

Funding Request Review and Recommendation Form

SECTION 1: Applicant information			
Applicant	Moldova	Applicant Type	Country Coordinating Mechanism (CCM)
Envisioned grant start date	2024-01-01	Envisioned grant end date	2026-12-31
Principal Recipient 1	PI CIMU HSP	Principal Recipient 2	N/A

SECTION 2: Summary of allocation funding request		
2.1 Allocation funding request		
Currency	EUR	
Component(s)	Application approach	Application amount
HIV/AIDS, Tuberculosis	Tailored for Focused Portfolios	18,507,625
Total amount		18,507,625

2.2 Total prioritized above allocation request (PAAR)	
Component(s)	PAAR amount
HIV/AIDS, Tuberculosis	8,531,332
Total amount	8,531,332

SECTION 3: Summary of TRP funding recommendations on allocation, prioritized above allocation request			
3.1 TRP funding recommendation on allocation and prioritized above allocation request			
Component(s)	Funding Type	TRP Recommendation	TRP Recommended Amount
HIV/AIDS, Tuberculosis	Allocation	Grant-making	18,507,625
	PAAR	Fully recommended	8,531,332

SECTION 4: TRP overall assessment and rationale**4.1 Allocation funding request*****HIV/AIDS, Tuberculosis***

Overall, the TRP (Technical Review Panel) considers the funding request to be strategically focused, technically sound, with potential for achieving the highest impact and poised for sustainability.

The TRP notes that the funding request is of excellent quality, comprehensive, with the proposed activities being supported by data and detailed rationale. The following strengths are noted in each disease component:

HIV

- The Funding Request prioritizes key populations (KPs), universal access to treatment, reducing vertical transmission, increasing quality of services, removing barriers, and improving enabling environment as per normative guidance and adapted to a continuous context evaluation.
- The Funding Request makes use of recent data and presents interventions for KPs being those with the highest HIV and TB epidemiological burden (prevalence in people who inject drugs 13.9%, men who have sex with men 11.4%, and sex workers 2.7% and their sexual partners) in a low HIV prevalence in the adult general population of 0.6%. Each population specific data is considered to build a tailored differentiated service package.
- The Funding Request is aligned with the key strategic priorities outlined in the allocation letter and include most of the recent recommendations done by the WHO Comprehensive HIV Program Review of the Republic of Moldova from May 2023.
- The Funding Request has set ambitious goals for innovative approaches and expansion of interventions.
- The Funding Request brings clarity about some contextual reasons behind the discrete achievements in program implementation (Cascade of care: 66-72-89) partly due to COVID-19 pandemic and the humanitarian and financial crisis because of the Russia's invasion of Ukraine.
- The Funding Request gives a clear explanation on how the grant will enhance the existing HIV program contributing to fill the funding gap while the government gradually takes over a significant proportion of expenditures of the HIV response, including full takeover of antiretroviral treatment and increasing proportions of KP programs.
- The Funding Request introduces "transgender" for the first time in a proposal. Even if it is in a discrete manner, it is perceived as a step to give further attention to trans and gender diverse people in the next grant periods after gathering further understanding of the issue through research and analysis.
- The Funding Request narrates the increased participation by civil society organizations (CSOs) and communities as they are considered through the different modules in a comprehensive manner.
- The Funding Request presents good data and analysis for human resources, procurement and supply management and health financing and associated challenges.
- The TRP welcomes the commitment by the government of Moldova to cover 70% of the HIV response from the national budget by 2026.

TB

- The Funding Request is aligned with the country's TB epidemiological situation, TB national strategic plan (TB NSP) 2022-2025 and the Global Fund's strategy; includes high impact interventions aligned with normative and prioritization guidance through WHO guidelines ; targets the areas of focus communicated in the allocation letter; and addresses the most important gaps across the cascade of care, such as insufficient scale-up of active case finding (ACF) strategies, low yield of contact screening, and low multi-drug resistant TB (MDR-TB) treatment success rate.
- The applicant proposes optimization of the TB diagnostic network, which will advance efficiency, value for money and health equity in TB diagnosis services.
- The applicant proposes good integration with other national programs (HIV and Hepatitis) in terms of early diagnosis and extension of the courier system for samples transport.
- The Funding Request includes the introduction of new technologies:
 - Genome Sequencing technologies.

- Video supported treatment (VST), including operational research to measure the effect of VST on treatment outcomes;
- Scale-up of BPaLM (bedaquiline, pretomanid, linezolid and moxifloxacin) and BPaL (bedaquiline, pretomanid and linezolid) treatment regimens;
- *Mycobacterium tuberculosis* antigen-based skin tests (TBSTs) for testing for TB infection
- Shorter rifapentine-containing TB preventive treatment (TPT), including 1HP and 3HP regimens
- The applicant set ambitious targets in line with the TB National Strategic Plan in terms of testing by WHO recommended rapid diagnostic tests, treatment coverage, treatment success rate for both drug-sensitive and drug-resistant TB, and screening among key and vulnerable populations for TB (mobile populations, homeless people, vulnerable populations from regions with lack of access to medical services).

Out of the eight TRP recommendations in the last grant cycle (2020-2022), seven have already been addressed. Issue 2, which is related to “*insufficient progress to convert from hospitalization to outpatient treatment for tuberculosis care*”, is in progress.

Actions were taken to address the issue:

- the NSP 2016-2020 was built around the main axis of transitioning from a hospital-centric model of care to a decentralized outpatient care in communities and a people-centered model of care.
- In 2017, the government committed to adopting the people-centered model of care with actions to strengthen the outpatient services and community-based services.

As a result, excess bed capacity and average length of stay for drug-resistant TB were reduced. However, the issue is not completely addressed as hospitalization rates are still high (related to clinical factors, the fact that provider payment is tied to bed occupancy and insufficient capacity at outpatient level to manage persons with MDR-TB fully on an outpatient basis).

To address the above-mentioned clinical factors, in 2020 the National Tuberculosis Program (NTP) started implementation of new and all-oral regimens, which will make it easier for the patients to be treated on an outpatient basis. Provider payment barriers mentioned above were also addressed. The adopted people-centered model of care has been formalized and further decentralization is progressively taking place, with shift to predominantly outpatient patient management.

4.2 Prioritized above allocation request (PAAR)

HIV/AIDS, Tuberculosis

The TRP considers the full PAAR of €8,531,332 to be quality demand. The TRP notes that the PAAR complements the allocation, is aligned with the outstanding gaps not covered in the program and is appropriately prioritized.

The TRP recommends that the following activities be moved from the PAAR to the allocation budget should efficiencies be found during grant-making: additional package of HIV prevention services for people using drugs; implementation of a pilot project of integrated health and social community based services; ensuring TB screening in people from high-risk groups; performing directly observed treatment (DOT) at home for patients assisted by nongovernmental organizations (NGOs); and performing activities funded by small grants - for education, information, and interventions directed to increase treatment adherence and prevent relapses (by accompanying and offering support to people with treatment completed).

The PAAR interventions and some TRP comments are detailed in the Excel PAAR table that accompanies this form. The TRP notes that if funding becomes available during grant implementation, initially reviewed funding amounts for recommended interventions (both in the Funding Request and PAAR) may be subsequently increased by up to 30%, without resubmission for TRP review and recommendation, provided that such increases are consistent with applicable Global Fund policies and guidelines.

SECTION 5A: Grant-making

Priority Issues identified requiring strategic action

Funding Request name	FR1512-MDA-C
Issue 1	Slow progress with establishing sustainable mechanisms and financing for social contracting
Issue Description	The TRP commends the applicant for centering the role of civil society and community organizations in the country’s response to TB and HIV. The funding request includes 24 civil society and community organizations, who will play multiple roles in the grant implementation as implementers, monitors and advocates to ensure access to services

	<p>and to remove barriers, and as beneficiaries of capacity strengthening efforts. The TB and HIV National Strategic Plans have incorporated domestic financing of civil society and community organizations, and the National Health Insurance Company's Prevention Fund is now funding TB and HIV civil society and community organizations. This builds on two decades of increased involvement of civil society.</p> <p>The TRP, however, notes that there remain unresolved challenges to sustainability that are inadequately addressed in the funding request and can jeopardize the programs in the long term. As the funding request itself notes, current domestic funding is inadequate, with most civil society and community organizations relying on donor funding; and unpredictable, given the design of the Prevention Fund. Government contracts are annual, which affects the continuity of service delivery.</p> <p>Moreover, the funding request provides limited detail about the overall vision or prioritized and timed actions to secure long term sustainability of HIV and TB services currently implemented by civil society and community organizations. The alignment between the current Global Fund contracting mechanisms and domestic mechanisms is unclear, creating challenges for a smooth transition to government. As the government plans to finance over 95% of the TB program and 70% of the HIV program by 2026, this lack of a vision and clear pathway for efficient social contracting mechanisms puts the sustainability of these services at risk.</p>
Action 1	<p>The TRP requests the applicant to work with the key stakeholders, including civil society, to develop a clear vision and a set of prioritized and timed actions to accelerate progress towards government contracting of civil society and community organizations. The applicant is encouraged to seek out examples of progress made in other countries in the region. The set of prioritized and timed actions should take the form of a three-year roadmap with clear funding commitments, timelines and roles and responsibilities. Implementation of the plan should commence during Year 1.</p>
Funding Type	<p>Allocation <input checked="" type="checkbox"/> Matching Funds <input type="checkbox"/> PAAR <input type="checkbox"/></p>
To be cleared by	Secretariat
Timeline	Within 6 months from the grant start date
Issue 2	Lack of description of how the TB screening activities will be implemented
Issue Description	<p>The TRP acknowledges that the applicant highlights the interventions to strengthen active TB case-finding activities with further scale-up of systematic screening for TB among key and vulnerable populations in line with the national TB strategic plan 2022-2025. However, the funding request insufficiently describes how the proposed screening activities will be implemented in terms of which screening tools will be used, what screening program models will be applied to, when screening will be done, and its frequency.</p> <p>The TRP also acknowledges that the applicant identifies the interventions for “<i>people in prisons, jails, detention centers</i>” as a priority of the “<i>Key and Vulnerable Populations (KVP) – TB/DR-TB</i>” module. However, the proposed activities do not include systematic screening for TB disease among those people, which is strongly recommended by WHO.</p>
Action 1	<p>The TRP requests the applicant to</p> <ul style="list-style-type: none"> • present a clear, detailed and succinct description of how the systematic TB screening activities among the prioritized key and vulnerable populations, including people in prison, jails, and detention centers, will be implemented, including in particular: <ul style="list-style-type: none"> ○ screening tools (e.g., chest radiography with or without computer-aided detection, symptom-based screening...); ○ screening program models (e.g., screening in health facilities, workplaces...); ○ when to screen for TB (e.g., entry and exit screening, periodic screening...); and ○ screening frequency for each targeted population for systematic TB screening.

	<ul style="list-style-type: none"> • develop a brief operational plan for implementation of the systematic TB screening strategy. The operational plan may indicatively include: <ul style="list-style-type: none"> ○ a brief situation analysis of the current active case finding activities; general context; TB program; enabling health system; potential public, private and community actors to be involved in screening; access to TB and health services; potential stigmatization and harm resulting from TB screening and mitigation approaches thereof; identified gaps in the screening cascade for each population targeted to receive systematic TB screening; ○ TB screening objectives; ○ TB screening coverage targets for each population prioritized for systematic TB screening; ○ planned systematic TB screening activities, including but not limited to capacity building, demand creation and counseling, social mobilization, advocacy, service delivery; ○ actors involved and their roles, engaging private sector and communities; ○ Timelines and a budget; ○ monitoring and evaluation along the screening cascade, with data collection to inform key indicators for each target population for systematic TB screening.
Funding Type	<input checked="" type="checkbox"/> Allocation <input type="checkbox"/> Matching Funds <input type="checkbox"/> PAAR
To be cleared by	TRP
Timeline	During Grant Making

SECTION 5B: ADDITIONAL FEEDBACK FOR THE APPLICANT’S CONSIDERATION

- The TRP acknowledges and appreciates the efforts made in expanding pre-exposure prophylaxis of HIV (PrEP) activities. We would like to emphasize the continuous need to employ innovative strategies to agilely modify guidelines and address implementation challenges, with the goal of further simplifying and reducing the medicalization of prevention services, even in the presence of heavy specialized programs.