

Moldova TB and HIV

GENERAL INFORMATION



Portfolio categorization:	Focused Aligned
Window for application:	Window 2
GF Investment to date	US\$ 180,053,751 (signed grants)
Income classification:	Upper-Middle Income
Application modality:	Classic
Allocation amount:	HIV – EUR 5,502,590 TB – EUR 4,505,378
Disease burden:	HIV – High; TB - High
Income level (GDP per capita):	7,576 (2024)
Population:	2.3 mln (2024)
Eligibility:	HIV - eligible TB - eligible

KEY MESSAGES – Improvements and Opportunities

Overall message:

In its final Global Fund allocation to Moldova, GC8 funds should focus on addressing the most critical program, policy, and financing gaps essential to enabling an effective transition from Global Fund support. Building on the progress already achieved in transitioning to state financing of the national TB and HIV programs, and in line with the Allocation letter, the GC8 grant should be used to consolidate program success, support implementation of the national strategies and transition plans, and ensure the priority interventions are placed on a path to domestic financing before the end of the grant cycle.

HIV Priority Areas: To ensure successful transition and sustainable programmatic impact, the Global Fund encourages the country to prioritize the following HIV investment priority areas: (a) increase the share of domestic financing for prevention services for key populations with the aim to ensure full domestic financing by the end of GC8 leveraging national health insurance scheme; (b) considering the gaps in the first two pillars of the HIV cascade, invest in and sustain differentiated service delivery models for key populations including through community-led responses, to remove structural and access barriers to services, and ensure stronger linkages to treatment; (c) introduce new injectable pre-exposure prophylaxis (PrEP) with the objective of integration in the national service delivery model and full domestic financing of all PrEP by the end of GC8.

TB Priority Areas: To ensure successful transition of TB programming and optimize programmatic outcomes, the country should prioritize: (a) active case finding and targeted TB screening among populations with limited access to health services, while leveraging the national health insurance scheme; and (b) finalizing the full transition of the Global Fund-supported laboratory, diagnostic and treatment activities to sustainable domestic financing, while ensuring the continued role of civil society and communities as an integral part of the national TB response.

In this context, the Country Dialogue should explicitly prioritize interventions for continued Global Fund support on the basis of epidemiological evidence and national strategic documents, with the central objective of establishing a clear transition plan for shifting these activities to state funding during the GC8 implementation period, with the focus on:

Prioritization: A strong focus on carefully optimizing interventions, including close attention to value for money, will be essential to achieve the greatest possible impact.



Integration: In GC8, integrating services and systems across diseases and within primary health care will be a key priority, not only to improve implementation efficiency and strengthen value for money, but also to use the available resources in a way that generates greater overall impact.

Accelerating access to innovation and strengthening enabling systems to ensure rapid uptake of future innovations using domestic funding: Securing prompt access to innovations will be important for reducing disease burden more effectively and for ensuring that health investments deliver the maximum possible return.

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While designing the interventions for both diseases, the **sub-regional epidemiological trends should be considered** when implementing above prioritization, as reported disease burden as well as implementation arrangements/capacities differ on subregional level.

As outlined in the Allocation Letter, Moldova's final GC8 allocation should be strategically used to ensure an effective and sustainable transition from Global Fund support. In this context, the Allocation Letter underscores the importance of increasing domestic financing for HIV prevention services for key populations through the national health insurance scheme, sustaining differentiated and community-led service delivery models to strengthen access, continuity of care, and linkages to treatment, and introducing injectable PrEP with the aim of integrating it into the national service delivery model and achieving full domestic financing of all PrEP by the end of GC8. For TB, the Letter highlights the need to prioritize active case finding and targeted screening among populations with limited access to health services, while completing the transition of Global Fund-supported laboratory, diagnostic, and treatment interventions to sustainable domestic financing and ensuring the continued engagement of civil society and communities as integral actors in the national TB response.

<p>HIV</p> 	<p>The activities proposed below are consistent with the strategic directions outlined in the Allocation Letter, building on activities currently funded by the Global Fund, with the aim to support the transition of currently Global Fund-financed interventions to sustainable domestic funding while further strengthening differentiated and innovative HIV and TB activities:</p> <ul style="list-style-type: none">• Strengthening of the identification of new HIV cases (including identification of individuals with the high risk of acquiring HIV), further strengthening the enrolment of all identified HIV patients into antiretroviral treatment.• While Moldova successfully scaled up prevention services coverage for the KPs, it is important to focus on using differentiated approaches tailored to the needs of KPs, and identify and provide the prevention services to individuals with the highest risk of acquiring HIV.• Further scale of PrEP coverage for all individuals under risk of acquiring HIV and introduction and scale up of injectable PrEP.
<p>TB</p> 	<p>The activities proposed below are consistent with the strategic directions outlined in the Allocation Letter, building on activities currently funded by the Global Fund, with the aim to support the transition of currently Global Fund-financed interventions to sustainable domestic funding while further strengthening differentiated and innovative HIV and TB activities:</p> <ul style="list-style-type: none">• Further strengthening and scale-up of TB prevention activities and coverage.• Further strengthening TB screening and case finding activities among Key and Vulnerable populations that have limited access to health services.• Further improvement of the treatment outcomes for DR TB and XDR TB (TB patients resistant to both rifampicin and fluoroquinolones).

Key epidemiological data and analysis

HIV:

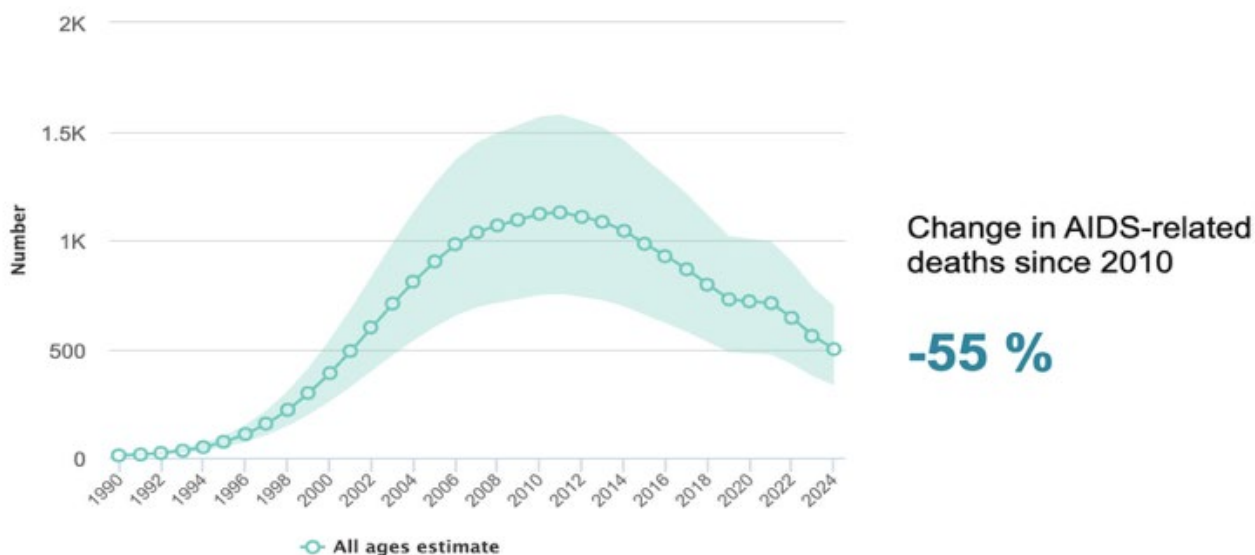
Moldova is facing a concentrated HIV epidemic, with transmission remaining disproportionately concentrated among key populations and their partners. The epidemic is largely driven by populations at higher risk of HIV acquisition, particularly people who inject drugs, men who have sex with men, sex workers, and their partners. This epidemiological profile indicates that, although the epidemic is not generalized in the overall population, it continues to be sustained within specific populations that experience a combination of behavioural, social, legal, and service-related barriers. As a result, the effectiveness of the national HIV response heavily depends on the extent to which prevention, testing, treatment, and retention strategies are appropriately tailored to the needs of these groups.

Moldova has made substantial progress in responding to the epidemic over the past decade. According to UNAIDS data, the country achieved significant reductions in both new HIV infections and AIDS-related deaths compared with 2010 levels. These trends suggest important gains in the scale, coverage, and effectiveness of the HIV response, including improvements in case detection, earlier initiation of antiretroviral

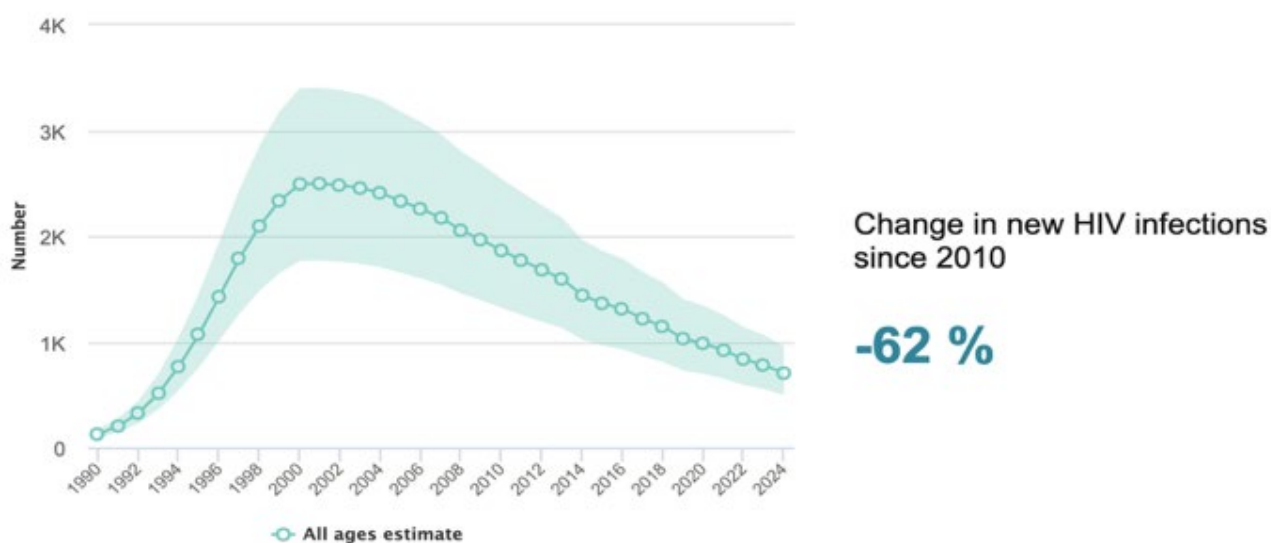
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therapy, stronger linkage to and retention in care, and better overall treatment outcomes. The observed decline in AIDS-related mortality is particularly indicative of progress in expanding access to life-saving treatment and improving continuity of HIV care. Nevertheless, the continued concentration of the epidemic among key populations highlights the need to sustain and further strengthen targeted interventions, with particular emphasis on equitable service access, community-based approaches, and the removal of structural barriers that continue to limit the reach and impact of HIV programs.

Trend of AIDS-related deaths



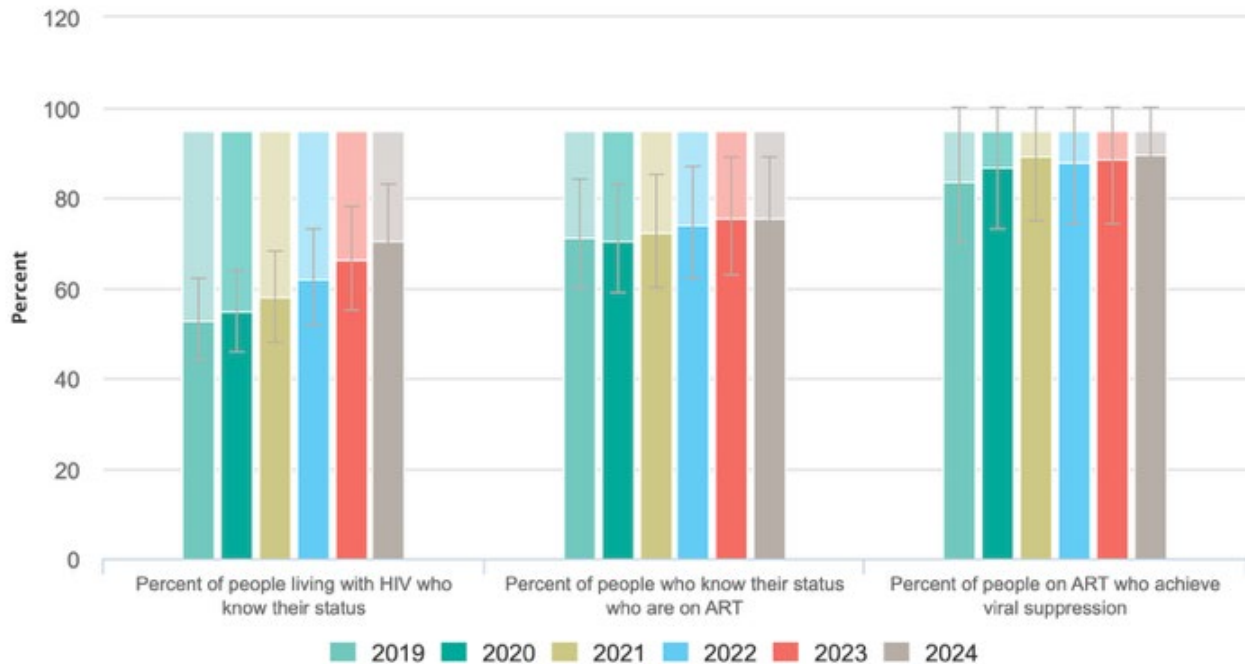
Trend of new HIV infections



Moldova's progress towards the 95–95–95 cascade targets demonstrate clear improvement across the HIV care continuum over recent years. According to the latest cascade, 70% of people living with HIV know their HIV status, 75% of those diagnosed are receiving antiretroviral therapy (ART), and 90% of those on treatment have achieved viral suppression. These results point to important gains in the performance of the national HIV response, especially in ensuring that people diagnosed with HIV are linked to treatment and that those on treatment achieve favourable clinical outcomes.

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Progress towards 95-95-95 target



When compared with 2016 levels, the scale of progress becomes more evident. In 2016, the cascade stood at 43% for knowledge of HIV status, 57% for ART coverage among those diagnosed, and 71% for viral suppression among those on treatment. The increase from 43% to 70% in the first stage of the cascade reflects progress in HIV case detection and diagnosis. Similarly, the rise from 57% to 75% in the second stage indicates considerable improvement in treatment uptake among those aware of their status, while the increase from 71% to 90% in the third stage highlights a marked strengthening of treatment effectiveness and continuity of care. Taken together, these trends suggest that Moldova has made advances in expanding access to HIV services and improving outcomes for people living with HIV.

At the same time, the cascade also shows that progress has been uneven across the three stages - bottlenecks in the first two pillars of the cascade remain and require further improvement in the response. A substantial proportion of people living with HIV still do not know their status and therefore remain outside the reach of timely treatment and prevention services.

HIV burden estimates (2024 data, UNAIDS)

- Estimated number of people living with HIV: 17,000
- The new HIV infections: 700
- HIV prevalence among SWs: 4.2%
- HIV prevalence among MSM: 13%
- HIV prevalence among PWID: 16.7%
- HIV prevalence among Prisoners: 3.8%

TB:

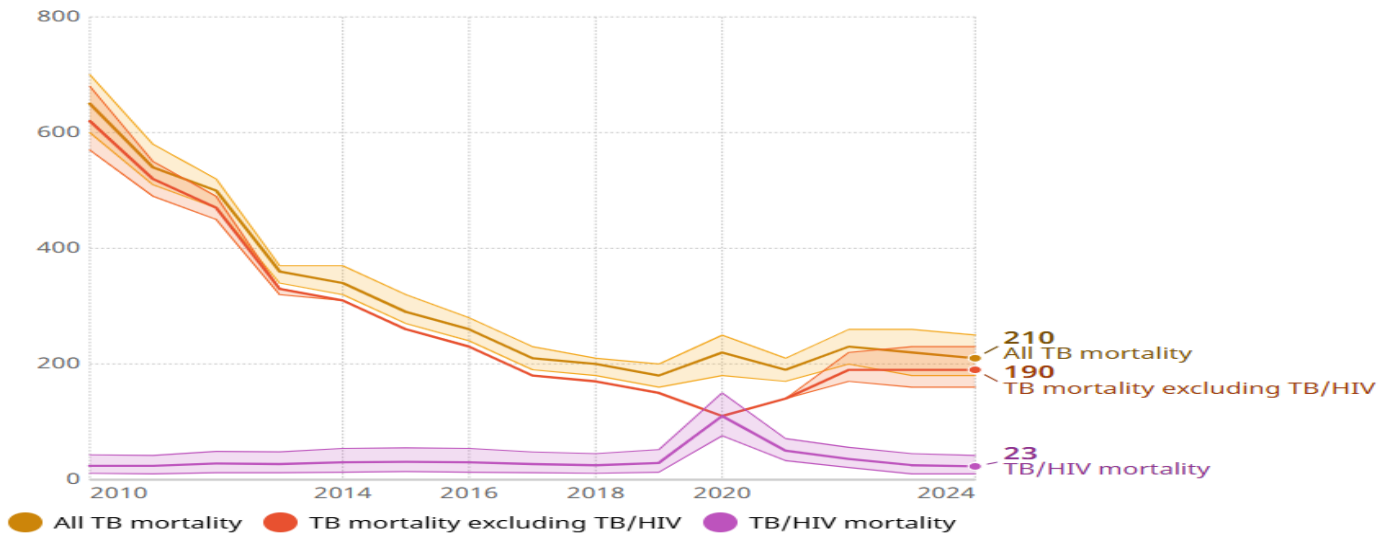
Tuberculosis remains an important public health challenge in Moldova, notwithstanding notable progress in reducing its burden over time. Moldova continues to be listed among the WHO European Region's 18 high-priority countries for TB control and among the 27 countries globally with a high burden of multidrug-resistant tuberculosis (MDR-TB), highlighting the persistent epidemiological and programmatic complexity of the disease. These classifications reflect not only the scale of TB in the country, but also the significant challenge

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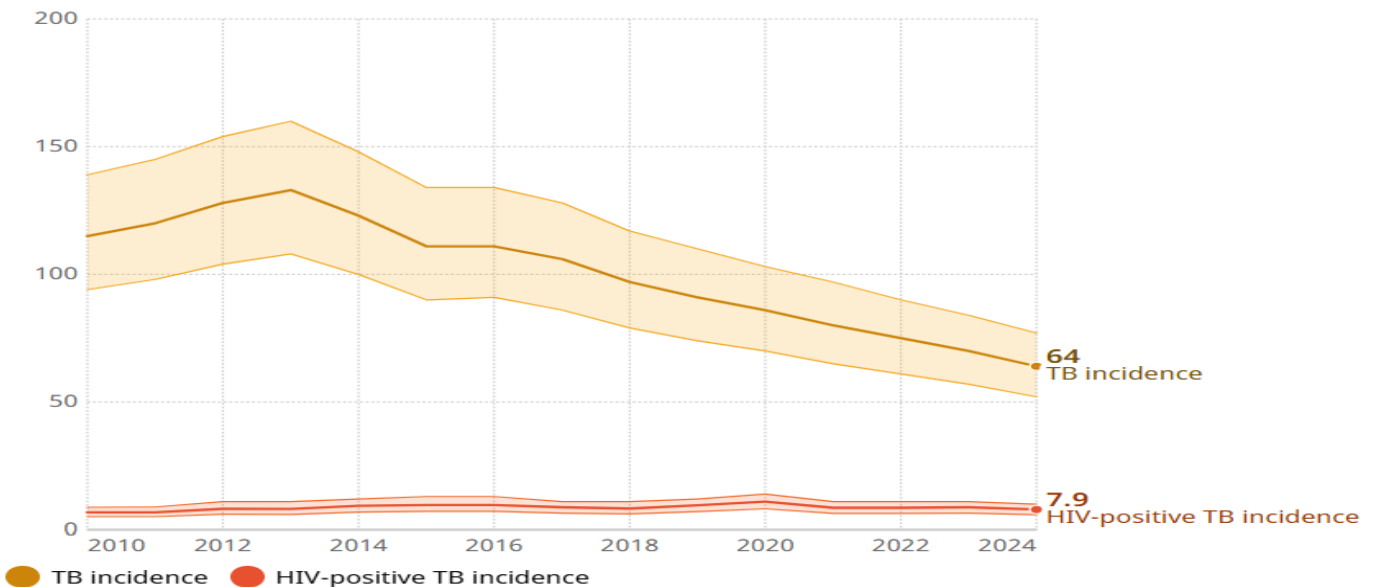
posed by drug resistance, which requires sustained investment in early diagnosis, effective treatment, and comprehensive patient support.

At the same time, trend data demonstrate substantial progress over the past decade. Estimated TB incidence declined from 115 cases per 100,000 population in 2010 to 64 per 100,000 in 2024^{Error! Bookmark not defined.}, while the estimated number of TB deaths fell from 648 to 214 over the same period. These reductions point to improvements in the effectiveness of the national TB response and suggest strengthened performance across key components of TB control. Although the burden remains high, particularly in relation to MDR-TB, the overall direction of change is positive and indicates that Moldova has made significant gains in reducing both TB morbidity and mortality.

Estimated number of TB deaths



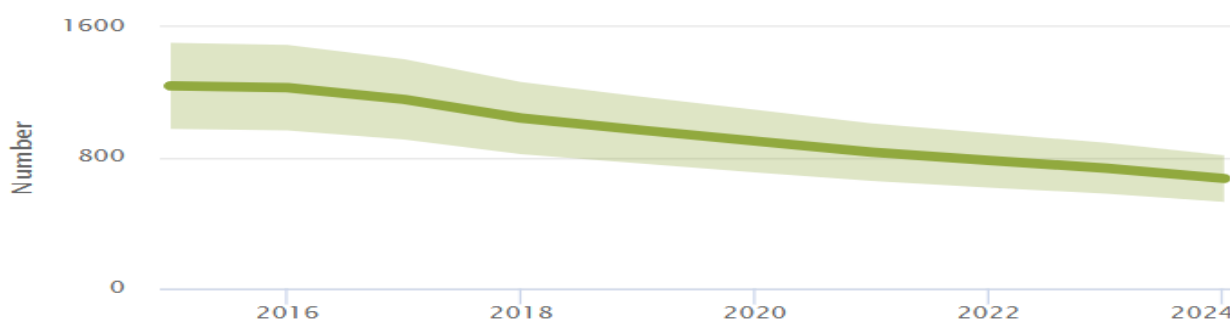
Estimated TB incidence rate per 100 000 population



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Analysis of the estimated multidrug-resistant tuberculosis burden demonstrates stabilization and a gradual decline compared with 2016 levels¹. This suggests that Moldova has made important progress in containing the burden of drug-resistant TB, despite the continued epidemiological significance of MDR-TB in the country. The observed trend likely reflects cumulative improvements in diagnosis, treatment, and program management, including wider use of rapid molecular testing, enhanced detection of resistance, and improved treatment effectiveness. While this represents a positive development, the burden remains substantial and continues to require sustained and targeted intervention.

Estimated number of people who developed multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) (incident cases)



TB burden estimates (numbers) 2024 data, WHO

Total estimated incidence: 2,000

MDR/RR TB estimated incidence: 640

HIV negative TB estimated mortality: 190

Treatment success rate of new and relapse cases (2023 cohort): 85%

Treatment success rate of MDR/RR TB cases (2022 cohort): 74%

Treatment success rate of pre-XDR and XDR TB cases – TB patients resistant to both rifampicin and fluoroquinolones (2022 cohort): 46%

Patients with known HIV status who are HIV-positive, 11%, and are on antiretroviral therapy, 82%

Country Financing, Sustainability and Transition

Government investments in national HIV and TB programs have a good track record of meeting financial commitments under the Global Fund grants. We also appreciate yearly reports on the fulfilment of co-financing commitments duly prepared by the Ministry of Health.

Like in the past, the upcoming Funding Request should include most up-to-date information on domestic expenditure under the HIV and TB programs, as well as current budgets and planned commitments under the approved national programs or other framework documents. Any decreases in yearly domestic investments in HIV or TB programs should be explained in detail.

The next implementation cycle should prioritize a progressive shift of HIV and TB program activities funded by the Global Fund grant toward full domestic financing, leveraging, among other, national health insurance systems to ensure long-term sustainability. This includes increasing domestic funding for prevention, diagnostics, treatment, and innovations such as PrEP, while ensuring best value for money and maintaining pooled mechanisms for procurement of high-quality essential health products.

GC8 Funding Request should focus on addressing critical programmatic, policy, and financing gaps to enable an effective transition from Global Fund support, including the institutionalization of procurement and service delivery systems within national structures. Sustained investment in cost-effective, differentiated,

¹ The WHO TB country profile, accessed in April, 2026.

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and community-led service delivery models will be essential to maintain access for key and underserved populations and to strengthen linkages across the care cascade.

To support a sustainable community-based response, it is important to strengthen the capacity of civil society organizations to access domestic financing, including through accreditation under national health insurance schemes and improvements in governance and compliance systems. At the same time, embedding community feedback mechanisms into national quality-of-care frameworks will help ensure that services remain responsive, inclusive, and continuously improved beyond the transition period.

Strengthening national procurement and supply chain systems is required to ensure uninterrupted availability of quality assured affordable HIV, TB, and laboratory commodities, with a strong focus on building governmental capacity to procure efficiently using international pooled procurement platforms, thus improving quality assurance, pricing, and value for money, and ensuring access to low-volume HPs through domestic resources.

The transition plan that will support GC8 Funding Request should analyze the transitioning progress to date and guide further actions, including those to be supported by the Global Fund funding in GC8.

Progress to date

HIV Program

Key area / priority	Successes	Challenges	Opportunities
HIV testing	Rapid HIV testing introduced at community level and scaled up including tailored approaches, overall high level of the HIV testing coverage.	HIV testing yield remains low, based on progress towards 95-95-95 targets cascade, 70% of people living with HIV are aware of their status.	Further scale up HIV testing using innovative HIV testing approaches tailored to key populations and individuals at high risk of acquiring HIV.
HIV prevention	Moldova has made a significant improvement in coverage of prevention services for key populations during recent years, as well as the introduction and scaling up of innovative and tailored prevention services for KPs.	The prevention coverage with the innovative prevention tools for most affected KPs remains sub-optimal.	Further improvement in HIV prevention coverage, using innovative and tailored to KPs needs tools. Prevention efforts to be directed toward the populations and individuals at the highest risk of acquiring HIV, with service delivery tailored to the specific vulnerabilities, behavioural risks, and access barriers affecting these groups, in order to maximize uptake, and impact.
HIV PrEP	Moldova established and scaled up PrEP program.	The coverage of the PrEP is suboptimal for those at the highest risk of acquiring HIV.	Further improvement of coverage of the PrEP for all people who are at high risk of acquiring HIV, introduction and scale-up of the injectable PrEP through the introduction of different avenues for PrEP programs implementation.
HIV treatment	The National HIV program ensures the provision of high quality antiretroviral treatment for patients which are in line with latest technical international guidance.	The treatment coverage remains low, based on progress towards 95-95-95 targets cascade, 75% of people who aware of their status are on ART.	Strengthening the linkage of testing and treatment services (both community and facility-based).

TB Program

Key area / priority	Successes	Challenges	Opportunities
TB screening/ diagnostics	Moldova has established a well-developed network of rapid molecular testing for TB. The laboratory	The screening/testing of Key and Vulnerable populations for TB requires further strengthening.	Advance systematic and differentiated screening among Key and Vulnerable Populations, including through the adoption of innovative technologies and

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	network was significantly strengthened, and quality of services was meaningfully improved offering testing approached recommended by the latest international technical guidance.		approaches aligned with the latest international technical guidance.
TB treatment	Moldova adopted and successfully implemented the latest WHO-recommended oral-based DR TB treatment protocols.	Treatment outcomes for MDR and XDR (TB patients resistant to both rifampicin and fluoroquinolones) TB require further improvement.	<ul style="list-style-type: none"> • Further accelerate progress towards universal health coverage by providing people-centred TB/DR TB services. • Continue to scale up the use of new regimens, including regimens based on the latest technical guidance from the WHO.

Operational considerations

Implementation arrangements: The Global Fund recognizes the value of efficient implementation and actively encourages all countries including Moldova to explore opportunities to streamline and consolidate implementation arrangements for GC8. Applicants should consider optimal service delivery arrangements based on country context, with due consideration to community-based and-led organizations.

Focused portfolio model “Aligned”: This model is designed to align with country priorities on one or at most two specific objectives per disease component. It relies on a country’s capability to reach targets independently, using longer reporting cycles and country processes and systems whenever possible.

During Funding Request design, applicants, in consultation with relevant stakeholders, identify programmatic priorities where Global Fund investments are most catalytic and ensure critical support (financial and otherwise) to maximize their impact. The Global Fund’s role is to support these portfolios to ensure investments strengthen national priorities, support meaningful stakeholder involvement and civil society engagement, foster political commitment, and encourage meaningful co-financing investments.

During implementation, Principal Recipients use the country’s processes and systems to deliver, monitor and report results as defined in the signed Grant Confirmation. The Global Fund encourages stakeholder engagement and the mobilization of technical assistance.