% reported a heterosexual transmission route, 1.3% through same sex, 4% through injecting drugs and 2% prevention of mother-to-child transmission (PMTCT) (rest 22% unknown). Mother to child transmission (MCTC) has been at less than 2% in the past decade, contributing 1-2% or between 10-20 newborns are diagnosed with HIV every year. However, in 2019, the registered MCTC rate was 4.8% and it was not possible to seek the elimination of HIV. Case reporting among MSM increased from 6 in 2010 to 27 in 2019. These trends are an indication of increase of HIV transmission among MSM. Heterosexual transmission route prevails but as a share has decreased from 86% in 2010 to 69% in 2019.

There is a large variation in the HIV epidemic between Right and Left banks. Incidence was 20 per 100,000 inhabitants on the Right Bank and 47 per 100,000 inhabitants in the Transnistria (Left Bank). The geographic distribution shows concentration in urban areas, the most affected sites are municipalities of Balti (Right Bank) and Tiraspol and a town Rybnitsa (Left Bank) because of a higher concentration of key populations and their sexual partners in urban areas. (*National Agency for Public Health. Annual Epidemic Update* 2020)

The country's TB and HIV response is based on a robust, well prioritized, costed National TB and HIV/AIDS Programs for 2016-2020 (TB/HIV-NSP). *De facto* structures in Transnistria coordinate the local TB/HIV response and transpose strategic priorities are aligned to the national TB and HIV strategic plans. The current approaches to TB and HIV response have been shaped by an evolving

understanding of needed actions and overcoming recurrent bottlenecks since 1st National TB and HIV Control Programs in 1996.

In June 2020, the country coordinating mechanism (CCM) endorsed the next five-year (2021-2025) TB and HIV national strategic plans (NSPs), which are expected to be approved by the Government of Moldova by the end of the year 2020. The new NSPs are aligned to progress and lessons learned from former NTCPs and national action plans (NAPs) and set robust and opportune goals and objectives aiming to minimize the consequences of the TB and HIV epidemic, and to reduce their burden in Moldova. The 2021-2023 allocation will be implemented to help Moldova address existing bottlenecks, support attainment of set targets and sustain qualitative treatment and prevention services for key affected populations.

2. Goals, Strategies and Activities

I. Goals.

Reduce the human suffering and socioeconomic burden associated with TB and HIV/AIDS in Moldova, promote people-centered, gender-sensitive and rights-based enabling environments and systems, in order to give an effective and sustainable response to TB and HIV, by (i) scaling up the access to an effective up-to-date TB diagnosis, treatment and prevention (with special attention to KPs), and (ii) closing the gap in the progress towards the 90-90-90 targets: increase early HIV detection, ensure a rapid scale up of ART and improve HIV care quality, by promoting innovative prevention interventions.

II. Objectives include the following:

- (a) Ensure universal access to timely and quality diagnosis and detection of TB (with emphasis on RR/MDR TB) - by rolling out rapid molecular diagnostic testing, improving the quality and coverage of drug-susceptibility testing (DST), and promoting active targeted case finding (screening for TB in high risk groups mainly);
- (b) Improve the treatment outcomes of DR TB patients by implementing modified shorter treatment regimens and scaling-up people-centered approaches, comprehensive patient support and follow up activities;
- (c) Reduce TB transmission by scaling up effective preventive treatment and improving infection control;
- (d) Increase early HIV detection, scale up ART and improve HIV care quality, by promoting innovative testing approaches, ensuring access to quality ART, implementing differentiated people-centered models of HIV treatment and care/ ART, and addressing the weak linkages in the HIV care continuum;
- (e) Prevent HIV transmission, by expanding the coverage of innovative prevention interventions among key populations, integrate health service platforms at community level, and remove the dichotomy between HIV prevention and HIV care service continuums;
- (f) Health system strengthening;
- (g) Community system strengthening; and
- (h) Remove human rights and gender barriers and achieve zero discrimination.

III. Modules and interventions include the following:

- (a) *TB care and prevention:* (1) Prevention of TB infections; (2) Case detection and diagnosis; (3) KPs- Mobile populations: refugees, migrants and internally displaced people; and (4) Removing human rights and gender related barriers to TB services;
- (b) *MDR-TB:* (1) Case detection and diagnosis (MDR TB); (2) TB screening in KPs, including inmates; (3) Continuous treatment of MDR TB;

- (c) *Prevention of new HIV cases:* (1) Scale up prevention in KPs: implementation of behavior-change interventions among PWID, MSM and transgenders (TG), SWs and inmates through condom and lubricant programing, needle and syringe programs; (2) Scale up combination prevention in all KPs- pre-exposure prophylaxis (PrEP) and innovative approaches; (3) Opioid substitution therapy (OST) and other medically assisted drug dependence treatment; (4) Overdose prevention and management through implementation of Harm Reduction programs, including naloxone; and (5) Prevention and management of co-infections and co-morbidities;
- (d) *Differentiated HIV Testing Services:* Implementation of differentiated HIV Testing Services among MSM and TG, SWs, PWID and non-injecting drug users, inmates; community-based testing; self-testing; facility-based testing;
- (e) *PMTCT:* Elimination of MTCT transmission PMTCT / Preventing vertical HIV transmission;
- (f) *Treatment, care and support:* (1) Implementation of differentiated ART service delivery and HIV care; (2) Provision of counseling and psycho-social support; (3) Ensuring treatment monitoring / Viral load; and (4) Prevention and management of co-infections and co-morbidities;
- (g) *Reducing human rights-related barriers to HIV/TB services:* (1) Community mobilization and advocacy (HIV/TB); (2) Legal aid and services; and (3) Stigma and discrimination reduction (HIV/TB); Reform of laws and policies;
- (h) *Resilient and Sustainable System for Health (RSSH): Community systems:* Strengthening Institutional capacity building, planning and leadership development;
- (i) *RSSH: Health sector governance and planning:* (1) National health sector strategies and financing; and (2) Policy and planning for national disease control programs;
- (j) *RSSH: Human resources for health, including community health workers:* (1) Human Resources for Health (HRH) policy and governance; (2) In-service training (excluding community health workers); and (3) Community health workers: Education and production;
- (k) *RSSH: Integrated service delivery and quality improvement:* (1) Improving capacity to ensure quality of care; and (2) Service organization and facility management;
- (l) *RSSH: Laboratory systems:* (1) Information systems and integrated specimen transport networks; (2) Infrastructure and equipment management systems; and (3) Quality management systems and accreditation;
- (m) *RSSH: Health management information systems and M&E:* (1) Conduct of analysis, evaluations, reviews and transparency; (2) Implementation of information systems for HIV/TB routine reporting; (3) Conduct of surveys; and (4) Strengthening the national procurement capacity; and
- (n) *Program management:* Coordination and management of national disease control programs.

3. Target Groups/Beneficiaries

I. Target Groups/Beneficiaries of the TB component include:

- (a) TB patients;
- (b) MDR TB patients;
- (c) Prisoners;
- (d) Migrants and homeless persons;
- (e) PLHIV; and
- (f) Healthcare providers involved in diagnosis, case management and treatment of TB.

II. Target Groups/Beneficiaries of the HIV/AIDS component include:

- (a) HIV/AIDS patients;
- (b) PLHIV;
- (c) HIV/AIDS+TB;

- (d) Prisoners; and
- (e) KPs.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Moldova		
Grant Name	MDA-C-PCIMU		
Implementation Period	01-Jan-2021 - 31-Dec-2023		
Principal Recipient	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects		

Reporting Periods	Start Date	01-Jan-2021	01-Jan-2022	01-Jan-2023
	End Date	31-Dec-2021	31-Dec-2022	31-Dec-2023
	PU includes DR?	Yes	Yes	No

Program Goals, Impact Indicators and targets									
1	Reduce the human suffering and socioeconomic burden associated with TB and HIV/AIDS in Moldova, promote people-centred, gender-sensitive and rights-based enabling environments and systems, in order to give an effective and sustainable response to TB and HIV, by (i) scaling up the access to an effective up-to-date TB diagnosis, treatment and prevention (with special attention to KPs), and (ii) closing the gap in the progress towards the 90-90-90 targets: increase early HIV detection, ensure a rapid scale up of ART and improve HIV care quality, by promoting innovative prevention interventions.								

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	TB I-3□□ TB mortality rate per 100,000 population	Moldova	N: 7.9 D: P:	2019 R&R TB system/ Yearly Management Reports, SYME TB		Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: 5.8 D: P: % Due Date: 15-Feb-2022	N: 5 D: P: % Due Date: 15-Feb-2023	N: 4.3 D: P: % Due Date: 15-Feb-2024
	Comments								
	Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysiopneumology and the National Center of Health Management. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. For the baseline, we indicate the preliminary data for 2019 - a number of 248 TB-related deaths was registered in 2019 (7.9 per 100,000 population), recalculated, as per the new population data for Moldova, for 2019.* The targets for this indicator have been set, taking into account the last years' descending evolution trend, and, recalculated, based on the adjusted baseline for 2019. Note*: According to the new/ recalculated data for the right bank, presented by the National Bureau of Statistics (https://statistica.gov.md/newsview.php?l=en&id=6695&idc=168), and the data for the left bank, presented by the Local Public Authorities of the Transdniester region - the population of RM in 2019, constituted 3,105,576 people (RB - 2,640,400 and LB - 465,176).								
2	TB I-4□□ RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Moldova	N: D: P: 26.9%	2019 R&R TB system/ Yearly Management Reports, SYME TB		Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: 24.29% Due Date: 15-Feb-2022	N: D: P: 23.07% Due Date: 15-Feb-2023	N: D: P: 21.92% Due Date: 15-Feb-2024
	Comments								
	Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. For the baseline, we indicate the preliminary data for 2019 - a 26.91 % rate of MDR-TB prevalence among new TB patients was registered - 355 new TB cases with results of DST to H&R drugs, out of 1,319 investigated in 2019, were diagnosed with MDR. The targets for this indicator have been calculated based on the NTP (2021-2025 years) estimations, taking into account the last years' evolution trend.								
3	HIV I-4 Number of AIDS-related deaths per 100,000 population	Moldova	N: 9.8 D: P:	2019 SPECTRUM data	Age, Gender, Gender Age	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: 9.69 D: P: % Due Date: 31-May-2022	N: 9.62 D: P: % Due Date: 31-May-2023	N: 9.55 D: P: % Due Date: 15-Feb-2024
	Comments								
	Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. Starting with 2018, the reported AIDS-related mortality rate comprises the data for both borders. For the baseline, we indicate the data for 2019, generated by the SPECTRUM estimation model. An estimated number of 306 people dying from AIDS-related causes during the 2019 calendar year (9,8 per 100,000 population), calculated as per the new population data for Moldova, for the respective year*, has been generated by SPECTRUM. The targets for this indicator have been calculated based on the SPECTRUM estimation for the AIDS-related mortality rate, registered in 2019, by decreasing it with 0.7% each year, taking into account the last years evolution trend of this indicator: 9,69 per 100K (2021 year), 9,62 per 100K (2022 year) and 9,55 per 100K (2023 year). The data to be reported in February 2024, shall be preliminary, since the final data for this indicator is available starting with 31 May of each year. Note*: According to the new/ recalculated data for the right bank, presented by the National Bureau of Statistics (https://statistica.gov.md/newsview.php?l=en&id=6695&idc=168), and the data for the left bank, presented by the Local Public Authorities of the Transdniester region - the population of RM in 2019, constituted 3,105,576 people (RB - 2,640,400 and LB - 465,176).								

4	HIV I-9a□□ Percentage of men who have sex with men who are living with HIV	Moldova	N: D: P: 11.4%	2020 Data from HIV tests conducted among respondents in the sentinel site(s) or participants in biobehavioural surveys	Age	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the pre-final data from the IBBS 2020 - aggregated value of 11,4% (65/654), which is a weighted percentage = social network weights x population weights for each site (41/363 Chisinau and 24/291 Balti). During the IBBS 2019/2020, the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 363) and Balti (sample size- 291). The Final Report of the IBBS 2019/2020 is expected to be published in October-November, 2020. There is no target set for this indicator, since the next survey is planned in 2024 (outside of the current implementation period). In effect, the HIV NP (2021-2025) target is set for 2024 and indicates ≤12%, following an ascending KP (MSM) prevalence tendency (IBBS 2016/2017 – 9%, IBBS 2019/2020 – 11.4%). Note: According to the OPTIMA forecasts, in MSM, the epidemics is spreading to a much higher extent, in comparison with the previous periods, while in PWID – the epidemics is decreasing and in SWs – it is stable. At the same time, the coverage of MSM with prevention programmes is low, at the moment. Given this, a rapid increase in coverage would be hard to attain, and, subsequently, an increase in HIV prevalence in MSM is anticipated, in the nearest time. In addition, unlike the PWID and SWs, MSM do not leave the group, furthermore, the planned scale up of testing and treatment in GRSI, in 2021-2023, would lead to an increase in HIV prevalence.								
5	HIV I-10□□ Percentage of sex workers who are living with HIV	Moldova	N: D: P: 2.7%	2020 Data from HIV tests conducted among respondents in the sentinel site(s) or participants in biobehavioural surveys	Gender, Age	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the pre-final data from the IBBS 2020 - aggregated value of 2.7% (26/640), which is a weighted percentage = social network weights x population weights for each site (8/323 in Chisinau and 18/317 in Balti). During the IBBS 2019/2020, the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 323) and Balti (sample size - 317). The Final Report of the IBBS 2019/2020 is expected to be published in October-November, 2020. There is no target set for this indicator, since the next survey is planned in 2024 (outside of the current implementation period). In effect, the HIV NP (2021-2025) target for this indicator is set for 2024 and indicates ≤ 2.5%, following a descending KP (SWs) prevalence tendency (IBBS 2016/2017 – 3.9%, IBBS 2019/2020 – 2.7%). .								
6	HIV I-11□□ Percentage of people who inject drugs who are living with HIV	Moldova	N: D: P: 11.4%	2020 Data from HIV tests conducted among respondents in the sentinel site(s) or participants in biobehavioural surveys	Gender, Age	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transdnister region. For the baseline, we indicate the pre-final data from the IBBS 2020 - aggregated value of 11.4% (205/1,377), which is a weighted percentage = social network weights x population weights for each site (34/365 Chisinau, 59/357 Balti, 77/333 Tiraspol, 35/322 Ribnita). During the IBBS 2019/2020, the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 365), Balti (sample size - 357), Tiraspol (sample size - 333) and Ribnita (sample size - 322). The Final Report of the IBBS 2019/2020 is expected to be published in October-November, 2020. There is no target set for this indicator, since the next survey is planned in 2024 (outside of the current implementation period). In effect, the HIV NP (2021-2025) target for this indicator is set for 2024 and indicates ≤ 10%, following a descending KP (PWID) prevalence tendency (IBBS 2016/2017 – 13.9%, IBBS 2019/2020 – 11.4%). .								

Program Objectives, Outcome Indicators and targets	
1	Ensure universal access to timely and quality diagnosis and detection of TB (with emphasis on RR/MDR-TB) - by rolling out rapid molecular diagnostic testing, improving the quality and coverage of DST, and promoting active targeted case finding (screening for TB in high risk groups mainly)
2	Improve the treatment outcomes of DR-TB patients by implementing modified shorter treatment regimens and scaling-up people-centred approaches, comprehensive patient support and follow up activities
3	Reduce TB transmission by scaling up effective preventive treatment and improving infection control
4	Increase early HIV detection, scale up ART and improve HIV care quality, by promoting innovative testing approaches, ensuring access to quality ART, implementing differentiated people-centered models of HIV treatment and care/ ART, and addressing the weak linkages in the HIV care continuum
5	Prevent HIV transmission, by expanding the coverage of innovative prevention interventions among key populations, integrate health service platforms at community level, and remove the dichotomy between HIV prevention and HIV care service continuums
6	Health system strengthening
7	Community system strengthening
8	Remove human rights and gender barriers and achieve zero discrimination

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	TB O-4□M□ Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Moldova	N: 537 D: 976 P: 55.0%	2019 R&R TB system/ Yearly Management Reports, SYME TB		Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: 61.80% Due Date: 15-Feb-2022	N: D: P: 65.51% Due Date: 15-Feb-2023	N: D: P: 69.44% Due Date: 15-Feb-2024
	Comments Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. The baseline data are for the 2017 MDR TB cohort - 537 laboratory-confirmed MDR-TB patients, out of the 976 enrolled in the second-line anti-TB treatment, in the 2017 cohort, were successfully treated (cured plus completed treatment). . The targets are calculated based on the NTP (2021-2025) estimations and aligned with the NTP target of 75% for 2025, taking into account the last years' evolution trend of the treatment success rate of RR TB and/or MDR-TB cases and, thus, ensuring a gradual achievement of the rather ambitious 75% regional target. Note: In 2021, there will be reported the treatment outcome for the 2019 RR and/or MDR-TB cohort; in 2022 - for the 2020 RR and/or MDR-TB cohort; and in 2023 - for the 2021 RR and/or MDR-TB cohort.								
2	TB O-5□M□ TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Moldova	N: 3,022 D: 3,500 P: 86.3%	2019 R&R TB system, Yearly Management Reports, SYME TB/ WHO report data		Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: 88.35% Due Date: 15-Oct-2021	N: D: P: 90.56% Due Date: 15-Oct-2022	N: D: P: 92.82% Due Date: 15-Oct-2023
	Comments Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. The baseline data are for the 2018 cohort, reported in 2019, as per the WHO global TB report (published yearly at the end of October). The targets are calculated based on the last years' evolution trend of the TB treatment coverage rate (preliminary data for 2019 show us a slight decrease to 84,09%) and aligned with the WHO targets. Note: In 2021, there will be reported the TB treatment coverage data published in 2020; in 2022 - data published in 2021; and in 2023 - data published in 2022.								
3	HIV O-4a□M□ Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	Moldova	N: D: P: 73.9%	2020 Behavioural surveillance (BSS) or other special survey	Age	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the pre-final data from the IBBS 2020 - aggregated value of 73.9% (236/335), which is a weighted percentage = social network weights x population weights for each site (169/231 Chisinau and 67/104 Balti). During the IBBS (2019-2020), the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 363) and Balti (sample size - 291). The Final Report of the IBBS 2020 is expected to be published in October-November, 2020. There is no target set for this indicator, since the next survey is planned in 2024 (outside of the current implementation period). In effect, the HIV NP (2021-2025) target is set for 2024 and indicates ≥80%, taking into account the indicator's evolution trend, during the 2016-2020 years. Note: According to the OPTIMA forecasts, in MSM, the epidemics is spreading to a much higher extent, in comparison with the previous periods. At the same time, the coverage of MSM with prevention programmes is low, at the moment. Given this, a rapid increase in coverage would be hard to attain, and, subsequently, an increase in HIV prevalence in MSM is anticipated, in the nearest time.								
4	HIV O-5□M□ Percentage of sex workers reporting the use of a condom with their most recent client	Moldova	N: D: P: 95.6%	2020 Behavioural surveillance (BSS) or other special survey	Gender,Age	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, the right border only. For the baseline, we indicate the pre-final data from the IBBS 2020 - aggregated value of 95.6% (604/640), which is a weighted percentage = social network weights x population weights for each site (316/323 in Chisinau and 288/317 in Balti). During the IBBS (2019-2020), the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 323) and Balti (sample size - 317). The Final Report of the IBBS 2020 is expected to be published in October-November, 2020. There is no target set for this indicator, since the next survey is planned in 2024 (outside of the current implementation period). In effect, the HIV NP (2021-2025) target is set for 2024 and indicates ≥95%, taking into account the indicator's evolution trend, during the 2016-2020 years. At the same time, it is important to mention the rather stable epidemics spreading tendency, registered in SWs, in comparison with the previous periods, according to the OPTIMA forecasts.								
5	HIV O-6□M□ Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Moldova	N: D: P: 94.7%	2020 Behavioural surveillance (BSS) or other special survey	Gender,Age	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date:
	Comments								

5	Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transdnierster region. For the baseline, we indicate the pre-final data from the IBBS 2020 - aggregated value of 94.7% (946/1,004), which is a weighted percentage = social network weights x population weights for each site (285/313 Chisinau, 290/301 Balti, 164/176 Tiraspol, 207/214 Ribnita). During the IBBS (2019-2020), the respondent driven sampling (RDS) methodology was used, in the following sites: Chisinau (sample size - 365), Balti (sample size - 357), Tiraspol (sample size - 333) and Ribnita (sample size - 322). The Final Report of the IBBS 2020 is expected to be published in October-November, 2020. There is no target set for this indicator, since the next survey is planned in 2024 (outside of the current implementation period). In effect, the HIV NP (2021-2025) target is set for 2024 and indicates ≥95%, taking into account the indicator's evolution trend, during the 2016-2020 years. At the same time, it is important to mention the decreasing epidemics spreading tendency, registered in PWID, in comparison with the previous periods, according to the OPTIMA forecasts.								
6	HIV O-11 <input type="checkbox"/> <input type="checkbox"/> Percentage of people living with HIV who know their HIV status at the end of the reporting period	Moldova	N: D: P: 64.5%	2019 HIV case reports/ Spectrum data	Gender	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: 73.00%	N: D: P: 77.20%	N: D: P: 81.50%
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnierster region. The baseline data are for the 2019 year. The preliminary data for 2019 indicate a 64,48% rate - 9,407 people living with HIV know their HIV status, out of 14,588 people living with HIV. The targets have been calculated based on the HIV NP (2021-2025 years) draft and Spectrum estimations (for the denominator),and towards the attainment of global and regional 90-90-90 targets to which Moldova is aligning - the first 90% treatment target. The data, to be reported in February 2024, shall be preliminary, since the final data for this indicator is available starting with 31 May of each year.						Due Date: 31-May-2022	Due Date: 31-May-2023	Due Date: 15-Feb-2024
7	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Moldova	N: D: P: 83.7%	2019 ARV patient records/ Spectrum data	Gender	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	N: D: P: 86.00%	N: D: P: 87.00%	N: D: P: 88.00%
	Comments This indicator is modelled as per the 2020 GAM guidelines' definition and recommendations. Numerator - Estimated number of people living with HIV in the reporting period with suppressed viral loads (<1000 copies/mL). Denominator - Number of people living with HIV who are on treatment. Note: Due to the lack of an ARV treatment information system, it is technically impossible to calculate this indicator, as per the GF definition. Nevertheless, the development of an information system for the registration of people living with HIV - SYME HIV (incl. modules for ART monitoring) is an intervention included in Moldova GF application for the 2021-2023 years. The baseline data are for the 2019 year. The preliminary data for 2019 indicate a 83,74% rate of adults and children living with HIV who have suppressed viral loads - an estimated number of 5,602 people living with HIV, in the reporting period, is with suppressed viral loads, out of 6,690 people living with HIV who are on treatment). The targets are calculated based on the HIV NP (2021-2025) draft and aligned with the HIV NP target of >90% for 2025, taking into account the last years' evolution trend of the viral load suppression rate, ensuring a gradual achievement of the rather ambitious 90% treatment target for 2020, set by UNAIDS (as per the global and regional 90-90-90 targets, which Moldova is aligning to). The data, to be reported in February 2024, shall be preliminary, since the final data for this indicator is available starting with 31 May of each year. Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnierster region.						Due Date: 31-May-2022	Due Date: 31-May-2023	Due Date: 15-Feb-2024

Coverage indicators and targets												
CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023
TB care and prevention												
1		TCP-1☐☐ Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 2,880 D: P:	2019 R&R TB system/ Yearly Management Reports, SYME TB		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative	N: 2,726 D: P:	N: 2,653 D: P:	N: 2,586 D: P:
	Comments											
	Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdnierster region. The baseline - 2,880 cases of all forms of TB, new and relapse ones, notified in 2019, as per the SIME TB data from 30.05.2020. The targets have been calculated based on the NTP (2021-2025) estimations, as per the data registered in the SYME TB, for the last 10 years, and the evolution trend observed. Note 1: The targets have a declining trend, which is explained, as follows: 1) The estimated general population size used by WHO (4.1 million in 2014-2018) was higher than the latest figure presented by the National Bureau of Statistics (2.64 million on the Right Bank, overall 3.10 million in 2019), i.e., the application of a standard factor to a significantly smaller population size may result in lower incidence estimates/ targets. 2) A continuously decreasing tendency of notification and mortality rates is registered in Moldova, in the last 15 years. Note 2: During the 2021-2023 period, annually, we shall report the data for the respective year.											
MDR-TB												
2		MDR TB-2☐☐ Number of TB cases with RR-TB and/or MDR-TB notified	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 679 D: P:	2019 R&R TB system/ Yearly Management Reports, SYME TB		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative	N: 872 D: P:	N: 851 D: P:	N: 836 D: P:
	Comments											

2	Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. For the baseline, we indicate the number of 679 RR-TB and/or MDR-TB patients (out of which - 147 RR-TB patients), notified in 2019, as per the SIME TB data from 31.08.2020. The targets have been calculated based on the NTP (2021-2025) estimations, as per the data registered in SYME TB, for the last 10 years, and the evolution trend observed, and are close to the number of 860 estimated RR TB bacteriologically confirmed pulmonary TB cases among notified ones, registered in 2018 - as presented in the ECDC/ WHO report (https://www.ecdc.europa.eu/sites/default/files/documents/TB-Surveillance-report_24March2020.pdf). Note 1: The targets for MDR TB treatment are not aligned with the UNHLM MDR TB targets. And they have a declining trend, due to the following reasons: 1) The estimated general population size used by WHO (4.1 million in 2014-2018) was higher than the latest figure, presented by the National Bureau of Statistics (2.64 million on the Right Bank, overall 3.10 million in 2019), i.e., the application of a standard factor to a significantly smaller population size may result in lower incidence estimates/ targets. 2) A continuously decreasing tendency of notification and mortality rates is being registered in the last 15 years. While the proportion of RR and/or MDR-TB cases, out of the total number of TB cases notified, presents small deviations, registered during the last 10 years, and corresponds to the WHO estimates. Note 2: During the 2021-2023 period, annually, we shall report the data for the respective year's RR-TB and/or MDR-TB cohort.											
3		MDR TB-3□□ Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 890 D: P:	2019 R&R TB system/ Yearly Management Reports, SYME TB		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative	N: 872 D: P:	N: 851 D: P:	N: 836 D: P:
Comments												
Responsible entities: PI CIMU HSP/ "Ch. Draganiuc" Institute of Phthysiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. For the baseline, we indicate the number of 890 RR-TB and/or MDR-TB patients enrolled in DOTS Plus, in 2019, as per the SIME TB data from 30.05.2020. The targets have been calculated based on the NTP (2021-2025) estimations, as per the data registered in SYME TB, for the last 10 years, and the evolution trend observed, and are close to the number of 860 estimated RR TB bacteriologically confirmed pulmonary TB cases among notified ones, registered in 2018 - as presented in the ECDC/ WHO report (https://www.ecdc.europa.eu/sites/default/files/documents/TB-Surveillance-report_24March2020.pdf). Note: During the 2021-2023 period, annually, we shall report the data for the respective year's RR-TB and/or MDR-TB cohort.												
Treatment, care and support												
4	All people living with HIV	TCS-1.1□□ Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 6,690 D: 14,588 P: 45.9%	2019 ART patient record database/ Spectrum estimation model		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 8,340 D: 14,597 P: 57.1%	N: 9,165 D: 14,534 P: 63.1%	N: 9,990 D: 14,477 P: 69.0%
Comments												
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. The baseline - 45,86% of people on ART among all people living with HIV, registered in 2019, as per the ART patient records/ Spectrum estimations (for the denominator). The percentual targets have been established for annual indicators, given the fact that the SPECTRUM estimations for PLHIV (denominator) are annual (calculated each year). The targets were set based on the HIV NP (2021-2025) draft. Note 1: Given that Moldova's population decreased in the last years, in 2020, the population size was recalculated for the SPECTRUM model, and, subsequently, the estimated number of PLHIV decreased too, incl. for the previous years. The GAM tool is also adjusting retrospectively the population size and, subsequently, the estimated number of PLHIV, in the country reports, for the previous years, to ensure data comparability in time. Note 2: Starting with 2021, the indicator shall be fully covered from the state budget, including Transnistria. Note 3: The new protocols were approved in February 2018, according to which, all patients diagnosed with HIV are eligible for ART.												
Prevention												
12	Men who have sex with men	KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 70 D: 3,868 P: 1.8%	2019 ART for PrEP patient record database/ Electronic Evidence Registry of high risk groups		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative	N: 231 D: 4,535 P: 5.1%	N: 385 D: 5,291 P: 7.3%	N: 574 D: 6,047 P: 9.5%
Comments												
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. The baseline - 1,81% of eligible men who have sex with men who initiated oral antiretroviral PrEP, in 2019, as per the PrEP patient records (70 eligible MSM initiated oral antiretroviral PrEP in 2019, out of the 3,868 MSM, with a negative HIV test, reached with HIV prevention programs in 2019). The targets were set based on the HIV NP (2021-2025) draft. Given the fact that, in 2019, 77% of the PrEP prevention service beneficiaries were MSM, the numerator is calculated by applying the 77% to the total estimated number of people who will initiate oral PrEP, during the 2021-2025 years, as per the HIV NP (2021-2025). The denominator is calculated as the number of eligible men who have sex with men who were newly offered PrEP during the reporting period. Note 1: ART for PrEP is fully covered by national resources. TGF will contribute to the maintenance of the PrEP prevention services, rendered by NGOs. UNAIDS shall cover 100 persons in PrEP, in 2021, as part of the pilot project, launched in 2019. Note 2: Given that we are just at the beginning of this activity (the PrEP activities were only introduced in Moldova in 2019), under the next programme, we are planning to implement informative campaigns (aimed at promoting PrEP and increasing the number of those demanding/asking for PrEP services), to administrate and monitor PrEP treatment in medical institutions (offering ART) and NGOs, to give financial incentives for each PrEP beneficiary.												
5	Men who have sex with men	KP-1a□□ Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 4,376 D: 14,600 P: 30.0%	2019 NGO Report Forms, Electronic Evidence Registry of high risk groups		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 5,110 D: 14,600 P: 35.0%	N: 5,985 D: 14,600 P: 41.0%	N: 6,840 D: 14,600 P: 46.8%
Comments												
Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transdniester region. The baseline - 29,97% rate of MSM reached with HIV prevention programs, in 2019, as per the Electronic Evidence Registry of high risk groups records. The denominator represents the estimated KP (MSM) size, calculated under the IBBS 2020 (the estimation exercises have been performed, as per the recommendations of the international expert, contracted by the UNAIDS/ WHO Moldova). The targets were set based on the HIV NP (2021-2025) draft. Note 1: KP reached - MSM who received, during the reported period, at least two different services from the package below, one of which is the condom and lubricant distribution. Note 2: Comprehensive package of services: condom and lubricant distribution, HIV testing and counselling (VCT, peer to peer/ social/ medical/ psychological assistance), informing/ educating on prevention of HIV, viral hepatitis, TB and STDs. Referral mechanisms include outreach worker motivation, MSM site-mapping, social network scanning, peer to peer communication.												

6	Sex workers and their clients	KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 7,332 D: 15,800 P: 46.4%	2019 NGO Report Forms, Electronic Evidence Registry of high risk groups		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 8,520 D: 15,800 P: 53.9%	N: 9,585 D: 15,800 P: 60.7%	N: 10,650 D: 15,800 P: 67.4%	
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transdniester region. The baseline - 46,41% rate of SWs reached with HIV prevention programs, in 2019, as per the Electronic Evidence Registry of high risk groups records. The denominator represents the estimated KP (SWs) size, calculated under the IBBS 2020 (the estimation exercises have been performed, as per the recommendations of the international expert, contracted by the UNAIDS/ WHO Moldova). The targets were set based on the HIV NP (2021-2025) draft. Note 1: KP reached - SWs who received, during the reported period, at least two different services from the package below, one of which is the condom and lubricant distribution. Note 2: Comprehensive package of services: condom and lubricant distribution, HIV testing and counselling (VCT, peer to peer/ social/ medical/ psychological assistance), informing/ educating on prevention of HIV, viral hepatitis, TB and STDs. Referral mechanisms include outreach worker motivation, SWs reference from another service, social network scanning, peer to peer communication.												
7	People who inject drugs and their partners	KP-1d Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 15,627 D: 27,500 P: 56.8%	2019 NGO Report Forms, Electronic Evidence Registry of high risk groups		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 19,836 D: 27,500 P: 72.1%	N: 21,542 D: 27,500 P: 78.3%	N: 23,249 D: 27,500 P: 84.5%	
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. The baseline - 56,83% rate of PWID reached with HIV prevention programs, in 2019, as per the Electronic Evidence Registry of high risk groups records. The denominator represents the estimated KP (PWID) size, calculated under the IBBS 2020 (the estimation exercises have been performed, as per the recommendations of the international expert, contracted by the UNAIDS/ WHO Moldova). The targets were set based on the HIV NP (2021-2025) draft. Note 1: KP reached - PWID who received, during the reported period, at least two different services from the package below, one of which is the needle exchange program. Note 2: Comprehensive package of services: needle exchange and alcohol napkin distribution, condom and lubricant distribution, HIV testing and counselling (VCT, peer to peer/ social/ medical/ psychological assistance), informing/ educating on prevention of HIV, viral hepatitis, TB and STDs. Referral mechanisms include outreach worker motivation, PWID mapping, key person contacting, social network scanning, peer to peer communication.												
Differentiated HIV Testing Services													
10	People who inject drugs and their partners	HTS-3d Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 7,922 D: 27,500 P: 28.8%	2019 NGO Report Forms, Electronic Evidence Registry of high risk groups		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 16,815 D: 27,500 P: 61.1%	N: 18,497 D: 27,500 P: 67.3%	N: 20,178 D: 27,500 P: 73.4%	
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers both the civilian and the penitentiary sector, incl. the Transdniester region. The baseline - 28,81% rate of PWID that have received an HIV test during the reporting period and know their results, in 2019, as per the Electronic Evidence Registry of high risk groups records. The denominator represents the estimated KP (PWID) size, calculated under the IBBS 2020 (the estimation exercises have been performed, as per the recommendations of the international expert, contracted by the UNAIDS/ WHO Moldova). The targets were set based on the HIV NP (2021-2025) draft. For the numerator, the number of PWID, to receive an HIV test during the reporting period, was calculated out of the number of PWID to be covered by HIV prevention programs, in the same period (based on the circa 85% testing coverage rate for PWID, set by the HIV NP). Note 1: In 2018, a new HIV testing algorithm based on Rapid Diagnostic Tests (RDT) has been developed and approved. The respective testing method is recommended by WHO, aiming at increasing access of various population groups to HIV testing; at the same time this testing method diminishes to the maximum extent beneficiaries' time-spending and travel expenditure for testing and receiving of results. The test's screening result becomes available at the same place, within 20 minutes from testing. Using RDT for HIV has been approved at all the levels of medical care (primary, specialized, hospital), as well as on the basis of NGOs providing services to groups at risk of HIV infection. Note 2: Following the implementation of RDT, the interest towards HIV testing, as well as the number of tests performed, have increased. This, in turn, brought to a scale up in the diagnosis of new HIV cases: from 835 in 2017, to 905 in 2018, up to 922 – in 2019. In addition, the HIV NP (2021-2025) promotes the implementation of self-testing for HIV, for groups at high risk of HIV infection, as well as in the general population. Also, the population from risk groups can benefit from HIV testing services within all-level medical institutions, free of charge and anonymously. Note 3: The strategies in reaching hard to reach sub-groups which are not accessible through prevention outreach, include PWID mapping, key person contacting, social network scanning, peer to peer communication.												
11	People in prisons and other closed settings	HTS-3f Percentage of people in prisons or other closed settings that have received an HIV test during the reporting period and know their results	Country: Moldova; Coverage: Geographic Subnational, 100% of national program target	N: 3,815 D: P:	2019 National Administration of Penitentiaries patient records		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 4,024 D: P:	N: 4,322 D: P:	N: 4,619 D: P:	
	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the penitentiary sector, the right border only. The baseline - 3,815 people in prisons that have received an HIV test, registered in 2019, as per the NP HIV patient records. The targets were set based on the HIV NP (2021-2025) draft. Note: The overall prison population, on average, per year, in Moldova, is 7,000 people.												
8	Men who have sex with men	HTS-3a Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 2,411 D: 14,600 P: 16.5%	2019 NGO Report Forms, Electronic Evidence Registry of high risk groups		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 4,675 D: 14,600 P: 32.0%	N: 5,455 D: 14,600 P: 37.4%	N: 6,234 D: 14,600 P: 42.7%	
	Comments												

8	Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transdniester region. The baseline - 16,51% rate of MSM that have received an HIV test during the reporting period and know their results, in 2019, as per the Electronic Evidence Registry of high risk groups records. The numerator represents the number of MSM (out of the number of MSM reached by HIV prevention programs) that have received an HIV test, in 2019, and know their results. The denominator represents the estimated KP (MSM) size, calculated under the IBBS 2020 (the estimation exercises have been performed, as per the recommendations of the international expert, contracted by the UNAIDS/ WHO Moldova). The targets were set based on the HIV NP (2021-2025) draft. For the numerator, the number of MSM, to receive an HIV test during the reporting period, was calculated out of the number of MSM to be covered by HIV prevention programs, in the same period (based on the 91% testing coverage rate for MSM, set by the HIV NP). Note 1: In 2018, a new HIV testing algorithm based on Rapid Diagnostic Tests (RDT) has been developed and approved. The respective testing method is recommended by WHO, aiming at increasing access of various population groups to HIV testing; at the same time this testing method diminishes to the maximum extent beneficiaries' time-spending and travel expenditure for testing and receiving of results. The test's screening result becomes available at the same place, within 20 minutes from testing. Using RDT for HIV has been approved at all the levels of medical care (primary, specialized, hospital), as well as on the basis of NGOs providing services to groups at risk of HIV infection. Note 2: Following the implementation of RDT, the interest towards HIV testing, as well as the number of tests performed, have increased. This, in turn, brought to a scale up in the diagnosis of new HIV cases: from 835 in 2017, to 905 in 2018, up to 922 – in 2019. In addition, the HIV NP (2021-2025) promotes the implementation of self-testing for HIV, for groups at high risk of HIV infection, as well as in the general population. Also, the population from risk groups can benefit from HIV testing services within all-level medical institutions, free of charge and anonymously. Note 3: The strategies in reaching hard to reach sub-groups which are not accessible through prevention outreach, include MSM site-mapping, social network scanning, peer to peer communication.											
	Sex workers and their clients	HTS-3c□□ Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Moldova; Coverage: Geographic National, 100% of national program target	N: 4,980 D: 15,800 P: 31.5%	2019 NGO Report Forms, Electronic Evidence Registry of high risk groups		Yes	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	Non cumulative – other	N: 7,691 D: 15,800 P: 48.7%	N: 8,652 D: 15,800 P: 54.8%	N: 9,614 D: 15,800 P: 60.8%
9	Comments Responsible entity: PI CIMU HSP/ Hospital of Dermatology and Communicable Diseases. This indicator covers the civilian sector, incl. the Transdniester region. The baseline - 31,52% rate of SWs that have received an HIV test during the reporting period and know their results, in 2019, as per the Electronic Evidence Registry of high risk groups records. The denominator represents the estimated KP (SWs) size, calculated under the IBBS 2020 (the estimation exercises have been performed, as per the recommendations of the international expert, contracted by the UNAIDS/ WHO Moldova). The targets were set based on the HIV NP (2021-2025) draft. For the numerator, the number of SWs, to receive an HIV test during the reporting period, was calculated out of the number of SWs to be covered by HIV prevention programs, in the same period (based on the 90% testing coverage rate for SWs, set by the HIV NP). Note 1: In 2018, a new HIV testing algorithm based on Rapid Diagnostic Tests (RDT) has been developed and approved. The respective testing method is recommended by WHO, aiming at increasing access of various population groups to HIV testing; at the same time this testing method diminishes to the maximum extent beneficiaries' time-spending and travel expenditure for testing and receiving of results. The test's screening result becomes available at the same place, within 20 minutes from testing. Using RDT for HIV has been approved at all the levels of medical care (primary, specialized, hospital), as well as on the basis of NGOs providing services to groups at risk of HIV infection. Note 2: Following the implementation of RDT, the interest towards HIV testing, as well as the number of tests performed, have increased. This, in turn, brought to a scale up in the diagnosis of new HIV cases: from 835 in 2017, to 905 in 2018, up to 922 – in 2019. In addition, the HIV NP (2021-2025) promotes the implementation of self-testing for HIV, for groups at high risk of HIV infection, as well as in the general population. Also, the population from risk groups can benefit from HIV testing services within all-level medical institutions, free of charge and anonymously. Note 3: The strategies in reaching hard to reach sub-groups which are not accessible through prevention outreach, include SWs reference from another service, social network scanning, peer to peer communication.											

Workplan Tracking Measures							
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country		
Comments							

Country	Moldova
Grant Name	MDA-C-PCIMU
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects

By Module	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Differentiated HIV Testing Services	€12,785	€60,927	€19,892	€14,343	€107,947	€14,063	€70,552	€15,750	€14,063	€114,429	€16,365	€56,445	€17,175	€15,342	€105,326	€327,703	1.8 %
MDR-TB	€732,442	€303,502	€958,053	€159,425	€2,153,422	€1,018,513	€187,394	€1,173,003	€126,240	€2,505,151	€1,517,157	€149,906	€691,850	€110,923	€2,469,836	€7,128,408	39.5 %
Prevention	€269,585	€454,951	€280,005	€445,432	€1,449,973	€297,922	€489,026	€299,148	€479,888	€1,565,982	€316,961	€507,886	€312,684	€497,170	€1,634,701	€4,650,656	25.7 %
Program management	€178,033	€92,035	€168,831	€85,660	€524,559	€176,273	€87,298	€169,576	€85,908	€519,054	€176,273	€85,242	€171,632	€85,908	€519,054	€1,562,668	8.7 %
Reducing human rights-related barriers to HIV/TB services		€78,192	€29,872	€24,734	€132,798	€22,970	€72,623	€13,048	€25,995	€134,636	€21,990	€53,232	€8,182	€25,995	€109,400	€376,834	2.1 %
Removing human rights and gender related barriers to TB services	€104,472		€29,185		€133,657	€76,041		€41,685		€117,726	€82,883		€41,685		€124,569	€375,952	2.1 %
RSSH: Health management information systems and M&E	€229,092	€33,851	€82,048	€258,765	€603,757	€158,037	€41,607	€48,371	€24,136	€272,150	€97,582	€44,484	€24,787	€5,871	€172,724	€1,048,631	5.8 %
RSSH: Human resources for health, including community health workers	€45,526		€7,977	€4,190	€57,693	€31,183	€6,967	€100,942		€139,092	€33,229	€9,062	€17,470		€59,761	€256,546	1.4 %
RSSH: Integrated service delivery and quality improvement	€47,880	€11,644	€35,925	€1,220	€96,668	€19,194	€20,987	€37,211		€77,393	€26,747	€20,634	€20,614		€67,995	€242,056	1.3 %
RSSH: Laboratory systems	€1,592	€9,700	€15,414	€6,924	€33,631	€1,935	€29,817	€14,152	€4,748	€50,652	€3,751	€80,492	€11,404	€5,526	€101,173	€185,455	1.0 %
TB care and prevention	€4,091	€135,535			€139,626	€2,046	€118,466	€4,986		€125,498		€101,353			€101,353	€366,477	2.0 %
Treatment, care and support	€81,516	€154,246	€107,549	€84,769	€428,080	€95,432	€151,695	€169,323	€150,562	€567,012	€135,281	€170,658	€122,082	€116,693	€544,714	€1,539,806	8.5 %
Grand Total	€1,707,014	€1,334,583	€1,734,750	€1,085,463	€5,861,811	€1,913,610	€1,276,432	€2,087,194	€911,540	€6,188,775	€2,428,219	€1,279,396	€1,439,564	€863,427	€6,010,606	€18,061,192	100.0 %

By Cost Grouping	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	€148,032	€69,093	€162,828	€93,093	€473,047	€166,476	€79,252	€190,410	€103,185	€539,323	€187,648	€104,106	€165,556	€82,014	€539,323	€1,551,693	8.6 %
Travel related costs (TRC)	€113,755	€51,610	€147,518	€44,552	€357,435	€122,060	€74,173	€70,662	€33,751	€300,646	€133,943	€88,716	€51,259	€22,808	€296,726	€954,807	5.3 %
External Professional services (EPS)	€100,295	€99,702	€92,284	€42,968	€335,250	€86,923	€65,455	€52,033	€17,997	€222,408	€84,894	€51,928	€34,313	€14,136	€185,271	€742,929	4.1 %
Health Products - Pharmaceutical Products (HPPP)	€252,460	€103,497	€295,346		€651,302	€445,304	€90,096	€485,755		€1,021,156	€788,989	€76,655	€44,762		€910,406	€2,582,864	14.3 %
Health Products - Non-Pharmaceuticals (HPNP)	€16,035	€331,520	€180,087	€329,851	€857,493	€18,156	€336,744	€176,822	€310,677	€842,400	€19,766	€316,198	€173,372	€303,935	€813,270	€2,513,163	13.9 %
Health Products - Equipment (HPE)	€20,781	€206,812	€6,162		€233,754	€20,781	€129,836	€6,162		€156,779	€132,731	€136,167	€6,162		€275,061	€665,594	3.7 %
Procurement and Supply-Chain Management costs (PSM)	€31,900	€42,191	€38,187	€10,980	€123,258	€53,618	€35,661	€58,300	€10,925	€158,503	€99,851	€30,875	€11,395	€10,838	€152,958	€434,720	2.4 %
Infrastructure (INF)	€12,734		€2,455		€15,188			€9,614		€9,614			€2,455		€2,455	€27,257	0.2 %
Non-health equipment (NHP)	€275,134	€57,427	€112,870	€190,341	€635,772	€137,979	€54,331	€183,153	€9,551	€385,015	€85,200	€43,835	€70,581	€1,483	€201,100	€1,221,886	6.8 %
Communication Material and Publications (CMP)	€42,725	€18,922	€7,976	€19,202	€88,824	€24,117	€20,353	€3,093	€17,132	€64,695	€16,213	€20,499	€1,833	€17,132	€55,676	€209,196	1.2 %
Indirect and Overhead Costs	€26,874	€12,298	€25,764	€12,964	€77,900	€26,874	€12,298	€25,764	€12,964	€77,900	€26,874	€12,298	€25,764	€12,964	€77,900	€233,701	1.3 %
Living support to client/ target population (LSCTP)	€83,784		€80,767		€164,551	€82,362		€79,345		€161,707	€78,920		€78,920		€157,840	€484,099	2.7 %
Payment for Results	€582,505	€341,513	€582,505	€341,513	€1,848,035	€728,958	€378,234	€746,081	€395,356	€2,248,629	€773,192	€398,119	€773,192	€398,119	€2,342,620	€6,439,284	35.7 %
GrandTotal	€1,707,014	€1,334,583	€1,734,750	€1,085,463	€5,861,811	€1,913,610	€1,276,432	€2,087,194	€911,540	€6,188,775	€2,428,219	€1,279,396	€1,439,564	€863,427	€6,010,606	€18,061,192	100.0 %

By Recipients	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
PR	€802,410	€1,242,516	€1,083,496	€874,390	€4,002,813	€1,106,393	€1,192,595	€1,328,723	€888,757	€4,516,468	€1,643,136	€1,176,591	€784,034	€863,427	€4,467,188	€12,986,469	71.9 %
Public Institution - Coordination, Implementation and Monitoring Unit of the Health System Projects	€802,410	€1,242,516	€1,083,496	€874,390	€4,002,813	€1,106,393	€1,192,595	€1,328,723	€888,757	€4,516,468	€1,643,136	€1,176,591	€784,034	€863,427	€4,467,188	€12,986,469	71.9 %
SR	€904,605	€92,067	€651,254	€211,072	€1,858,998	€807,217	€83,836	€758,471	€22,783	€1,672,307	€785,084	€102,805	€655,530		€1,543,418	€5,074,723	28.1 %
Center for Health Policies and Studies	€904,605	€92,067	€651,254	€211,072	€1,858,998	€807,217	€83,836	€758,471	€22,783	€1,672,307	€785,084	€102,805	€655,530		€1,543,418	€5,074,723	28.1 %
Grand Total	€1,707,014	€1,334,583	€1,734,750	€1,085,463	€5,861,811	€1,913,610	€1,276,432	€2,087,194	€911,540	€6,188,775	€2,428,219	€1,279,396	€1,439,564	€863,427	€6,010,606	€18,061,192	100.0 %