SUSTAINABILITY PLAN FOR THE TUBERCULOSIS RESPONSE TRANSITION FROM GLOBAL FUND SUPPORT IN THE REPUBLIC OF MOLDOVA, 2027–2030

Report details

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Executive summary

This Tuberculosis Sustainability and Transition Plan (hereinafter TB STP or Plan) describes how the Republic of Moldova will safeguard the continuity of essential tuberculosis services and complete the transition from Global Fund support to sustainable national financing and implementation during the period 2027–2030.

The Plan accompanies the National Tuberculosis Response Programme for 2026–2030 (hereinafter TB NP or National Programme) and should be read together with the TB Transition Budget, which identifies the activities of the National Programme that continue to require Global Fund support, the annual contributions expected from domestic sources, and the policy, institutional and operational measures required for their full national take-over.

The Republic of Moldova enters the final transition period from a position of **substantial national ownership**. By 2025, domestic resources financed approximately 87% of total expenditure on the national TB response. Public financing already covers the core architecture of TB care, including diagnostic and inpatient services, first-line anti-tuberculosis medicines, medicines for adults with rifampicin-resistant and multidrug-resistant TB on the Right Bank and in the penitentiary system, the majority of TB laboratory testing, and nutritional and transport incentives for patients receiving ambulatory treatment. Domestic financing has also progressively expanded to active case-finding and community-based screening services delivered through civil society organisations.

This financial transition has been accompanied by a profound transformation of the national TB response. Moldova has introduced universal access to rapid molecular diagnosis, shorter and fully oral treatment regimens for drug-susceptible and drug-resistant TB, outpatient and person-centred models of care, treatment adherence support, video-supported treatment, mobile and ultra-portable radiological screening, and strengthened community involvement. TB services have increasingly been integrated into primary healthcare, while the “Chiril Draganiuc” Institute of Pneumology retains its role as the national centre of excellence for complex diagnosis, drug-resistant TB, programme coordination and technical oversight. The national TB information system has also been modernised to support case management, surveillance and real-time programme monitoring.

These reforms have contributed to major **epidemiological gains**. In 2025, Moldova reported 1,734 new and recurrent TB cases, corresponding to an incidence of 60.7 per 100,000 population, the lowest level recorded in recent decades. TB mortality declined to 4.3 per 100,000 population, representing 124 deaths and a reduction of approximately one third compared with 2021. At the same time, drug-resistant TB remains a significant concern, accounting for 26.9% of new cases and 35.9% of retreatment cases in 2025. Vulnerable groups—including people in detention, people experiencing homelessness, migrants, people who use drugs, people living with HIV and people from low-income households—continue to face disproportionate risk and barriers to timely diagnosis and care (Report on Realization of TB NP 2021-2025).

The remaining transition challenge is therefore not the wholesale replacement of a donor-funded programme. Most of the TB response is already financed and implemented through national institutions. Rather, the challenge is to absorb a smaller but strategically critical group

of interventions that remain dependent on Global Fund financing because they require specialised procurement arrangements, community-based delivery models, targeted investment, or regulatory and institutional reforms before they can be sustainably financed through national mechanisms.

These **remaining dependencies** include:

- targeted active case-finding and screening among vulnerable and hard-to-reach populations;
- selected diagnostic products, advanced drug-resistance testing and elements of laboratory biosafety;
- specimen transport, equipment maintenance and selected supply-chain functions;
- preventive treatment medicines and infection prevention and control investments;
- video-supported treatment, peer support and community-based adherence interventions;
- services and commodities on the Left Bank of the Dniester;
- community participation, operational research, monitoring and selected digital system functions.

The **objective of the 2027–2029 Global Fund grant** (GC8) is therefore twofold. First, it will provide a time-bound financing bridge to prevent disruption to essential services while domestic funding increases. Second, it will finance the transition-enabling actions required to make national take-over feasible. These include service costing, standardisation of intervention packages, accreditation and contracting arrangements for civil society providers, integration of recurrent costs into Ministry of Health and National Health Insurance Company budgets, procurement reforms, institutionalisation of specimen referral and logistics functions, integration of digital tools into SIME TB, and strengthened monitoring of access and transition commitments.

The Plan applies an **activity-based transition pathway**. Each intervention included in the National Tuberculosis Response Programme is assessed according to its current financing arrangement, institutional responsibility, dependence on external support, transition milestones, future domestic funding source and residual risk. This avoids creating a parallel transition architecture and ensures that Global Fund investments remain fully aligned with the National Programme and national systems.

The transition is expected to **proceed progressively rather than uniformly**. Several recurrent functions—including medicine distribution, storage, laboratory maintenance, external quality assurance and programme monitoring—can be incorporated relatively rapidly into institutional and public budgets. Other interventions, especially community-based screening, peer support, community participation and selected services on the Left Bank, require a longer institutional pathway because sustainable take-over depends on the approval of service standards, costing methodologies, contracting mechanisms and beneficiary-validation procedures. The resulting financing trajectory is therefore deliberately front-loaded with Global Fund support in 2027, followed by a substantial increase in domestic financing in 2028 and 2029 and full domestic financing of the interventions included in the Transition Budget from 2030.

Transition financing trajectory for interventions included in the TB Transition Budget, 2027–2030

Year	Global Fund financing, MDL million	Domestic financing, MDL million	Total transition budget, MDL million	Global Fund share	Domestic share
2027	46.1	24.9	71.0	64.9%	35.1%
2028	21.2	33.8	55.0	38.6%	61.4%
2029	13.6	43.0	56.6	24.1%	75.9%
2030	0.0	49.6	49.6	0.0%	100.0%

The **principal risks** to the transition are:

- insufficient or delayed annual domestic budget allocations;
- incomplete integration of community-based services into public contracting mechanisms;
- loss of coverage among vulnerable populations during the handover;
- procurement constraints for specialised or low-volume products;
- interruptions in specimen transport, laboratory maintenance or supply-chain functions;
- fragmented responsibilities between national institutions;
- unequal transition progress between the Right and Left Banks of the Dniester;
- inadequate monitoring of whether formal financing commitments translate into continuous service delivery.

The Plan addresses these risks through phased co-financing, clearly assigned institutional responsibilities, time-bound policy and regulatory milestones, annual review of the Transition Budget Register, integration of sustainability indicators into programme monitoring, and continued participation of civil society and affected communities in transition oversight.

Successful implementation of the Plan will enable Moldova to complete the transition from Global Fund support without reversing the epidemiological and programmatic gains achieved to date. By 2030, essential TB functions should be financed and implemented through national mechanisms, with the Global Fund's final investments having been used not to prolong parallel systems, but to complete the reforms, capacities and funding arrangements necessary for a sustainable, equitable and nationally owned TB response.

Purpose of the Plan

The **purpose** of this Plan is to define the operational pathway through which the Republic of Moldova will progressively assume full financial and implementation responsibility for the remaining TB interventions supported by the Global Fund, while protecting the continuity, quality and equity of services during the transition period.

The Plan complements the National Tuberculosis Response Programme for 2026–2030. The National Programme establishes the epidemiological objectives, policy framework, intervention architecture, responsible institutions and overall resource requirements for the national TB response. TB STP focuses specifically on the subset of activities that remain dependent on Global Fund financing or require targeted transition support before they can be fully integrated into national systems.

The Plan has **five practical objectives**:

- identify the activities of the National Programme that remain partially or fully dependent on Global Fund support;
- document the progress already achieved in transferring TB financing, service delivery and programme functions to national institutions;
- define the annual transition trajectory for each remaining intervention during 2027–2030;
- specify the policy, procurement, contracting, financing and institutional actions required to make national take-over feasible;
- identify and mitigate risks that could affect service continuity, equitable access or programme performance during and after the transition.

The Plan does not assume that financial absorption alone constitutes a successful transition. In line with the Global Fund's definition, transition requires the country to finance and implement the national response independently while maintaining the gains achieved and sustaining appropriate service coverage. It therefore addresses financial, programmatic, institutional, procurement, community-system and territorial dimensions of sustainability.

The financing figures and annual trajectories presented in the Plan are drawn from the TB Transition Budget Register. The Register will serve as the principal operational instrument for tracking co-financing, domestic absorption and implementation of critical transition milestones.

1. Epidemiological and programme context

Moldova is entering the 2027–2029 transition period with a declining TB burden, a modernised clinical and diagnostic response, and high domestic financing of the national programme. These achievements provide a strong foundation for transition, but they also increase the importance of protecting the specific interventions that sustain early detection, treatment adherence and access among vulnerable populations.

Between 2021 and 2025, the number of new and recurrent TB cases declined from 2,069 to 1,734. TB mortality fell from 6.5 to 4.3 deaths per 100,000 population, while treatment and diagnostic practices were progressively aligned with current WHO recommendations. Moldova expanded the use of GeneXpert technology, introduced shorter oral regimens including BPaLM/BPaL, strengthened ambulatory treatment, implemented financial incentives and digital adherence tools, and expanded screening through mobile and ultra-portable radiology.

However, the transition takes place in a context of persistent epidemiological and structural risk. Drug-resistant TB remains a major component of the epidemic. A substantial share of patients are still diagnosed with advanced pulmonary disease. The burden of TB remains concentrated among socially and economically vulnerable groups, and active case-finding continues to depend partly on outreach and community-based services that cannot be replaced solely by passive facility-based detection.

The **Right and Left Banks of the Dniester** also follow different transition pathways. On the Right Bank, most clinical services, treatment costs, patient incentives and an increasing share of screening and support interventions are already integrated into national public financing

mechanisms. On the Left Bank, several essential commodities, community-based interventions, adherence incentives and support functions continue to depend heavily on the Global Fund and special implementation arrangements. The transition must therefore avoid a nominally complete national exit that leaves unresolved territorial gaps in service access or financing.

The transition must also be understood in the context of the **ongoing reform of TB service** delivery. Integration into primary healthcare offers important opportunities to improve access, efficiency and continuity of care, while reducing reliance on specialised inpatient infrastructure. At the same time, successful integration requires clear referral pathways, continued technical oversight, effective infection prevention and control, reliable diagnostic and specimen-transport systems, appropriately funded outpatient and community services, and a strong national information system.

The remaining Global Fund investments are therefore concentrated not on routine financing of the entire TB programme, but on interventions where a temporary external contribution can unlock a sustainable national solution. These include initial capital investments, specialised procurement, development of standards and contracting mechanisms, digital integration, laboratory and biosafety strengthening, and transitional financing for community-based services.

2. Summary of the transition to date

By 2025, Moldova had completed or substantially advanced the domestic absorption of several central functions of the TB response.

Domestic systems finance:

- first-line anti-TB medicines;
- medicines for adult RR/MDR-TB on the Right Bank and in the penitentiary sector;
- diagnostic and inpatient TB services;
- the majority of TB laboratory tests and consumables;
- nutritional and transport incentives for ambulatory patients on the Right Bank;
- core outpatient and primary healthcare services;
- most institutional staffing and routine programme infrastructure;
- a growing share of active case-finding and community-based screening.

The Government has also undertaken important institutional reforms. TB services have been progressively decentralised and integrated into primary healthcare. The “Chiril Draganiuc” Institute of Pneumology has been repositioned as the national centre of excellence and programme-coordination institution. The legal basis for the new SIME TB has been established, and national responsibilities for its operation and maintenance have been defined. The national programme has adopted modern diagnostic and treatment standards and strengthened collaboration with civil society.

Specific interventions previously supported by the Global Fund have already demonstrated that domestic take-over is feasible. On the Right Bank, patient adherence incentives have been fully financed through compulsory health insurance since 2017. The state budget has progressively increased its contribution to TB laboratory consumables, reaching approximately 62.5% in 2025. CNAM financing of community-based screening implemented by civil society

organisations increased from approximately 8% in 2021 to 22% in 2025. Core functions such as laboratory external quality assurance and equipment maintenance are expected to be funded fully from domestic sources from the start of the transition period.

Nevertheless, progress has been uneven across intervention areas. Community-based services still lack a complete and predictable public contracting framework. Some specialised diagnostic and preventive products remain dependent on Global Fund procurement mechanisms. Several logistics, digital, monitoring and peer-support functions still require temporary external financing. Services on the Left Bank remain particularly vulnerable because local financing and procurement arrangements are less developed.

GC8 will therefore complete, rather than initiate, Moldova's TB transition. Its central purpose is to close the remaining structural gaps so that the national system can sustain all essential functions after 2029 without compromising access, quality or epidemiological impact.

3. Analysis of the interventions of the National Tuberculosis Response Programme

In 2025, domestic resources accounted for 87% of total TB expenditure, demonstrating the Government's strong commitment to ensuring the sustainability of the national TB response. Public funding supported the core components of TB prevention, diagnosis, treatment, and patient care. This included full financing of first-line anti-TB medicines, procurement of medicines for adults with RR/MDR-TB on the right bank of the Nistru River and in the penitentiary sector, more than 60% of all diagnostic tests, and the full cost of diagnostic and inpatient treatment services. Domestic resources also financed nutritional and transport support for ambulatory patients to improve treatment adherence and access to care and covered approximately 16% of the total cost of active case-finding and TB screening interventions for vulnerable populations implemented through civil society organizations (CSOs). This substantial domestic investment reflects the country's progressive transition towards greater national ownership and financial sustainability of the TB programme.

With a view to ensuring the efficient and sustainable use of available resources, during the period of drafting the GC8 funding application and the TB STP, several meetings of the TB Technical Working Group (TB TWG) were organised, joint meetings with the HIV Technical Working Group (TWG HIV) and consultations with representatives of the Ministry of Health, implementing institutions, civil society organisations and development partners. During these consultations, a detailed analysis was carried out of the activities set out in the National Tuberculosis Response Programme for the years 2026–2030. The interventions initially planned for funding from GC8 grant were set out in the approved National Tuberculosis Response Programme (NTRP), structured by specific objectives and activities, with an estimate of the funding requirements for the period 2027–2029.

In line with the reduced GC8 allocation amount, technical analysis and consultations were carried out within the TWG TB to prioritise activities based on criteria such as impact on achieving the TB NP objectives, contribution to the early detection, and control of tuberculosis transmission, ensuring the continuity of essential services, the efficient use of available resources, and the principles of financial sustainability.

Consequently, for funding from the GC8, priority has been given to those activities in the 2026–2030 National Tuberculosis Response Plan (TB NP) that have the greatest strategic impact on the national response to tuberculosis. These include: *1.4 Ultra-portable X-ray screening; 1.5 Active case finding with the support of civil society organisations; 2.3 tNGS sequencing; 2.7 Implementation of biosafety standards (BSL-3); 2.10 Sputum courier service; 3.3 Medicines distribution; 3.4 Storage facility maintenance; 3.8 Video-assisted treatment (VST); 3.9 Peer-to-peer support through civil society organisations; 5.9 Infection prevention equipment; 6.1 Maintenance of the SIME TB system; 6.2 Monitoring visits; and 6.12 Active participation of civil society through the OSC-TB+ Platform.*

These interventions were prioritised as they contribute directly to improving the early detection of tuberculosis cases, increasing access to services for vulnerable populations and high-risk groups, strengthening diagnostic and biosecurity capacities, ensuring the efficient functioning of the supply chain for medicines and biological samples, increasing treatment adherence through community-based interventions and digital solutions, as well as strengthening monitoring systems and involving civil society in the national response to tuberculosis.

As Global Fund resources are focused on priority interventions, activities outside the prioritized GC8 investment package are expected to be financed through domestic resources, primarily from the state budget, in accordance with national budget planning and the Government's commitment to sustain the TB NP.

During the TWG TB meetings, a number of activities that were not initially earmarked for funding from GC8 in the TB NP were also proposed and further analysed. Following technical discussions and the arguments presented regarding strategic relevance, impact on the health system and contribution to tuberculosis control objectives, some of these activities were subsequently accepted and included in the final list of priorities for funding for the period 2027–2029.

The TB NP/TB STP is structured as a coherent and integrated set of priority interventions, selected based on their alignment with the programme’s strategic objectives and their potential for progressive integration into national public funding during the period 2027–2030. These interventions represent catalytic investments, aimed at strengthening the early detection system, digitalisation, expanding access to services and improving long-term cost-effectiveness.

TB STP is accompanied by the TB Transition Budget, drawn up in Excel format and attached to this document. It serves as the operational tool for planning, monitoring and tracking the financial transition process, providing details on prioritised activities, funding sources, annual resource requirements, the projected contributions from the Global Fund and national public funding, as well as the timetable for the phased takeover of costs from domestic sources by 2030. At the same time, the TB Transition Budget enables the monitoring of co-financing commitments and the periodic assessment of progress towards ensuring the sustainability of interventions currently supported by the Global Fund.

Overall, the TB STP and TB Transition Budget provide the necessary strategic and operational framework for managing the transition from external to national funding, ensuring the continuity of essential services, sustaining the results achieved, and strengthening the long-term sustainability of the TB NP.

3.1. Active tuberculosis detection and screening of high-risk populations

The active screening and detection component set out in the TB NP contributes directly to the achievement of Specific Objective 1, which aims to ensure for active tuberculosis among people in high-risk groups, including contacts of tuberculosis cases and vulnerable people or those in vulnerable situations, achieving a coverage rate of at least 90 per cent by the end of 2030.

In this context, the TB NP activities: *"TB screening of people in high-risk groups and vulnerable individuals, using mobile and ultra-portable radiology units equipped with medical intelligence systems" (Ref. TB NP 1.4. , TB Transition Budget 1.2.1.)* and *" TB screening of people in high-risk groups and vulnerable individuals, with the support of civil society organisations at community level" (Ref. TB NP 1.5., TB Transition Budget 1.3.1)* contributes directly to the implementation of this specific objective by expanding and diversifying the means of access to TB screening services at community level and in the field.

The screening component is organised into three distinct sub-components (Ref. TB NP 1.4, 1.5 and 1.6), each with its own intervention logic, different implementation mechanisms, specific cost structures and distinct pathways towards sustainability:

- screening carried out using mobile digital radiology units (TB Transition Budget 1.1);
- screening carried out using ultra-portable radiological equipment fitted with medical artificial intelligence systems (TB Transition Budget 1.2.1);
- community-based screening implemented with the support of civil society organisations (CSOs) among key populations (TB Transition Budget 1.3.1).

This integrated and complementary approach ensures wider access to early tuberculosis screening services among key populations and contributes to achieving the targets set out in the TB NP regarding increased coverage of systematic screening and a reduction in the number of undiagnosed cases. The delineation of the sub-components allows for a clear definition of the added value of each intervention model, as well as the development of differentiated mechanisms for integration into public funding and the national tuberculosis service system.

3.1.1. Implementation of an integrated system combining artificial intelligence, mobile digital radiography and teleradiology to improve the early detection of tuberculosis and priority lung conditions in the Republic of Moldova (Ref. TB NP 1.4.) (TB Transition Budget 1.1)

Objective: To improve the early detection of tuberculosis and other priority lung conditions by implementing an integrated system of mobile digital radiography, artificial intelligence and teleradiology in five districts of the Republic of Moldova.

Radiological screening activities for the detection of tuberculosis using mobile X-ray units have been implemented in the Republic of Moldova since 2017. These represent a core intervention of the TB NP, aimed at the active detection of cases in high-risk groups and in communities with limited access to healthcare services. The intervention was one of the innovative components of the TB NP, supported by the integration of artificial intelligence-based technologies (*CAD – Computer-Aided Detection*) for the standardised and rapid interpretation of radiological images. As part of the project 'Strengthening tuberculosis control and reducing AIDS-related mortality in the Republic of Moldova', funded by the Global Fund,

six InferVision software packages and associated equipment were procured and installed at the 'Chiril Draganiuc' Institute of Pneumology
The Ministry of Health annually issues an official order identifying the districts where mobile digital chest X-ray screening for tuberculosis will be implemented. The order is issued each year based on the epidemiological situation, TB burden, and identified risk factors, ensuring that screening activities are targeted to the districts with the greatest public health need.

Screening activities are integrated into the existing healthcare system and follow a standardized implementation process. This includes coordination meetings with primary healthcare providers, TB services, public health authorities, local authorities, and civil society organizations; identification and updating of lists of individuals at increased risk of TB; community information and mobilization; clinical assessment and informed consent; referral for mobile digital chest X-ray examination according to national guidelines; linkage of diagnosed patients to TB treatment and care; reporting and validation of screening results; dissemination of screening outcomes; and continuous community awareness activities on TB prevention, diagnosis, and treatment.

The integration of these activities into the routine responsibilities of primary healthcare, TB services, and public health institutions, together with the annual issuance of the Ministry of Health order based on the epidemiological situation, ensures the long-term sustainability of mobile TB screening and supports early detection and timely treatment of tuberculosis.

At the same time, some of the mobile radiology units currently in operation are physically and technically obsolete, and their functionality is sometimes limited by the advanced state of technical wear and tear and the need for frequent maintenance. In this context, to ensure the continuity and efficiency of active screening, it is necessary to progressively renew the fleet of mobile radiology equipment through the acquisition of new, high-performance units that are compatible with current requirements for digital diagnosis and integration with CAD systems. Funding for these activities is provided by the CNAM Prevention Measures Fund (FMP CNAM), through annual funding contracts for screening and prevention services. The initiative is ongoing and is integrated into the day-to-day activities of the public health system, contributing to the early detection of tuberculosis and the reduction of community transmission. The intervention on active tuberculosis screening using mobile digital radiography units integrated with artificial intelligence (AI), PACS and teleradiology is designed as an investment model with a gradual transition towards national sustainability. The financial structure is aligned with the Global Fund's principles of progressively reducing dependence on external funding and strengthening the national system's capacity to fully cover operational costs.

In this context, the implementation **of teleradiology represents a first for the Republic of Moldova within the TB screening programme**, being introduced for the first time as a mechanism for the remote transmission, analysis and interpretation of radiological images. This innovation will enable screening centres to be connected with radiology specialists nationwide, thereby reducing interpretation times, improving the quality of diagnosis and optimising the clinical decision-making process, thereby contributing significantly to the efficiency and sustainability of the early detection system.

In 2027, the Global Fund will fully fund the initial investment (100 per cent), covering the purchase of two mobile units, the roll-out of digital infrastructure (AI, PACS, teleradiology),

the connection of five pilot districts, staff training and the launch of screening activities. This phase is exclusively focused on investment and the launch of the operational model.
From 2028 onwards, a national co-financing mechanism (25 per cent) will be introduced, with the state gradually assuming operational costs, including maintenance, consumables and basic technical support, whilst the Global Fund continues to cover the majority of operating costs (75 per cent).

In 2029, the intervention enters the phase of functional integration into the national health system, with the state assuming the majority of the costs (57.1 per cent). At this stage, the service is fully integrated into the National Tuberculosis Response Programme and primary healthcare structures, and the Global Fund reduces its contribution to 42.9 per cent.

From 2030 onwards, the intervention becomes fully sustainable at national level, being 100 per cent funded from local sources and integrated into the public budget. The state assumes full responsibility for operational costs, including equipment maintenance, AI licences, PACS and teleradiology systems, consumables and the operating costs of mobile units.

The total cost of the intervention for the period 2027–2030 is 30,074,967.6 MDL, of which 20,187,084.2 MDL is covered by the Global Fund (2027–2029), whilst 9,887,883.4 MDL represents the national contribution (2028–2030).

Year	Main activities	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	Procurement of 2 mobile digital X-ray units, AI implementation, PACS, teleradiology, connection of 5 districts, training, SOPs, pilot implementation	14,250,000.0	14,249,952.0	0.0	100%	0%
2028	Operation of mobile units, active screening, AI licences, PACS maintenance, teleradiology, consumables, monitoring and additional training	4,750,000.0	3,562,488.0	1,187,496.0	75%	25%
2029	Integrated operation, equipment maintenance, AI, PACS, teleradiology, final evaluation and integration into the national system	5,533,335.5	2,374,596.2	3,158,739.4	43%	57%
2030	Full operation and post-grant sustainability (maintenance, AI, PACS, teleradiology, consumables)	5,541,648.0	0.0	5,541,648.0	0%	100%

Policy and regulatory documents to be developed:

- Drafting and approval of the regulatory framework governing the integration of mobile digital radiography and teleradiology services, and the use of artificial intelligence-based solutions in screening for tuberculosis and other priority lung conditions.
- Revision and amendment of the CNAM's regulatory and contractual documents to include mobile radiological screening services within the mechanisms for the funding of medical services, including the establishment of contracting conditions and performance monitoring criteria.

- Develop and approve standard operating procedures for the use of mobile digital radiography, teleradiology and artificial intelligence-based decision-support tools, defining workflows for examination, interpretation, validation and reporting of results.
- Regulating requirements concerning the security, storage, exchange and interoperability of radiological data within health information systems.

Institutional and operational processes to be strengthened:

- The gradual integration of recurring costs associated with the operation of mobile digital radiography and teleradiology services (maintenance, software licences, connectivity, consumables, staff training and operational costs) into the annual plans and budgets of the responsible institutions.
- Strengthening institutional capacities for the operation and monitoring of the integrated system of mobile digital radiography, teleradiology and artificial intelligence, including through the continuous training of medical, technical and managerial staff.
- Establishing a regular mechanism for monitoring and evaluating service performance, including the analysis of indicators relating to coverage, efficiency, quality and contribution to the early detection of tuberculosis and other lung diseases.
- Ensuring interoperability between radiological image archiving and communication systems (PACS), teleradiology platforms and information systems used in tuberculosis control, with clearly defined institutional responsibilities for data management and protection.
- Developing a mechanism for planning and coordinating the activities of mobile units, based on epidemiological priorities and the needs of populations with limited access to diagnostic services.

Post-transition sustainability

After 2030, the intervention will be fully integrated into the public health system and will be funded exclusively from national sources. The service will be included in the National Tuberculosis Response Program (TB NP) and will operate as a permanent public infrastructure for digital mobile screening, contributing to the early detection of tuberculosis and other priority lung diseases.

The annual post-transition operational costs, estimated at approximately 5,541,648.0 MDL, will be covered by a blended financing mechanism, which will include:

- the Ministry of Health (MoH) – covering the costs of coordination, policy, institutional maintenance and ensuring the operation of the national programme;
- The National Health Insurance Company (CNAM) – funding medical services provided as part of the screening programme (X-rays, interpretation, consultations and other related services), in accordance with the contracted service package;
- Healthcare providers – covering the day-to-day operational costs relating to staff, the use of equipment, the logistics of mobile units and field activities, within the limits of approved budgets and contracts with the CNAM.

This funding model ensures the distribution of responsibilities amongst the components of the healthcare system, the integration of the intervention into existing mechanisms for the procurement of medical services, and the enhancement of the long-term sustainability of the mobile digital screening service.

3.1.2. Screening using ultra-portable radiology equipment with CSO support (Ref. TB NP 1.4.) (TB Transition Budget 1.2.1)

Objective: To expand access to active radiological screening for tuberculosis and other priority lung conditions amongst vulnerable and hard-to-reach populations, through the use of ultra-portable radiological equipment and the involvement of civil society organisations (CSOs) in implementing the intervention at community level.

From 2024, the tuberculosis screening programme has been expanded through the introduction of ultra-portable X-ray equipment, with the aim of increasing access to active screening in hard-to-reach communities and among high-risk populations, including people experiencing homelessness and people who use drugs. This innovative intervention is funded by the Global Fund, as part of programmes to strengthen tuberculosis control and modernise early diagnosis services. The use of ultra-portable equipment enables screening activities to be carried out directly in the community, through civil society organisations, thereby increasing the mobility of teams, expanding coverage of vulnerable populations and improving the efficiency of early identification of suspected tuberculosis cases.

This sub-component complements the digital mobile screening intervention (1.1), providing a flexible, decentralised and community-based model for active tuberculosis detection.

The intervention targets groups with limited access to fixed healthcare services, including people in hard-to-reach areas, homeless people and people who use drugs, thereby helping to reduce inequalities in access to early diagnosis.

The operational model is based on: the use of ultra-portable radiology equipment; the implementation of direct community-based screening; the involvement of CSOs in identifying and mobilising vulnerable groups; and the integration of results into national TB reporting systems.

The intervention has a low investment footprint but a high impact in terms of population coverage and early detection among high-risk groups.

The sub-component is designed as a model with an accelerated transition to national funding, with a high degree of absorption into the public system due to: low operational costs compared to mobile infrastructure; the possibility of standardising the service; easy integration into the National Health Insurance Fund's (CNAM) service package-based contracting; the use of CSOs as operational partners in community-based implementation; and increased credibility amongst people in at-risk groups.

A critical element of sustainability is the approval of the costing methodology during the period 2027–2028, which will enable the service to be contracted as a standardised package of mobile/ultraportable radiological screening provided by CSOs.

Year	Main activities	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	Screening using ultra-portable equipment, CSO implementation, activities in vulnerable communities	1,266,662.4	1,266,662.4	0.0	100%	0%
2028	Expansion of community screening, strengthening of CSOs, operational optimisation	1,266,662.4	1,266,662.4	0.0	100%	0%
2029	Integration into CNAM's national procurement mechanisms, taking over public funding	1,583,328.0	0.0	1,583,328.0	0%	100%
2030	Fully nationally funded and standardised operational service	1,583,328.0	0.0	1,583,328.0	0%	100

The total cost of the intervention for the period 2027–2030 is 5,699,980.8 MDL, of which: 2,533,324.8 MDL is covered by the Global Fund (2027–2028), 3,166,656.0 MDL represents the national contribution (2029–2030).

Policy and regulatory documents to be developed

- Development of the national costing methodology for ultra-portable radiological screening with the support of CSOs, including the cost structure, determination of unit rates per beneficiary, definition of minimum activity volumes, and the set of performance and impact indicators.
- Development and approval of a National Health Insurance Fund (CNAM) regulation on the contracting of the ultra-portable radiological screening service, integrating it into the package of preventive services and establishing the mechanism for beneficiary eligibility and validation, including for vulnerable people (homeless people, undocumented people or those with difficulties in identification and access to services).
- Development of job descriptions and minimum competency standards for staff of civil society organisations (CSOs) involved in screening activities, including requirements for compulsory training, certification and supervision by authorised medical staff.

Institutional and operational processes to be strengthened

- Establishment of a formal mechanism for accrediting CSOs as eligible providers of publicly funded TB screening services (CNAM and/or other national sources), including eligibility criteria, assessment and periodic re-accreditation.
- Develop and implement a standardised workflow for the collection, validation and reporting of screening data carried out by CSOs, integrated into national information systems (TB NP and SIME TB), with a clear definition of responsibilities regarding data quality and transmission.
- Establishment of a mechanism for monitoring and ensuring the quality of services, including periodic audits, joint supervision by the Ministry of Health (MS), the National Health Insurance Fund (CNAM) and the National Tuberculosis Response Program (TB NP), and annual evaluation of service performance (coverage, quality, efficiency and epidemiological impact).

Post-transition sustainability

After 2029, the intervention will be fully integrated into the national mechanisms for funding health services, through standardised contracting by the National Health Insurance Company (CNAM) and/or funding from the state budget, depending on the final architecture of tuberculosis screening services. The service will be included in the national community-based screening package for tuberculosis and other priority lung conditions and will continue to be implemented with the support of civil society organisations (CSOs) as operational partners in field activities.

The annual post-transition operational costs, estimated at approximately €64,000, will be covered in full from national sources, based on a detailed cost breakdown drawn up and validated during the transition period. Funding will be provided through the existing mechanisms of the public health system, including:

- the Ministry of Health (MoH) – programme coordination, regulation and integration of the intervention into national tuberculosis control policies;
- CNAM – contracting community screening services and funding medical activities carried out in the field;

- CSOs and healthcare institutions – implementation partners – carrying out operational screening activities, using ultra-portable equipment and engaging the community, in accordance with approved contracts and standards.

This sub-component represents a flexible, low-cost and high-impact community screening model, targeted at hard-to-reach populations. Due to its decentralised nature and the active involvement of CSOs, the intervention has high potential for sustainability and rapid integration into the national funding system, constituting an essential element in the architecture for the early detection of tuberculosis in the Republic of Moldova.

3.1.3. TB screening of people in high-risk groups and vulnerable individuals, with the support of civil society organisations at community level (Ref. TB NP 1.5) (TB Transition Budget - 1.3.1)

Objective: To strengthen active tuberculosis screening at community level by involving civil society organisations, with a focus on high-risk groups and populations that are difficult to reach and under-served by health services.

Community screening is carried out by CSOs through mobile teams of field workers, who actively identify people from vulnerable groups and ensure they are referred to TB diagnostic services within public healthcare institutions. The model complements the national health system, being integrated into the individual's care pathway through functional referral mechanisms to radiological and laboratory investigations by primary healthcare providers, as well as through collaboration with TB services at local and national levels.

The Ministry of Health annually issues an official order identifying the districts where community-based tuberculosis (TB) screening interventions implemented by non-governmental organizations (NGOs) will be conducted. The order is issued each year based on the epidemiological situation, TB burden, and identified risk factors, ensuring that screening activities are targeted to priority districts and populations at increased risk of TB.

Community-based screening activities are integrated into the national TB response and are implemented in close collaboration with primary healthcare providers, TB services, public health institutions, local authorities, the National Tuberculosis Response Program (TB NP), and the National Health Insurance Company (CNAM). The standardized implementation process includes coordination meetings with all stakeholders; identification and regular updating of lists of individuals from priority TB risk groups; community outreach and education on the importance of TB screening; obtaining informed consent for referral, transportation, and communication of results; symptom screening using the national TB screening questionnaire; clinical evaluation by family physicians or TB specialists; referral for chest X-ray examination according to the national screening algorithm; logistical support for scheduling examinations, transportation, and communication of radiological results; prompt linkage of individuals diagnosed with TB to treatment and care; timely notification and registration of confirmed TB cases in the national TB information system (SIME TB); implementation of community awareness activities on TB prevention, transmission, diagnosis, treatment, and available services; and submission of screening results and performance indicators to the NTP Coordination Department and the Project Coordination Unit or CNAM, as applicable, for validation.

The integration of NGO-led community screening into the routine activities of the National Tuberculosis Response Program, primary healthcare services, TB services, public health institutions, and local authorities, together with the annual issuance of the Ministry of Health order based on the epidemiological situation, ensures the long-term sustainability of community-based TB screening. This coordinated approach facilitates early detection of tuberculosis among vulnerable and hard-to-reach populations, timely initiation of treatment, and efficient allocation of resources to areas and populations with the greatest epidemiological need.

The intervention is aimed in particular at homeless people, people with problematic alcohol use, internal and external migrants, people released from prison (within the first five years), as well as other groups with limited access to healthcare services. For people living with HIV and people who use drugs, TB screening is provided under the National Programme on HIV/AIDS, Viral Hepatitis and STIs, in accordance with the HIV/TB protocol and the provisions of the national clinical protocol on periodic radiological screening.

The use of ultra-portable radiology equipment will be extended to CSOs active in the field of HIV, in order to enhance early detection capacity among key populations by integrating it into the harm reduction service package.

Between 2021 and 2025, CSOs screened between 13,768 and 27,664 people annually, with a detection rate of 0.9–1.5 per cent. Their contribution to the total number of TB cases reported nationally was significant, accounting for 13 per cent in 2021 and 7.8 per cent in 2025. Between 2024 and 2025, member organisations of the TB+ Platform screened 31,384 people, confirming the operational capacity of the model. Funding for community-based screening is provided from a mix of sources, including the Global Fund and CNAM. There is a trend towards the gradual integration of services into the public system, with the share of CNAM funding rising from 8 per cent in 2021 to 22 per cent in 2025. Despite this progress, the Global Fund remains the main funder of the volume of activities.

The intervention is designed as a model for transition towards national sustainability, through: the contracting of CSO services by the CNAM; the standardisation of the cost per beneficiary; and the full inclusion of community-based TB screening in the package of publicly funded services.

Sustainability depends on the approval of the costing methodology (2027–2028), the institutionalisation of the mechanism for the CNAM to contract with CSOs, and the integration of the service into the public funding regulatory framework. During the transition period, complementary sources (MoH, local public authorities, NGO grants) may be mobilised to maintain the programme’s coverage.

The transition trajectory for these services and proposed enablers are different for the Right and Left Bank of the Dniester, largely due the lack of a CSO contracting mechanism on the Left Bank.

Right Bank:

Year	Main activities	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	OSC screening in vulnerable groups (alcohol abuse, internal/external migrants, ex-prisoners, PAFA)	13,756,722.2	7,503,439.1	6,253,283.2	55%	45%
2028	Expansion of coverage, strengthening of CSO capacities, operational optimisation	14,281,800.2	5,002,292.7	9,379,507.5	35%	65%
2029	Integration into CNAM mechanisms, standardised public procurement	15,007,712.7	2,501,146.4	12,506,566.3	17%	83%
2030	Service fully funded nationally and integrated into the TB system	15,007,712.7	0.0	15,007,712.7	0%	100%

The total cost of the intervention for the period 2027–2030 is 58,153,947.7 MDL, of which: 15,006,878.1 MDL is covered by the Global Fund (2027–2029), 43,147,069.6 MDL represents the national contribution (2027–2030).

Policy and regulatory documents to be developed

- Legal framework for social contracting with CSOs (possibly an amendment to the law or order explicitly recognising TB services within the public funding mechanism for civil society).
- Development and approval of an accreditation standard for service providers for CSOs active in the field of tuberculosis.
- National guidelines for community-based TB screening (eligibility criteria, triage algorithms, referral pathways, collaboration between CSOs, the Ministry of Public Health, local public authorities and the National Tuberculosis Response Plan)

Institutional and operational processes to be strengthened

- Annual process for planning and allocating CNAM quotas to CSOs (estimated number of people to be screened, budget per CSO, distribution criteria).
- Formal Community-Led Monitoring (CLM) mechanism linked to CSO contracts, with indicators of beneficiaries' experience and an obligation for the Ministry of Health/CNAM to respond to findings.
- Integration of CSO data into TB NP reports and the annual transition review (scorecard on coverage of vulnerable groups, completed referrals, waiting times for diagnosis).

Post-transition sustainability

After 2029, the intervention will be fully integrated into national health service funding mechanisms, through the contracting of services provided by civil society organisations (CSOs) by the National Health Insurance Company (CNAM) and/or funding from national health budgets, depending on the final structure of the tuberculosis prevention and screening service package.

The service will become part of the standard community-based tuberculosis screening package, with a focus on reducing inequalities in access and increasing early detection among vulnerable and hard-to-reach groups.

The annual post-transition operational costs, estimated at approximately EUR 742,944.0, will be fully covered by national sources, based on institutionalised funding mechanisms for prevention services. Funding will be provided through a shared responsibility model, which will include:

- the Ministry of Health (MoH) – coordinating the programme, regulating the intervention and integrating it into national tuberculosis control policies;
- CNAM – contracting community screening services and funding operational activities carried out by CSOs, in accordance with the approved service package;
- Civil society organisations (CSOs) – implementing screening activities at community level, mobilising vulnerable populations and delivering services in the field, in accordance with established contracts and quality standards.

This sub-component represents a key pillar of the active tuberculosis detection framework, ensuring equitable access to services for the hardest-to-reach populations. Through the involvement of CSOs and the transition to institutionalised contracting via the National Health Insurance Fund (CNAM), the intervention contributes directly to reducing inequalities in access to diagnosis and to increasing the efficiency of the national tuberculosis control system.

Left Bank:

Year	Main activities	Total cost (MDL)	GF (MDL)	Local (MDL)	% of GF	% local
2027	OSC screening in vulnerable groups (alcohol abuse, internal/external migrants, ex-prisoners, PAFA)	2,239,932.20	2,239,932.20	0.0	100%	0
2028	Advocacy for the allocation of resources from local budgets to fund TB screening activities carried out by civil society organisations amongst vulnerable groups.	2,239,932.20	2,239,932.20	0.0	100%	0
2029	Advocacy for the allocation of resources from local budgets to fund TB screening activities carried out by civil society organisations amongst vulnerable groups.	2,239,932.20	2,239,932.20	0.0	100%	0
2030	Advocacy for the allocation of resources from local budgets to fund TB screening activities carried out by civil society organisations amongst vulnerable groups.	2,239,932.20	0	2,239,932.20	0	100%

Under the current Global Fund grant, active TB screening and community support interventions implemented on the left bank have demonstrated high effectiveness and a significant impact on the early detection of TB cases among vulnerable populations. In 2024, out of 3,500 people targeted and screened (100% achievement), 77 cases of TB were identified through NGO interventions, representing approximately 28% of the total 271 cases detected in the region.

The ratio of 1 TB case per 45 people screened indicates that screening was effectively targeted at high-risk groups with limited access to public services. In 2025, although the screening volume was reduced to 2,850 people (100% achievement), the effectiveness of the intervention

remained comparable, with 59 cases of TB identified (approximately 29 per cent of the total 203 TB cases reported in the civilian sector), at a ratio of 1 TB case per 49 people screened. These results confirm the vital role of community teams in supplementing the capacity of the public health system and in reducing the number of undiagnosed cases.

In this context, it is proposed that the next round of Global Fund financing should include a targeted package of interventions for 2,684 beneficiaries annually, drawn from four key groups with an epidemiological and social profile similar to that of beneficiaries on the left bank: migrants, people with problematic alcohol use, homeless people and people released from prison (within the first five years of release).

The estimated annual cost of the intervention on the left bank of the Dniester River is 2,194,492.61 for 2,684 beneficiaries, totalling MDL for the entire three-year period. Given the number of beneficiaries and their risk profile, this level of investment represents an efficient use of Global Fund resources during the transition phase. In addition to the direct services component, it is proposed to continue and strengthen advocacy and policy dialogue activities, with a focus on: integrating community-based interventions into regional TB policy documents, establishing dedicated budget lines for community screening services, and formalising partnerships between authorities and NGOs.

3.2. Strengthening diagnostic capacity and the tuberculosis laboratory network

The effective operation of the tuberculosis laboratory network is a strategic component of the national TB control system, forming the basis for early diagnosis, bacteriological confirmation and the detection of drug resistance. Ensuring the continuity and quality of laboratory services is essential for achieving the targets of the TB NP, including the early identification of cases of drug-sensitive and drug-resistant tuberculosis, as well as the prompt initiation of appropriate treatment.

This component contributes directly to the achievement of Specific Objective 2 of the TB NP, which aims to ensure the early diagnosis of all forms of tuberculosis and universal access to drug susceptibility testing, as well as the identification of at least 75 per cent of estimated cases of rifampicin-resistant and multidrug-resistant tuberculosis by the end of 2030. For GC8, only three activities of the TB laboratory network were prioritised, based on the available funding ceiling and the priorities established during the planning process, which were proposed by the National Reference Laboratory (NRL) within the ‘Chiril Draganiuc’ Institute of Pneumology.

These activities are: *2.3. Implementation of the next-generation targeted sequencing (tNGS) method; 2.7. Ensuring compliance with biosafety standards in TB microbiology laboratories, including the modernisation of the National Reference Laboratory (NRL) to achieve BSL-3 level; 2.10. Ensuring the operation and strengthening of the courier system for the transport of biological samples to reference laboratories.* The GF grant also covers strategic procurement of diagnostic tools, including the Xpert MTB/RIF Ultra molecular test, MGIT 960 systems for culture and phenotypic drug susceptibility testing (DST), as well as LPA (line probe assay) tests.

The other activities under the laboratory component, including *2.6. External quality control system for NRLs and RRLs* and *2.11. Maintenance of laboratory equipment* were not included in the GF 2027–2029 funding application. Consequently, these will be funded from national

sources, including the state budget via the Ministry of Health, the CNAM budget through the contracting of laboratory services, and the institutional budgets of the National Reference Laboratory and the TB laboratory network. Funding for these activities will be secured by integrating them into national mechanisms for the funding of health services, including the service packages contracted by the National Health Insurance Fund (CNAM) and the budgetary allocations for national health programmes, to ensure the continuity of the diagnostic system, the maintenance of service quality and the long-term sustainability of the TB laboratory network.

The diagnostic component and the TB laboratory network are structured into distinct sub-components, namely: rapid molecular diagnosis and drug resistance testing; bacteriological diagnosis via culture and phenotypic testing; diagnostic quality assurance and external quality control; biosafety and maintenance of laboratory standards (including BSL-3); as well as laboratory logistics, including the transport of biological samples and equipment maintenance. This integrated and complementary approach ensures the continuous operation of the national network of TB laboratories and strengthens the capacity for early diagnosis of all forms of tuberculosis, including drug-resistant forms. At the same time, it contributes to increasing universal access to drug susceptibility testing and reducing the time taken for bacteriological confirmation.
The delineation of sub-components allows for a clear definition of the added value of each intervention model, the identification of critical recurrent costs for the operation of the laboratory system, and the development of differentiated mechanisms for integration into public funding and the national TB service system.

In the context of the transition away from Global Fund funding, the emphasis is on the national system gradually taking over the essential functions of the laboratory network, particularly those of a recurring nature (logistics, maintenance, quality assurance and the operationalisation of routine tests), which, in the absence of sustainable funding, may affect the continuity of TB diagnostic services.

The sustainability mechanism involves the gradual integration of costs into the budgets of the Ministry of Health, the National Reference Laboratory and the healthcare institutions involved in diagnosis. At the same time, laboratory services, sample transport and equipment maintenance will be progressively incorporated into national funding and procurement mechanisms.

This component is considered strategic for achieving the targets of the National Tuberculosis Response Program (TB NP) 2026–2030, as the efficient functioning of the laboratory system forms the basis for early diagnosis, bacteriological confirmation and the identification of drug resistance – all essential elements for the control of tuberculosis and drug-resistant tuberculosis.

3.2.1. Microbiological and molecular diagnosis of tuberculosis, including drug susceptibility testing (Ref. TB NP 2.2, 2.8, 2.9.) (TB Transition Budget - 2.1)

The procurement of laboratory consumables for the national network of TB laboratories was secured for the period 2023–2025 through a co-financing mechanism between the state budget (Ministry of Health) and the Global Fund, with annual variations depending on the availability of resources and the operational needs of the diagnostic system. An analysis of the funding structure highlights a trend towards an increase in the state budget's contribution, particularly in 2024 (58.9 per cent) and 2025 (62.5 per cent), compared with 2023, when funding was

predominantly provided from external sources (86.2 per cent from the Global Fund). In 2026, the same proportion as in 2025 is maintained, reflecting the gradual stabilisation of the national contribution to the funding of laboratory consumables.

Procuring goods through Global Fund mechanisms is more efficient than purchasing from local sources due to internationally negotiated preferential prices, reduced risks of non-compliance, rapid deliveries, quality assurance, and the avoidance of procedural delays. These advantages enable the optimal use of resources and ensure the continuity of interventions essential for tuberculosis control.

Previous efforts to establish a sustainable procurement mechanism for low-volume health products were initially undertaken in the context of ensuring uninterrupted access to second-line anti-tuberculosis medicines and other specialized TB commodities in preparation for the transition from Global Fund support. In 2023, the Ministry of Health, together with the Parliamentary Commission on Social Protection, Health and Family, convened a series of interinstitutional working group meetings involving the Ministry of Finance, the Public Procurement Agency, CAPCS, CNAM, civil society and development partners to identify solutions enabling participation in European joint procurement and other international pooled procurement mechanisms. These discussions resulted in the development of a comprehensive legal and procedural mechanism, including proposed amendments to the Public Procurement Law (Law No. 131/2015), the Law on Public Finance (Law No. 181/2014), Government Decision No. 1128/2016 and related secondary legislation. Although initially designed to secure sustainable procurement of anti-tuberculosis medicines and diagnostics, the proposed mechanism was subsequently recognized as applicable to a much broader range of low-volume health products, including paediatric ARVs, HIV and TB diagnostics, vaccines, diabetes medicines and other specialized products for national health programmes. The mechanism was formally presented to the Ministry of Health following several meetings of the Parliamentary Commission and the interinstitutional working group. However, implementation has not yet progressed, as operationalization requires coordinated amendments across multiple legislative and regulatory acts, agreement among several public institutions, and the establishment of new procurement and financing procedures. As a result, despite significant preparatory work and broad technical consensus, the mechanism has not yet become operational.

Under the Sustainability Plan, this transition is set to continue through a gradual increase in state budget funding for the procurement of laboratory consumables, so as to ensure the continuity of TB diagnostic services without critical dependence on external funding. This approach will enable the laboratory network to remain operational and ensure the uninterrupted provision of essential bacteriological and molecular diagnostic services.

- Activity 1. Xpert MTB/RIF Ultra – the rapid molecular test of choice recommended by the WHO for the initial diagnosis of TB in adults and children. It simultaneously detects *M. tuberculosis* and resistance to rifampicin (a surrogate marker for MDR-TB) within 1–2 hours.
- Activity 2. MGIT 960 + phenotypic DST – the international gold standard for *M. tuberculosis* culture and phenotypic DST. Essential for: (i) bacteriological confirmation in cases with inconclusive molecular test results; (ii) phenotypic DST for Group A drugs (bedaquiline, linezolid, fluoroquinolones) – which cannot be detected by LPA or Xpert MTB/XDR; (iii) monitoring culture conversion; (iv) isolating the strain for advanced molecular analyses.
- Activity 3. LPA + tNGS. LPA (MTBDRplus + MTBDRsl) – rapid molecular confirmation of INH/RIF resistance and pre-XDR/XDR screening for all patients with

MDR/RR TB. tNGS – extensive characterisation for priority cases (pre-XDR/XDR, treatment failure, relapses, heteroresistance, complex paediatric cases), with genomic coverage of resistance to new drugs.

Activity	Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
1. Xpert MTB/RIF Ultra (7,500 tests/year, including the left bank) (PT 2.1.1)	2027	3,294,707.65	1,163,690.74	2,131,016.91	35.3%	64.7%
	2028	3,294,707.65	989,290.88	2,305,416.77	30.0%	70.0%
	2029	3,294,707.65	840,809.39	2,453,898.26	25.5%	74.5%
	2030	3,362,697.00		3,362,697.00		100%
2. MGIT 960 (350 kits + phenotypic DST, incl. the left bank) (PT 2.1.2)	2,027	9,558,048.78	2,375,857.84	7,182,190.94	24.9%	75.1%
	2028	9,558,048.78	2,020,844.60	7,537,204.18	21.1%	78.9%
	2029	9,558,048.78	1,720,448.78	7,837,600.00	18.0%	82.0%
	2030	7,837,600.00		7,837,600.00		100
3. LPA (960 tests) + tNGS (240 patients) (PT 2.1.3)	2,027	9,063,101.83	2,530,115.93	6,532,985.90	27.9%	72.1%
	2028	9,063,101.83	2,152,486.68	6,910,615.14	23.8%	76.2%
	2029	9,063,101.83	1,831,501.83	7,231,600.00	20.2%	79.8%
	2030	7,231,600.00		7,231,600.00		100%
Total cost	2027–2029	65,747,574.78	15,625.04668	50.122528.10	23.8%	76.2%

Post-transition sustainability

Following the conclusion of support from the Global Fund, the sustainability of the programme will be ensured **through the procurement of laboratory consumables and reagents from the state budget via the Ministry of Health**, as part of the centralised procurement mechanism for the implementation of the TB NP. Thus, microbiological and molecular diagnostic tests (Xpert MTB/RIF Ultra, MGIT 960 with phenotypic DST, LPA and tNGS) will continue to be carried out within the national network of TB laboratories, ensuring the continuity of diagnosis and drug susceptibility testing at national level.

3.2.2. Ensuring the continued application of biosafety standards in tuberculosis microbiology laboratories, including the modernisation of the National Reference Laboratory (NRL) to meet Biosafety Level 3 (BSL-3) requirements (Ref. TB NP 2.7) (TB Transition Budget 2.2.1 part)

Ensuring and maintaining biosafety standards in TB microbiology laboratories, including the upgrading of the National Reference Laboratory (NRL) to BSL-3 level, is essential for the safe operation of the national laboratory network and for the protection of staff and the community. In accordance with the provisions of the TB NP 2026–2030, this activity (Ref. TB NP 2.7) aims to maintain the certification and compliance of the BSL-3 infrastructure, as well as to ensure the continuous operation of the reference laboratories.

- NRL at the 'Chiril Draganiuc' Municipal Public Health Institute – BSL-3 certified; mandatory annual maintenance to maintain its State.
- LRR at Bălți Clinical Hospital – BSL-3 certified; maintenance on a similar scale to the LNR-TB.
- LRR at Bender Hospital – gradual BSL-3 upgrading (third-party audit + BSC recertification + HEPA filter replacement + staff training) + annual maintenance.

Activity	Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
1. LNR IP 'Chiril Draganiuc' (BSL-3)	2027	246,722.38	97,613.91	149,108.47	39.6%	60.4%
	2028	85,313.38	25,688.53	59,624.85	30.1%	69.9%
	2029	49,848.17	10,489.43	39,358.74	21.1%	78.9%
	2030	49,848.17	0	49,848.17	0	100%
2. LRR SC Bălți (BSL-3)	2027	167,431.53	66,233.92	101,197.61	39.6%	60.4%
	2028	57,935.55	17,456.84	40,478.71	30.1%	69.9%
	2029	33,843.66	7,125.0	26,718.66	21.1%	78.9%
	2030	33,843.66	0	33,843.66	0	100%
3. Bender Hospital LRR (BSL-3)	2027	229,582.56	229,582.56	0.0	100%	0%
	2028	66,512.98	66,512.98	0.0	100%	0%
	2029	49,082.37	49,082.37	0.0	100%	0%
	2030	49,082.37	0	49,082.37	0	100%
TOTAL	**2027–2029**	**986,272.58**	**569 785.54**	**416,487.04**	**57.8%**	**42.2%**

During the transition period (2027–2029), costs are covered through a mixed funding arrangement from the Global Fund and the state budget, with a gradual increase in the national contribution.

Post-transition sustainability

From 2030 onwards, the programme will be fully funded from national sources, through the state budget, in particular via the Ministry of Health and the relevant medical and health institutions (LNR and LRR), which will ensure full coverage of the costs of maintenance, certification and operation of the BSL-3 infrastructure.

Recurring costs will be incorporated into institutional budgets and national funding mechanisms for TB laboratory services, ensuring the continued operation of the biosafety infrastructure.

This approach guarantees the maintenance of international biosafety standards and the safe operation of the national network of TB laboratories, which is essential for tuberculosis control and the protection of public health.

3.2.3. Ensuring the maintenance and strengthening of the courier system for the prompt and safe transport of biological samples to Reference Laboratories (Ref. TB NP 2.10.) (TB Transition Budget 2.3.1)

This activity is included in the TB NP (Ref. TB NP 2.10.) and **aims to** organise and operate the national courier system for the prompt, safe and standardised transport of biological samples to reference laboratories. In the TN STP, this intervention is incorporated to ensure the operational continuity of the service following the end of funding from the Global Fund and its integration into national funding and management mechanisms.

Maintaining the courier system helps to ensure equitable access to tuberculosis diagnostic services, reduce the time required for bacteriological confirmation and the initiation of treatment, maintain the quality and integrity of biological samples during transport, and ensure the efficient functioning of the integrated national TB diagnostic network.

During the period 2026–2027, the operation of the courier system for the transport of biological samples is ensured through a blended funding model, which combines resources from the Global Fund with national funding. The activity is implemented on the basis of existing operational mechanisms and involves organising and carrying out the prompt, safe and standardised transport of biological samples from healthcare facilities to reference laboratories, in accordance with the requirements of the TB NP.

Support from the Global Fund primarily covers the costs associated with operating the courier system, including the procurement and maintenance of transport vehicles, fuel costs, and other operational costs necessary to ensure the safe transport of biological samples within the specified timeframes. The national contribution is provided from the budgets of the institutions responsible for implementing the activity and mainly covers the costs of remunerating staff involved in coordinating, organising and monitoring the courier system, as well as other related operational expenses.

The TN STP provides for the courier system to be fully funded from the state budget from 2028 onwards. Once funding from the Global Fund has ceased, all operational costs associated with the organisation and running of the courier service will be covered by national public resources, ensuring its full integration into the permanent funding and management mechanisms of the national health system. This measure will guarantee the continued prompt and safe transport of biological samples to reference laboratories and will help maintain equitable access to high-quality diagnostic services, in line with the objectives of the TB NP.

Activity	Year	Total cost (MDL)	GF(MDL)	State (MDL)	% GF	% State
Ensuring the maintenance and strengthening of the courier system for the prompt and secure transport of biological samples to the Reference Laboratories	2027	916,070.0	780,528.0	135,542.0	85	15
	2,028	1,278,660.0	0.0	1,278,660.0	0	100
	2029	1,405,920.0	0.0	1,405,920.0	0	100
	2030	1,546,612.0	0.0	1,546,612.0	0	100

Possible sources of funding for activities 2.6. External quality control system for LNR and LRR and 2.11. Maintenance of laboratory equipment

The activities ‘External quality control system for LNR and LRR’ (Ref. TB NP 2.6.) and ‘Maintenance of laboratory equipment’ (Ref. TB NP 2.11.), as set out in the TB NP, will be fully funded from domestic sources from 2026 onwards. Consequently, no financial support is requested from the Global Fund grant GC8 for these activities. These interventions are essential for ensuring the quality, safety and continuity of laboratory diagnosis of tuberculosis. Their full coverage by public funding demonstrates the Government’s commitment to ensuring the sustainability of the national TB response and to honouring its financial obligations.

Activity	State 2027 (MDL)	State 2028 (MDL)	State 2029 (MDL)	Total 2027–2029 (MDL)
2.6. Ensuring a sustainable external quality control system for the National Reference Laboratory (NRL) and Regional Reference	57 200.0	57 200.0	57 200.0	**171,600.0**

Laboratories (RRLs) in tuberculosis microbiology, with periodic evaluation of the network's performance and the definition of a plan of action for capacity building				
2.11. Provision and maintenance of laboratory equipment	2,396,600.0	2,396,600.0	2,396,600.0	**7,189,800.0**

In the absence of funding from the Global Fund for the period 2027–2029, these costs will be covered from national sources, through a mixed public funding mechanism.

State budget (Ministry of Health)
This is the main source of funding for the critical functions of the TB laboratory network, including:

- organising and implementing the national external quality assurance (EQA) system for the National Reference Laboratory (NRL) and Regional Reference Laboratories (RRLs);
- funding the major technical interventions required to maintain the functionality of the TB diagnostic network.

The CNAM budget
It contributes to the funding of laboratory services by:

- including TB diagnostic activities in the contracted service package;
- covering the indirect costs associated with diagnostic quality (calibration, verification, validation);
- the gradual integration of maintenance costs into laboratory service fees;
- funding the performance of diagnostic services under contracts with healthcare institutions.

The budgets of public healthcare institutions (LNR and LRR), including Bender
Provide day-to-day operational funding, including:

- contracting preventive and corrective maintenance services for critical laboratory equipment (MGIT, Xpert, biosafety equipment, centrifuges, BSCs, etc.);
- covering the costs of technical interventions required to maintain the functionality of the TB diagnostic network;
- technical consumables required for equipment maintenance;
- logistical and operational support for the implementation of the quality system;
- internal activities to monitor and report on equipment performance.

With a view to achieving Specific Objective 2 of the TB NP – ensuring the early diagnosis of all forms of tuberculosis and universal access to drug susceptibility testing, including the identification of at least 75 per cent of estimated cases of rifampicin-resistant and multidrug-resistant tuberculosis by the end of 2030 – it is necessary to strengthen the sustainability of the national network of TB laboratories.
This entails the development and implementation of an integrated framework of policies, regulations and operational processes to ensure a gradual transition from external to national funding and to guarantee the long-term continuity, quality and accessibility of laboratory diagnostic services.

Policy and regulatory framework (governance and standardisation):

- Drawing up the National Plan for the optimisation and maintenance of the TB laboratory network, including a comprehensive inventory of equipment, an assessment

of technical capacities, the definition of replacement cycles, and the calculation of operating costs and medium- and long-term investment costs;
- Review and standardise unit costs for TB diagnostic services (molecular, culture and drug susceptibility testing, tNGS), integrating these into the Ministry of Health and National Health Insurance Fund (CNAM) funding mechanisms;
- Establishing a framework for strategic procurement and continuous supply for TB diagnostics, through tripartite agreements between the Ministry of Health, procurement partners and national bodies, including to ensure coverage on both banks of the Dniester.

Funding and operational sustainability processes:
- Progressive integration of diagnostic and logistics costs into the Ministry of Health's budgets and the National Health Insurance Fund's (CNAM) procurement contracts, based on service volumes and performance;
- Inclusion of the costs of transporting biological samples (sputum courier services and controlled cold chain) in national mechanisms for funding medical services.

Operational processes to strengthen the laboratory network:
- Implementation of a standardised mechanism for contracting and monitoring the maintenance of critical laboratory equipment, with performance indicators (availability, response time, continuous functionality);
- Establishment of a national management system for TB laboratory equipment, including centralised registers, maintenance plans and replacement cycles;
- Strengthening the logistics and transport processes for biological samples by integrating the associated costs either into the centralised contracting of courier services or into the tariffs for laboratory services contracted by the National Health Insurance Fund (CNAM), including to ensure the temperature-controlled chain where necessary.
- Continuously monitoring the performance of the laboratory network through standardised indicators integrated into the national TB surveillance system (SIME TB).

The cost analysis highlights a clear trend towards a gradual reduction in reliance on Global Fund financing, alongside an increase in the contribution from the state budget and the gradual integration of diagnostic services into institutional public funding. This approach ensures the operational sustainability of the laboratory network and reduces the risk of disruption to essential services once external funding comes to an end.

3.3. Tuberculosis treatment and support for tuberculosis patients

With a view to achieving Specific Objective 3 of the TB NP 2026–2030 – *ensuring equitable access to treatment and high-quality services for all people diagnosed with tuberculosis, including drug-resistant tuberculosis, with a treatment success rate of at least 85 per cent among patients with rifampicin-resistant and multidrug-resistant tuberculosis by the end of 2030* – all activities included in Objective 3 of the programme form an integral part of national interventions and are eligible for funding from the Global Fund (GF).
As part of GC8, priority activities were selected based on their contribution to improving treatment continuity, increasing adherence and strengthening patient support, as well as in relation to the available funding ceiling.

These activities are:
- Ensuring the efficient and continuous distribution of anti-tuberculosis medicines to all regional units, in accordance with the needs of the population (Ref. TB NP 3.3.);

- Ensuring the maintenance of the central storage facility for medicines and medical devices (Ref. TB NP 3.4.) ;
- Ensuring the continuity and optimisation of the use of video-assisted treatment (VST) at national level (Ref. TB NP 3.8.);
- Ensuring education, information and peer support for people affected by tuberculosis, provided by civil society organisations (Ref. TB NP 3.9.) .

Furthermore, the GF grant includes essential interventions across the tuberculosis care continuum, with a focus on ensuring uninterrupted access to anti-tuberculosis medicines, increasing treatment adherence and improving treatment outcomes, particularly for drug-resistant tuberculosis (DR-TB). The component integrates both the logistical functions critical to continuous supply and patient-centred services, designed to reduce the risk of treatment drop-out and loss to follow-up, including through psychosocial support, monitoring and community-based interventions.

The activity 'Ensuring a multidisciplinary approach to support adherence to TB treatment, including needs assessment, case management and psychosocial support' (Ref. TB NP 3.6.) was not included in GC8 application. Consequently, it is to be funded from national sources, including the state budget and/or other national mechanisms for financing health services, as it is considered an essential function for the sustainability of patient support interventions.
All other activities within the component have been included in GC8 and are earmarked for funding from its resources, in the context of implementing the TB NP 2026–2030.

The component is structured into two main functional blocks:

- **Logistical and systemic functions**, which include the distribution of anti-tuberculosis medicines and the maintenance of the central storage facility. These are critical elements of the supply chain, without which the continuity of treatment cannot be ensured. The transition plan provides for the gradual integration of costs into public budgets and national contracts for procurement and medical logistics, as well as the handover of these functions to the responsible national institutions (the Ministry of Health, the 'Chiril Draganiuc' Institute of Pneumology, Center for Centralized Procurement in Health (CAPCS)and other relevant bodies), with the standardisation of logistical costs to ensure predictability and transparency.
- **Patient support services**, which include interventions to improve treatment adherence, the use of video-assisted therapy (VST) and the involvement of civil society in education, information and support activities. These services require ongoing contracting and flexible funding mechanisms, with progressive integration into the national system, including through the strengthening of the role of community support and non-governmental partners.

This integrated approach ensures continuity of high-quality, patient-centred TB care for all people diagnosed with tuberculosis, in line with the Global TB Strategy and international normative guidance. It reduces treatment loss, improves adherence, and supports successful treatment outcomes, including among patients with drug-resistant forms of the disease. By combining medical, social, logistical, and community-based interventions, the approach strengthens a comprehensive patient-centred care model that addresses the individual needs of people affected by TB and ensures equitable access to effective and quality-assured services.

In the context of the gradual transition away from Global Fund funding, the focus is on the national system taking over logistical functions and on integrating support services into domestic funding mechanisms, including the state budget and the compulsory health insurance

system. In particular, psychosocial support and case management services require strengthened national funding to ensure the continuity of interventions.
This component is considered strategic for achieving the targets of the TB NP, as adherence to treatment, the continuity of drug supply and community engagement are key determinants of therapeutic success and the reduction of tuberculosis transmission in the population.

3.3.1. Ensuring the efficient and continuous distribution of anti-tuberculosis medicines to all regional units, in accordance with the needs of the population (Ref. TB NP 3.3.) (TB Transition Budget 3.1.1.)

The aim of this activity is to ensure the continuous, safe and efficient distribution of anti-tuberculosis medicines to healthcare institutions by strengthening the national supply chain and gradually transitioning from external to national funding.
The intervention contributes directly to: ensuring the continuity of treatment for TB and DR-TB; reducing the risk of treatment interruption; increasing treatment adherence; and strengthening the national supply system for anti-tuberculosis medicines.
During the period 2026–2027, the distribution of anti-tuberculosis medicines is ensured through a blended financing model, which combines Global Fund resources with national funding. Currently, this work is carried out under existing operational arrangements, through the contracting and/or provision of the logistical services required to transport medicines to beneficiary institutions, in accordance with the needs of the TB programme.
Support from the Global Fund mainly covers the costs associated with the procurement of transport vehicles used for distribution, their maintenance, the procurement of fuel, as well as partial coverage of the remuneration costs for staff involved in the distribution process. The national contribution is provided from the budget of the 'Chiril Draganiuc' Institute of Pneumology and is primarily intended to cover the remuneration costs of staff involved in organising and carrying out activities related to the distribution of medicines.
From 2028 onwards, it is envisaged that the state will assume full responsibility for these costs by incorporating them into national budgets and public logistics contracts. In the years 2029–2030, the distribution of medicines will be fully funded from national sources and integrated into the health sector's standard procurement and logistics system.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	423,817.3	291,015.7	132,801.7	69%	31%
2028	546,228.4	0.0	546,228.4	0%	100%
2029	601,664.6	0.0	601,664.6	0%	100%
2030	675,488.0	0.0	675,488.0	0%	100%

The total cost of the intervention for the period 2027–2030 is **2,247,198.4 MDL**, of which: **291,015.7 MDL** is covered by the Global Fund (2027), and **1,956,182.7 MDL** represents the national contribution (2027–2030).

Post-transition sustainability

The sustainability of the programme is ensured by integrating the TB drug distribution function into the national public pharmaceutical logistics system, with a phased handover to the responsible national institutions.

The distribution function is considered an essential systemic function, without which the continuity of treatment for TB and drug-resistant TB cannot be guaranteed.
Operational takeover of the activity will be carried out by:

- the 'Chiril Draganiuc' Institute of Pneumology, by strengthening the role of the National Pharmaceutical Warehouse as a national hub for the storage and distribution of TB medicines;
- in coordination with the Ministry of Health, which provides governance, regulation and funding;
- in collaboration with CAPCS, which is responsible for the centralised procurement of medicines.

The transition is structured in phases:

- 2026–2027: co-funding by the GF and the state, with partial coverage of distribution costs;
- 2028: full takeover of funding by the state, through the integration of costs into the Ministry of Health's budget and into national logistics contracts;
- 2029–2030: full operation from national sources, within the standard pharmaceutical procurement and distribution system.

To ensure an efficient handover, the following measures are envisaged:

- integration of the TB distribution function into the operational structure of the 'Chiril Draganiuc' Institute of Pneumology;
- development of a standardised national TB logistics system (receipt, storage, distribution, traceability);
- implementation of a supply chain monitoring system (delivery times, stock-outs, losses).

Policy and regulatory documents to be developed:

- Order of the Ministry of Health designating the 'Chiril Draganiuc' Institute of Pneumology as the operator for the distribution of TB medicines;
- Operational standard for the TB supply chain (procedures for receipt, storage, distribution, traceability and reporting of losses), aligned with national medicines management policies and the requirements of the National Tuberculosis Response Programme (TB NP).

Institutional and operational processes to be strengthened:

- Progressive integration of TB distribution costs into the annual work plans and budget of the 'Chiril Draganiuc' Institute of Pneumology, which is responsible for logistics and for monitoring the implementation of these budget lines.
- Establishment of a standard mechanism for monitoring the performance of the distribution chain (indicators for delivery times, frequency and duration of stock-outs, and medicine losses), with regular reporting to the TB NP and the National Coordination Centre for TB/HIV and action plans.
- Formalise cooperation to ensure continuity of supply on the left bank of the Dniester, including through tripartite agreements with international procurement partners and the use of green supply channels, in line with critical transition milestones.

By 2028, the distribution of anti-tuberculosis medicines will be fully taken over by the national system, ensuring: uninterrupted continuity of treatment for TB and DR-TB; elimination of dependence on external funding; integration of the logistics function into the standardised public health system; increased predictability and efficiency of the supply chain.

3.3.2. Ensuring the maintenance of the central storage facility for medicines and medical devices (Ref. TB NP 3.4.) (TB Transition Budget 3.1.2)

The aim of this activity is to ensure the continuous operation of the infrastructure for the storage and management of anti-tuberculosis medicines through technical, operational and digital maintenance of the storage facility, with a gradual transition from external to national funding.

This intervention is essential for maintaining the integrity of the TB drug supply chain, preventing stock losses and ensuring the continuous availability of treatment in all participating institutions. It contributes directly to: the continuous operation of the TB supply chain; the prevention of stock-outs; ensuring the traceability of medicines; and increasing the efficiency of the anti-tuberculosis medicine management system.

Currently, the maintenance of the National Pharmaceutical Warehouse is funded through a mixed financing model, combining resources from the Global Fund with national funding. The day-to-day running of the National Pharmaceutical Depot is also funded from the budget of the 'Chiril Draganiuc' Institute of Pneumology, covering the costs of infrastructure maintenance, overheads and the remuneration of the staff involved.

In 2026, domestic funding accounts for 55 per cent of the total cost of operations, whilst the Global Fund's contribution stands at 45 per cent. In 2027, the share of national funding will rise to 62 per cent, whilst the Global Fund's contribution will fall to 38 per cent. From 2028 onwards, maintenance costs are to be covered entirely from national sources, i.e. 100 per cent domestic funding.

The expenditure includes costs necessary to ensure the continuous and safe operation of the infrastructure for the storage and management of anti-tuberculosis medicines. These cover preventive and corrective technical maintenance of storage facilities and equipment, maintaining appropriate storage conditions, repair services, the purchase of spare parts, operational support, overheads, remuneration for staff involved, as well as the maintenance of digital systems for stock record-keeping and traceability. These are necessary for the uninterrupted operation of the TB logistics chain and to prevent stock-outs.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	983,345.6	370,498.8	612,846.9	38%	62%
2028	1,183,537.7	0.0	1,183,537.7	0%	100%
2029	1,302,287.3	0.0	1,302,287.3	0%	100%
2030	1,462,648.0	0.0	1,462,648.0	0%	100%

The total cost of the intervention for the period 2027–2030 is **4,931,818.6 MDL**, of which: **370,498.8 MDL** is covered by the Global Fund (2027), and **4,561,319.9 MDL** represents the national contribution (2027–2030).

Post-transition sustainability

The sustainability of the operation is ensured by integrating the storage facility's maintenance function into the national public TB pharmaceutical and logistics infrastructure system, with a phased handover to the responsible national institutions.

The maintenance function is considered a critical systemic function, without which the integrity of the TB logistics chain and the continuity of treatment cannot be guaranteed.

The operational takeover of the activity will be carried out by:

- the 'Chiril Draganiuc' Institute of Pneumology, which is responsible for the operation and maintenance of the National Pharmaceutical Warehouse (DNF);

- in coordination with the Ministry of Health, which ensures governance, regulation and funding;
- in collaboration with CAPCS, for the technical aspects and the contracting of maintenance services.

The transition is structured in phases:

- 2026–2027: co-funding by the GF and the state, with partial coverage of maintenance costs;
- 2028: full takeover of funding by the state, through institutional budgets and multi-annual service and maintenance contracts;
- 2029–2030: full operation from national sources, within the standard system for the management of medical infrastructure.

To ensure an efficient handover, the following measures are envisaged:

- integration of maintenance costs into the budget and institutional plan of the 'Chiril Draganiuc' Institute of Pneumology;
- implementation of an institutional Operation and Maintenance (O&M) Plan for the National Pharmaceutical Warehouse (DNF);
- the development of a standardised infrastructure management system (energy, security, IT, cold chain);
- multi-annual planning for the replacement and modernisation of critical equipment.

Policy and regulatory documents to be developed

- Institutional O&M Plan approved by the Ministry of Health for the National Pharmaceutical Warehouse;
- Updating the regulations governing the organisation and operation of the National Pharmaceutical Warehouse, with a clear definition of responsibilities and sources of national funding;
- Multi-annual service and maintenance agreements for critical infrastructure (refrigerators, generators, IT stock management system), annexed to procurement contracts and the budgets of beneficiary institutions.

Institutional and operational processes to be strengthened

- Integration of the maintenance and operating costs of the National Pharmaceutical Warehouse (DNF) into the budget of the 'Chiril Draganiuc' Institute of Pneumology, with full funding to be assumed from 2028;
- Implementation of multi-annual planning for investments and equipment replacements;
- Strengthening the use of the digital TB stock management system (including interoperability with SIME TB), with clear procedures for data updating, stock reconciliation and auditing. Both interventions demonstrate: a clear and gradual transition from GF resources to national funding; full integration into the public system after 2028; logistical sustainability of TB treatment; reduced dependence on external funding in line with GC8.

3.3.3. Ensuring peer-to-peer education, information and support for people affected by tuberculosis, provided by civil society organisations (Ref. TB NP 3.9.) (TB Transition Budget 3.1.4. – GF Right Bank)

The aim of the activity is to provide education, information and peer support for people affected by tuberculosis, through services delivered by civil society organisations (CSOs), with a focus on increasing treatment adherence and reducing treatment drop-out, in the context of the gradual transition from external to national funding. Peer support services represent a

critical intervention within the TB care continuum, helping to retain patients on treatment, particularly amongst vulnerable, marginalised groups and those at high risk of dropping out of the system.
This intervention includes: counselling and psychosocial support provided by people who have previously had TB; support throughout treatment and informal monitoring of adherence; facilitating links between patients and medical, social and community services; and reducing stigma, social isolation and the risk of treatment drop-out.
The intervention contributes directly to: increasing treatment adherence; reducing loss to follow-up; improving treatment outcomes; and strengthening the patient-centred care model.
Currently, the programme is supported by external funding, which necessitates planning for a gradual transition to national funding and the integration of services into public procurement mechanisms.
The funding model is based on a gradual reduction in dependence on the Global Fund and an increase in national financial responsibility. Throughout 2027, peer support services will be fully funded from external sources and are set to cover 162 people, and from 2028 onwards, these will be progressively integrated into national funding mechanisms (the Ministry of Health and the National Health Insurance Fund), through the standardisation of the service package and the formal contracting of CSOs. In parallel, complementary sources (local public authorities, social programmes and grants) can be mobilised to strengthen sustainability.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	672,914.4	672,914.4	0.0	100%	0%
2028	672,914.4	0.0	672,914.4	0%	100%
2029	672,914.4	0.0	672,914.4	0%	100%
2030	686,800.0	0.0	686,800.0	0%	100%

The total cost of the intervention for the period 2027–2030 is **2,705,543.2 MDL**, of which: **672,914.4 MDL** is covered by the Global Fund (2027), and **2,032,628.8 MDL** represents the national contribution (2028–2030).

Post-transition sustainability

The sustainability of the programme is ensured through the gradual integration of peer support services into the national TB service system and into public funding mechanisms.
Peer support services are considered an essential component of the patient-centred care model, playing a direct role in maintaining treatment adherence and reducing treatment drop-out.

The takeover and consolidation of these activities will be achieved through:

- the formal contracting of civil society organisations by the National Health Insurance Fund (CNAM);
- defining a standard package of community-based TB support services;
- integrating the role of peer workers into multidisciplinary TB teams;
- establishing national quality standards for community support services.

Policy and regulatory documents to be developed

- Development by the Ministry of Health / National Tuberculosis Response Program (TB NP) of a standard package of peer support services (content, frequency, duration of involvement per patient) to be used as the basis for contracting with civil society organisations (CSOs).

- A costing methodology for peer support services, setting a rate per patient or per service package and enabling their integration into CNAM tariffs and/or dedicated funds for community services.
- CNAM regulations on contracting CSOs for community-based TB services, explicitly including peer support as an eligible service type, along with performance indicators and reporting requirements.
- Operational procedures for integrating peer support into the TB care system.

Institutional and operational processes to be strengthened

- Institutionalisation of a regular mechanism for the selection and contracting of CSOs for support (public calls for tenders, eligibility criteria, evaluation procedures) coordinated by the CNAM in collaboration with the TB NP.
- Integration of indicators relating to peer support (number of patients covered, frequency of sessions, impact on adherence and treatment success) into the SIME TB system and the TB NP's annual reports.
- The implementation of a national training and supervision programme for people with lived experience and CSO staff, coordinated by the TB NP and national-level CSOs, with minimum standards of competence and certification.

Linking peer support activities with Community-Led Monitoring (CLM) mechanisms, so that CSOs systematically report barriers to access, stigmatisation and service quality issues, and the Ministry of Health /TB NP/CNAM have explicit obligations to respond.

3.3.4. Provision of monthly motivational support, in the form of incentives to support adherence to tuberculosis treatment (Left Bank) (Ref. TB NP 3.7.) (TB Transition Budget 3.1.4 – GF Left bank)

Motivational support for tuberculosis patients was initially fully funded by the Global Fund in all geographies. As part of the process of ensuring the sustainability of TB interventions, funding for this activity on the Right Bank of the Dniester was gradually taken over by the CNAM, and since 2017 it has been fully covered by compulsory health insurance funds for all patients with active tuberculosis.

From 2024, incentives for tuberculosis patients undergoing outpatient treatment will be provided through the transfer of funds to payment cards, in accordance with the Regulation approved by Joint Order No. 1189/324-A/2023 of the Minister of Health and the Director-General of NHIC.
Patients who adhere to their treatment and do not miss more than three doses of their medication per month are eligible for financial support to cover the costs of food and transport, amounting to 53 lei per day for food and 150 lei per month for transport. This scheme is a key measure for maintaining treatment adherence, reducing the risk of treatment drop-out and improving treatment outcomes.
On the Left Bank of the Dniester, incentives to support treatment adherence continue to be funded from Global Fund sources. Given the importance of this intervention and the positive experience of transitioning to national funding on the Right Bank, the TB TWG has proposed including this activity in GC8, with provision for a phased local contribution over the course of the grant's implementation.

Year	Total cost (MDL)	Global Fund (MDL)	Local budget (MDL)	% GF	% Local budget
2027	1,472,495.04	1,453,200	0.0	100%	0%
2028	1,472,495.04	944580	368,123.76	75%	25%
2029	1,472,495.04	674700	736,247.52	50%	50%
2030	1,472,495.04	0	1,472,495.04	0%	100%
Total 2027–2029	4,417,485.12	**3,072,480,00**	**1,104,371.28**	**75%**	**25**

The experience of the Republic of Moldova demonstrates the feasibility of the public funding system gradually taking over this intervention, a process that has been successfully implemented on the Right Bank. At the same time, the authorities on the Left Bank have explicitly committed to taking over the funding of activities supporting adherence to TB treatment from 2028 onwards, with the costs for 2027 to be covered by GC8. This commitment lays clear foundations for a sustainable transition to public funding, but requires the strengthening of community-based interventions during the period 2027–2029 to ensure that the capacities, networks and trust built up amongst vulnerable groups are not lost. Without an adequate funding bridge, there is a major risk of service fragmentation and an increase in treatment interruptions and community transmission.

3.3.5. Ensuring the continuity and optimisation of the use of video-supported treatment (VST) at national level (Ref. TB NP 3.8.) (TB Transition Budget - 5.1.1)

The aim of this activity is to ensure the continued operation and development of the video-assisted treatment (VST) mechanism for monitoring adherence to anti-tuberculosis treatment, through the gradual integration of its functionalities into the 'Tuberculosis Monitoring and Evaluation' Information System (SIME TB) and the transition from external to national funding.

Video-assisted treatment is a patient-centred digital intervention that enables remote monitoring of treatment administration, facilitates communication between patients and healthcare staff, and helps to increase treatment adherence, reduce treatment drop-out and improve the monitoring of patients with drug-sensitive and drug-resistant tuberculosis.

The intervention involves developing and maintaining VST functionalities, integrating them into SIME TB, using the data generated for the monitoring and programme management of tuberculosis, producing analytical reports, and providing the necessary technical and operational support to system users.

In 2025, the project is being implemented on the right bank of the Dniester through the 'Chiril Draganiuc' Institute of Pneumology, and on the left bank through the NGO Medical and Social Programmes and the Bender Tuberculosis Hospital, on the basis of contracts concluded by the PAS Centre with the partner institutions. Funding is provided by the Global Fund.

Under the TB STP, the VST functionalities will be gradually integrated into SIME TB, so that video treatment monitoring becomes part of the national tuberculosis management information system. The funding model provides for a gradual reduction in dependence on the Global Fund and a phased transition to covering costs from national sources. During the period 2027–2028, the programme will continue to be funded from Global Fund sources, alongside technical and operational integration into SIME TB. From 2028 onwards, co-funding **from the state budget** is planned, and from 2029 the operating, maintenance and development costs of the VST

module will be fully covered by national sources, ensuring the long-term sustainability of the intervention within the National Tuberculosis Response Programme.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	99,160	99,00	0.0	100%	0%
2028	99160	99,000	0	100%	0%
2029	99160	48,000	50,360	49%	51%
2030	99,160	0.0	99,160	0%	100%

Total cost of the intervention (2027–2029): 297480,00 MDL, of which the GF: 247120,00 MDL and the state: 50360,00 MDL.

Post-transition sustainability

The sustainability of the activity will be ensured by integrating VST functionalities into the 'Tuberculosis Monitoring and Evaluation' Information System (SIME TB), which is the national platform for managing and monitoring TB programme data.
The integration of VST into SIME TB will enable: unified monitoring of treatment adherence and therapeutic outcomes; the elimination of costs associated with managing separate platforms; the use of real-time data for case management and monitoring of TB NP indicators; enhanced interoperability with other information systems in the health sector; and the assurance of technical and financial sustainability by incorporating VST functionalities into the current development and maintenance processes of SIME TB.
The VST functionalities will be integrated and managed within the national TB information system, under the coordination of the Ministry of Health and the 'Chiril Draganiuc' Institute of Pneumology, which is responsible for the administration and development of SIME TB.

The transition is structured in phases:

- 2027: the system's operation is funded entirely from the Global Fund;
- 2028: technical and operational integration of VST into SIME TB and commencement of national co-financing;
- 2029: full assumption of operating, maintenance and development costs from national sources;
- 2030: full operation of the VST module within SIME TB, funded entirely from national budgets.

Policy and regulatory documents to be developed

- Ministry of Health Order on the integration of VST functionalities into SIME TB and their use in monitoring TB treatment;
- Standard operating procedures for the use of the VST module within SIME TB;
- Regulations on interoperability, information security and the protection of personal data;
- Updating the regulatory framework on digital monitoring of TB treatment.

Institutional and operational processes to be strengthened

- Full development and operationalisation of the VST module within SIME TB;
- Integration of VST indicators into the TB NP's national monitoring and evaluation framework;
- Strengthening the capacity of healthcare staff and patients to use digital treatment monitoring tools;

- systematic use of data generated by VST in programme management and case management processes;
- ensuring the ongoing maintenance and development of the VST module through the institutional mechanisms for administering SIME TB.

By the end of the transition period, the VST functionalities will be fully integrated into SIME TB and funded from national sources, ensuring sustainable monitoring of treatment adherence, strengthening the digital transformation of TB services and reducing dependence on external funding.
This intervention is considered cost-effective in the long term, reducing the need for in-person visits and the risk of treatment interruption.

3.3.6. Ensuring a multidisciplinary approach to support adherence to TB treatment, including needs assessment, case management and psychosocial support (Ref. TB NP 3.6.)

This activity was not included in GC8. This activity is considered a critical function of the national tuberculosis control system and must be fully funded from national resources to avoid the risk of disruption to patient support and a deterioration in indicators of adherence and treatment success.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	1,757,000.0	0.0	1,757,000.0	0%	100%
2028	1,757,000.0	0.0	1,757,000.0	0%	100%
2029	1,757,000.0	0.0	1,757,000.0	0%	100%
2030	1,757,000.0	0.0	1,757,000.0	0%	100%

The aim of the activity is to ensure an integrated multidisciplinary approach to support adherence to anti-tuberculosis treatment, through the assessment of patients' needs, case management and psychosocial support, with a view to increasing treatment retention, reducing treatment drop-out and improving clinical outcomes in tuberculosis and drug-resistant tuberculosis.
This intervention is a key component of the patient-centred care model and ensures continuity of care between medical, social and community services throughout the course of TB treatment. The intervention includes: initial and periodic assessment of the medical, social, economic and psychological needs of TB patients; individualised case management for patients at risk of non-adherence; the development and implementation of an individual support plan; ongoing psychosocial support for the patient and their family; monitoring adherence and early identification of the risk of treatment drop-out; coordination of interventions between respiratory medicine services, primary healthcare, and social and community services; referral of patients to complementary services (social, psychological, CSOs). The intervention is implemented by multidisciplinary teams comprising: a respiratory specialist, a TB nurse, a social worker, a psychologist (where available) and community workers / CSOs / peer support specialists.

The programme will be funded through **the Mandatory Health Insurance Company (CNAM)**, through the explicit inclusion of TB treatment adherence support services in the contracted service package.

It is proposed to move from fragmented activity-based funding to **funding based on TB patients undergoing treatment**, integrated into the TB service package contracted by the CNAM.

Proposed CNAM contracting model
CNAM will contract TB service providers (regional public health institutions and specialised institutions) for:
1. Standard 'TB Adhesion Support' pack
Includes:
- initial multidisciplinary assessment;
- active case management;
- regular monitoring of adherence;
- basic psychosocial support;
- coordination between services.

2. Extended package for complex TB / DR-TB cases
Includes:
- intensive psychosocial support interventions;
- additional follow-up visits;
- involvement of the extended team (psychologist, social worker);
- targeted community interventions.

Proposed payment mechanism
The National Health Insurance Fund (CNAM) will implement a mixed model:
- **payment per TB patient registered for treatment** (basic component);
- **a supplement for complex cases (DR-TB, high social risk)**;
- **a performance bonus linked to adherence and treatment success**.

Possible indicators:
- treatment retention rate;
- reduction in dropouts;
- therapeutic success in DR-TB;
- number of actively monitored patients.

The following documents and tools are required to implement the CNAM mechanism:
Regulatory framework:
- Order of the Ministry of Health and the CNAM regarding the inclusion of 'TB adherence support services' in the service package;
- Official definition of the TB case management service as a contractable service.

Service standard:
- National standard for TB case management;
- Clear definition of the roles of the multidisciplinary team;
- Operational steps for assessment, intervention and monitoring.

CNAM pricing and contracting:
- Development of tariffs per TB patient (standard and complex);
- definition of the service package and coding;
- inclusion in CNAM contracts with IMSPs.

Operational tools:
- standard non-adherence risk assessment forms;
- case management protocol;
- reporting tools in SIME TB.

Information system:
- integration of adherence indicators into SIME TB;
- automatic reporting to the CNAM and TB NP;
- traceability of support interventions.

Sustainability
The sustainability of the programme is ensured through the full integration of TB case management into the compulsory health insurance system.
This approach enables:

- predictable and continuous funding;
- the integration of the service into the standard TB care package;
- a reduction in reliance on external funding;
- strengthening the patient-centred care model.

Activity 3.6 is a key component of the TB NP, with a direct impact on treatment adherence and therapeutic success. Its integration into CNAM as a contracted service ensures: long-term financial sustainability; universal coverage for TB patients; increased efficiency of the care system; and a reduction in treatment drop-out and TB transmission.
The proposed transition model combines:

- the full assumption of logistical functions within public budgets (medicines, storage, distribution);
- the gradual contracting out of patient support services (case management, VST, peer support);
- the temporary retention of CSOs' role as providers of essential services during the transition phase;
- gradual integration into the National Health Insurance Fund (CNAM) service package, with standardisation and costing per beneficiary.

Thus, the component is realistically structured for the period 2027–2030, with a gradual transition from external funding to sustainable public funding, without disrupting critical services for patients.

3.4. Tuberculosis prevention: preventive treatment for tuberculosis (PTT) and TB infection control

This component contributes directly to the achievement of Specific Objective 5 of the TB NP, which aims *to prevent tuberculosis through BCG vaccination of at least 95 per cent of newborns-born infants, initiating preventive tuberculosis treatment (TPT) for at least 90 per cent of eligible individuals, raising public awareness and strengthening tuberculosis infection control measures by 2030*.
The activity 'Integration of educational content on tuberculosis into school curricula' (Ref. TB NP 5.7.) and the activity 'Reorganisation and modernisation of the infrastructure of hospital facilities providing care for tuberculosis patients, in accordance with international infection control standards and safety requirements for the prevention of nosocomial transmission' (Ref. TB NP 5.8.) will be funded from the state budget.
In contrast, GC8 includes activity 5.9 'Ensuring the procurement, operation and proper maintenance of the equipment necessary for the prevention and control of tuberculosis infection in healthcare facilities', as well as interventions relating to preventive treatment for tuberculosis (TPT), including the procurement of medicines and activities to monitor and follow up eligible individuals. These contribute to strengthening infection control measures and reducing nosocomial transmission, particularly in tuberculosis-specialist hospitals, HIV wards, accident and emergency departments and outpatient services.

3.4.1. Procurement of medicines for preventive treatment of tuberculosis (PT) (TB Transition Budget 4.1.1)

The intervention targets 5.4. 'Ensuring preventive treatment for tuberculosis (TPT) amongst people living with HIV' (Ref. TB NP 5.4.) and 'Ensuring preventive treatment for tuberculosis (TPT) amongst contacts of people with tuberculosis' (Ref. TB NP 5.4.) and will ensure the continuity of tuberculosis preventive treatment (TPT) as an essential element of the national strategy to prevent cases of active TB and reduce community transmission.
The aim of the activity is to ensure continuous and sustainable access to preventive treatment for tuberculosis (PT) for eligible groups, through the procurement of the necessary medicines and a gradual transition from external to national funding.
The intervention helps to reduce the risk of progression from tuberculosis infection to active disease, protect high-risk groups, strengthen prevention measures within the TB NP, and increase the cost-effectiveness of the national response to tuberculosis.
The funding model is based on a gradual reduction in dependence on the Global Fund and an increase in national financial responsibility.

Between 2023 and 2025, the procurement of drugs for TB treatment was carried out through a co-financing mechanism between **the state budget** (Ministry of Health) and the Global Fund. Currently, the procurement of these medicines is predominantly funded by the Global Fund, due to limitations in the national procurement mechanism, including restricted access to international platforms and the high cost of medicines. In this context, the Global Fund ensures the continued availability of medicines, whilst at national level the aim is to progressively strengthen planning, procurement and management capacities.
Previous efforts to establish a sustainable procurement mechanism for low-volume health products were initially undertaken in the context of ensuring uninterrupted access to second-line anti-tuberculosis medicines and other specialized TB commodities in preparation for the transition from Global Fund support. In 2023, the Ministry of Health, together with the Parliamentary Commission on Social Protection, Health and Family, convened a series of interinstitutional working group meetings involving the Ministry of Finance, the Public Procurement Agency, CAPCS, CNAM, civil society and development partners to identify solutions enabling participation in European joint procurement and other international pooled procurement mechanisms. These discussions resulted in the development of a comprehensive legal and procedural mechanism, including proposed amendments to the Public Procurement Law (Law No. 131/2015), the Law on Public Finance (Law No. 181/2014), Government Decision No. 1128/2016 and related secondary legislation. Although initially designed to secure sustainable procurement of anti-tuberculosis medicines and diagnostics, the proposed mechanism was subsequently recognized as applicable to a much broader range of low-volume health products, including paediatric ARVs, HIV and TB diagnostics, vaccines, diabetes medicines and other specialized products for national health programmes. The mechanism was formally presented to the Ministry of Health following several meetings of the Parliamentary Commission and the interinstitutional working group. However, implementation has not yet progressed, as operationalization requires coordinated amendments across multiple legislative and regulatory acts, agreement among several public institutions, and the establishment of new procurement and financing procedures. As a result, despite significant preparatory work and broad technical consensus, the mechanism has not yet become operational.

Under the Sustainability Plan, it is envisaged that access to preventive treatment will be maintained through international procurement mechanisms during the transition period,

alongside the development of national procurement capacities, so that integration into the national procurement and financing system is achieved gradually.
By 2029, national funding will become the predominant source, and the Global Fund's contribution will be reduced to a residual level. From 2030 onwards, the procurement of TPT medicines will be fully covered by national sources and integrated into the budget of the TB NP and into national public procurement mechanisms in the health sector.

Year	Main activities	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2026	Procurement of TPT medicines	1,623,911.2	936,175.00	0.0	100%	0%
2027	Procurement of TPT medicines	3,412,618.80	3,412,618.80	0.0	100%	0%
2028	Procurement of TPT medicines	2,275,078.00	2,275,078.00	1,010,000.00	67%	33%
2029	Procurement of TPT medicines	2,968,740.0	10137,539,6	2,222,000.00	31%	69%
2030	Procurement of TPT medicines	2,968,740.	0.0	2968740,0	0%	100%

The total cost of the intervention for the period 2027–2029 is 9771411,04. MDL, of which 7761411 MDL is covered by the Global Fund and 5242000 MDL represents the national contribution.

Post-transition sustainability

After 2029, the procurement of TPT medicines will be fully funded from national sources and integrated into public procurement mechanisms and the budget of the TB NP. The intervention will become part of the standard package of TB services, contributing to the prevention of active tuberculosis cases and the reduction of the epidemiological burden.
The annual post-transition cost is estimated at approximately 3,364,572.0 MDL, covered in full by the state budget.
This intervention represents a key pillar of the TB prevention component, ensuring continued access to preventive treatment and reducing transmission in the community. The transition to national funding strengthens the programme's sustainability and reduces dependence on external funding, in line with the Global Fund's principles on national ownership and integration into the public health system. Enabling activities are included in GC8 and described under RSSH component 4 below.

Policy and regulatory developments

- Regular updating of the National Clinical Protocols on 'Tuberculosis in Adults' and 'Tuberculosis in Children', with the full integration of the TPT regimens recommended by the WHO, target groups and eligibility algorithms, so that TPT is treated as a standard intervention in the National Tuberculosis Control Programme (TB NP).

3.4.2. Ensuring the procurement, operation and proper maintenance of the equipment required for the prevention and control of tuberculosis infection in healthcare settings (Ref. TB NP 5.9.) (TB Transition Budget 2.2.1)

This activity is essential for the sustainability of TB interventions, as it ensures that measures to prevent the transmission of tuberculosis in healthcare facilities – including drug-resistant forms – are maintained. In this way, both healthcare staff and patients are protected, and the risk of nosocomial transmission is reduced.

Within the TB STP, strengthening TB infection control interventions helps to maintain safe diagnostic and treatment services, reduce the risk of institutional outbreaks, protect human resources within the health system, and ensure the sustainability of investments made under the TB NP. Thus, TB infection control is an essential prerequisite for the safe, effective and sustainable operation of the TB NP.

Nosocomial transmission of TB in specialised hospitals and occupational risk in laboratories handling live *M. tuberculosis* isolates have been epidemiologically documented in Moldova using DNA fingerprinting and WGS analysis (Codreanu et al., 2024). The proposed intervention targets two institutions with a solid epidemiological record of risk:

- 'Chiril Draganiuc' Institute of Pneumology – 4 inpatient wards, ~250 beds (including MDR/XDR patients); 1 strict isolation ward for XDR patients and those eligible for BPaLM (highest priority) + 3 mixed wards with MDR patients.
- Chișinău Municipal Clinical Hospital of Phthisiopneumology – ~250 beds; modernisation of old/non-operational UVGI units + mechanical ventilation in aerosol-generating areas.

Institution	Year	Country (MDL)	GF (MDL)	% State	% GF
'Chiril Draganiuc' Institute of Pneumology (4 wards, ~250 beds)	2027	842 865.1	551 354.2	60.4%	39.6%
	2028	337,206.3	145,172.3	69.9%	30.1%
	2029	222,640.5	59,374.8	78.9%	21.1%
	2030				100
Chișinău Municipal Clinical Hospital of Phthisiopneumology (~250 beds)	2027	506 197.6	331 170.7	60.4%	39.6%
	2028	202 246.5	87,203.8	69.9%	30.1%
	2029	133,097.3	35,624.9	78.9%	21.1%
	2030				100%
Total	**174,534**	**2,244,253.3**	**1,209,900.7**	65.0%	35.0

Policy and regulatory documents to be developed

- Updating and strengthening the national standard for the prevention and control of TB infection in healthcare settings, aligned with the TB NP and hospital accreditation requirements, including minimum requirements for infrastructure, ventilation, personal protective equipment (PPE) and administrative measures.
- The development of institutional TB Infection Prevention and Control plans for all healthcare facilities specialising in TB and for high-risk wards, as a mandatory requirement in the accreditation process and in contracts with CNAM, with an explicit definition of resources and responsibilities.
- Integrate TB Infection Prevention and Control into occupational risk management guidelines and procedures for healthcare staff, including provisions on staff health surveillance and access to TPT for exposed workers.

Institutional and operational processes to be strengthened

- Incorporate the costs of implementing and maintaining TB Infection Prevention and Control measures (ventilation, filters, PPE, regular training) into the budgets of healthcare institutions and the Ministry of Health's investment plans, with specific monitoring in TB NP reports on the implementation of these budget lines.

- Implementation of a regular TB Infection Prevention and Control audit programme (institutional self-assessment and external supervision), using standardised checklists and reporting results in a dedicated module within SIME TB or the national quality monitoring system.
- Institutionalising regular TB Infection Prevention and Control training for medical and auxiliary staff, including by incorporating respective modules into continuing medical education programmes and the annual training plans of TB institutions.

The activities 'Integration of educational content on tuberculosis into school curricula' (Ref. TB NP 5.7.) and **'Reorganisation and modernisation of the infrastructure of hospital facilities providing care for tuberculosis patients, in accordance with international infection control standards and safety requirements for the prevention of nosocomial transmission' (Ref. TB NP 5.8.)** of TB NP will be fully funded from domestic sources from 2026 onwards. Their full coverage by public funding demonstrates the Government's commitment to ensuring the sustainability of the national TB response and to honouring its financial obligations.

Activity	State 2027 (MDL)	State 2028 (MDL)	State 2029 (MDL)	Total (MDL)
5.7. Integration of educational content on tuberculosis into school curricula	560,000.0	0.0	0.0	560,000.0
5.8. Reorganisation and modernisation of the infrastructure of hospitals providing care for tuberculosis patients, in accordance with international infection control standards and safety requirements for the prevention of nosocomial transmission	5,544,000.0	5,544,000.0	5,544,000.0	16,632,000.0

The activity 'Integration of educational content on tuberculosis into school curricula' (Ref. TB NP 5.7.) will be implemented and funded from the resources of the Ministry of Education and Research, subject to the availability of funds, with the gradual integration of educational content on tuberculosis into national school curricula. This intervention contributes to strengthening health education and raising awareness of tuberculosis amongst young people.
The activity 'Reorganisation and modernisation of the infrastructure of hospital facilities providing care for tuberculosis patients, in accordance with international infection control standards and safety requirements for the prevention of nosocomial transmission' (Ref. PN 5.8.) will be funded from the budget of the Ministry of Health and CNAM. Its implementation is linked to the process of reorganising tuberculosis services, including optimising the number of beds for TB patients. This reorganisation will generate structural savings within the hospital system, which will be channelled towards modernising the infrastructure of hospital facilities, in accordance with international infection control standards and safety requirements for the prevention of nosocomial transmission.
This approach ensures the long-term sustainability of the TB NP 2026–2030 interventions, reduces dependence on external funding and strengthens national ownership in the implementation of tuberculosis prevention and control measures.

3.5. Governance, monitoring, community participation and system transformation

This component contributes directly to the achievement of **Specific Objective 6** of the TB NP, which aims to strengthen governance and the regulatory framework for tuberculosis control

through policies centred on those affected, civil society participation and the adequate allocation of resources for prevention, early detection and integrated care by the end of 2030.
At the same time, the component contributes to the achievement **of Specific Objective 4** by promoting universal and equitable access to integrated, people-centred healthcare services, including through the strengthening of inter-programme collaboration and the integration of TB services into the national public health system. Furthermore, the component supports **Specific Objective 7** by developing national capacity for research and innovation in the field of tuberculosis and integrating scientific findings into planning, policy-making and decision-making processes.
The governance, monitoring, community participation and system transformation component is structured around several interdependent functional areas, which ensure the sustainability of TB reforms and the full institutionalisation of the transition to the public system:

- governance of the national TB programme, including intersectoral coordination and policy development;
- the monitoring and evaluation system (TB M&E), including the collection, analysis and use of data for decision-making;
- referral pathways and the integration of TB services into the national health system;
- community participation and the involvement of civil society organisations in the TB response;
- health communication and behaviour change activities;
- continuous training of human resources and institutional capacity building;
- operational research, innovation and the use of scientific evidence in policies and interventions.

In the context of the transition from Global Fund funding, this component plays a critical role in ensuring the sustainability of the entire TB programme by institutionalising coordination, monitoring and technical support functions within the Ministry of Health, the National Public Health Agency and other relevant institutions.
The focus of the GC8 grant is on systemic integration, value for money and the strengthening of institutional and community functions. In this regard, this component represents the governance foundation that enables the sustainable take-over of clinical, laboratory and community interventions, ensuring the coherence of the entire national response to tuberculosis.
The sustainability mechanism involves the gradual integration of governance, monitoring, communication and research functions into national public structures and budgets, as well as the strengthening of partnerships with civil society and the academic sector to ensure the continuity of interventions and the use of evidence in decision-making.

Activity 'Development of the inter-institutional protocol for the referral and management of cases common to national public health programmes' (Ref. TB NP 4.3.), included under Specific Objective 4 of the TB NP, was not prioritised for GC8.

Following the prioritisation process and discussions within the TB TWG, it was agreed that this intervention should be implemented using the existing resources of the public healthcare institutions (IMSPs) involved, within the framework of current inter-institutional collaboration mechanisms and ongoing operational activities.

Activity	State 2027 (MDL)	State 2028 (MDL)	State 2029 (MDL)	Total 2027–2029 (MDL)
4.3. Developing the inter-institutional protocol for the referral and management of	420,000.0	0.0	0.0	**420,000.0**

shared cases between national public health programmes				

Thus, the activity will be fully funded from the IMSP's budgetary resources, without any allocations from Global Fund financing, and will be integrated into existing national mechanisms for referral and coordination between public health programmes. The transition to public funding demonstrates the Government's commitment to ensuring the sustainability of the national TB response and to honouring its financial obligations.
This approach helps to optimise the use of available resources, avoid duplication of funding and strengthen the sustainability of interventions by integrating them into the day-to-day functioning of the health system.

3.5.1. Maintenance and periodic adjustment of the SIME TB (Ref. TB NP 6.1.) (TB Transition Budget 5.1.2–5.1.4)

Ensuring the development, implementation and operationalisation of the 'Tuberculosis Monitoring and Evaluation' Information System (SIME TB), including integration with other relevant health information systems, the drafting of technical and operational documentation, the testing of functionalities, and the training of users and administrators.
The 'Tuberculosis Monitoring and Evaluation' Information System (SIME TB) is the national information system designed for the electronic registration, monitoring and reporting of tuberculosis cases in the Republic of Moldova. The system integrates medical and epidemiological information relating to patients, healthcare facilities, diagnostic investigations, treatment and therapeutic outcomes, providing a single platform for epidemiological surveillance, case management and monitoring the implementation of the National Tuberculosis Response Programme.
Government Decision No. 462 of 16 July 2025 established the 'Tuberculosis Monitoring and Evaluation' Information System (SIME TB), setting out the regulatory framework for its operation at national level. The system ensures interoperability with national e-Health and e-Government platforms, including MConnect, MPass, MSign, MLog, MNotify and the Semantic Catalogue, as well as the secure exchange of data via API interfaces with other authorised information systems. The system's main functionalities include the continuous collection and updating of tuberculosis data, the monitoring of epidemiological and programme indicators, the automation of reporting processes, the management of access to information, the auditing of user activities, and compliance with information security and personal data protection requirements.
The development of the new version of SIME TB is funded by the Global Fund, as part of investments aimed at strengthening health systems and digitising tuberculosis prevention and control services in the Republic of Moldova.
The need to develop a new version of the system was driven by significant changes in the field of tuberculosis control, advances in information technology, and the updating of the national regulatory framework in line with European Union standards and requirements. The previously used information system, launched in 2007, no longer fully met the current needs of the TB NP, including with regard to the implementation of new interventions, the expansion of services, interoperability with other information systems, information security and personal data protection requirements.
The new version of SIME TB includes new functional modules for managing tuberculosis screening activities (Screening TB), monitoring preventive tuberculosis treatment (TPT), integrating new laboratory diagnostic methods, and managing the new treatment regimens recommended by the World Health Organisation. At the same time, the development of digital

infrastructure at national level has enabled migration to a modern platform, based on a web interface and secure online access, available nationwide, which helps to improve data quality, update data in real time and streamline monitoring and reporting processes.
The work funded by the Global Fund includes the development and implementation of the system's functionalities, integration with other relevant health information systems, the drafting of technical and operational documentation, testing of functionalities, training for users and administrators, and the conduct of a security audit to verify compliance with national requirements on cybersecurity and data protection.
At the time of drafting this plan, modules 3.1 and 3.4 have been completed, modules 3.2 and 3.3 are in the final acceptance phase, and the implementation of module 3.5 is contingent upon the availability of the infrastructure and external integrations (STISC, MConnect and AMDM). Once the agreed adjustments have been implemented and validated, a final acceptance meeting will be organised with the SIME TB beneficiaries.
To ensure long-term sustainability, once funding from the Global Fund has been exhausted, responsibility for the technical administration, operation, maintenance, further development and funding of the system will be taken over by the Ministry of Health. This mechanism will ensure the continuous operation of SIME TB, the regular updating of its functionalities in line with the needs of the TB NP, the maintenance of interoperability with national information systems, and ongoing compliance with information security and personal data protection requirements.

(TB Transition Budget – 5.1.2)

Main activities	Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
Completion of the development, documentation, testing, implementation and operationalisation of the 'TB Monitoring and Evaluation' Information System (SIME TB), including integration with other relevant information systems, the preparation of technical and operational documentation, the training of users and administrators, and the provision of operational monitoring and post-implementation maintenance services	2027	1623019.00	1623019.00	0.0	100%	0%
	2028	203,007.2	0.0	203,007.2	0%	100%
	2029	203,007.2	0.0	203,007.2	0%	100%
	2030	203,007.2	0.0	203,007.2	0%	100%
TOTAL		**2,232,040.6**	1,623,019.00	609 021.6	70%	30%

(TB Transition Budget – 5.1.3)

Main activities	Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
Procurement of IT services for the development, implementation, integration, testing, documentation, maintenance and provision of technical support (Help Desk) for the 'TB	2027	1,376,000	1,056,000.00	320,000.00	77%	23%
	2028	416,000	96,000.0	320,000.00	23%	77%

Monitoring and Evaluation' al Information System (SIME TB), based on the estimated number of expert days.	2029	416,000	96,000.0	320,000.00	23%	77%
	2030	320,000	0	320,000.00	0%	100%
TOTAL		**1,716,688.7**	736,065.5	980,623.2	43%	57%

(TB Transition Budget – 5.1.4)

Main activities	**Year**	**Total cost (MDL)**	**GF (MDL)**	**State (MDL)**	**% GF**	**% State**
Conducting a security audit of the 'TB Monitoring and Evaluation' Information System (SIME TB).	2026	507 676.8	507 676.8	0.0	100%	0%
	2027 2028 2030	0.0	0.0	0.0	0%	0%
TOTAL		507,676.8	507,676.8	0.0	100%	0%

Post-transition sustainability

The long-term sustainability of the 'Tuberculosis Monitoring and Evaluation' Information System (SIME TB) is ensured by the institutional and regulatory framework approved by Government Decision No. 462 of 16 July 2025, which sets out the responsibilities for the administration, operation, development and funding of the system following the conclusion of support provided by the Global Fund.

In accordance with the regulatory framework, the owner of SIME TB is the state, the custodian of the system is the Ministry of Health, and the operator is the 'Chiril Draganiuc' Institute of Pneumology, which is responsible for the functional administration, maintenance and continuous development of the information system. Technical administration of the infrastructure is provided by the Public Institution 'Information Technology and Cyber Security Service' (STISC), in accordance with national legislation on the technical administration of state information systems.

Once funding from the Global Fund has come to an end, the Ministry of Health will ensure the legal, financial and organisational conditions necessary for the system to operate, and the recurring costs associated with the operational management, maintenance, technical support, updating and further development of SIME TB will be planned and covered from budgetary sources, in accordance with the institutional responsibilities set out in the regulatory framework.

SIME TB will continue to serve as the national information platform for the surveillance and control of tuberculosis and will be used by all institutions and bodies responsible for recording and monitoring cases of tuberculosis, including the "Chiril Draganiuc" Institute of Pneumology, regional phthisiopneumology services and tuberculosis diagnostic laboratories.

At the same time, the system will be maintained as an integral part of the national e-Health architecture, ensuring interoperability with government platforms and other health information systems, including through the use of the MConnect, MPass, MSign, MLog and MNotify services and the Semantic Catalogue.

These institutional and financial measures will ensure the continued operation of SIME TB, the long-term value of the investments made with the support of the Global Fund, and the sustainable integration of the system into the digital infrastructure of the health system in the Republic of Moldova.

3.5.2. Ensuring monitoring and evaluation visits to public and private medical institutions, including CSOs and other organisations involved in the TB response (Ref. TB NP 6.2.) (TB Transition Budget 3.1.3)

Monitoring visits are essential for ensuring the quality of implementation Monitoring and evaluation are essential elements of the implementation of the TB NP, helping to ensure the quality of services and the uniform implementation of interventions at national level. The visits enable:

- verification of the application of national guidelines and protocols on the prevention, diagnosis, treatment and monitoring of tuberculosis;
- the early identification of shortcomings in the organisation and delivery of TB services;
- monitoring the efficient use of programme resources;
- assessing compliance with national and international standards of care;
- the formulation of recommendations and the provision of technical support to improve the performance of institutions and organisations involved in the tuberculosis response.

Currently, the activity is 100 % funded by the Global Fund. Visits are carried out by staff from the Coordination Department of the National Tuberculosis Response Programme at the 'Chiril Draganiuc' Institute of Pneumology, and, depending on the objectives of the visit, other specialists from partner institutions are also involved.
The costs of the activity cover:

- the running and maintenance of the vehicle used for monitoring visits (a vehicle procured from Global Fund resources);
- fuel costs;
- a nominal fee for staff involved in carrying out the visits;
- other logistical expenses necessary for carrying out the monitoring and supervision missions.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	% GF	% State
2027	455,998.5	455,998.5	0.0	100%	0%
2028	557,331.5	0.0	557,331.5	0%	100%
2029	613,539.6	0.0	613,539.6	0%	100%
2030	688,820.0	0.0	688,820.0	0%	100%

During the sustainability period (from 2028 onwards), monitoring and evaluation activities will be taken over in full by the 'Chiril Draganiuc' Institute of Pneumology, through the Coordination Department of the National Tuberculosis Response Programme, which will continue to carry out the functions of technical coordination, monitoring and supervision of the implementation of the TB NP at national level.
Funding for this work will be provided entirely from public sources, through the allocation of the necessary resources in the institution's budget. Expenses for transport, fuel and vehicle maintenance, as well as the costs associated with staff participation in monitoring visits, will be covered, ensuring the continuity of the national supervision mechanism without reliance on external funding.

Policy and regulatory documents to be drafted/updated

- Ministry of Health Order on the organisation and functioning of the national mechanism for monitoring and supervising the TB NP;
- Regulations on the organisation and functioning of the TB NP Coordination Department;

- Standard Operating Procedures (SOPs) for the planning, conduct and reporting of monitoring and supervision visits;
- Standardised guidelines on reporting findings and monitoring the implementation of recommendations;
- Updating the TB NP's monitoring and evaluation (M&E) framework, including performance and quality indicators.

Institutional and operational processes to be strengthened

- standardisation of the monitoring and supervision methodology at national level;
- strengthening the system for collecting, analysing and utilising data from monitoring visits;
- Integrating the recommendations formulated into the management and decision-making process within the TB NP;
- strengthening collaboration between the national level and healthcare institutions and civil society organisations;
- digitising the process of reporting on and monitoring the implementation of recommendations;
- continuously developing the professional capacities of the monitoring teams;
- institutionalising the funding of this activity as a permanent function of the National Tuberculosis Response Programme.

This approach will ensure the continuation of the national monitoring and evaluation function within the 'Chiril Draganiuc' Institute of Pneumology, the strengthening of the institutional capacity of the NP Coordination Department, and the continuity of oversight of the implementation of the TB NP following the end of Global Fund funding.

3.5.3. Updating the National Clinical Guidelines on 'Tuberculosis in Children' and 'Tuberculosis in Adults' in line with international guidelines and the national context (Ref. TB NP 6.10.)

Activity 6.10 'Updating the National Clinical Guidelines (PCN) on "Tuberculosis in Children" and "Tuberculosis in Adults" in line with international guidelines and the national context' is a strategic intervention aimed at ensuring the quality, standardisation and continuous updating of clinical practices in tuberculosis management, in line with the recommendations of the World Health Organisation and recent developments in the National Tuberculosis Response Programme (TB NP) 2026–2030.
The project aims to review and update the national clinical protocols for tuberculosis in children and adults, including harmonisation with new diagnostic, treatment and monitoring regimens, the integration of prevention interventions (including preventive treatment for tuberculosis – TPT), and their adaptation to the national epidemiological and operational context.
The update process will be carried out through consultation with national and international experts, technical working groups and relevant clinical institutions, thereby ensuring alignment with international best practice and consistency of implementation at national level.

Activity	State 2027 (MDL)	State 2028 (MDL)	State 2029 (MDL)	Total 2027–2029 (MDL)
Updating the National Clinical Guidelines on 'Tuberculosis in Children' and 'Tuberculosis in Adults' in line with international guidelines and the national context	390,000.0	0.0	0.0	390,000.0

Funding for this activity will be provided from the available resources of the institutions involved in implementing the Programme, in line with existing priorities and budget allocations, and forms an integral part of the TB NP Sustainability Plan 2026–2030.
Regular updates to the National Clinical Guidelines (PCN) help to improve the quality of healthcare services, reduce variations in clinical practice, enhance patient safety and strengthen the alignment of the national health system with international standards in the field of tuberculosis.

3.5.4. Development and approval of the national guidelines for the assessment and care of people affected by post-tuberculosis sequelae, in accordance with international recommendations (Ref. TB NP 6.11.)

The activity 'Development and approval of national guidelines for the assessment and care of people affected by post-tuberculosis sequelae, in accordance with international recommendations' (Ref. TB NP 6.11) represents a strategic intervention aimed at developing the regulatory and clinical framework for the management of post-tuberculosis sequelae and complications.
The aim of this activity is to develop a standardised national guideline to ensure the assessment, diagnosis and integrated care of people affected by post-tuberculosis sequelae, including respiratory and functional complications, in accordance with the recommendations of the World Health Organisation and international best practice.
The guidelines will be developed with the involvement of national experts, technical working groups and relevant clinical institutions, ensuring alignment with current scientific evidence and integration into the national health service system.

Activity	State 2027 (MDL)	State 2028 (MDL)	State 2029 (MDL)	Total 2027–2029 (MDL)
Development and approval of the national guidelines for the assessment and care of people affected by post-tuberculosis consequences, in accordance with international recommendations	115,000.0	0.0	0.0	115,000.0

Funding for this activity will be provided from the state budget, using the available resources of the institutions involved in implementing the Programme, in accordance with existing priorities and budget allocations, and forms an integral part of the TB NP Sustainability Plan 2026–2030.
iThe implementation of the guidelines will help to improve the quality of life of people affected by tuberculosis, reduce post-treatment disabilities and strengthen the continuity of care following the completion of anti-tuberculosis treatment.

3.5.5. Ensuring the active participation of civil society in the national response to tuberculosis, including by strengthening the CSO-TB+ Platform, to align policies with international standards and human rights (Ref. TB NP 6.12.)

The aim of this activity is to ensure the active and sustainable participation of civil society in the processes of coordination, monitoring, planning and decision-making in the field of tuberculosis, by strengthening the CSO-TB+ Platform and progressively integrating community-based mechanisms into the national governance architecture of the TB response.

This activity represents a strategic intervention to institutionalise the role of civil society organisations and affected communities in the national tuberculosis response. The activity includes organising meetings of the CSO-TB Plus Platform, facilitating the participation of civil society organisations in coordination, monitoring and planning processes, strengthening dialogue between communities and the relevant institutions, and formulating consolidated recommendations from CSOs on the implementation of the National Tuberculosis Response Plan (TB NP) and the transition to sustainability. The intervention contributes to strengthening a person-centred approach, aligning policies with international standards, and reinforcing institutional accountability in relation to human rights.
This activity is directly linked to the intervention aimed at facilitating civil society participation in coordination and decision-making processes through the TB Platform. Furthermore, the Programme for the Development of Civil Society Organisations for the period 2024–2027 provides for improving CSOs' access to decision-making processes at central and local levels, ensuring sustainable funding for CSOs and strengthening their operating environment, which reinforces the relevance of this activity in the context of the transition. The initiative also contributes to the organisational development of member CSOs, enabling them to respond more effectively to the specific challenges of the post-grant period.
The funding model is based on a gradual reduction in dependence on the Global Fund and the introduction of national contributions to sustain community participation mechanisms. During the period 2027–2028, the activity is funded entirely from external sources, with national co-funding to be introduced in 2029, alongside the gradual integration of essential functions into the TB NP's permanent coordination mechanisms.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	158,800.0	158,800.0	0.0	100	0
2028	158,800.0	158,800.0	0.0	100	0
2029	158,800.0	79,400.0	79,400.0	50	50
2030	158,800.0	0.0	158,800.0	0	100

Post-transition sustainability

The sustainability of the activity will be ensured through the gradual integration of community participation and the CSO-TB Platform into the TB NP's permanent coordination, monitoring and evaluation mechanisms. The Platform's core functions, including the formulation of consolidated recommendations, community monitoring, the facilitation of dialogue and participation in decision-making processes, will be supported by national resources, through the Ministry of Health's budgets, relevant national and programmes, and other public or complementary funding mechanisms. This approach will enable civil society to continue to play its role in monitoring the quality of services, identifying barriers to access and promoting solutions centred on the patient and human rights.

Policy and regulatory documents to be developed

- National guidelines on community participation and the role of civil society organisations in the tuberculosis response, including standards for Community-Led Monitoring and feedback mechanisms.
- Operational framework for the functioning of the CSO-TB Platform and its participation in the TB NP's coordination, monitoring and planning processes.
- Mechanisms for recognising and integrating CSO contributions into the annual review of the transition and the adjustment of programme interventions.

Institutional and operational processes to be strengthened

- Institutionalisation of regular meetings of the CSO-TB Platform and the systematic participation of community representatives in the TB NP's coordination processes.
- Strengthening community-based monitoring mechanisms, feedback collection and reporting on barriers to access, stigma and service quality issues.
- Integrating recommendations made by CSOs into the processes of planning, data review and periodic evaluation of progress in the TB transition.

To ensure sustainability and achieve Specific Objective 7 of the 2027–2029 National Tuberculosis Response Plan – "Strengthening national capacity for research and innovation in the field of tuberculosis, through academic and institutional partnerships and the integration of research findings into planning and decision-making processes, by the end of 2030, to accelerate the national response to tuberculosis" – activities have been approved for funding from the Global Fund.

3.5.6. Carrying out operational TB studies in accordance with the established plan, with periodic review of the plan (Ref. TB NP 7.2.) (TB Transition Budget 3.1.5)

The aim of this activity is to carry out priority operational studies in the field of tuberculosis, in accordance with a plan agreed at national level and reviewed periodically, in order to generate evidence to support the planning, adjustment and monitoring of TB NP interventions in the context of the transition to sustainability.
The activity aims to implement, within the framework of core funding, a package of priority operational studies, which includes an assessment of satisfaction among recipients of TB services and an assessment of catastrophic costs associated with tuberculosis.
The assessment of TB service users' satisfaction aims to analyse user satisfaction and the TB patient experience, and the results of this research are used to improve services.
The assessment of catastrophic costs associated with TB aims to analyse the costs borne by patients and households, and the data generated are used to plan social protection measures.
The activity is included in the TB NP and is being implemented in partnership with academic institutions, public health bodies and civil society organisations, with a view to integrating operational research into the programme's regular planning and review cycles.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	152,000.0	152,000.0	0.0	100	0
2028	112.000	112,000.0	0.0	100	0
2029	0	0	48,800.0	50	50
2030	0	0.0	158,800.0	0	100

Post-transition sustainability

The sustainability of the activity will be ensured by institutionalising TB operational studies as an integrated function within the TB NP's planning, monitoring and evaluation processes, including through the regular updating of the study plan in line with programme needs. In the medium and long term, the aim is for these studies to be increasingly supported by national resources and, where relevant, carried out in cooperation with the education sector and other sectors, to ensure a multisectoral and sustainable approach to the barriers and stigma associated with tuberculosis.

4. Measures to support the transition and sustainability of the system (transition enablers) proposed for funding from the Global Fund

Under the approved TB NP, the activities listed below were not initially included in the list of activities earmarked for funding from the Global Fund. However, during the meetings of the TWG TB, these interventions were discussed and proposed for consideration for funding GC8.

The proposals concern activities relevant to strengthening the national response to tuberculosis and are aligned with the strategic priorities of the TB NP, contributing to improved governance, operational research and the effectiveness of programme interventions. Their inclusion in GC8 will depend on the prioritisation process, the availability of resources and the final decisions of the national coordination mechanisms.

4.1. Development of operational and accreditation standards for community-based service providers and development of a validation mechanism for certain vulnerable groups eligible for public funding (TB Transition Budget - 1.3.2)

The aim of this activity is to develop and approve the regulatory and operational framework necessary for the sustainable integration of community-based service providers into the national response to tuberculosis, by defining standards for their operation and accreditation and by establishing a unified mechanism for validating beneficiaries from vulnerable groups eligible for community-based services and priority TB interventions. The activity aims to lay the necessary foundations for the contracting, implementation, monitoring and auditing of publicly funded community-based services, ensuring quality, compliance and equitable access for hard-to-reach populations.
The development of operational and accreditation standards for community providers aims to define minimum criteria for eligibility, institutional capacity, human resources, quality, reporting and supervision for civil society organisations and other community actors involved in screening, referral, support and monitoring activities in the field of tuberculosis. These standards are essential to enable the competent authorities to formally recognise eligible providers, to establish uniform performance requirements and to integrate community-based services into public procurement and funding mechanisms.
The development of a validation mechanism for vulnerable groups complements this framework by establishing rules and procedures for identifying, confirming and documenting beneficiaries eligible for community-based TB services, including homeless people, people without ID, undocumented people, stateless persons and other categories facing difficulties with formal identification. In the context of public procurement, the existence of such a mechanism is critical to ensuring the traceability, legality and verifiability of the use of funds, including during financial controls and external audits, without excluding from services precisely those groups at the highest epidemiological and social risk.
Together, these two activities create the minimum regulatory framework for the domestic uptake of community-based TB services and for their gradual integration into the public system. Without accreditation standards and without a validation mechanism, the contracting of community-based services remains fragile, and the lack of identity documents or a formal framework for assessing vulnerability can become a barrier to sustainability, with a direct impact on early detection, continuity of referral and the protection of public health. The total amount includes the development of operational and accreditation standards for community service providers, amounting to 99,160.0 lei, and the development of a validation mechanism for vulnerable groups, amounting to 50,360.0 lei, both funded by the Global Fund as catalytic investments for institutionalisation and post-transition implementation.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	149,520.0	149,520.0	0.0	100	0
2028	0.0	0.0	0.0	0	0
2029	0.0	0.0	0.0	0	0
2030	0.0	0.0	0.0	0	0

Post-transition sustainability / Transition enabler

The activity will serve as a key transition enabler by supporting the institutionalization of mechanisms required for the gradual integration of community-based TB services into the public health system. Sustainability of these services will be supported through the adoption and application of operational and accreditation standards for community service providers, as well as through the establishment of a validation mechanism for vulnerable groups within existing procurement, funding, monitoring, and control processes of the public health system and the National TB Programme.

The approved standards will provide competent authorities with a clear and uniform framework for the recognition, eligibility assessment, and contracting of community-based service providers, while the validation regulation will ensure the legal and verifiable identification and inclusion of vulnerable beneficiaries, including individuals without an IDNP or lacking formal documentation.

By establishing these mechanisms, the activity will address key transition barriers, including the absence of standardized quality and eligibility requirements for community service providers and the lack of a systematic mechanism to ensure equitable access to publicly funded services for vulnerable and hard-to-reach populations. Therefore, this intervention will facilitate the gradual transfer of community-based TB services into nationally funded and managed structures, ensuring continuity of care, accountability, and sustained access to essential TB services beyond external funding.

Policy and regulatory documents to be developed:

- National operational standard for community-based providers involved in the delivery of TB services, defining the minimum set of requirements regarding organisation, resources, competencies, ethics, data protection, quality and reporting.
- Accreditation and re-accreditation criteria and procedures for civil society organisations and other community-based providers eligible to deliver publicly funded community-based TB services.
- Regulations on the validation of beneficiaries from vulnerable groups for access to community-based TB services, defining eligible categories, vulnerability criteria and institutional responsibilities.
- Standard operating procedures for the validation of persons without IDNP, who are homeless, undocumented or stateless, including alternative identifiers, minimum registration forms and confirmation mechanisms via social services, local public authorities or other competent bodies.
- A record-keeping and reporting model for validated service providers and beneficiaries, aligned with the requirements of the CNAM, the TB NP and the Tuberculosis Information Management System (SIME TB), including provisions on confidentiality, traceability and auditability.

Institutional and operational processes to be strengthened:

- Establishment of a formal mechanism for accrediting community-based providers as eligible providers of publicly funded TB services, with clearly defined roles for the Ministry of Health, the CNAM, the TB NP and other relevant institutions.
- Develop a standardised process for the selection, contracting, supervision and evaluation of community-based providers, based on quality standards and performance indicators.
- Establishment of an intersectoral mechanism for identifying and validating beneficiaries from vulnerable groups, including people without identity documents or with uncertain administrative State.
- Linking the validation of beneficiaries to the procedures for contracting, reimbursement and auditing of services, so that the lack of ID does not block access to services or the justification for the use of public resources.
- Integrate data on accredited service providers, validated beneficiaries, services provided and their outcomes into national reporting and monitoring systems, including SIME TB.
- Development of a regular mechanism to monitor the application of standards and the validation regulations, including analysis of barriers to access, operational compliance and findings from audits or community-based monitoring

4.2. Development of alternative funding mechanisms for community-based TB services, including the development of operational contracting models for screening services (TB Transition Budget - 3.1.5)

The aim of the activity is to develop and validate flexible operational contracting and funding models for TB screening services, enabling their integration into the public system through various mechanisms, not just via the CNAM. The activity aims to develop contracting models, eligibility criteria, performance indicators and reporting mechanisms for TB screening services delivered by CSOs, so that these services can be supported through a combination of funding and implementation at national and regional levels.

The intervention plays a catalytic role in the transition process, as it creates the technical and institutional basis for the integration of TB screening services through both the CNAM mechanisms and other public arrangements, including programmes managed by the APC/MS, the TB NP, regional TB programmes, local public administration (APL) allocations and other complementary public sources. In this regard, the initiative aims not only to refine an existing mechanism, but also to develop a framework applicable to different delivery and funding contexts, depending on the type of service, the profile of the target population and the administrative level of implementation.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	99 160.0	99 160.0	0.0	100	0
2028	99 160.0	99 160.0	0.0	100	0
2029	0.0	0.0	0.0	0	0
2030	0.0	0.0	0.0	0	0

Post-transition sustainability

Once the transition period has ended, the sustainability of the programme will be ensured through the ongoing use of the operational models developed as part of the national processes for contracting, planning and monitoring TB screening services, as well as through funding from sources other than the CNAM. The models will be adopted and used by the TB NP, and they will be updated periodically using national resources, in line with developments in the regulatory framework, programme requirements and lessons learnt from implementation.
In the long term, this activity serves as a structural tool for integrating TB screening into the public health system. By standardising procurement, defining responsibilities and institutionalising performance and reporting rules, the intervention reduces reliance on ad hoc arrangements and lays the groundwork for the sustainable funding of community-based and differentiated TB screening services beyond 2030.

Policy and regulatory documents to be developed

- New models for contracting TB screening services involving CSOs, defining the mechanism, funding source, service delivery flows and institutional responsibilities.
- Eligibility and accreditation criteria for community providers involved in TB screening, including minimum requirements for operational capacity, compliance and reporting.
- A national set of performance and outcome indicators for contracted TB screening services, to be used by CNAM, TB NP and other institutional stakeholders.
- Rules for reporting, data validation and verification of services provided, with their integration into the relevant programme and information systems.
- Adjustments to the regulatory and contractual framework, so that community-based and differentiated TB screening services can be funded and monitored through standardised public mechanisms.

Institutional and operational processes to be strengthened

- Establishment of an inter-institutional mechanism under the auspices of the TB NP for the validation, application and regular updating of contracting models.
- Pilot and practical testing of the developed models, including their adjustment based on implementation results and feedback from the field.
- Aligning the contracting models with the processes for costing, volume planning and defining standard TB screening packages.
- Integration of performance indicators and reporting mechanisms into the TB SIME and the TB NP's monitoring processes.
- Strengthening the capacity of public institutions and CSOs to apply the new contractual models uniformly, including through technical consultations and training.

4.3. Costing of community-based and TB support services for prevention and treatment (TB Transition Budget 3.1.5 - 4.1.2)

The aim of this activity is to develop a common costing framework for community and support services in the field of tuberculosis, with a view to their gradual integration into national funding and implementation mechanisms. The activity will include, as part of a unified approach, the costing of information, education and counselling (IEC) services for vulnerable groups and, the costing of community-supported preventive TB treatment (TPT) services, and the costing of community support services for TB treatment, including peer support, case management, community follow-up and social reintegration. The intervention plays a strategic role in the transition from external to domestic funding, as it enables the definition of the cost

structure, the estimation of financial requirements, the standardisation of service packages and the identification of options for integration into the public system. The activity will provide the technical basis for integrating these services into the mechanisms managed by the Ministry of Health, the CNAM, TB NP and, where appropriate, other complementary public sources, including at regional or local level.
As part of this activity, the components of each service, unit costs, indicative volumes, eligibility criteria and scenarios for contracting or public funding will be analysed. The final outcome will consist of a joint or separate costing document, accompanied by recommendations for integration and programmatic use for all three categories of services. The total value, resulting from the sum of the three planned costing activities, amounts to approximately 274 640.0 lei, of which: 74 760.0 lei for IEC, 74 760.0 lei for TPT with CSO support and 125 120.0 lei for community support in TB treatment, with subsequent national updates for the years 2029 and 2030 amounting to approximately 97,600.0 lei per annum, including: 24,400.0 lei for IEC, 24,400.0 lei for TPT and, respectively, 48,800.0 lei for community support in TB treatment.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	Stat %
2027	274,640.0	274,640.0	0.0	100	0
2028	274,640.0	274,640.0	0.0	100	0
2029	97,600.0	0.0	97,600.0	0	100
2030	97,600.0	0.0	97,600.0	0	100

Post-transition sustainability

Following the transition period, the joint costing document will serve as the technical basis for the gradual and sustainable integration of community and TB support services into national funding and implementation mechanisms. Funding for these services may be provided through a mixed model, depending on the specific nature of each component, which may include the CNAM, the National Programme for the Prevention and Treatment of HIV/AIDS, the state budget via the Ministry of Health, institutional budgets and, where appropriate, other complementary public sources, including at regional or local level.
The periodic review and updating of the common costing framework will enable services to be adjusted to programme needs, changes in the regulatory framework and developments in public funding mechanisms. Through this unified approach, IEC services, community-supported TPT and community support for TB treatment will be integrated more coherently into the national response to tuberculosis, reducing dependence on external funding and strengthening the continuity of services for vulnerable groups and key populations.

Policy and regulatory documents to be developed

- A common costing methodology for IEC services, community-supported TPT and community-supported TB treatment, defining the cost structure, costs and pricing options.
- Standard service packages for each of the three components, describing eligible activities, frequency, duration, target groups and performance indicators.
- Recommendations for integrating the services into national funding mechanisms, including through the Ministry of Health (MS), the CNAM, the TB NP and other relevant public sources.

- Contracting, reporting and monitoring procedures for community-based and TB support services, including minimum quality requirements and institutional responsibilities.
- Proposals for amending the regulatory framework to formally recognise and include these services in public funding and implementation mechanisms.

Institutional and operational processes to be strengthened

- Establishment of a common mechanism for validating cost estimates and their use in planning, procurement and funding processes.
- Integration of specific indicators for IEC, community-supported TPT and community support for treatment into the TB NP's monitoring and evaluation systems and, where appropriate, into the SIME TB system.
- Aligning costed services with existing medical, community and social interventions to avoid overlaps and fragmentation in implementation.
- Strengthening the capacity of public institutions and CSOs to apply the joint costing document in planning, budgeting, procurement and monitoring.
- Phased implementation of the costing framework at national and regional levels, including through its use in the programming and resource allocation processes for services targeting vulnerable groups.

4.4. Integrated monitoring of access and transition (TB Transition Budget 1.3.2; 2.3.2, 3.1.5, 4.1.2)

Integrated monitoring of access by vulnerable groups and key populations to tuberculosis screening, prevention, diagnosis, treatment and support services, together with monitoring the implementation of the Transition Plan and the commitments made by national institutions, constitutes a strategic intervention aimed at strengthening governance, data-driven decision-making, institutional accountability and community participation in the national response to tuberculosis. The aim of this activity is to monitor, within a unified framework, whether priority services remain accessible to vulnerable groups as external funding is reduced, whether essential functions are effectively taken over by the public system, and whether transition commitments are being implemented within the agreed timeframes and conditions.
The intervention is cross-cutting in nature and covers the entire continuum of TB services, from screening and prevention through to diagnosis, treatment, support and strategic monitoring of the transition. Through annual monitoring reports, progress analyses and recommendations for adjustments, the initiative provides the TB NP, the Ministry of Health, the National Public Health Agency (ANSP), the CNAM and partners with a technical basis for the rapid resolution of bottlenecks, the adjustment of interventions and the gradual integration of costs and functions into national funding, management and coordination mechanisms.
This activity is a ***key enabler*** for the success of the transition, as it allows for the verification not only of the formal completion of activities, but also of the actual handover of the programme's critical functions to public systems. In the absence of such integrated monitoring, there is a risk that the transition will remain limited to a gradual reduction in external funding, with no guarantees regarding the continuity of services, the protection of vulnerable groups, the use of data for decision-making, and the maintenance of community-based mechanisms essential for access and adherence.

The initiative also directly supports the strengthening of Community-Led Monitoring mechanisms, as it creates the framework through which community findings, beneficiaries' views and barriers documented by civil society organisations can be analysed and utilised in

the official processes of coordinating and reviewing the transition. The transition documents explicitly state the need to use CSO reports, CLM findings, SIME TB data and annual reviews to track progress, address risks and adjust policies, funding and the implementation of interventions. In this regard, integrated monitoring acts as a bridge between institutional governance and the actual experiences of beneficiaries, contributing to the institutionalisation of an adaptive response centred on those affected.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	414,800.0	414,800.0	0.0	100	0
2028	414,800.00	414,800.0	0.0	100	0
2029	512,400.0	414,800.0	97,600.0	81.0	19.0

The table above summarises the **annual** total **of 414,800.0 lei, including:** for monitoring access to screening services – 73,200.0 lei/year, prevention – 109,800.0 lei/year, diagnosis – 73,200.0 lei/year, treatment and support – 109,800.0 lei/year and monitoring the implementation of the Transition Roadmap – 48,800.0 lei/year, as well as the national contributions introduced during the handover phase in 2029.

Post-transition sustainability

Following the conclusion of support from the Global Fund, the sustainability of this function will be ensured by integrating the monitoring of access to TB services and the monitoring of the transition into the current monitoring, evaluation and coordination processes of the TN NP, the National Public Health Agency, the Ministry of Health and, where applicable, the CNAM. The monitoring functions developed between 2027 and 2029 will continue in the form of institutionalised mechanisms for the collection, analysis and use of data on access, service continuity, domestic absorption of interventions and the fulfilment of transition commitments. Post-transition continuity will depend on the integration of recurrent costs into institutional budgets, the inclusion of relevant indicators in the TB NP's monitoring and evaluation framework, and the maintenance of formal mechanisms for the periodic analysis of data and community feedback. In particular, the role of the Local Management Committees (LMCs) and civil society organisations must be maintained within the TB NP management framework, so that barriers to access, quality issues and risks to vulnerable groups continue to be identified and addressed even after external support has been phased out.

Policy and regulatory documents to be drafted or updated

- Development of an integrated mechanism for monitoring access to TB services and the implementation of the transition, defining institutional responsibilities and the frequency of reporting, with presentations by CSOs at the CNC meeting.
- Update the TB NP monitoring and evaluation framework to include sustainability indicators, transition targets and indicators on access for vulnerable groups.
- Regulations or operational procedures governing the use of SIME TB data, TB NP reports, CSO reports and CLM findings in analysis and decision-making processes.
- Development of the national guidance on community participation and the role of civil society organisations in monitoring access to services and in formulating a position to improve the TB response.
- Procedure for the annual review of the TB transition, including the format of the annual report, the risk matrix, the escalation mechanism and the corrective action plan.

4.5. Assessment of the implementation of infection prevention and control (IPC) measures in priority settings, including primary healthcare (TB Transition Budget 1.3.2)

The aim of the activity is to assess the implementation of tuberculosis infection prevention and control (IPC-TB) measures in priority institutions, including primary healthcare, in order to identify operational gaps, institutional barriers and opportunities to strengthen the application of safety standards. The activity will take the form of an operational research project, involving the preparation of an evaluation report and the validation of the conclusions through two technical meetings, so that the recommendations can be integrated into the relevant institutional and programme processes.
This intervention plays a strategic role in the context of the transition, as the prevention and control of TB infection is an essential prerequisite for the safe and sustainable operation of screening, diagnosis and treatment services. The evaluation will examine the extent to which priority institutions are implementing administrative, personal protection and environmental control measures, including ventilation, triage of symptomatic patients, patient flow, the use of personal protective equipment, staff training and internal mechanisms for monitoring compliance.
Operational research will generate evidence to inform adjustments to institutional practices and to support decisions regarding the prioritisation of investments, the revision of procedures and the integration of IPC-TB requirements into the day-to-day management of healthcare facilities. In particular, the project will help strengthen the evidence base for high-risk institutions and contact points within the AMP, where the prevention of nosocomial and occupational transmission needs to be systematically reinforced.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	605 400.0	605 400.0	0.0	100	0
2028	0.0	0.0	0.0	0	0
2029	0.0	0.0	0.0	0	0
2030	0.0	0.0	0.0	0	0

The activity is catalytic and investment-oriented, being fully funded by the Global Fund in the year of implementation, whilst its effects are subsequently incorporated through the integration of recommendations into institutional processes, without requiring a separate line of recurrent funding for the same research.

Post-transition sustainability

The sustainability of the activity will be ensured by integrating the recommendations resulting from the operational research into current institutional processes, into the operating standards of healthcare institutions and into the TB NP's monitoring and supervision mechanisms. Although the research itself is a one-off activity funded by the Global Fund, its impact is long-lasting, as it influences practices, managerial decisions and investment priorities in the field of IPC-TB.
In the long term, the recommendations can be used by the Ministry of Health, the TB NP, the National Public Health Agency, healthcare institutions and other relevant bodies to update procedures, strengthen training, prioritise investments and maintain compliance with the IPC-TB standards. In this way, the project contributes to the institutionalisation of an evidence-based approach to preventing nosocomial and occupational transmission of tuberculosis and to the safe operation of TB services within the public health system.

Policy and regulatory documents to be developed

- An evaluation report on the implementation of IPC-TB measures in priority institutions, including AMPs, containing findings, conclusions and operational recommendations.
- Proposals to update the national standard on the prevention and control of TB infection in healthcare settings, aligned with the TB NP and accreditation requirements.
- Recommendations for the development or revision of institutional IPC plans in priority facilities, defining responsibilities, resources and compliance measures.
- Revised operational procedures or internal guidelines for triage, ventilation, the use of PPE, patient flow management and monitoring of IPC-TB compliance.

Policy and regulatory documents to be developed

- Report evaluating the implementation of IPC-TB measures in priority facilities, including AMP, with findings, conclusions and operational recommendations.
- Proposals to update the national standard on TB infection prevention and control in healthcare facilities, aligned with the TB NP and accreditation requirements.
- Recommendations for the development or revision of institutional IPC plans in priority facilities, defining responsibilities, resources and compliance measures.
- Revised operational procedures or internal guidelines for triage, ventilation, the use of personal protective equipment (PPE), patient flow management and monitoring of IPC-TB compliance.

4.6. Targeted campaigns for vulnerable groups on screening, prevention and adherence to treatment via the CSO TB+ Platform (TB Transition Budget 4.1.2.)

The aim of this activity is to develop and implement targeted communication campaigns to increase uptake of tuberculosis screening, prevention and treatment services, as well as to strengthen treatment adherence amongst vulnerable groups and populations with limited access to services. The activity involves the development, adaptation and dissemination of communication content and materials, including in digital format, tailored to the needs, barriers and access channels of various vulnerable groups through CSOs within the TB Plus Platform (as a supplementary pilot to the national campaigns funded by the National Health Insurance Fund).
This intervention plays a strategic role in the context of the transition, as it supports early access to services, reduces information barriers and helps maintain continuity of care, particularly for people at risk of late diagnosis, treatment interruption or loss to follow-up. The campaigns will be designed as integrated programme communication tools aligned with the objectives of the TB NP, with a focus on early detection, TB prevention, combating stigma, referral to services and promoting behaviours that support treatment adherence.
During the implementation period, the activity will function as an operational framework for development, adaptation and digital dissemination, with the campaigns and mechanisms created subsequently being gradually taken over by national bodies and integrated into the ongoing communication activities of the TB NP and its partners. Through this approach, the intervention plays both an immediate role in mobilising target groups and a role in consolidating a sustainable health communication function in the field of TB.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	100,000.00	100,000.00	0.0	100	0
2028	100,000.00	100,000.00	0.0	100	0

2029	100,000.00	0	100,000	0	100
2030	100,000.00	0.0	100,000.0	0	100

The financial model indicates a gradual transition from external to internal funding, whilst maintaining the function of communication and mobilisation of vulnerable groups following the withdrawal of Global Fund support.

Post-transition sustainability

The sustainability of the activity will be ensured by integrating targeted campaigns into the ongoing communication activities of the TB NP and its partners, with costs gradually being covered by national sources. After the transition period, the communication function for vulnerable groups will need to be maintained as part of the programmatic architecture for TB prevention and control, rather than as a separate, one-off intervention.
Post-transition handover can be achieved through a mixed model of institutional responsibility, in which the Ministry of Health ensures coordination and integration into health policies, the TB NP leads the programme and content components, and the CNAM and other relevant public sources can support, directly or indirectly, the communication components associated with access to services and continuity of care. Keeping the campaigns within the institutional framework will contribute to a continuous increase in service uptake, support treatment adherence and reduce dependence on external funding for essential communication and community mobilisation functions.

Policy and regulatory documents to be developed

- A programme framework for targeted communication in the field of TB, aligned with the TB NP's objectives regarding screening, prevention, treatment adherence and the reduction of barriers to access.
- A guide or standardised set of key messages, target audiences, channels and communication approaches for vulnerable groups and key populations.
- Operational procedures for the planning, validation, implementation and evaluation of TB communication campaigns, including digital products and materials tailored to different target groups.
- Recommendations on integrating targeted campaigns into the ongoing communication activities of the TB NP, partner institutions and, where appropriate, local health authorities.

Institutional and operational processes to be strengthened

- Integration of targeted campaign planning into the annual communication, prevention and health promotion processes of the TB NP and its institutional partners.
- Develop a joint coordination mechanism between the TB NP, the Ministry of Health, the CNAM, the National Public Health Agency, healthcare institutions and community partners to define messages, priorities and target groups.
- Strengthening institutional capacity to develop and adapt digital communication products and to utilise information channels relevant to vulnerable groups.
- Integrating indicators on campaign reach, service accessibility, referral and contribution to treatment adherence into the TB NP's monitoring and evaluation processes.
- Linking campaigns to community activities, referral mechanisms and treatment support interventions, so that communication is directly linked to effective access to services.

4.7. Costing and operational evaluation of TB laboratory services, including the transport and referral of samples (TB Transition Budget – 2.3.2)

The aim of this activity is to strengthen the sustainability of TB laboratory services through two complementary functions: costing of TB laboratory services and operational assessment of the laboratory system, including sample transport and referral mechanisms. The activity aims both to estimate the financial requirements for maintaining diagnostic capacities and to identify operational bottlenecks affecting the efficient functioning of the national network of TB laboratories.
The costing component includes an analysis of the cost structure of TB laboratory services, the definition of unit costs, the estimation of financial requirements and the formulation of options for integration into national planning and funding mechanisms. The operational assessment component includes an analysis of specimen flows, referral pathways, transport times, the distribution of functions within the laboratory network, and the main constraints affecting the quality, accessibility and continuity of diagnosis.
The work will be carried out through specialised technical assistance. The results will enable the costing document to be used for the planning and funding of services from national sources, and the assessment's recommendations will be integrated into the operational processes of the laboratory network.

Year	Total cost (MDL)	GF (MDL)	State (MDL)	GF %	State %
2027	173,920.0	173,920.0	0.0	100	0
2028	0.0	0.0	0.0	0	0
2029	24,400.0	0.0	24,400.0	0	100
2030	24,400.0	0.0	24,400.0	0	100

The total value of the unified programme for the years 2027–2030 is 222,720.0 lei, of which 173,920.0 lei is covered by the Global Fund in the initial phase, whilst 48,800.0 lei represents the national contribution for review and updating in 2029–2030.

The total cost of the activity covered by the Global Fund, amounting to 173,920.0 lei, is broken down as follows: costing of TB laboratory services – 99,160.0 lei, which includes experts' fees and the organisation of technical meetings; operational assessment of the TB laboratory system – 74 760.0 lei, covering experts' fees, field visits (where applicable) and the preparation of the assessment report with recommendations.

Post-transition sustainability

The post-transition sustainability of the activity is ensured through the use of the costing document for the planning and funding of laboratory services from national sources and through the integration of the operational assessment's recommendations into the day-to-day operation of the TB laboratory network. In line with the Sustainability Plan, the TB laboratory network is a strategic function of the national tuberculosis control system, and the recurrent costs for diagnosis, logistics, sample transport and maintenance must be progressively integrated into public budgets and national procurement mechanisms.
Once external funding has come to an end, the programme does not require a complete repeat of the initial investment, but rather periodic updates to the cost estimates, a review of operational parameters, and the ongoing application of the recommendations in management and funding processes. The assumption of these functions by the Ministry of Health (MS), the CNAM, the TB NP and laboratory institutions will contribute to the continuity of TB diagnosis, the reduction of logistical inefficiencies and the long-term maintenance of the quality of laboratory services.

Policy and regulatory documents

- National methodology for costing TB laboratory services, including cost structure, unit costs and funding scenarios.
- Standard procedures on the organisation of the TB laboratory network, specimen transport and referral workflows, and related institutional responsibilities.
- Recommendations for integrating the costs of diagnosis, logistics and specimen transport into national funding and contracting mechanisms.
- Operational tools for monitoring the performance of laboratory services, including indicators on transport times, access, quality and continuity of services.

Institutional and operational processes

- The gradual integration of TB laboratory service costs into Ministry of Health budgets, CNAM contracts and the institutional plans of the laboratories involved.
- Standardisation of the sample transport and referral process between the regional level and reference laboratories, with clarification of institutional roles.
- Establishment of a mechanism for the periodic review of costs and updating of financial requirements to maintain diagnostic capacities.
- Integration of operational recommendations into the management of the laboratory network, including logistics, performance and the monitoring of sample flows.
- Strengthen the use of data from monitoring systems for capacity planning, optimising referral pathways and reducing the risk of service disruption.

Implementation of the integrated GeneXpert TB/HIV functionalities at regional and national levels. Monitoring of laboratory service functionality and equipment maintenance will be carried out by the responsible institutions (TB NP, LNR, LRR and regional laboratories) without additional funding, as this activity is integrated into the current operational responsibilities for operating and monitoring the use of the GeneXpert infrastructure, and for overseeing the functioning of TB laboratories, equipment maintenance and service continuity.

5. Transition risks and mitigation measures

The process of transitioning TB interventions from Global Fund financing to sustainable domestic financing mechanisms involves a number of programmatic, institutional, financial and operational risks. These risks relate both to interventions that remain partially dependent on external funding and to the indirect effects of the gradual reduction in Global Fund support on coordination, capacity building, digitalisation, monitoring and community integration.
The risk analysis is carried out in line with the priorities of the National Tuberculosis Response Programme for 2026–2030 and reflects the main vulnerabilities identified during the transition preparation process. Priority risks include insufficient sustainability of community services and support functions, difficulties in integrating recurrent costs into public budgets, delays in developing contracting and costing mechanisms, vulnerabilities in digital infrastructure and systems, as well as risks associated with institutional capacity and the general economic context.
The proposed mitigation measures aim to strengthen financing and contracting mechanisms, integrate recurrent costs into institutional budgets, develop technical and managerial capacities, reinforce digital and monitoring functions, and institutionalise community mechanisms and cross-sectoral cooperation. The implementation of these measures is essential to ensure the continuity of TB services and to prevent programme setbacks following a reduction in external funding.

To address the challenges related to domestic procurement, the Ministry of Health will continue working with relevant institutions to operationalize the proposed procurement mechanism and ensure that national procurement procedures are adapted to the specific requirements of low-volume and specialized health products. This will include finalization of the necessary legislative and regulatory amendments, establishment of clear institutional responsibilities, development of procurement procedures, and strengthening of the capacity of national procurement entities to plan, finance and manage the procurement of essential TB medicines, diagnostics and other specialized commodities through domestic resources.
During the transition period, close coordination among the Ministry of Health, CAPCS, CNAM, the Public Procurement Agency, the Ministry of Finance and other stakeholders will be maintained to address operational barriers and ensure a gradual shift towards sustainable domestic procurement mechanisms. These measures will support the continuity of access to essential TB products after the reduction of external funding and will strengthen the capacity of the national health system to independently manage procurement processes in line with national legislation and public procurement requirements.

Risk	TB NP objectives/intervention concerned	Affected population	Probability	Severity / impact	Mitigation measure	Responsible institution	Financial implications
Delays or shortcomings in the public procurement of TB community services provided by CSOs	Objectives 1, 3 and 6: community-based screening, adherence support, peer support and community participation	Vulnerable and hard-to-reach groups, including homeless people, migrants, people with problematic alcohol use and TB patients	High	High; reduction in active case finding and adherence support following a reduction in external funding	Standardisation of costs, accreditation and capacity-building for CSOs, integration of services into funding regulations	Ministry of Health, National Health Insurance Fund (CNAM), Local Public Authorities	Requires dedicated budget lines for community services and a gradual increase in public funding
Delay in approving cost estimates and contracting mechanisms for mobile and ultra-portable screening	Objective 1: Differentiated screening and active TB detection	Populations in hard-to-reach areas and high-risk groups	Medium-high	High; limited access to early detection and reduced coverage of active screening	Development of standardised costing, validation of operational costs and integration of services into the CNAM mechanisms	MS, CNAM, ANSP	Requires resources for costing, piloting and gradual integration into public funding
Underfunding of recurrent costs for laboratory, logistics and maintenance	Objectives 2 and 5: diagnosis, sputum collection, laboratory maintenance, infrastructure and IPC	The entire TB system and diagnosed/treated patients	Medium	High; interruptions to diagnosis, deterioration of infrastructure and disruption to treatment continuity	Integration of recurrent costs into institutional budgets and the development of multi-annual operation and maintenance plans	Ministry of Health, healthcare institutions	Gradual increase in public funding for maintenance, servicing and logistics
Loss of technical and managerial capacity following a reduction in external assistance	Cross-cutting functions: planning, procurement, monitoring, analysis and innovation	Technical staff at the Ministry of Health, the National Public Health Directorate, the National Health Insurance Fund, the Public Relations Department and civil	Medium	Medium-high; reduced capacity for strategic planning and implementation	Plan for the transfer of expertise, mentoring, continuous training and institutional capacity building	MS, CNAM, PR	Costs for training, consultancy and capacity building

		society organisations					
Interruptions or reduced functionality of SIME TB and digital systems	Objective 6: SIME TB, monitoring and the use of data for decision-making	The entire TB system and the institutions involved in reporting and monitoring	Medium	Medium-high; impact on programme monitoring and data quality	Phased migration, interoperability, IT support and the integration of recurrent costs into institutional budgets	MS, IT suppliers	Requires resources for IT development , maintenance and technical support
Insufficient sustainability of modernised infrastructure and equipment	Objective 5: infrastructure, equipment and IPC	TB patients and healthcare staff	Medium	High; deterioration of investments and reduced capacity to deliver services	Development of mandatory operation and maintenance plans and inclusion of recurrent costs in the budgets of beneficiary institutions	Ministry of Health, healthcare institutions , local public authorities	Requires increased allocations for operation, maintenance and consumables
Economic and fiscal risks affecting the growth of domestic funding for TB	All TB NP objectives, in particular recurrent costs and community services	All TB programme beneficiaries	Medium	High; delays in cost recovery and reduced sustainability of interventions	Integration of TB commitments into multi-annual budget planning and advocacy to safeguard TB funding lines	MoH, MoF, Government	Requires prioritisation of TB interventions within the health budget
Misalignment of the national budget timetable with the stages of the GC8 transition	All programme components	Institutions responsible for implementation and funding	Medium	Medium; delays in cost absorption and implementation of interventions	Inter-institutional coordination and synchronisation of transition planning with the national budget cycle	MS, MF, CNAM, PR	Possible cash-flow adjustments and budget rescheduling
Reduced community involvement and feedback mechanisms following the reduction in external support	Objective 6: CLM, community participation and adaptive response	Recipients of TB services and vulnerable groups	Medium	Medium-high; reduced capacity to identify barriers and quality issues	Institutionalisation of CLM mechanisms and integration of community participation into programme governance	MoH, National TB/AIDS Control Centre, CSOs, National Public Health Authority	Requires dedicated funding for community activities and feedback mechanisms

6. Monitoring, accountability and annual review

Monitoring of the implementation of the Sustainability and Transition Plan will be carried out using two complementary tools, which track both the implementation of transition measures and the gradual takeover of costs and functions previously funded by the Global Fund grant.

1. The Transition Plan implementation monitoring matrix

This tool will monitor the implementation of the transition support activities and measures set out in the Plan (transition enablers), including the adoption of legislation, the institutionalisation of services, capacity building, the integration of information systems, the strengthening of funding mechanisms and other milestones necessary to ensure sustainability. For each activity, the person responsible, the deadline, the level of implementation, the risks and evidence of achievement will be monitored.

Coordination of the monitoring will be carried out by the TB NP, with the participation of the responsible institutions and regular reporting to the Ministry of Health and the National Coordination Centre for Tuberculosis and AIDS (CCM).

2. Financial transition monitoring table of the TB Transition Budget

This tool will track, on an annual basis, the transfer of recurrent costs and interventions previously funded by the Global Fund grant into national funding mechanisms. Monitoring will compare the commitments made under the Plan with the approved allocations and the actual execution of national budgets, including for community services, laboratories, logistics, SIME TB, infrastructure, human resources and other essential functions of the TB NP.
Monitoring of the financial transition will be coordinated by the Ministry of Health, in collaboration with the TB NP, the CNAM, the Ministry of Finance, the 'Chiril Draganiuc' Institute of Pneumology and the Principal Recipient of the grant.
The use of these two complementary tools will enable the monitoring of both the progress of implementing reforms and transition measures, and the effective absorption of costs and functions within the public system, providing a clear picture of the level of sustainability achieved and facilitating the adoption of corrective measures where necessary.

Annex 1. Sustainability Indicators (Triggers / Critical Transition Milestones)

These indicators function as an 'early warning' system (Triggers). If a milestone is not reached by the set deadline, the mechanism for escalation to the Ministry of Health and the National Coordination Centre for Tuberculosis and HIV/AIDS is automatically activated.

Milestone 1: Legal Sustainability of CSO Contracting (Deadline: 31 December 2027)

- **Failure trigger:** Lack of a mechanism approved by the National Health Insurance Fund (CNAM) for contracting non-clinical services provided by civil society organisations.
- **Sustainability target:** Adoption of the regulation on the costing of community-based TB screening and support services, enabling CSOs to apply directly for AOAM funding from the 2028 financial year onwards.

Milestone 2: Financial Autonomy of Molecular Diagnostics (Deadline: 1 July 2028)

- **Failure trigger:** Allocation from the state budget of an amount lower than the estimated actual cost of maintaining rapid diagnostic equipment and purchasing consumables (GeneXpert, tNGS).
- **Sustainability target:** At least 60 per cent of the operational costs of the TB laboratory network to be covered from a domestic source (the Ministry of Health budget), thereby reducing dependence on the GC8 grant.

Milestone 3: Institutionalisation of Video-Supported Treatment (VST) (Deadline: 1 January 2029)

- **Failure trigger:** The treatment adherence rate among vulnerable patients falls below 85% due to the discontinuation of incentives or VST digital platforms following the withdrawal of GF support.
- **Sustainability target:** Full transfer of licences and operating costs for the SIME TB / VST digital platforms to the Ministry of Health's IT department (or designated technical partner), funded from the public budget.

Milestone 4: Security of Supply on both Banks of the Dniester (Deadline: 31 December 2029)

- **Failure trigger:** Logistical or regulatory bottlenecks (barriers to the registration of second-line medicines) that leave patients on the left bank without continuous treatment.
- **Sustainability target:** The signing of a tripartite agreement (Ministry of Health, international procurement partners such as GDF and local bodies) guaranteeing the use of green supply channels for the Transnistrian region, ensuring that the national incidence rate remains below the critical threshold.