Click or tap here to enter text.

TRP Funding Request Review and Recommendation Form (GC8)

Focused Transition | Focused Opt-in

SECTION 1: Applicant information			
Country or Multicountry	Moldova	**Applicant Type**	CCM
Envisioned Grant Start Date	01 Jan 2027	**Envisioned Grant End Date**	31 Dec 2029
Principal Recipient 1	Public Institution - Coordination Implementation and Monitoring Unit of Health System Projects (UCIMP)		

SECTION 2: Summary of Allocation Funding Request and TRP funding recommendations				
Currency	EUR			
2.1 TRP funding recommendation on allocation and PAAR				
Component(s)	**Funding Type**	**Applicant Requested Amount**	**TRP Recommendation**	**TRP Recommended Amount**
HIV/AIDS, Tuberculosis	Allocation	10,007,968	Grant-making	10,007,968
	PAAR	2,791,136	Fully recommended	2,791,136

Date of TRP Review	3 September 2026

SECTION 3: TRP overall assessment and rationale

Overall quality of the Allocation Funding Request

FR1833-MDA-C

Overall, the TRP considers the funding request to be strategically focused and technically sound, with strong potential to maximize impact. The proposal is aligned with the intent of the GC8 Tailored for Transition approach and appropriately centered on completing the transition to domestic financing. It reflects appropriate prioritization, thoughtful integration of community and primary health care approaches, strong attention to sustainability and transition planning, and a credible trajectory for increasing domestic investment. The TRP recommends the funding request for grant-making.
The funding request demonstrates several significant strengths that are strongly aligned with the GC8 Strategic Shifts and the objectives of the allocation:

- Strong prioritization consistent with a final transition grant, focusing resources on high-impact, transition-critical interventions. It sustains key population prevention, testing and treatment services (including community-based PrEP, long-acting injectable PrEP, HIV self-testing), preserves the extensively decentralized TB molecular diagnostic network, specimen referral system, drug-susceptible and drug-resistant -TB treatment, and digital adherence support.

- Clear commitment and significant progress toward integrated, person-centred HIV and TB service delivery within primary health care. It advances service integration, decentralization, and community-based care while embedding key laboratory, digital, monitoring, and referral functions within national systems.

- Community services remain central to the response, with enabling frameworks being developed to support sustainable financing and institutionalization of community-based case finding, adherence support, psychosocial support, and other community-delivered interventions.

- Effective integration of community systems through a mature social contracting mechanisms established through the National Health Insurance Company (CNAM), which finances standardized, costed prevention packages delivered by CSOs using nationally approved service standards and reporting mechanisms.

- Comprehensive transition planning that clearly identifies current financing arrangements, domestic absorption pathways, responsible institutions, implementation milestones, and risk mitigation measures for each intervention, providing a credible roadmap toward long-term sustainability and domestic ownership – the applicants a credible absorption of funding for programmatic and management interventions through the CNAP and the National Targeted Programmes.

- Strong commitment to sustainability through a track record of exceeding GC7 co-financing commitments, increasing domestic investment in HIV and TB interventions, and strategically targeting Global Fund resources to residual gaps while advancing progressive domestic financing and long-term transition readiness.

Transition and sustainability considerations
The proposal demonstrates a realistic understanding of remaining sustainability challenges, and proposes mitigation measures:

- The sustainability of community-based services and Left Bank transition remains the most significant residual transition risk identified in the proposal, influenced by factors beyond the control of the health sector. While the FR presents a credible transition framework, financing and contracting arrangements for several community-based services, particularly for the population on the Left Bank, are not yet fully secured. This affects community screening, peer support, psychosocial support, treatment-support services, and EHRG functions. The funding request appropriately uses Global Fund resources to bridge these gaps while pursuing sustainable financing and contracting arrangements. Expansion of access to selected services through Right Bank facilities and community organizations is also being considered as a mitigation measure to support populations from the Left Bank during and beyond transition.

- Sustainable procurement of low-volume and specialized products, including paediatric ARVs and HIV and TB diagnostics, and other low-volume specialized health products remains unresolved, as the legal framework for accessing international and pooled procurement mechanisms has not yet been finalized. The proposal includes bridge financing for critical low-volume products and supports legal and procedural reforms to enable future access to international and pooled procurement mechanisms.

- Sustainable financing and institutionalization of community-led monitoring (CLM) beyond the Global Fund funding period remain unresolved. During GC8, the applicant and relevant stakeholders will develop sustainable financing and institutional arrangements for CLM while preserving the independence and accountability functions of civil society.

SECTION 4: Grant-making ***Priority Issues identified requiring strategic action***	
Funding Request Name	FR1833-MDA-C
Select Strategic Shift OR Matching Funds	Choose an item.
Issue 1	Not applicable; please refer to Section 6 below

SECTION 5: Prioritized above allocation request (PAAR)

FR1833-MDA-C

The TRP considers the full PAAR of EUR 2,791,136 as quality demand. The TRP notes that the PAAR appropriately complements the allocation, aligns with the GC8 Strategic Shifts and aims of the allocation, and addresses important remaining gaps in the HIV and TB responses.

The TRP has adjusted the priority rating on three lines (PAAR budget lines 35, 46, and 50) with the rationale recorded in the accompanying PAAR request table.

In line with the aims of allocation, should efficiencies be created in allocation or additional resources become available, the TRP recommends that the applicant prioritize this PAAR item to be included in the program:

- Line 33, module RSSH Monitoring and evaluation systems, Intervention Surveys, evaluations reviews, data analysis and use, and operational research, amount requested 7,074 EUR/ 8,164 USD, ¨Assessing the effectiveness of different HIV testing strategies to identify people living with HIV and accelerate progress towards achieving the first 95 of the 95-95-95 targets¨.

The TRP notes that if additional funding becomes available during grant-making and implementation, initially reviewed funding amounts for recommended interventions may be subsequently increased by up to 30%, without resubmission for TRP review and recommendation, provided that such increases are consistent with the GC8 Strategic Shifts, aims of allocation and applicable Global Fund policies and guidelines.

SECTION 6: ADDITIONAL FEEDBACK FOR THE APPLICANT'S CONSIDERATION (To be managed by the Secretariat)

Brief progress of the GC7 recommendations:

The applicant addressed both GC7 TRP recommendations in relation to Health Financing and Public Financial Management (RSSH) and TB Screening and diagnosis, providing clear and comprehensive evidence.

Additional feedback for the applicant and country team

The TRP commends the applicant for presenting a high-quality, strategically focused funding request with a particularly well-developed approach to sustainability, domestic financing, service integration, and transition planning. The TRP encourages the country to continue implementing its transition agenda while maintaining equitable access and continuity of essential services throughout the transition period.

The TRP notes the following areas for continued attention during implementation:

- Ensure that implementation of the transition framework is routinely monitored against defined domestic absorption milestones. The transition framework should:
    - prioritize the incorporation of the financing of the Global Fund-supported activities into the country's Medium-Term Expenditure Framework (MTEF).

- pay particular attention to sustaining community-based services and social contracting mechanisms, and continuity of services on the Left Bank.
- demonstrate continued progress toward establishing sustainable financing and institutional arrangements for the absorption of the Global Fund-supported interventions. This should leverage existing legislative and administrative mechanisms, including those available through local authorities and the National Health Insurance Fund, while preserving the independence and accountable functions of civil society organizations beyond the transition period.

- Advance sustainability of critical health products by accelerating implementation of procurement reforms and sustainable access mechanisms for low-volume and specialized products. The application should consider streamlining the procurement process for both Right and Left Bank to enhance efficiency.
- Leverage planned evaluations and assessments, including laboratory network optimization and HIV testing strategy reviews, to further refine service delivery, improve equitable access, and strengthen programmatic impact during implementation.
- Monitor the impact of ongoing HIV and TB integration and decentralization reforms through SIME HIV, SIME TB, and other routine programmatic data to assess effects on service quality, access, treatment outcomes, and workforce capacity and inform corrective action during implementation.
- Continue implementation of the sustainability roadmap for community-led monitoring, legal accompaniment, psychosocial support and other community accountability functions, with regular assessment of progress toward domestic financing and institutionalization while preserving the independence and accountability role of civil society.